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1929

TASMANIA

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DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT

FOR

1928

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.

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ANNUAL REPORT

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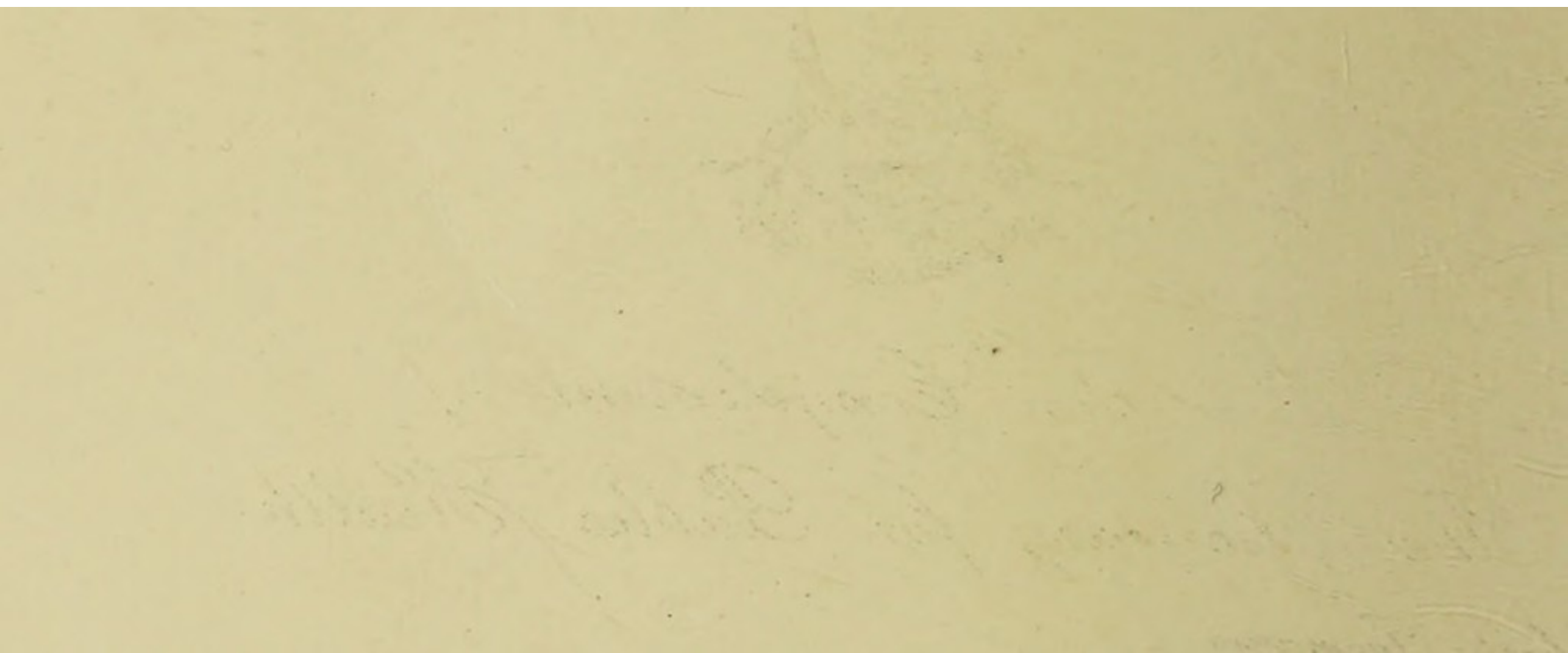


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SALUS POPULI SUPREMA LEX.

ANNUAL REPORT, 1928

Department of Public Health,
14th March, 1929.

SIR,

I HAVE the honour to present the annual report of the Department of Public Health for the year ended the 31st December, 1928.

Bills to amend the Public Health, Hospitals, and Nurses' Registration Acts were prepared for submission to Parliament during the year. The two latter measures became law, but consideration of the firstmentioned Bill was deferred until the next session of Parliament. As I have already mentioned in previous reports, it is imperative that our public health legislation should be modernised in order to provide for the many reforms brought about by medical science during recent years. The Bill also contains provisions, which will enable the authorities concerned to eliminate many unsatisfactory features arising out of the existing law, and to exercise control over matters which need regulating in the interests of the public health. New model by-laws under the Public Health Act have been framed for some considerable time past, to replace those which have been in force since 1907. More extensive statutory powers, however, are needed before these by-laws can be brought into force, as the existing law does not cover many of the provisions of these by-laws. This is another cogent reason why the Public Health Bill should be placed on the statute book at the earliest possible date.

The granting of subsidies to certain local authorities, in order to provide for the services of medical practitioners in remote country districts, has been extended during the year. Subsidies are now payable to six local authorities for this particular service. Having regard to the many hardships involved by the people resident in these remote districts in obtaining medical aid, it will be apparent that this particular service is well merited.

During the course of the year, instruction has been imparted to the people in the principles and practice of various subjects bearing upon the public health by furnishing news and general publicity information to the press, lectures, and other means. This is recognised as one of the most important functions of the Department, which must, of necessity, keep in the vanguard of knowledge in the discharge of its statutory obligations, and make such knowledge available to the people.

