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### **Contributors**

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1928

TASMANIA

DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT

FOR

1927

BY

E. J. TUDOR

SECRETARY FOR PUBLIC HEALTH

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



Tasmania:

JOHN VAIL, GOVERNMENT PRINTER, HOBART

1928



*Presented by*  
*The Secretary for Public Health*  
*October 1928*

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SALUS POPULI SUPREMA LEX

## ANNUAL REPORT, 1927.

Public Health Department,  
Hobart, 31st March, 1928.

SIR,

I HAVE the honour to present the annual report of the Public Health Department for the year ended the 31st December, 1927.

A most important progressive step in the field of public health during the year was the holding of the first session of the Federal Health Council of Australia, which was attended by me as the representative of this State. As already mentioned in a previous report, the functions of this Council shall be:—

"To advise the Commonwealth and State Governments on health questions generally, and as to measures which should be adopted for the co-operation of Commonwealth with States, and of States with States, and for the promotion of uniformity of legislation and administration, where advisable, in matters concerning the health of the people."

The report of the Commonwealth Royal Commission on Health was the principal document which the Council had to consider. This was discussed in detail throughout the session, and its recommendations examined. The following resolutions passed at the conference were recorded for the information of the respective Governments concerned:—

## RESOLUTIONS.

1. *Morbidity and Mortality Statistics.*—That the Commonwealth Department of Health should arrange, in consultation with the Commonwealth Statistician, the Head of the Health Department, the Statistician, and others concerned in each State, for the compilation of a full report upon the various aspects of morbidity and mortality statistics. This report should be circulated to the heads of the Health Departments and Statisticians concerned sufficiently long before the next Session of this Council; and should be made the basis of the proposed Conference to be held in accordance with Resolution 1 of the Resolutions of the Conference of Ministers of Health of July, 1926.

2. *Information on Health and Disease from Abroad.*—That the State Health Departments would like the information supplied by the Chief Medical Officer in the High Commissioner's Office to be communicated to them by the most suitable means; and they will indicate any special matter concerning which they may desire further information.

3. *Diseases to be Notified to Other Countries.*—That the notification sent to other countries by the Commonwealth in relation to the International Sanitary Convention will relate only to cases in which the notification of the existence of the case has been made by the State authorities.

4. *Notification of Quarantinable Diseases to State Health Departments.*—This Council considers that the obligations of the Commonwealth under the International Sanitary Convention, 1926, render it essential that the diseases

specified in the International Sanitary Convention, 1926, and the quarantinable diseases under "The Commonwealth Quarantine Act," should be compulsorily notifiable forthwith by every medical practitioner direct to the Department of Health of the State.

5. *Notification of Brill's Disease.*—That typhus fever, for purposes of the International Sanitary Convention, 1926, shall be regarded as the classical form of typhus fever. Cases of Brill's disease will not be notified under the International Convention, but information received from State Health Departments of cases notified under "The Health Act" of the State will be included under the weekly statement forwarded to the League of Nations and other International Intelligence Bureaux.

6. *Notification of Infectious Diseases Occurring on Vessels in Port.*—That information concerning cases of infectious disease reported to the Commonwealth Department of Health under Quarantine Regulation 56 will be communicated to the State Departments of Health.

7. *Information Required by Commonwealth to Comply With Obligations under the International Sanitary Convention.*—That the State Departments of Health will undertake to supply the information required for the purposes of the International Sanitary Convention, 1926.

8. *Disease Discovered Among Migrants in Australia.*—As no definite indications of improved methods of medical control of migrants can at present be suggested, it is agreed that every State Health Department will regularly collect information as to the occurrence among immigrants of those conditions specified in "The Immigration Restriction Act," in order to determine whether any improvement in the system of medical control of immigration can be suggested at the next Session of this Council.

9. *Influenza.*—It is considered that the information contained in the cables from the League of Nations and the Ministry of Health, United Kingdom, does not indicate any developments which are inconsistent with characteristic seasonal accessions of influenza to which the Commonwealth is equally liable by the development of infection already here established. There is, on information now available, no evidence to suggest the necessity for or advantage of any general quarantine measures. Vessels on which influenza with special features occurs, however, will receive special consideration. While it is desirable that the available accommodation should be surveyed and provision made for the annual autumn and winter recrudescence of influenza, it is not considered probable that more than this will be necessary. Later developments may render necessary some modification of this statement. In order to be prepared for any eventuality, the Commonwealth Department of Health will keep in touch regularly with all sources of information overseas and Departments of Health. Each State Department will forward weekly a statement as to the general position of influenza within the States.

10. *Action to be Taken should Quarantinable Disease Occur in Australia.*—That, in view of the position of the Commonwealth as indicated by Section 2A of "The Quarantine Act," this Council considers that it is not at this stage practicable to define generally the respective parts to be taken by State and Commonwealth authorities once a quarantinable disease has broken through the quarantine cordon. The relations between the Commonwealth and State Departments concerned are sufficient to deal with the first appearance of quarantinable disease within Australia. If



occasion should occur for the intervention of the Commonwealth in connection with quarantinable disease threatening to spread from one State to another, the Health Council should be convened in order to collect evidence and advise on procedure.

11. *Outline of Principles of Health Administration.*—This Council considers that the Commonwealth Department of Health should formulate a model outline of general principles of Health Administration for consideration at the next session.

12. *Subsidies in Respect to General Health Administration.*—With regard to Recommendation (I) of Part IV. of the Royal Commission's Report, this Council considers that the question of subsidies in respect of general health administration should not be the subject of general decision by this Council at present, but that any proposals of this nature should be the subject of negotiations between the Commonwealth Government and the Government of the State concerned, or the State making the proposal.

13. *Review of State Health Legislation and Administration.*—That a review of the existing position regarding legislation and administration should be compiled while the review of the statistical problems is being prepared, and be presented to the next Session of this Council.

14. *Water-Carriage Sewerage Systems.*—This Council recommends that each Government concerned should adopt legislation giving power to the Central Health Authority to require local authorities or municipalities to install a water-carriage system of sewerage, and that water-carriage systems of sewerage be encouraged on premises wherever practicable, especially in those places to which the public have general access.

15. *Camps—Protection of Water-Supplies and Disposal of Excreta.*—This Council considers that early steps should be taken to regulate camping in order that water-supplies may be protected, and that disposal of excreta and refuse may be carried out under safe conditions.

16. *Diphtheria.*—That each member of the Conference will compile all of the information available in his State as to the value of artificial immunisation against diphtheria, and the question will be fully discussed at next session.

17. *Subsidies for Cancer Research.*—That cancer research work should be subsidised as far as practicable.

18. *Radium Bank for Cancer Treatment Purposes.*—This Council recommends that the Commonwealth Government should establish a radium bank for loan to the State authorities, and should subsidise deep therapy for treatment of cancer patients under controlled conditions, so that the results may be available for addition to knowledge on scientific lines.

19. *Cancer Statistics.*—This Council considers that the hospital authorities should be invited to keep records of cancer patients along uniform lines, and that preliminary discussions should be held with some of the hospital superintendents in preparation for the later conference to be held.

20. *Leprosy.*—This Council requests the Commonwealth Department of Health to investigate the position in regard to leprosy.

21. *Typhus-like Disease.*—This Council requests the Commonwealth Department of Health to investigate the form of typhus-like disease occurring in Australia.

22. *Health Laboratories.*—This Council recognises the value of the laboratories established by the Commonwealth, and considers as a general principle that the extension of a laboratory system for public health and diagnosis should be encouraged. In respect to the establishment of further laboratories by the Commonwealth, this Council considers that each State should make its own arrangements with the Commonwealth.

23. *Transfer of State Laboratories.*—This Council considers that the transfer of existing laboratories under State control should be a matter for separate decision in the case of each individual State.

24. *Tuberculosis.*—That the Director-General of the Commonwealth Department of Health consult with the State Health authorities in order to prepare proposals concerning tuberculosis for the next meeting of this Council.

25. *Subsidies for Tuberculosis.*—That the Council is of opinion that it is not necessary to provide subsidies until the details of the proposed scheme have been considered.

26. *Animal Tuberculosis.*—That inquiries into all aspects of animal tuberculosis among dairy herds should be carried on by the Director Division of Veterinary Hygiene in association with the Departments of Health and Departments of Agriculture in the different States.

27. *Review of Administration and Subsidies.*—That the practice of subsidies by the Commonwealth is desirable, and should be continued.

The Divisional Directors recommended by the Royal Commission should be appointed as early as practicable.

These Divisional Directors should, in consultation with the State health authorities, prepare schemes of action in their respective subjects, for the consideration of this

Council. After adoption of such schemes, with any modification considered necessary, the Divisional Directors should visit each State periodically, consult with the officers concerned, advise wherever possible, and prepare a report upon the conditions found. This report will be presented to this Council at the first succeeding session, and the findings of the Council will be communicated to the administrations concerned.

In the case of subsidies given by the Commonwealth, the Commonwealth Government is recommended to take into consideration the resolutions of this Council after the discussion of the proposed schemes, and the findings of this Council after discussion of the reports prepared by the Divisional Directors as a result of their investigation of the administration of such subsidies.

28. *Provision for Treatment of Venereal Disease.*—That this Council considers that the establishment of venereal disease clinics or other provision for treatment at seaports would be carried out by the States more suitably than by the Commonwealth. It also considers that subsidies by the Commonwealth should be given towards the erection of seaport clinics.

29. *Supply of Drugs to Sailors.*—That the State Departments of Health will undertake to supply free drugs to carry sailors on to the next port, and thus enable the Commonwealth to sign the international agreement.

30. *Conferences on Health Subjects.*—That the system of conferences on Industrial Hygiene, Public Health Engineering, and School Hygiene be continued, and that such conferences be from time to time arranged.

31. *Proposed Conference on Food and Drugs.*—That the conference for the consideration of standards for foods and drugs, decided upon by Resolution 10 of the Conference of Ministers, be convened at an early date.

32. *Puerperal Pyrexia.*—It is agreed that in each State careful inquiries should be made into the various aspects of puerperal pyrexia, and that the question should be fully discussed next session.

33. *Maternity Allowance Act.*—This Council considers that any decision as to "The Maternity Allowance Act" should be deferred until the official inquiries now proceeding in Victoria and New South Wales particularly are concluded. In the meantime any related information should be collected in other States.

34. *Registration of Still-births.*—This Council endorses the Resolutions of the Conference of Statisticians of Australia and New Zealand of August, 1926, relating to the registration of still-births.

35. *Investigation in Cases of Still-birth.*—This Council considers that each still-birth should be investigated by the Health Department of the State.

36. *Notification of Births.*—"The Notification of Births Act" was considered, and it was agreed that a report should be furnished by the representative of each State in which such an Act is in force on the various aspects of its administration.

37. *Health of Children.*—It is desirable that greater attention should be given by the health departments to the health of children from two to five years of age, and to the establishment of continuity in official attention to the health of the infant, the health of the child in pre-school ages, and the health of the school child.

38. *Health Problems of Children from Two to Five Years.*—It is agreed that the Commonwealth Department of Health should make an investigation into the health problems of children from two to five years of age.

39. *Health of School Children.*—That the discussion of the health problems of the school child should be deferred until a conference between this Council and school medical officers can be held.

It is, however, considered essential that the school medical inspection service should be under the State Health Department. This is especially necessary in any scheme dealing with the control of communicable disease.

It is also considered important that the medical care of wards of the State should be under the control of the State Health Department.

40. *Pure Milk-Supplies.*—The recommendation of the Royal Commission that the Divisional Director of Veterinary Hygiene should pay special attention to the problem of pure milk-supplies, and should, by investigation and advice, stimulate efforts to deal with the question in every State, is endorsed by the Council.

41. *Registration of Medical Practitioners.*—That the Chairman take the necessary steps to consult representatives of the Federal Committee of the British Medical Council, to assemble the information relating to registration of medical practitioners, and to prepare a draft proposal for next session.

42. *Relationship Between Health Authorities and Medical Practitioners.*—That the members of the Council will individually take into consideration Paragraphs 3 and 4 of Part XI. of the Royal Commission's Report, and that consideration be postponed until next session.



43. *Industrial Hygiene*.—The Council endorses the recommendations of the Royal Commission with respect to Industrial Hygiene.

44. *Public Health Departmental and other Publications*.—That each member will send to the Chairman copies of publications issued by his Department, and such others issued in his State as he selects, and that these be assembled for the information of this Council.

45. *Education of the Public in Public Health*.—That all methods of education of the public in matters of health which are found by experience to be valuable should be encouraged.

46. *Lending Library for Public Health Films*.—It is recommended that the Commonwealth Department of Health establish a lending library for public health films; continue and extend the present series of departmental publications, and issue an annual report, as recommended by the Royal Commission.

The conference also arrived at a complete understanding upon many points of scientific importance or administrative detail, which do not appear in the resolutions. I feel convinced that the Federal Health Council is destined to play an important part in the field of public health throughout Australia.

In conjunction with Mr. A. J. Miller, a member of our Food Standards Committee, I also represented the State at the fourth conference of the Commonwealth and States of Australia on Uniform Standards for Foods and Drugs. A further reference to this conference is made under the heading of "Food and Drugs Act."

The third conference of the Commonwealth and States of Australia on Industrial Hygiene immediately followed the lastmentioned meeting, and, in view of my presence in Melbourne at the time, I was also deputed to be in attendance as the delegate of this State. In opening this conference the Commonwealth Acting Minister for Public Health stated, *inter alia*:—

"No phase of public health work is more important than that embraced by the field of industrial hygiene, which aims at the prevention of sickness and accident in industry and the development of industry upon hygienic lines, thereby promoting the health, comfort, and well-being of the worker."

The proceedings of this conference proved most interesting and instructive, and one gained a valuable insight into many matters connected with this special field of hygiene.

I cannot too strongly emphasise the importance of our representation at these conferences, which affords one the opportunity of collaborating with other public health officials and keeping up to date on many problems of social and economic importance to the people of our State.

A new office of Assistant Health Officer (part-time) was created in March, and Dr. J. F. Gaha was appointed to fill the position, and to perform, *inter alia*, such duties and functions as may be defined under the public health and other laws.

Bills to amend the Public Health, Food and Drugs, and Hospital Acts were introduced during the last session of Parliament. The last two measures became law, but, unfortunately, the Public Health Bill was defeated in the Upper House. It is to be deplored that this Bill did not pass the legislature, as it contained provisions which would have brought the existing law into line with modern legislation. During recent years medical science has brought about many public health reforms, and it is only by keeping pace with the times that the Public Health Department and local health authorities can take adequate measures to safeguard the health of the people. The Bill also contained provisions which would have enabled the authorities concerned to eliminate many unsatisfactory features arising out of the existing law and exercise control over matters which need regulating in the interests of the public health. If a high standard of hygiene is to be maintained it is imperative that the necessary legislation should be

enacted so that the Department can be supported by statutory authority in any progressive measures it may initiate.

An inspectorial branch of the Department was established at Launceston in July, and Inspector Clark, who assumed duty there, will supervise the work of local health authorities in many of the districts located in the northern and north-western portions of the State. This arrangement will facilitate the carrying out of many inspections, and, at the same time, eliminate much time involved in travelling from headquarters to distant parts of the State.

On the 25th June I brought under notice a resolution passed by the Federal Health Council, having regard to the school medical inspection service. The Commonwealth Royal Commission on Health, in its comments upon this matter, states:—"The work is directly connected with health, and all such activities should come under a Minister of Health. With such an arrangement public and private schools could be officially medically inspected in the same way as State schools." At your request the Assistant Health Officer and myself, and the Director and Secretary for Education, subsequently met you in conference upon this subject, when it was decided that the matter should remain in abeyance for the time being. I sincerely trust that the resolution in question will be given effect to at no distant date. For obvious reasons much benefit to the public health should ensue.

#### LOCAL ADMINISTRATION.

During the year sanitary surveys have been made, at least once, of every municipal district in the State. These surveys indicate that, in the main, local authorities continue to show a progressive spirit in connection with the administration of the Public Health Act. A contributing factor to this progress is due, in my opinion, to the increasing number of certificated sanitary inspectors who are now operating in various districts throughout the State. Under present conditions the efficiency or otherwise of the details of local sanitary administration depends, to a considerable extent, upon these officials, who work in close conjunction with the officers of this Department. A sanitary inspector, however, is only one link in the chain, and, if his work is to bear fruit, he should have, on the one hand, sympathetic stimulus, encouragement, and assistance from the Medical Officer of Health, and, on the other hand, he should receive adequate support from the local authority and the manifestation of interest in his work.

It is pleasing to be able to record, under this heading, the fact that certain local authorities are now taking steps, as a result of continued representations made by this Department, to inaugurate a removal service in some of their more populated centres, where hitherto the disposal of nightsoil was the responsibility of the individual householder. In purely rural districts, where habitations are scattered over many acres of country and are surrounded by sufficient ground to permit of safe disposal by occupants themselves, without danger of fouling either water or food supplies, organised schemes are of course impossible and unnecessary. The position in a town, however, is entirely different, and the inhabitants have a right to be protected against any condition which sooner or later must give rise to disease, with all its stultifying effects on progress and prosperity.

A matter which demands attention in certain districts, and in respect of which repeated representations have been directed by this Department, is the unsatisfactory condition of the water-supply. A case may be cited by way of illustration: As far back as the 3rd June, 1924, the Deloraine Municipal Council was supplied with a report furnished by the Director, Division of Sanitary Engineering of the Commonwealth Department of Health, on certain features of the water supply



of Deloraine. This report, which condemned the present supply, stated, *inter alia*:—

"It is inconceivable that any progressive council would continue to supply such a water to any community under their jurisdiction and to submit the members of that community to the manifold hazards consequent on such a supply. It indicates a culpable negligence on the part of the Deloraine Council for the welfare of their constituents and of the many tourists that are now attracted to their district. The possibilities of transmission of disease from one person to another are unlimited, and it needs but the occurrence of one insufficiently protected case of water-borne disease upon the district draining to this river above the intake to immediately cause an epidemic to occur throughout the whole of the town. Looking at the waters, even from an æsthetic viewpoint only, the continuance of a supply for domestic purposes of a water highly contaminated with both human and animal wastes cannot be sufficiently condemned."

Despite the fact that the council was asked to treat the matter as urgent, and give it the most serious consideration, the position remains unaltered.

Having regard to the necessity for improving the sanitary accommodation on premises to which the public have general access, efforts have been made, through the medium of the Police Department, to have septic tanks installed at country hotels where the necessary water supply and other important features in connection with the working of such tanks are satisfactory. As soon as the Department has the necessary power to do so, it is intended to enforce a similar provision at places of public resort, providing local conditions are favourable.

During the course of the year local authorities were circularised regarding the following matters:—

- (1) The provision of sanitary accommodation at churches, chapels, and Sunday schools.
- (2) The increased incidence of diphtheria and recommendations towards control.
- (3) The outbreak of swine fever and the necessity for the rigid inspection and control of all premises where swine are kept.
- (4) Artificial immunisation against diphtheria.
- (5) Proposed new standards for foods and drugs.
- (6) Proclamation of "Spray Painting" as an offensive trade.

#### NOTIFIABLE INFECTIOUS DISEASES.

Tables are appended, showing:—

- (a) Cases of all diseases notified during the year 1927.
- (b) Age and sex incidence of notified cases of diphtheria, typhoid fever, scarlet fever, and phthisis (lung and throat) for each month of the year, 1927.

- (c) Comparative figures in respect of cases reported in each municipal district during the years 1926 and 1927.

- (d) Comparative figures of all diseases notified during the past five years.

*Diphtheria*.—There was an increase in the incidence of this disease during the year, 507 cases being notified, as compared with 347 in the year 1926. The districts responsible for this increase were mainly Launceston, Circular Head, Evandale, Leven, Lilydale, and Ringarooma. Officers of the Department were deputed to investigate the continued prevalence of the disease in some of these districts. Their services were also made available for the purpose of assisting local officers in combating the spread of the infection. The deaths totalled 10, giving a death rate per 10,000 of population of .5 (approx.) and a death rate per 100 cases of the disease of 2.0 (approx.).

It is necessary to study very closely the incidence of this and other infectious diseases in municipal districts, as, apart from the public health aspect, the Government is charged with the financial responsibility for the maintenance and treatment of patients in all cases where the total annual charges paid by the local authority for this service exceed the sum that could be raised by the imposition of a rate of twopence in the pound upon the annual value of all rateable property within the district of such local authority.

*Scarlet Fever*.—Only 91 cases were notified, as compared with 188 during 1926, a decrease of approximately 100 per cent. Launceston (21 cases) and Leven (12 cases) were the districts in which the greatest incidence of the disease occurred. There were only 2 deaths under this heading.

*Typhoid Fever*.—The notifications of this disease totalled 77, whilst 9 deaths were recorded. Twenty of the cases were reported from the New Norfolk district and 14 from Hobart. Sporadic cases also occurred in 19 other districts, whilst no less than 29 municipalities were free of the infection.

*Tuberculosis (Lung and Throat)*.—This disease still continues to occupy a prominent place amongst the problems of national health. Another move towards more effective control was made at the first session of the Federal Health Council, when it was resolved that the Director-General of the Commonwealth Department of Health consult with the State health authorities in order to prepare proposals concerning tuberculosis for the next meeting of this council. The appointment of a Director of Tuberculosis to the Federal Department of Health is apparently an initial step towards organised treatment of the disease throughout the Commonwealth.

*Yellow Fever*.—This disease was declared "infectious" within the meaning of "The Public Health Act, 1903," for the purpose of complying with Resolution No. 4, passed by the Federal Health Council of Australia. This action has no significance so far as Tasmania is concerned as the disease is foreign to the State.



TABLE A.

RETURN showing Number of Cases of Infectious Diseases Reported to Department of Public Health during the Year, 1927.

Municipality.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Phthisis.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Ophthalmia Neonatorum.	Lethargic Encephalitis.	Total.
1 Beaconsfield .....	3	1	1	4	...	...	1	...	10
2 Bothwell .....	...	2	...	2	...	...	...	...	4
3 Brighton .....	...	1	...	2	...	...	...	...	3
4 Bruny .....	...	...	...	...	...	...	...	...	...
5 Campbell Town .....	1	4	6	3	...	...	...	...	14
6 Circular Head .....	42	1	1	...	...	...	...	...	44
7 Clarence .....	1	1	...	1	...	...	...	...	3
8 Deloraine .....	11	...	3	3	...	...	...	...	17
9 Devonport .....	8	...	3	1	...	...	...	...	12
10 Emu Bay .....	11	...	...	4	...	...	...	...	15
11 Esperance .....	18	2	1	2	2	...	...	...	25
12 Evandale .....	28	...	2	1	...	...	...	...	31
13 Fingal .....	1	2	...	4	1	...	...	...	8
14 Flinders .....	...	...	...	...	1	...	...	...	1
15 George Town .....	2	...	...	1	...	...	...	...	3
16 Glamorgan .....	...	...	7	...	...	...	...	...	7
17 Glenorchy .....	9	2	1	8	1	...	1	...	22
18 Gormanston .....	1	...	1	1	...	...	...	...	3
19 Green Ponds .....	...	...	...	1	...	...	...	...	1
20 Hamilton .....	...	...	...	3	1	...	...	...	4
21 Hobart .....	21	14	6	42	6	1	...	...	90
22 Huon .....	2	2	...	1	...	...	...	...	5
23 Kentish .....	13	...	...	2	3	...	...	...	18
24 Kingborough .....	2	...	1	...	...	...	...	...	3
25 King Island .....	...	...	...	...	...	...	...	...	...
26 Latrobe .....	2	1	1	4	...	...	1	...	9
27 Launceston .....	148	4	21	32	4	...	...	...	209
28 Leven .....	32	2	12	3	...	...	...	...	49
29 Lilydale .....	45	...	1	1	...	...	...	...	47
30 Longford .....	2	1	2	1	...	...	...	...	6
31 New Norfolk .....	10	20	1	3	...	...	...	...	34
32 Oatlands .....	...	...	...	2	2	...	...	...	4
33 Penguin .....	9	...	2	5	...	...	...	...	16
34 Port Cygnet .....	...	4	...	4	...	...	...	...	8
35 Portland .....	...	...	1	1	...	...	...	...	2
36 Queenstown .....	...	...	9	1	...	...	...	...	10
37 Richmond .....	...	...	1	...	...	...	...	...	1
38 Ringarooma .....	40	6	...	3	...	1	...	...	50
39 Ross .....	...	...	...	1	...	...	...	...	1
40 Scottsdale .....	7	1	...	2	...	...	...	2	12
41 Sorell .....	1	...	...	4	...	...	...	...	5
42 Spring Bay .....	...	...	...	1	...	...	...	...	1
43 St. Leonards .....	7	...	1	3	...	...	...	...	11
44 Strahan .....	...	...	...	2	...	...	...	...	2
45 Table Cape .....	11	...	2	4	...	...	...	...	17
46 Tasman .....	...	...	...	...	...	...	...	...	...
47 Waratah .....	2	...	2	2	...	...	...	...	6
48 Westbury .....	15	5	...	3	...	1	...	...	24
49 Zeehan .....	1	...	2	1	...	...	...	...	4
50 Overseas .....	1	1	...	2	...	...	...	...	4
TOTAL CASES.....	507	77	91	171	21	3	3	2	875



TABLE B.

TABLE showing Age and Sex Incidence of Notified Cases of Diphtheria, Typhoid Fever, Scarlet Fever, and Phthisis (Lung and Throat), for each Month of the Year 1927.

Month, 1927.	Age Period.	Diphtheria.			Typhoid Fever.			Scarlet Fever.			Phthisis.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
January ..	All ages .....	10	11	21	7	6	13	3	4	7	5	6	11
	Under 1 year .....	2	2	4	1	1	2	1	1	2	1	1	2
	1-4 .....	2	2	4	1	2	3	1	2	3	1	1	2
	5-14 .....	3	2	5	1	2	3	1	1	2	1	2	3
	15-24 .....	2	4	6	1	1	2	1	1	2	1	1	2
	25-34 .....	1	1	2	1	1	2	1	1	2	1	1	2
	35-44 .....	1	1	2	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2
February ..	All ages .....	9	14	23	6	8	14	1	2	3	5	9	14
	Under 1 year .....	1	2	3	1	2	3	1	1	2	1	1	2
	1-4 .....	5	8	13	1	2	3	1	1	2	1	1	2
	5-14 .....	3	1	4	1	2	3	1	1	2	1	1	2
	15-24 .....	2	2	4	1	2	3	1	1	2	1	1	2
	25-34 .....	1	1	2	1	1	2	1	1	2	1	1	2
	35-44 .....	1	1	2	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2
March ..	All ages .....	37	38	75	11	4	15	4	7	11	10	10	20
	Under 1 year .....	8	5	13	1	1	2	1	1	2	1	1	2
	1-4 .....	22	15	37	1	1	2	4	4	8	3	3	6
	5-14 .....	4	6	10	2	1	3	1	1	2	1	1	2
	15-24 .....	3	8	11	4	1	5	2	2	4	2	2	4
	25-34 .....	1	1	2	1	1	2	1	1	2	1	1	2
	35-44 .....	1	1	2	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2
April ..	All ages .....	27	37	64	2	4	6	7	5	12	3	7	10
	Under 1 year .....	1	1	2	1	1	2	1	1	2	1	1	2
	1-4 .....	15	21	36	1	1	2	4	3	7	1	1	2
	5-14 .....	1	8	9	1	2	3	1	1	2	1	1	2
	15-24 .....	1	4	5	1	1	2	1	1	2	1	1	2
	25-34 .....	1	2	3	1	1	2	1	1	2	1	1	2
	35-44 .....	1	1	2	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2
May ..	All ages .....	23	34	57	2	8	10	1	3	4	7	11	18
	Under 1 year .....	5	3	8	1	2	3	1	1	2	1	1	2
	1-4 .....	11	14	25	1	3	4	1	2	3	1	1	2
	5-14 .....	3	4	7	1	2	3	1	1	2	1	1	2
	15-24 .....	1	5	6	1	1	2	1	1	2	1	1	2
	25-34 .....	2	5	7	1	1	2	1	1	2	1	1	2
	35-44 .....	1	3	4	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2
June ..	All ages .....	20	21	41	2	3	5	5	2	7	6	4	10
	Under 1 year .....	4	2	6	1	1	2	1	1	2	1	1	2
	1-4 .....	11	5	16	1	1	2	3	1	4	1	1	2
	5-14 .....	4	6	10	1	2	3	1	1	2	1	1	2
	15-24 .....	2	2	4	1	1	2	1	1	2	1	1	2
	25-34 .....	1	3	4	1	1	2	1	1	2	1	1	2
	35-44 .....	1	1	2	1	1	2	1	1	2	1	1	2
	45-54 .....	1	1	2	1	1	2	1	1	2	1	1	2
	55-64 .....	1	1	2	1	1	2	1	1	2	1	1	2
	65 and over .....	1	1	2	1	1	2	1	1	2	1	1	2



Month, 1927.	Age Period.	Diphtheria.			Typhoid Fever.			Scarlet Fever.			Phthisis.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
July . . . .	All ages . . . . .	24	32	56	5	1	6	2	2	4	6	5	11
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4 .. . . .	3	4	7	..	..	..	..	..	..	..	..	..
	5-14 .. . . .	14	14	28	1	..	1	2	2	4	..	..	..
	15-24 .. . . .	2	7	9	4	1	5	..	..	..	..	1	1
	25-34 .. . . .	2	3	5	..	..	..	..	..	..	3	3	6
	35-44 .. . . .	2	3	5	..	..	..	..	..	..	2	..	2
	45-54 .. . . .	..	1	1	..	..	..	..	..	..	1	..	1
	55-64 .. . . .	1	..	1	..	..	..	..	..	..	..	..	..
	65 and over .. . . .	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated .. . . .	..	..	..	..	..	..	..	..	..	..	1	1
August ..	All ages . . . . .	19	31	50	1	1	2	4	6	10	5	9	14
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4 .. . . .	2	3	5	..	..	..	1	1	2	..	..	..
	5-14 .. . . .	11	16	27	..	..	..	2	3	5	..	..	..
	15-24 .. . . .	2	7	9	..	..	..	1	2	3	..	4	4
	25-34 .. . . .	..	2	2	1	..	1	..	..	..	2	1	3
	35-44 .. . . .	4	2	6	..	..	..	..	..	..	1	1	2
	45-54 .. . . .	..	..	..	..	1	1	..	..	..	2	..	2
	55-64 .. . . .	..	..	..	..	..	..	..	..	..	..	2	2
	65 and over .. . . .	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated .. . . .	..	1	1	..	..	..	..	..	..	..	1	1
September	All ages . . . . .	19	20	39	..	1	1	1	3	4	7	8	15
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4 .. . . .	4	6	10	..	..	..	1	..	1	..	..	..
	5-14 .. . . .	12	6	18	..	..	..	..	2	2	..	..	..
	15-24 .. . . .	1	1	2	..	..	..	..	..	..	3	..	3
	25-34 .. . . .	..	4	4	..	1	1	..	..	..	2	2	4
	35-44 .. . . .	1	2	3	..	..	..	..	1	1	2	3	5
	45-54 .. . . .	..	..	..	..	..	..	..	..	..	2	..	2
	55-64 .. . . .	..	..	..	..	..	..	..	..	..	..	..	..
	65 and over .. . . .	..	..	..	..	..	..	..	..	..	1	..	1
	Age not stated .. . . .	1	1	2	..	..	..	..	..	..	..	..	..
October ..	All ages . . . . .	8	17	25	..	..	..	3	6	9	6	13	19
	Under 1 year . . . . .	1	..	1	..	..	..	..	..	..	..	..	..
	1-4 .. . . .	2	5	7	..	..	..	..	2	2	..	..	..
	5-14 .. . . .	2	7	9	..	..	..	1	3	4	..	2	2
	15-24 .. . . .	1	3	4	..	..	..	1	1	2	..	1	1
	25-34 .. . . .	1	1	2	..	..	..	..	..	..	1	7	8
	35-44 .. . . .	..	..	..	..	..	..	..	..	..	2	2	4
	45-54 .. . . .												



TABLE C.

*Comparative Table of Infectious Diseases showing Increase and Decrease.*

Municipality.	1926.	1927.	Increase.	Decrease.
1. Beaconsfield .....	20	10	...	10
2. Bothwell .....	3	4	1	...
3. Brighton .....	9	3	...	6
4. Bruny .....	...	...	...	...
5. Campbell Town .....	11	14	3	...
6. Circular Head .....	44	44	...	...
7. Clarence .....	6	3	...	3
8. Deloraine .....	7	17	10	...
9. Devonport .....	30	12	...	18
10. Emu Bay .....	19	15	...	4
11. Esperance .....	29	25	...	4
12. Evandale .....	9	31	22	...
13. Fingal .....	4	8	4	...
14. Flinders Island .....	2	1	...	1
15. George Town .....	5	3	...	2
16. Glamorgan .....	...	7	7	...
17. Glenorchy .....	34	22	...	12
18. Gormanston .....	5	3	...	2
19. Green Ponds .....	6	1	...	5
20. Hamilton .....	5	4	...	1
21. Hobart .....	136	90	...	46
22. Huon .....	9	5	...	4
23. Kentish .....	19	18	...	1
24. Kingborough .....	14	3	...	11
25. King Island .....	...	...	...	...
26. Latrobe .....	25	9	...	16
27. Launceston .....	117	209	92	...
28. Leven .....	18	49	31	...
29. Lilydale .....	14	47	33	...
30. Longford .....	9	6	...	3
31. New Norfolk .....	39	34	...	5
32. Oatlands .....	13	4	...	9
33. Penguin .....	5	16	11	...
34. Port Cygnet .....	17	8	...	9
35. Portland .....	2	2	...	...
36. Queenstown .....	4	10	6	...
37. Richmond .....	1	1	...	...
38. Ringarooma .....	8	50	42	...
39. Ross .....	3	1	...	2
40. Scottsdale .....	25	12	...	13
41. Sorell .....	6	5	...	1
42. Spring Bay .....	7	1	...	6
43. St. Leonards .....	11	11	...	...
44. Strahan .....	...	2	2	...
45. Table Cape .....	8	17	9	...
46. Tasman .....	10	...	...	10
47. Waratah .....	1	6	5	...
48. Westbury .....	38	24	...	14
49. Zeehan .....	11	4	...	7
50. Overseas .....	3	4	1	...
<b>TOTAL .....</b>	<b>821</b>	<b>875</b>	<b>279</b>	<b>225</b>

Gross Increase..... 279

Gross Decrease ..... 225

Net Increase ..... 54

TABLE D.

*Comparative Figures of all Diseases notified during the Years 1923-1927.*

Disease.	1923.	1924.	1925.	1926.	1927.
Diphtheria .....	870	597	473	347	507
Typhoid Fever .....	91	78	50	80	77
Scarlet Fever .....	604	376	288	188	91
Phthisis .....	159	235	183	178	171
Puerperal Fever .....	9	14	16	11	21
Cerebro-spinal Meningitis .....	8	1	4	8	3
Infantile Paralysis .....	...	3	2	3	...
Ophthalmia Neonatorum .....	3	3	5	4	3
Lethargic Encephalitis .....	1	...	1	1	2
Hæmaturia .....	...	...	...	1	...







TABLE F.

*RETURN showing Sex and Age Distribution of Cases of Venereal Disease reported to the Public Health Department for the Year 1927.—Metropolitan and Extra-Metropolitan).*

[illegible]



TABLE G

Return showing Marital Status of Cases of Venereal Disease reported to Department of Public Health for Year 1927.

	Married.		Single.		Total.
	Male.	Female.	Male.	Female.	
Gonorrhoea .....	77	39	184	41	341
Gleet .....	6	...	3	...	9
Syphilis .....	4	8	7	4	23
Chancre .....	1	...	2	...	3
Gonorrhoea and Syphilis .....	...	...	...	...	...
Gonorrhoea and Ophthalmia .....	...	...	...	...	...
	88	47	196	45	376

"THE HOSPITALS ACT, 1918."

*Public Hospitals.*—The boards controlling the Public Hospitals throughout the State are finding it increasingly difficult to finance their institutions without calling upon the Government for additional assistance.

During the past nine years the subsidies granted by the Government, principally for maintenance expenditure, have increased from £39,529 to £59,230.

It has been recognised for some years past that there is a distinct antipathy on the part of the public to contribute to the upkeep of hospitals in accordance with the benefits derived therefrom and in proportion to their means, with the result that a further financial obligation has been forced upon the State. The position can only be regarded as a definite trend towards the nationalisation of these services to the community. In my opinion the field of hospital activity needs to be surveyed and ways and means devised to admit of the services thus rendered being freed from any financial embarrassment. I think it will be agreed that some form of public assistance is essential if the present system of administration and control is to be maintained.

With the assistance of the Audit Department it is proposed to institute, at an early date, a uniform costing system for all hospitals receiving Government assistance. The data which would be available under such a system will enable the hospital authorities and this Department to keep a close check upon many matters having an important bearing upon the financial side of the administration of these institutions. It would also furnish the Department with reliable and comparative data, which should be of material assistance in deter-

mining the basis on which hospitals shall be subsidised in the future and the amount of subsidy in each case.

Special attention has been directed to the need for additional public maternity accommodation. As the result of investigations made into this matter, provision has been made for the extension of existing facilities at many of the public hospitals throughout the State. Adequate and proper accommodation is one of the fundamental principles of a maternity service, and it is hoped that women will take advantage of what is offered.

During the year the attention of the Department was directed to the provisions of Section 47 (2) of the Hospitals Act, which gave a board power, with the consent of the Minister, to borrow money by way of a bank overdraft for the purpose of meeting ordinary recurrent expenditure. Since the inception of this law it had been the practice of the Government to guarantee any overdraft of a hospital board. This practice, however, was found to be *ultra vires* of the law, with the result that the Act was amended during the last session of Parliament by expunging the section in question and substituting the following:—

"(2) The Governor, on the recommendation of the Minister, may advance, by way of loan to a board, for the purpose of meeting ordinary recurrent expenditure of such board for any financial year, an amount not exceeding one-fourth of the revenue received by such board in the immediately preceding financial year.

"(3) No further advance shall be made to a board under this Act which, if made, would have the effect of increasing the aggregate amount advanced to, and owing by, such board beyond one-fourth of the revenue of such board for the then preceding financial year.

"(4) The board shall pay interest on every such advance, at such rate, at such times, and in such manner as the Treasurer from time to time may determine.

"(5) The Treasurer shall pay every such advance to such board, and the amount thereof shall be debited to a suspense account to be opened in the books of the Treasury.

"(6) All moneys repaid by any such board in respect of any such advance shall be credited to such suspense account."

*Private Hospitals.*—Details in respect of private hospitals licensed during the period under review are outlined in the subjoined Tables H-K. In one case only was it found necessary to institute proceedings for a contravention of the law by conducting unlicensed premises. The Department was successful in this case, and also in the appeal to the Supreme Court which was lodged by the defendant.

TABLE H.

NUMBER of Licences Issued and Number Existing at 31st December, 1927.

	Number of Applications.	Licences Issued.	Number Existing at 31st Dec., 1927.	No. of Prosecutions.
Hobart .....	14	14	14	...
Launceston .....	10	10	9	...
Country .....	49	49	49	...
Total .....	73	73	72	...



TABLE I.  
CLASSIFICATION.

	Medical, Surgical, and Lying-in Hos- pitals.	Medical and Surgical Only.	Lying-in Only.	Total.
Hobart .....	1	3	10	14
Launceston .....	2	1	7	10
Country .....	9	1	39	49
Total .....	12	5	56	73

TABLE J.  
CLASSIFICATION according to Number of Beds.

	1.	2.	3.	4-5.	6-10.	11-20.	Over 20.	Total.
Hobart .....	...	...	1	4	4	3	2	14
Launceston .....	...	...	...	5	2	2	1	10
Country .....	12	6	9	10	11	1	...	49
Total .....	12	6	10	19	17	6	3	73

TABLE K.  
CLASSIFICATION of Resident Managers.

	Medical Practitioners.	Qualified Nurses.	Unqualified Persons.	Total.
Hobart .....	...	14	...	14
Launceston .....	1	9	...	10
Country .....	11	38	...	49
Total .....	12	61	...	73

#### NURSES' REGISTRATION ACT.

This law came into force during the last session of Parliament, and provides for the registration and regulation of general, midwifery, and mental nurses. The main provisions of this measure are as follows:—

Section 2 repeals "The Midwives Acts, 1911 and 1918." Section 3 provides for the constitution of a Board to be known as "The Nurses' Registration Board," which shall consist of seven persons, namely:—

- I. The Director of Public Health or, if his office is vacant, such medical officer attached to the Department of Public Health as the Governor may appoint, and such person shall be Chairman of the Board:—
- II. The Medical Superintendent for the time being of the Hobart Public Hospital:
- III. The Medical Superintendent for the time being of the Launceston Public Hospital:
- IV. A legally-qualified medical practitioner nominated as hereinafter provided:
- V. Two certificated general nurses, of whom one shall be on the staff of a public hospital, and one on the staff of an institution approved by the Board as a training institution for general nurses, and who shall be nominated as hereinafter provided: and
- VI. A certificated midwifery nurse on the staff of a midwifery hospital who shall be nominated as hereinafter provided.

Section 5 provides that the Board shall have power and authority to—

- I. Receive, consider, and determine applications for the registration of persons as nurses under this Act:
- II. Cause certificates of registration to be issued to such persons as the Board may determine to be fit and proper persons to hold the same:

III. Cancel any such certificate, as provided by this Act, and cause any name to be removed from the register:

IV. Approve as training institutions for nurses such hospitals, whether public or private, as the Board thinks fit, and to revoke any such approval:

V. Cause examinations to be held for the purposes of this Act; to appoint examiners therefor; to determine the subjects, scope, and conduct thereof; and to appoint times and places for the holding thereof: and

VI. Exercise and perform such duties, powers, and functions as are assigned to it by this Act or as may be necessary for giving effect to the provisions of this Act.

Section 7 provides that the person for the time being holding the office of Secretary to the Department of Public Health shall perform the duties of Secretary to the Board and Registrar of Nurses.

Section 10 (3) provides that, where provision is made by law in any part of His Majesty's dominions for registration of nurses and for reciprocal registration therein of nurses registered under this Act, any person who has been registered under such law may be registered under this Act in respect of the class of nursing for which such person was so registered, if the Board is satisfied that the standards of training and examination required by such law are satisfactory.

Section 10 (5) provides that any person whose name was, at the commencement of this Act, on the register of midwives, in accordance with the provisions of the Midwives Act, 1911, shall be entitled, upon payment of the prescribed fee, to be registered as a midwifery nurse under this Act.

Section 13 gives the Board power to cancel the certificate of registration issued to any person who—

- I. Has procured such registration by means of fraud or misrepresentation:



- ii. Has been convicted in the State or elsewhere of any crime as defined by the criminal code, either before or after such registration;
- iii. Has been, in the opinion of the Board, guilty of any malpractice or misconduct of a serious nature; or
- iv. Commits any breach of any of the provisions of this Act which, under the regulations, entails cancellation of registration.

Section 14 gives the Board power to suspend any certificate of registration if it is necessary in the interests of public health so to do.

Section 18 makes it an offence for any person not registered under the Act to—

- i. Take or use any name, title, designation, or initial proclaiming, indicating, or suggesting that such person is the holder of any authority under this Act;
- ii. Attend for gain any woman in child-birth or act for gain as a midwifery nurse unless such person is a legally-qualified medical practitioner;
- iii. Wear or use any badge or distinctive head-dress prescribed for the use of registered nurses; or
- iv. Publish, issue, or exhibit any advertisement stating or indicating to the public that such person is a nurse registered under this Act.

The Assistant Health Officer (Dr. J. F. Gaha) has been appointed to the position defined in Subsection i. of Section 3. Dr. T. C. Butler was nominated for appointment under Subsection IV.; Misses Gluyas and Oakes, the matrons of the Hobart and Launceston Hospitals respectively, under Subsection V.; and Miss Pate under Subsection VI.

The Board, at its first meeting held on the 19th December, gave consideration to draft regulations framed under the Act, which, with certain amendments,

were approved. These regulations will be brought into force at an early date.

#### MATERNAL AND CHILD WELFARE AND INFANTILE MORTALITY.

The reports (Appendix IV.) submitted by child welfare nurses in respect of their work during the year are very favourable and satisfactory. Mothers in increasing numbers are taking advantage of the facilities provided for them. The progress and extension of the work indicates a wide and growing recognition of the fundamental importance of this service to the public health of the community.

In the month of July the Child Welfare Association at Hobart, with the assistance of the Government, established another clinic in the city with the object of relieving the congestion at the principal centre. The report of the nurse-in-charge shows that this action was justified.

The Mothercraft Home, established at Hobart by the Child Welfare Association, is also rendering most valuable service in the community. The institution is an essential element in any maternity scheme, providing, as it does, special facilities for advice and treatment in cases in which difficulties have arisen. The Home is also the centre in this State for the training of nurses in mothercraft and child welfare, and so obviates the necessity of nurses having to leave the State to secure this training.

The infantile mortality rate, viz., 53·0, is higher than in 1926. It was hardly to be expected that the exceptionally marked reduction in the rate for 1926 could be maintained. The increase emphasises the need for the continuation of every effort in all matters relating to infant welfare.

TABLE L.

#### INFANTILE Mortality.

Number of Deaths under 1 Year in Tasmania for the last 20 Calendar Years.

	Year.																			
	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.
Deaths.....	426	361	569	403	393	417	431	422	423	281	321	343	374	451	324	326	296	287	232	256

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queensland.	South Australia.	West Australia.	New Zealand.	Commonwealth.
1908.....	76	75·2	86·1	70·7	69·5	84·7	67·9	...
1909.....	65	73·9	71·4	71·5	60·9	78·0	61·6	...
1910.....	101·9	74·7	76·9	62·9	70·2	78·2	67·7	...
1911.....	74·1	69·5	68·7	65·4	60·6	76·0	56·3	...
1912.....	66·6	71·0	74·5	71·7	61·7	82·1	51·2	...
1913.....	70·7	77·8	70·5	63·4	69·9	70·3	59·2	...
1914.....	71·6	69·3	78·3	63·9	75·8	68·1	51·4	...
1915.....	72·2	67·7	68·8	64·3	67·0	66·5	50·1	...
1916.....	75·0	67·2	74·6	70·3	73·2	66·2	50·7	...
1917.....	52·5	56·9	56·8	53·9	53·1	57·1	48·2	...
1918.....	60·8	59·0	61·8	56·7	51·3	57·1	48·4	...
1919.....	64·6	71·8	67·9	71·9	64·0	61·1	45·3	...
1920.....	65·2	69·8	73·8	63·24	67·1	66·1	50·6	...
1921.....	78·4	62·9	72·7	54·1	65·4	78·3	47·8	65·7
1922.....	55·7	53·6	53·4	50·4	47·5	55·6	41·9	52·7
1923.....	57·6	60·7	65·7	54·0	60·3	56·0	43·8	60·5
1924.....	55·0	58·9	61·3	51·2	51·3	49·9	40·2	57·0
1925.....	55·0	55·0	57·0	45·2	46·1	56·6	40·0	53·4
1926.....	46·5	57·6	55·7	50·7	44·3	49·3	39·8	54·0
1927.....	53·0	54·9	56·1	54·5	53·4	45·9	...	54·5



TABLE M.

## TASMANIA.

TABLE showing the Principal Causes of Deaths of Children under 1 Year of Age in Tasmania in each Year from 1903 to 1927.

Causes of Deaths.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1925.	1927.
7. Measles .....	...	...	...	1	...	...	2	...	1	1	2	...	1	...	1	...	...	...	2	...	...	1	...	...	...
8. Scarlet Fever, &c. ....	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Whooping Cough.....	50	22	...	1	37	14	...	1	...	...	...	...	16	17	3	6	...	...	4	12	6	...	9	23	...
10. Diphtheria and Croup.....	2	1	3	...	1	1	2	2	...	2	4	2	1	3	...	...	...	...	1	1	...	2	1	1	1
Other Epidemic Disease.....	3	9	1	7	7	2	1	1	13	4	3	2	4	5	...	1	...	2	9	4	2	2	1	1	2
29. Tetanus .....	...	...	1	3	...	1	...	2	...	1	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...
32. Tubercular Meningitis .....	5	4	3	4	5	4	1	6	...	3	1	1	6	7	5	...	2	2	1	3	3	...	1	2	...
38. Syphilis .....	4	...	3	...	...	...	5	3	2	...	7	3	8	2	3	15	1	6	7	4	4	6	3	3	...
80. Convulsions .....	27	39	54	36	30	30	25	22	19	25	20	20	11	11	15	5	18	1	14	16	11	9	9	7	5
99. Bronchitis .....	29	19	21	15	24	11	11	8	13	13	15	13	15	5	5	15	9	4	6	4	10	5	3	1	5
100 (a). Broncho-pneumonia .....	5	16	10	17	16	11	8	15	20	16	17	12	17	18	10	8	13	22	33	12	20	19	15	5	11
101. Pneumonia .....	17	4	17	17	20	10	21	18	23	11	18	9	17	22	8	25	25	9	22	27	20	23	24	20	14
113. } Gastro-Enteritis .....	60	49	28	67	42	55	29	108	45	38	46	119	40	81	29	33	24	73	113	37	35	16	29	30	31
112. } Diarrhoea and Enteritis .....	57	50	27	52	14	60	20	60	13	21	...	...	21	30	19	15	13	...	...	4	9	1	1	...	3
159. Other Diseases of Stomach ..	3	6	4	9	2	2	1	7	5	3	4	4	7	1	7	4	7	5	...	...	36	29	28	20	19
161. Congenital Defects .....	16	16	11	7	11	14	12	27	19	16	25	14	17	17	17	19	10	19	29	4	9	1	1	...	17
161. Premature Birth and Injury at Birth .....	83	68	72	63	80	76	103	95	80	93	...	89	124	93	63	80	105	138	126	132	132	97	89	91	101
160. Debility, Marasmus.....	101	102	75	87	67	74	64	86	64	65	153	67	54	55	48	55	68	...	...	...	47	37	29	26	26
162. Diseases Early Infancy .....	19	17	24	13	10	8	1	9	6	15	13	26	20	19	16	14	21	29	24	25	17	8	8	13	22
Other Causes .....	79	53	70	84	73	48	54	64	70	64	70	43	43	37	29	26	36	31	41	26	20	22	29	20	16
Total .....	563	480	424	487	438	426	361	569	403	393	417	431	422	423	281	321	343	374	451	324	326	296	287	232	256
Infantile Mortality Rate (per 1000 Births) .....	111	91	80	91	82	76	65	101.9	73.7	66.6	70.7	71.6	72.2	75.0	52.3	60.8	64.6	65.2	78.4	55.7	57.6	55.0	55.0	46.5	53.0
Total Births .....	5080	5292	5257	5333	5291	5615	5500	5586	5437	5853	5886	6017	5845	5642	5376	5280	5310	5740	5755	5817	5657	5383	5218	4988	4833



TABLE N.

(Showing Ages and Causes of Death under 1 year—1927.)

Causes of Death.	Under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total.
Diphtheria and Croup .....	1	...	...	...	1
Influenza .....	...	1	...	1	2
Cancer .....	...	...	1	...	1
Disease of Thymus Gland...	1	...	...	...	1
Simple Meningitis .....	...	...	1	...	1
Other General Diseases...	...	...	...	1	1
Convulsions .....	6	...	1	...	7
Bronchitis .....	1	3	1	...	5
Broncho-Pneumonia .....	...	5	4	2	11
Pneumonia .....	2	5	2	5	14
Diseases of Stomach .....	...	1	1	1	3
Diarrhoea and Enteritis .....	3	8	15	5	31
Intestinal Obstruction .....	...	...	...	3	3
Diseases of the Pancreas ..	...	...	...	1	1
Acute Nephritis .....	1	...	2	...	3
Congenital Malformations ..	13	2	...	2	17
Congenital Debility .....	20	3	2	1	26
Prematurity .....	82	5	1	...	88
Injury at Birth .....	13	...	...	...	13
Other Diseases peculiar to Early Infancy .....	22	...	...	...	22
Conflagration .....	1	..	...	...	1
Accidental Mechanical Suffocation .....	...	...	1	...	1
Traumatism by Cutting or Piercing Instruments.....	1	...	...	...	1
Infanticide .....	1	1	...	...	2
Total .....	168	34	32	22	256

TABLE O.

Comparative Figures of Principal Causes of Deaths under One Year during 1923-27.

Causes of Death.	1923.	1924.	1925.	1926.	1927.
Whooping Cough .....	...	9	23	1	...
Convulsions .....	9	9	7	5	7
Bronchitis .....	10	5	3	1	5
Broncho-pneumonia .....	20	16	15	5	11
Pneumonia .....	23	24	20	13	14
Diarrhoea and Enteritis ..	35	16	29	30	31
Congenital Debility .....	37	47	37	29	26
Syphilis .....	6	6	3	1	...
Malformations .....	29	28	20	19	17
Prematurity .....	86	90	81	78	88
Other Diseases of Early Infancy .....	17	8	8	13	22

## BUSH NURSING.

Bush nurses were operating in fourteen centres during the whole of the period under review. Details of the work performed will be found in the report of the Supervisory Nurse (*vide* Appendix III.). One of the most satisfactory features of this report is the increasing amount of attention being directed to child welfare work, the visits made by nurses being 2732, as against 2009 during the previous year. In order that the nurses may be the better equipped to fulfil this function, arrangements have been made for those operating in the more populated centres to undergo a course of training at the Mothercraft Home, Hobart, the Government meeting the cost involved. Nurses taking the course are required to sign on for at least twelve months' service after its completion.

I would like to see uniformity brought about in the matter of the domestic conditions of bush nurses. In some of the centres a cottage is provided, but in others the official is required to make her own arrangements for accommodation. The ideal, of course, is that each nurse should have her own cottage, with maternity and emergency wards attached, which would add to her comfort and facilitate her work in many directions.

The bush nursing associations continue to give the Department every assistance, both financially and otherwise, in the administration of the scheme. In this regard I would like to specially mention the courtesy of the Northern Association in making facilities available for the training of Sister Munk, of the Tullah centre, at the Mothercraft Home.\*

Thirteen years have now elapsed since the first bush nursing centre was established in this State. Despite the many difficulties which confronted those concerned in this undertaking, I maintain that much success has since been achieved and that bush nursing has come to stay so far as Tasmania is concerned.

## PLACES OF PUBLIC ENTERTAINMENT ACT.

The provisions of this law have been generally well enforced. Special attention has been directed to the provision of sanitary accommodation at all such buildings, particularly those located in rural municipalities. The provision of suitable cinematograph cabinets in halls where moving pictures are exhibited has also received close attention in order to protect the people against accident and danger. A few cases of overcrowding in public buildings were brought under notice during the year. The offending parties were cautioned and warned that a repetition of the offence would lead to prosecution. The co-operation of officers of the Police Department has been sought to present overcrowding; these officials being vested with power, under the law, to close, or cause to be closed, the doors of any place of public entertainment when there are within such building a sufficient number of persons to occupy the seating accommodation computed in accordance with the provisions of the licence for such place of public entertainment.

The Picture Censor Board continued its operations throughout the year, during which period 613 films were registered. Members viewed six special screenings. In one case registration was refused, certain features were excised from three others, and the remaining two were registered without alteration. The fees received under this heading totalled £153 16s.

Sixty-six licences were issued under the Act authorising persons to operate any cinematograph machine or similar apparatus used for the exhibition of moving pictures. The fees received for these licences totalled £69 6s.

## FOOD AND DRUGS ACT.

The administration of this law, which has for its object the control and protection of the food supply, has been actively pursued throughout the State both by this Department and the various local health authorities.

*Food-Sampling.*—The results of food-sampling show a lessened incidence of adulteration. Much more of this work, however, should be undertaken to protect the consumer against adulterated or contaminated foods.

*Milk Supply.*—Particular attention has been directed to the milk supply, which is one of the most valuable of our foods. Dairying premises were inspected at regular intervals for the purpose of seeing that the buildings conformed to a reasonable standard of sanitation and to ensure cleanliness in milking, efficient washing and sterilisation of all utensils, satisfactory cooling of the milk, and its subsequent protection from contamination.

*Meat Inspection.*—It is to be regretted that more facilities do not exist for meat inspection. In the cities



and some of our principal towns it is generally satisfactory, but in many rural municipal districts facilities for inspection either do not exist or are so meagre as to be virtually non-existent. The value of meat inspection at the time of slaughter as a protection to the public against diseased meat is very important, and local authorities should make an effort to remedy existing conditions by—

- (a) Establishing a public slaughter-house or abattoir in central positions in their district, and
- (b) Providing facilities to admit of health inspectors becoming qualified to undertake the inspection of the meat.

*Amending Act, 1927.*—The Principal Act of 1910 was further amended in certain directions during the last session of Parliament in order to facilitate the administration of this important measure. The new law, *inter alia*, more clearly defines the procedure for analysis, enables a standard to be prescribed for the bacteriological content of milk, and provides for registration and licensing of such premises, as may be prescribed, wherein any food is manufactured or prepared for sale. All licences and other fees are now paid to and retained by the local authority. Hitherto one half of all such fees was paid into Consolidated Revenue.

*Commonwealth and States of Australia Fourth Conference on Uniform Standards for Foods and Drugs.*—This conference, which was convened by the Federal Government in accordance with a resolution of the conference

of Ministers of Health, was held at Melbourne in May. Mr. A. J. Miller (commercial representative) and myself attended on behalf of this State. The conference passed resolutions and approved of uniform standards and regulations for adoption by each State. The report of the conference subsequently came before the Food Standards Committee constituted under our law, which body expressed its opposition to many of the proposed standards, as well as to some of the resolutions, mainly as a result of representations made by various manufacturers, both local and overseas.

Although uniformity amongst the States is certainly very necessary in order to facilitate interstate trade in foods, the committee feels that economic and other considerations should not be overlooked without the fullest investigation. It is proposed, therefore, to represent the position, so far as Tasmania is concerned, to the Commonwealth Department of Health, which the conference recommended should act as a secretariat in relation to foods and drugs.

I have, &c.,

E. J. TUDOR,

Secretary for Public Health.

The Honourable the Chief Secretary.

## APPENDICES.

### APPENDIX I.

Department of Public Health,  
Hobart, 29th February, 1928.

SIR,

I HAVE the honour to submit the following report of the work performed by the inspectorial staff of the Department for the year ended the 31st December, 1927.

Visits of inspection have been made to the following districts:—Beaconsfield, Bothwell, Brighton, Bruny, Campbell Town, Circular Head, Clarence, Deloraine, Emu Bay, Esperance, Evandale, Fingal, Flinders, Glamorgan, Glenorchy, Gormanston, Hamilton, Hobart, Huon, Kentish, Kingborough, King Island, Latrobe, Launceston, Leven, Lilydale, Longford, New Norfolk, Oatlands, Penguin, Portland, Port Cygnet, Queenstown, Ringarooma, Richmond, Sorrell, Scottsdale, Spring Bay, Strahan, Table Cape, Tasman, Waratah, Westbury, and Zeehan.

With the view of minimising the time devoted to travelling, one inspector has been stationed at Launceston. Inspector Clark has taken up residence there, and has specific districts allotted to him, chiefly the municipalities in and around Launceston, also a portion of the far North-West and West Coasts. Under this arrangement much time is saved in travelling. The food-sampling work, which was hitherto carried out in the main by Inspector Clark, is now performed by each member of the inspectorial staff.

#### *Sanitary Surveys.*

As far as practicable, complete sanitary surveys were carried out in all local authorities' districts. Such surveys included special reports on water-supplies, drainage works, sanitary and garbage services, offensive trades, public buildings, licensed premises, dairies, &c. There is urgent need to continue these surveys, as some of the local health inspectors are only employed on a part-time basis, and, as they devote considerable time to other municipal functions, they rarely can find time to carry out complete sanitary surveys. The visits of State health inspectors are welcomed by the local authorities, and it is certain that such visits produce good results. Many difficult problems confront the members of the staff in their visits to towns of the

municipal districts, as the majority of the local inspectors defer important problems concerning drainage, condemnation of dilapidated dwellings, and other important sanitary questions, until the State inspector visits the district.

The system of giving practical assistance to newly-appointed health inspectors in local authorities' districts has been continued throughout the year. It is usual to send an officer of this Department to accompany the inspector on his first round of inspection; special attention being given to the correct method of drafting orders under the Acts of Parliament for the abatement of nuisances, and to the system of furnishing reports to local and central authorities.

#### *Sanitary Services.*

Departmental officers have, for many years, been giving assistance to local authorities in regard to the inauguration of sanitary services in towns and large centres in their various districts, and it is gratifying to report that the authorities, with few exceptions, carry on the recommendations of the Department in this respect. There are, however, a few municipalities who, so far, have failed to comply with requests for sanitary services, and I regret to have to report that, despite strong protests from chief health officers, the Town of Longford is still dependent on the single pan service. Under ordinary conditions this system is dangerous, offensive, and ineffective as a sanitary measure, and should have been discarded years ago. Many of the yards and allotments at rear of dwellings are of insufficient area for the deposition of nightsoil, and nuisances are likely to occur during the rainy season, when the ground is waterlogged. Departmental officers have made numerous visits to the districts, and rendered every possible assistance in regard to selecting sites for disposal grounds, cost of services, &c. The local progress associations also interested themselves in this important work, and petitioned the local authorities to inaugurate the services, but without success. Attempts have also been made to induce the local authorities concerned to inaugurate sanitary services for the Towns of Westbury and Railton. There are no insurmountable difficulties in the way of carrying out the proposals, and it is reasonable to hope that such services will be in operation before the next report is published.



### Sanitary Accommodation—Port Arthur Ruins.

Despite repeated recommendations from this Department to the local authority concerned, no attempt has been made to improve the existing dilapidated and insanitary conveniences provided for tourists and others visiting the historical ruins at Port Arthur. Legislation to enable this Department to enforce necessary improvements is contemplated.

### Mutton-bird Industry, Flinders Island.

The annual inspection of the mutton-bird rookeries at Flinders Island was made by Inspector Parker during the months of March and April. Improvements were noted in regard to structure of buildings, preparation of birds, general cleanliness, and packing for export. Inspector Clark also visited Maatsuyker and adjacent islands with a syndicate from South Australia, who were endeavouring to establish and carry on the mutton-bird industry in the southern portion of that State.

### Osmiridium Fields.

As in previous years, a departmental inspector visited Adamsfield in the month of May, to report upon the sanitary conditions of the osmiridium fields, which cover a vast area. The resident population had been much reduced since previous visit.

### Places of Public Entertainment and Public Buildings.

Plans, with accompanying specifications, of the following places of public entertainment and public buildings were submitted for approval, under the provisions of Section 13 of "The Places of Public Entertainment Act" and Section 106 of "The Public Health Act":—

Beaconsfield ...	Drill Hall.
Circular Head ...	Hall (L. W. Brooks).
Clarence ...	Town Hall.
	Parish Hall, St. Mark's Bellerive.
Deloraine ...	Public Hall, Elizabeth Town.
Emu Bay ...	Seventh Day Adventist Church, Burnie.
Flinders ...	Roman Catholic Church, White-mark.
Glenorchy ...	Lyceum Hall (alterations). Gospel Hall, Moonah. Church of England Sunday School, Claremont.
Hamilton ...	Parish Hall, Gretna.
Hobart ...	Crystal Academy. Memorial Hall, New Town. Mercantile Rowing Club Hall. Trocadero Cabaret. Blind, Deaf, and Dumb School.
Huon ...	Congregational Sunday School, Huonville.
Kentish ...	Public Hall, Railton.
King Island ...	Masonic Hall, Currie.
Latrobe ...	Grandstand, Recreation Ground.
Launceston ...	St. Andrew's Church, Mowbray Heights. Chalmer's Hall, St. John-street. Methodist Sunday School, East Launceston. Naval Depot, Wharf.
Leven ...	Picture Theatre (E. Frith).
Longford ...	Public Hall, Cressy.
New Norfolk ...	Public Hall, Moogara.
Scottsdale ...	Grandstand, Recreation Ground.
Sorell ...	Church of England (additions).
Spring Bay ...	Public Hall, Orford.
Tasman ...	Anglican Church, Carnarvon.
Westbury ...	Frankford Memorial Hall.

### Food and Drugs.

The following samples of foods and drugs were submitted for analysis:—

Cream ...	26
Butter ...	17
Java Sauce ...	1
Orange Kiss ...	1
Celery Salt ...	1
Whisky ...	4
Peanut Butter ...	1

Mince-meat ...	1
Cocoanut Oil ...	1
Cocoa ...	3
Bacon ...	1
Cream of Tartar ...	2
Icing Sugar ...	1
Baking Powder ...	2
Gin ...	1
Fish Paste ...	1
Vinegar ...	3
Cornflour ...	1
Coffee and Chicory ...	1
Tomato Sauce ...	1
Self-Raising Flour ...	3
Ham Paste ...	1
Cheese ...	2
Breakfast Delight ...	1
Sugar ...	1
Jellies ...	1
Custard Powder ...	2
Rum ...	2
Sausages ...	1
Tapioca ...	2
Orange Kola ...	1
Milk ...	50
Green Peas ...	1
Soap ...	1
Mustard ...	1
Marmite ...	1
Olive Oil ...	1
Essence of Lemon ...	1
Lemon Butter ...	1
Rolled Oats ...	1
Lemon Syrup ...	1
Ale ...	1
Herrings ...	1
Tomato Soup ...	1
Honey ...	1
Condensed milk ...	1
Fruit Saline ...	1
Sardines ...	2
Beer ...	1
Pepper ...	1
Rice ...	1
Tomato Sauce Essence ...	1
Sago ...	1

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Eight of these samples were found to be adulterated. Prosecutions were undertaken in four cases, and convictions followed. Penalties aggregated £12 3s. Warnings were issued in other cases, following the usual practice in regard to first offences.

The work in this division has been curtailed owing to the recent reorganisation and the limited time at the disposal of the staff, on account of other urgent work.

Several consignments of foodstuffs were condemned as unfit for human consumption. Owing to complaints received regarding a large seizure of figs in Launceston, said to be infected with weevil, an officer of this Department was deputed to make further inquiries. Satisfactory arrangements were made with the firms concerned to pick over all figs in their stores, and all food found to be affected was destroyed under the supervision of an inspector. Similar action was taken in the City of Hobart.

### Rat Extermination Operations.

Returns furnished by the rat-catcher, and verified by the staff, show that 88,800 poisoned baits were laid on the foreshores, and under the wharves, piers, and other structures, around the river frontage in Hobart. The following summary indicates the varieties of baits:—

Phosphorus and bread ...	44,595
Phosphorus and fish ...	44,205
Total ...	88,800

Rejected baits numbered 29,368, approximately 34 per cent. Traps to the number of 13,200 were set, and 4,06 rats accounted for.

### Royal Sanitary Institute Examinations.

During the month of April, an examination was held by the Royal Sanitary Institute Examination Board to enable candidates to qualify for the Sanitary Inspector's Certificate.



*Installation of Septic Tanks.*

The experimental work in connection with septic tanks, which commenced during the previous year at Derwent Park is being continued under new conditions, to enable the Department to ascertain definitely if such installations can be utilised for all kinds of household drainage.

A large number of plans of such installations were submitted for approval, and visits of inspection were made to King Island Hospital, Westbury, Fingal, Tasman, New Norfolk, Electrolytic Zinc Works, and Community Hall, Glenorchy, in order to advise regarding water-supplies, sites, and other difficulties that confronted the local authorities.

It is to be regretted that modern legislation, introduced during the year to deal with this important work, was not passed by Parliament.

*Swine Fever Epidemic.*

At the request of the Chief Veterinary Officer of the Agricultural Department, officers of the staff were deputed to assist in dealing with the epidemic of swine fever, which occurred in the southern portion of the State in the early part of the year. Visits of inspection were made to districts where the disease was prevalent, and orders served to improve pig-sties, sale-yards, and other places where swine were housed. Assistance was also rendered at the Municipal Abattoirs, Derwent Park, in regard to diagnosis of disease.

*Infectious Diseases.*

Owing to epidemics of diphtheria at Nabowla, Derby, and Evandale, it was found necessary to render assistance to the local authorities concerned. Inspectors visited the districts, and supervised the work in connection with isolation of patients and contacts, and also assisted the medical officers and inspectors in enforcing measures for the prevention of the spread of the disease.

*"Duco" Process, Spray Painting.*

Consequent upon complaints received regarding offensive fumes generated in certain works in Hobart, where spray-painting is carried on, an officer was deputed to inspect and report upon the installations in the cities of Hobart and Launceston. As a result of the inspections, it was decided, in the interests of employees engaged in this trade, that the "Duco" process of spray-painting should be carried out only in rooms specially designed, and where a suitable exhaust fan is attached for extracting fumes from the said room. Shafts for carrying off such fumes must be installed to the satisfaction of an officer of the Public Health Department.

*Places of Public Entertainment.*

Officers of the Department, in conducting sanitary surveys, are continually reporting on the neglect of local authorities to enforce the regulations regarding fire-extinguishing appliances and the use of defective biograph cabinets in public buildings. In many instances the buildings are the property of the local authority, and, despite repeated warnings from this Department, no action is taken to provide these essential safeguards. Public safety is endangered while such conditions continue.

*Commonwealth Quarantine.*

In compliance with the requirements of the Commonwealth Quarantine Regulations, inspectors have been regularly employed in connection with the fumigation and disinfection of overseas and interstate steamers at the various ports in the State. The holds of such vessels are subjected to sulphur fumigation as prescribed for the destruction of rats, mice, and other vermin; hydrocyanic acid gas being used for saloons, quarters, cabins, and similar spaces. Rat-traps and poisoned baits are also used chiefly in the galleys, store-rooms, lockers, &c., where foodstuffs are prepared and stored.

*Conclusion.*

In concluding this report, I desire to thank council clerks and local inspectors for their co-operation and assistance. The inspectorial staff have, as in the past, worked hard and conscientiously throughout the year.

I have, &c.,

J. RILEY, Chief Inspector.

The Secretary for Public Health.

## APPENDIX II.

Bacteriological Laboratory,  
Public Health Department,  
Hobart, 16th February, 1928.

SIR,

I HAVE the honour to submit the following report of the work performed at the Department's Laboratory during the year ending 31st December, 1927.

The total number of specimens forwarded from all parts of the State was 5221.

A tabular statement of the specimens examined during the year will be found appended.

I have, &c.,

GEORGE HADDOW,  
Government Bacteriologist.

The Secretary for Public Health.

*Table Showing Particulars of Specimens Examined at the Laboratory during the Twelve Months ended 31st December, 1927.*

Disease Suspected.	Nature of Specimens.	Number.	Positive.
Diphtheria	Throat swabs ... ..	4,028	311
Tuberculosis	Sputum ... ..	745	367
	Urine ... ..	9	—
	Cerebro-spinal fluid ... ..	6	—
Typhoid	Widals ... ..	108	36
	Fæces ... ..	24	1
	Urine ... ..	16	1
	Water ... ..	3	—
Gonorrhœa	Smears of pus ... ..	244	27
	Eye smear ... ..	7	1
Meningitis	Swabs ... ..	4	—
	Cerebro-spinal fluid ... ..	1	—
Miscellaneous	... ..	23	—
Pathological	Granulation tissue for section ... ..	1	—
	Swabs from nose for vaccines ... ..	2	—
Total ... ..		5,221	744

*Miscellaneous.*

Urine, for general examination, blood, pus, and organisms ... ..	6
Water for diphtheria bacillus ... ..	1
Pleuritic fluid for examination and for cells and organisms ... ..	4
Cerebro-spinal fluid for organisms and for examination ... ..	4
Hæmorrhage from bowels for typhoid bacillus ... ..	1
Smears for arterio-mycosis and examination ... ..	2
Chops for parasites or bacteria ... ..	1
Prostatic fluid for organisms ... ..	1
Sputum for hydatids ... ..	1
Smears from ear for gonococcus ... ..	2
Total ... ..	23

## APPENDIX III.

## BUSH NURSING.

Department of Public Health,  
Hobart, 3rd March, 1928

SIR,

No new centres have been opened during the year, and the Lakes centre closed, owing to completion of work in connection with the Shannon scheme.

There have been several changes in the nursing staff, two having left to be married, one having returned to England, and others to the mainland. Sister Munck was granted four months' leave to undergo training at the Mothercraft Home, New Town, and she is feeling the advantage of the extra knowledge in child welfare gained by her. It is hoped to give other nurses that advantage during the coming year.

The child welfare work is increasing in some centres. In most instances mothers are glad to avail themselves of the bush nurses' knowledge, and many have expressed themselves very grateful for the help they have received from her.



Arrangements have been made with the Education Department for the bush nurses to visit the schools in their districts which are not attended by the school nurse. Ninety-nine visits were made to schools during the year. A summary of the work performed in each centre is contained in the following table:—

Centre.	Visits to Nurse.	Visits to Patients.	Nursing Days.	Maternity Cases.	Child Welfare Visits.	Mileage.	Fees.	Hospital.
Adamsfield .....	240	70	97	1	25	137	£ s. d. No fees	2 beds
Avea .....	77	340	13	6	149	1231	44 7 0	...
Blessington .....	13	65	76	4	118	1620	35 4 6	...
Brumby (South) .....	15	136	57	3	77	1037	44 18 0	...
Enu Bay .....	1	18	185	13	399	805	55 13 0	...
Lakes .....	213	18	...	...	8	6	No fees	1 bed
Lillydale .....	108	357	...	11	82	2154	86 6 6	...
Maria Island .....	755	394	80	5	120	438	No fees	2 beds
Marrawah .....	97	133	37	5	145	1277	29 5 0	2 beds
Ouse .....	74	138	149	9	119	599	60 8 11	...
Rosebery .....	848	1280	29	3	115	2233	No fees	2 beds
Swansea .....	152	415	32	13	46	815	71 5 3	...
Tasman .....	69	224	195	11	106	3423	91 12 5	4 beds
Tullah .....	1186	929	19	7	191	406	No fees	2 beds
Ulverstone .....	18	171	147	17	1032	2265	74 6 3	...
	3865	4688	1126	108	2732	18,465	...	...

Lakes centre closed 3rd March, 1927.

I have, &c.,

C. ALICE STAMMER, Supervisory Nurse.

The Secretary for Public Health.

#### APPENDIX IV.

#### CHILD WELFARE ASSOCIATION. HOBART CENTRE.

Hobart, 2nd March, 1928.

Nurses' Report for the Year ended 31st December, 1927.

Sm,	
Visits paid by the nurses during the year .....	3,369
Visits paid to new-born infants .....	595
Further visits to mothers and babies in their homes .....	2,663
Individual mothers and babies visited .....	724
Visits to pre-natal cases .....	43
Miscellaneous visits .....	68
Attendances at the clinic, including 202 pre-natal cases .....	9,396
Individual mothers and babies who attended clinic .....	1,008

Drs. W. I. Clark and Stuart Gibson, honorary medical officers, have attended, when required, babies whose parents are not on medical lodges and are unable to pay medical fees.

The records of infant-feeding up to nine months of age, as compared with those of the previous year, are as follow:—

	1927. %	1926. %
Babies wholly or partially breast-fed for three months .....	87	89
Babies wholly or partially breast-fed for six months .....	75	78
Babies wholly or partially breast-fed for nine months .....	70	70

A course of lessons in mothercraft and infant hygiene has been given to three classes of girls from State schools in the city, and to two classes of girl guides.

Articles on child welfare have been published weekly in the "Illustrated Mail." That they are widely read by mothers in all parts of the country is shown by the number of letters received from various districts, 146 having come to hand during the year from correspondents desiring individual advice on the care and feeding of babies. Questions have also been answered through this paper.

One hundred and sixty-nine pamphlets on the care of the mother and baby have been sent to the mothers of new-born infants in country districts.

Mothers in poor circumstances have been supplied with milk free of charge or on payment of a small sum.

Donations of babies' clothes have been distributed when necessary.

Sister Gallus was granted two months' leave of absence to enable her to take a refresher course at the Karitane Harris Hospital in Dunedin, and Sister Gregg was appointed temporarily to the staff.

A new centre was opened at North Hobart in July, with Sister Hinds in charge. This was done with the view of relieving the congestion at the Murray-street centre. The report of the nurse in charge shows that this extension has been justified, although it has made very little difference to the number of mothers and babies attending the clinic in Murray-street.

The nurses appreciate the increasing co-operation of the medical and nursing profession, and realise the value of the assistance thus given to their task of encouraging parents to maintain for their babies a normal standard of health from birth.

I have, &c.,

C. BONNILEY, Nurse-in-Charge.

The Secretary for Public Health.

#### NORTH HOBART CENTRE.

Hobart, 2nd March, 1928.

Nurse's Report for the Year ended 31st December, 1927.

Sir,

Visits paid by the nurse during the year totalled 812, and comprised—

Visits to new-born infants .....	124
Further visits to mothers and babies in their homes .....	646
Visits to pre-natal cases .....	11
Miscellaneous visits .....	31

Attendances at the clinic totalled 412, including 9 pre-natal cases. The individual mothers and babies attending the clinic were 95.

This centre was opened on the 25th July, and the above figures are for the five ensuing months. The clinic is open four afternoons each week, viz.:—Monday, Tuesday, Thursday, and Friday; the nurse spending each Wednesday in the Glenorchy district.

Dr. A. W. LeSouef is the honorary medical officer for the centre.

A course of lessons in mothercraft and infant hygiene was given to a class of girls from the local State school.

I have, &c.,

N. E. HINDS, Nurse-in-Charge.

The Secretary for Public Health.



## GLENORCHY BRANCH.

Hobart, 2nd March, 1928.

Nurse's Report for the Year ended 31st December, 1927.

SIR,

Visits paid by the nurse during the year totalled 413, and comprised:—

Visits to new-born infants ... ..	42
Further visits to mothers and babies in their homes ... ..	307
Visits to pre-natal cases ... ..	12
Miscellaneous visits ... ..	52

Attendances at the clinic totalled 470. Seventy individual mothers and babies attended the clinic during the year.

This branch of the Child Welfare Association has now been in existence for five and a half years. The nurse from the North Hobart centre spent each Wednesday in the district.

I have, &amp;c.,

N. E. HINDS, Nurse-in-Charge.

The Secretary for Public Health.

## MOONAH AND NEW TOWN CENTRE.

Hobart, 2nd March, 1928.

Nurse's Report for the Year ended 31st December, 1927.

SIR,

Visits paid by the nurse during the year ...	1,605
Visits paid to new-born infants ... ..	269
Further visits to mothers and babies in their homes ... ..	1,158
Individual mothers and babies visited ...	333
Visits to pre-natal cases ... ..	129
Miscellaneous visits ... ..	49
Attendances at the clinic, including 75 pre-natal cases ... ..	2,902
Individual mothers and babies who attended clinic ... ..	274

The Moonah and New Town branch of the Child Welfare Association has now completed over six and a half years' work in the districts of New Town, Lenah Valley, Moonah, Derwent Park, and Lutana, and has made steady progress throughout this year. A new clinic has been erected, and was officially opened on the 30th November by His Excellency the Governor.

The students from the Mothercraft Home continue to do their district training at this centre.

Lessons in mothercraft and infant hygiene have been given to classes of girls from the New Town and Moonah State Schools.

The nurse desires to thank all those who helped in every way during the year.

I have, &amp;c.,

A. F. F. CAVE, Nurse-in-Charge.

The Secretary for Public Health.

## APPENDIX V.

## REPORT OF GOVERNMENT ANALYST.

Return of Samples of Foodstuffs, &amp;c., Examined in Government Laboratory during 1927.

Butter ... ..	29
Cereals ... ..	17
Confectionery, honey, and sugar ... ..	9
Cream and condensed milk ... ..	34
Cheese ... ..	7
Cream of tartar and self-raising flour ... ..	18
Drugs and chemicals ... ..	37
Essences ... ..	24
Fish, in tins ... ..	25
Fruit, apples for arsenic ... ..	78
Fruit, other ... ..	55
Fruit, preserved and pulp ... ..	76
Meat, preserved ... ..	5
Milk, cows ... ..	471
Milk, human ... ..	18
Fats and oils ... ..	7
Poisons, tests for, and Police tests ... ..	43
Sauces, salt, and condiments ... ..	12
Spirits, wine, beer, cordials ... ..	148
Tea, coffee, cocoa ... ..	6
Vinegar ... ..	3
Water ... ..	20
Thermometers (dairy) ... ..	229
Sundries ... ..	12
Total ... ..	1,383

## Notes on Various Results of Analyses.

## Butter.

One sample contained water 31.0 per cent. in excess, and another 11.2 per cent. in excess of maximum allowed by regulation. Two samples appeared to be stale butter "renovated" by reworking with fresh milk.

## Cereals, &amp;c.

One sample of tapioca was distinctly dirty, another "seed tapioca" was sold as sago. This substance is actually imported as "seed tapioca."

## Cheese.

A sample showed a deficiency of 13.3 per cent. on the proper proportion of milk-fat. The metal wrapping of an imported cheese contained no appreciable lead or arsenic.

## Cream and Condensed Milk.

Thirty-four samples were examined; and six bottled creams were deficient in fat, from 5.1 up to 50.0 per cent. of the prescribed minimum. The average deficiency amounting to 22.7 per cent.

A cream, complained of as tainted, had a slight flavour of carbolic acid, probably derived from the cleansing material used in the dairy. One sample contained boric acid, not specified on the label as being present.

## Cream of Tartar and Self-Raising Flour.

The only adulteration detected was 2.0 per cent. of unauthorised starch in a cream of tartar.

## Drugs and Chemicals.

These included aspro, aspirin, lung tonic, sarsaparilla, and iodized salt. The last contained a little magnesium carbonate and an inappreciable trace of iodine.

## Tinned Fish.

Salmon, suspected of causing gastro-enteritis, was examined also by the Government Bacteriologist, as well as chemically, with negative results in both cases. The fish examined, however, was of the same brand, but not from the same tin, as that supposed to have caused the poisonous symptoms. The same applied to samples of suspected sild and brisling. A sardine tin, although "outside" soldered, showed considerable exposed solder also on the inside.

## Fruit: Apples for Arsenic.

Seventy-eight samples, approximately about 1000 apples, were tested for arsenic, but in no case was this found to exceed the maximum of one-hundredth part of a grain of arsenic trioxide per pound.

## Fresh Fruit, other, and Preserved Fruit and Pulp.

These were mainly examined for exportation. Some preserved figs were totally unfit for food owing to the presence of a fungus, *Aspergillus ficum*. Many others contained larvae of the saw-toothed grain beetle, *Sylevanus surinamensis*. A raspberry juice contained much salicylic acid.

\* Identified by the Government Microbiologist.

## Preserved Meats.

These included bacon, sausages, smoked fish, ham and bloater pastes.

## Milk, Cows.

Four hundred and sixty-seven samples were examined, and of these 46 samples, or 9.85 per cent. of the total, were more or less below minimum standard. The percentage of deficient milks in 1925 was 12, and in 1926 this increased to 18 per cent. The diminution in adulteration for last year may be attributed to the taking of a greater number of samples for analysis, more especially in Hobart.

## Milk, Human.

Eighteen samples were analysed, mostly for the Child Welfare Association.

## Poisons.

Powders examined, in a case of supposed suicide, were found to consist of an hypnotic drug. Two and one-half grains of arsenate of lead were found in a milk.

Strychnine was found in four cases, and arsenic in a cow and part of a potato with which it had been poisoned.

Various suspected foods and drinks gave negative results.

Pyroxylin paints gave off poisonous vapours, and are applied, by spraying, with special precautions, in a chamber furnished with an exhaust fan. Dust from a fan and paints, were examined in connection with a complaint that workers near the exhaust were adversely affected, although they were in the open air. It was recommended that the discharge should be carried as far as possible into the air. It seems probable that, in addition to the ill-effects of amyl acetate and benzol vapours, some mischief might be caused also by minute particles of sprayed paint.



## Spirits, Beer, and Cordials.

Four spirits were below standard strength, the greatest deficiency being 5.5 per cent. of proof spirit in a rum. Samples of dandelion ale were all within the legal limit of 2.0 per cent. of proof spirit. A so-called "lemon syrup" contained only 0.53 per cent. of citric acid. The name implied that this was a "fruit syrup," but the label stated that it was prepared from "oil of lemon." The sample consisted simply of sugar syrup, with a very little citric acid, and could not fairly be labelled even as an imitation syrup; "lemon flavour," as oil of lemon, was not perceptible by either taste or smell.

A ginger ale contained salicylic acid, not specified on the label.

## Water.

Twenty samples were analysed, and five were reported as unfit for use. It was recommended that a supply drawn from a river should not be used for drinking purposes without being previously boiled.

## Dairy Thermometers.

These were specially graduated for use in dairies, and were tested as to the accuracy of the graduation at various points. Ninety-one thermometers, in a total of 229, registered more than two degrees above or below the temperature marked on the scale; many of them to a very large extent. These were of German origin, and specially intended for use in connection with the preparation and preservation of milk products.

In connection with the proposed amendment of the Food and Drugs Act, the Food Standards Committee recommended that the time allowed for a copy of the analyst's report, certifying adulteration, to reach the adulterator, should be not less than 30 days (previously 60 days), but the Act, as now amended, specifies 16 days only. This is regrettable, as with so small a staff, delays in transit, &c., it may not be practicable to complete some analyses within the time specified. The change appears likely to benefit only the dealers in adulterated foods or drugs.

W. F. WARD, A.R.S.M., A.A.C.I.,

Government Analyst.

Government Laboratory,

Hobart, 27th April. 1928.

The Secretary for Public Health.

## APPENDIX VI.

## VITAL STATISTICS.

## Statistical and General.

## Population—

Estimated on the 31st December, 1927:—

Males .....	107,036
Females .....	108,826

Total .....

Mean population, 1927 (for whole year)—

Males .....	104,170
Females .....	105,824

Total .....

Mean population, 1926 (for the whole year) 211,216

Decrease for the year 1,222

The population of the State, as shown by the figures, reveals a decrease of 1,222.

## Commonwealth Birth-rate for the Year 1927 per 1000 Persons Living.

(As compared with the previous year, and a year in the previous decade.)

	1917.	1926.	1927.
New South Wales .....	27.55	22.89	22.69
Victoria .....	23.40	20.84	20.30
Queensland .....	29.01	22.58	22.24
South Australia .....	25.62	20.55	20.12
West Australia .....	25.73	22.14	22.63
Tasmania .....	27.69	23.62	23.01
Commonwealth .....	26.27	22.02	21.67

## Death-rates for 1927 per 1000 Persons Living.

(As compared with the previous year, and a year in the previous decade.)

	1917.	1926.	1927.
New South Wales .....	9.42	9.55	9.59
Victoria .....	10.31	9.63	9.71
Queensland .....	9.61	9.39	9.06
South Australia .....	9.88	8.73	8.98
West Australia .....	9.04	8.93	8.81
Tasmania .....	9.11	9.05	9.68
Commonwealth .....	9.71	9.42	9.45

## Deaths in Relation to Disease.

The following return, from data supplied by the Government Statistician, shows the number and causes of deaths during the year 1927, also death-rate per 10,000 persons living (mean population 209,994), as contrasted with the previous year, 1926 (mean population estimated at 211,216).

Cause of Death.	Number of Deaths, 1926.	Death Rate per 10,000 persons.	Number of Deaths, 1927.	Death Rate per 10,000 persons.
<b>General Diseases—</b>				
Typhoid Fever .....	8	.4	9	.4
Malaria .....	...	...	...	...
Smallpox .....	...	...	...	...
Measles .....	...	...	...	...
Scarlet Fever .....	1	.1	2	.1
Whooping Cough .....	1	.1	...	.1
Diphtheria and Croup .....	6	.3	10	.5
Influenza .....	41	1.9	13	.6
Dysentery .....	...	...	...	...
Syphilis .....	3	.1	1	...
Tubercular Diseases .....	131	6.2	145	6.9
Rheumatic Fever, Rheumatism, and Gout .....	10	.5	18	.9
Cancer, all forms .....	185	8.8	216	10.3
Dietic Diseases and Industrial Poisoning .....	1	...	3	.1
Other General Diseases .....	80	3.8	91	4.3
<b>Total General .....</b>	<b>467</b>	<b>22.1</b>	<b>508</b>	<b>24.2</b>
<b>Local Diseases—</b>				
Diseases of Nervous System .....	197	9.3	191	9.1
Diseases of Circulatory System .....	318	15.1	344	16.4
Diseases of Respiratory Organs .....	220	10.4	213	10.1
Diseases of Digestive Organs .....	131	6.2	138	6.6
Diseases of Genito-Urinary System .....	100	4.7	121	5.8
Diseases of Puerperal Origin .....	20	.9	27	1.3
Diseases of the Skin .....	16	.8	11	.5
Diseases of Bones and Malformations .....	21	1.0	25	1.2
Diseases of Early Infancy .....	133	6.3	149	7.1
<b>Total Local Diseases .....</b>	<b>1156</b>	<b>54.7</b>	<b>1219</b>	<b>58.0</b>
<b>Deaths Produced by External Causes—</b>				
Accident or Negligence .....	99	4.7	84	4.0
Homicide .....	2	.1	7	.3
Suicide .....	10	.5	23	1.1
<b>Total External Causes .....</b>	<b>111</b>	<b>5.3</b>	<b>114</b>	<b>5.4</b>
<b>Ill-defined—Not Specific Diseases—</b>				
Old Age .....	149	7.0	171	8.1
Ill-defined Diseases .....	29	1.4	21	1.0
<b>Total Ill-defined Diseases .....</b>	<b>178</b>	<b>8.4</b>	<b>192</b>	<b>9.1</b>
<b>Total Deaths, All Causes .....</b>	<b>1912</b>	<b>90.5</b>	<b>2033</b>	<b>96.8</b>

## Typhoid Fever.

## Year 1927.

No. of cases notified .....	77
No. of deaths (1927—calendar)—	
Males .....	4
Females .....	5

9

## Diphtheria.

## Year 1927.

No. of cases notified .....	507
No. of deaths (1927—calendar)—	
Males .....	5
Females .....	5

10



*DEATHS from Tuberculosis during the last Ten Years.*

	Number.										Death Rate per 100,000 Persons Living																			
	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.										
Tuberculosis of Respiratory System (No. 31) .....	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	93	121	104	132	108	138	127	111	100	120	47	59	49	62	50	64	59	52	57	
Other forms of Tuberculosis (Nos. 32-37) ....	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	31	32	32	24	41	26	37	23	22	25	16	16	15	11	19	12	17	12	10	12
Totals .....	124	153	136	156	149	164	164	137	131	145	63	75	64	73	69	76	76	64	62	69	63	75	64	73	69	76	76	64	62	69

RETURN Showing Number of Deaths from Typhoid during the last Ten Years under Age Groups.

[illegible]



*Scarlet Fever.*

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 per- sons living.	Deaths per 1000 cases notified.	Death % of cases.
1902-3 ...	—	22	1.3	—	—	—
1903-4 ...	—	26	1.5	—	—	—
1904-5 ...	—	4	.2	—	—	—
1905-6 ...	50	1	.1	—	—	2.0
1906-7 ...	—	—	—	—	—	—
1907-8 ...	18	—	—	—	—	—
1908-9 ...	11	—	—	—	—	—
1909-10 ...	91	—	.1	—	—	2.2
1910-11 ...	177	3	.2	—	—	1.7
1911-12 ...	83	—	—	.44	—	—
1912-13 ...	159	2	.1	.83	12.6	1.3
1913-14 ...	225	—	—	1.15	—	—
1914-15 ...	223	1	.1	1.14	4.5	0.4
1915-16 ...	138	2	.1	.71	14.5	1.4
1916-17 ...	63	2	.1	.39	31.7	3.2
1917-18 ...	60	—	—	.31	—	—
1918-19 ...	32	4	.2	.16	125.0	12.5
1919-20 ...	—	—	—	.14	—	—
1920-21 ...	368	2	.1	1.74	5.4	0.5
1921 ...	598	6	.3	2.79	10.0	1.0
1922 ...	981	7	.3	4.57	7.1	0.7
1923 ...	604	3	.1	2.80	5.0	0.5
1924 ...	376	3	.1	1.75	8.0	0.8
1925 ...	288	3	.1	1.35	10.4	1.0
1926 ...	188	1	.05	0.89	5.3	0.5
1927 ...	91	2	.1	0.43	22.0	2.2

*Diphtheria.*

Year.	Cases.	Deaths.	Death rat per 10,000 population.	Cases per 1000 per- sons living.	Deaths per 1000 cases notified.	Death % of cases.
1907-8 ...	151	8	.4	—	—	5.3
1908-9 ...	205	11	.6	—	—	5.4
1909-10 ...	252	11	.6	—	—	4.4
1910-11 ...	404	16	.8	—	—	4.0
1911-12 ...	941	17	.90	4.96	18.1	1.8
1912-13 ...	1156	35	1.82	6.01	30.3	3.0
1913-14 ...	937	38	1.95	4.80	40.6	4.1
1914-15 ...	931	25	1.28	4.75	26.9	2.7
1915-16 ...	988	36	1.85	5.06	36.4	—
1916-17 ...	850	30	1.55	4.39	35.3	3.5
1917-18 ...	759	32	1.63	3.88	42.2	4.2
1918-19 ...	737	17	.85	3.67	23.1	2.3
1919-20 ...	772	25	1.20	3.71	32.4	3.2
1920-21 ...	1734	45	2.13	8.21	26.0	2.6
1921 ...	2055	61	2.9	9.60	30.2	3.0
1922 ...	1616	58	2.7	7.52	35.9	3.6
1923 ...	870	32	1.5	4.04	36.8	3.7
1924 ...	597	20	.9	2.78	33.5	3.4
1925 ...	473	13	.6	2.21	27.5	2.7
1926 ...	347	6	.3	1.66	17.1	1.7
1927 ...	507	10	.5	2.41	19.7	2.0