The Department conducted its biennial class of instruction for local health inspectors at Launceston during November. Representatives attended from twenty-four municipal districts.

The second session of the Federal Health Council was held at Melbourne on the 21st, 22nd, and 23rd March, 1928. This State was officially represented by the Assistant Health Officer (Dr. J. F. Gaha). The following resolutions, which were carried at this meeting, relate only to matters concerning which a decision was arrived at or a definite course of action agreed upon. Many other subjects closely affecting public health or dealing with the administration of the Public Health Acts of the various States were exhaustively considered, and although no resolution was recorded the interchange of views upon these subjects cannot fail to be of great value in the promotion of uniformity and of co-operation in the administration of public health between the various States and between the Commonwealth and States.

RESOLUTIONS OF THE FEDERAL HEALTH COUNCIL.

1. *Water-carriage Sewerage Systems.*—The Council suggests for the consideration of the Commonwealth Government the desirability of providing loans at a low rate of interest for the installation of water-carriage systems of sewerage in extra-metropolitan municipalities.

2. *Registration of Medical Practitioners.*—The Director-General was requested to place the matter before the Federal Committee of the British Medical Association at the forthcoming meeting of that body.

3. *Cancer.*—(a) The questions of notifiability of cancer and treatment by unqualified persons were discussed, but no action was taken.

(b) Dr. Ramsay Smith agreed to prepare a statement of the position with respect to treatment by unqualified persons.

4. *Tuberculosis.*—The Council recommends to the favourable consideration of the Commonwealth Government that recommendation of the Royal Commission on Health, which proposes the amendment of the Invalid Pensions Act to allow of payment of adequate sustenance to the dependants of patients suffering from infective tuberculosis while they are undergoing treatment in sanatoria or hospitals.

The Council considers that Australia offers an exceptionally favourable opportunity for materially increasing the rate of decline in the incidence of, and mortality from tuberculosis, and considers further that much more might be done than is now being done towards this end.

Special provision has already been made in every State for consultative clinics in connection with infant welfare work and venereal diseases; similar special provision is now being made in each State for cancer; and this Council commends to the attention of Commonwealth and State Governments the urgent need for similar provision for tuberculosis.

The first step in an organised campaign against tuberculosis is the provision of such clinics, which have, in other countries, been designated "tuberculosis dispensaries." To these should be referred every case of tuberculosis, every member of the family concerned, and every child reserved by the school medical officers for further examination by reason of a suspicious degree of malnutrition. These clinics would serve also as co-ordination centres for all the social, economic, and sanitary activities associated with tuberculosis control.

The question of the necessity for further sanatorium accommodation requires more deliberate consideration, and is reserved.

For the above purposes, this Council urges the State Governments to establish a sufficient number of such clinics without delay, and urges the Commonwealth Government to extend the principle of subsidising State Governments to provide for the establishment and maintenance of such clinics.

5. *Animal Tuberculosis.*—It was agreed that inquiries should be made and a report prepared by the Director, Division of Veterinary Hygiene, Commonwealth Department of Health, for circulation, if practicable, before the next meeting of the Council, on the schemes of compensation in operation in various States, and in certain other countries.

6. *Metropolitan Milk-supplies.*—The Council considers that the general milk-supply of all metropolitan areas should be pasteurised, bottled in sealed sterilised bottles, and graded according to standards of bacterial content, and that steps should be taken, as early as practicable, to bring this system completely into force in the metropolitan areas.

There are obvious advantages in achieving as near an approach as possible to uniformity throughout the Commonwealth, and to that end it is resolved that steps should be taken to hold a conference, in each State, as suggested by the Director, Division of Veterinary Hygiene, for the objects suggested by him. The Commonwealth Department of Health is requested to take steps to initiate such conferences.

7. *Foods and Drugs.*—(1) The Council urges that the recommendations of the Commonwealth and States Fourth Conference on Uniform Standards for Foods and Drugs, 1927, regarding standards for foods and drugs, be given effect to by the States.

(2) The Council urges that Resolution 14 of the Commonwealth and States Fourth Conference on Uniform Standards for Foods and Drugs, 1927, regarding a secretariat be given effect to.

8. *Relationship between Health Authorities and Medical Practitioners.*—The Council considers that the time is not opportune for the introduction of a practical scheme on the lines suggested in Paragraphs 3 and 4 of Part XI. of the report of the Royal Commission on Health, but that as a commencement each State should undertake to introduce, without delay, a system of whole-time district health officers.

9. *Mental Deficiency.*—In view of the incompleteness of information concerning the extent of mental deficiency in Australia, and the urgent necessity for having this knowledge available, the Council requests the Commonwealth Government to arrange for an inquiry to be made and for a full report on this subject to be compiled for the next session of the Council.

10. *Infectious Diseases Cards.*—The Council is of opinion that the proposal to adopt a card system for recording notifications of infectious diseases and to forward these cards to the Commonwealth Statistician for analysis should be adopted.

11. *Notifiable Diseases.*—The Council is of opinion that the following diseases should be made notifiable under the provisions of the Health Act in each State:—

Typhoid fever (which shall include paratyphoid fever).
Scarlet fever.
Diphtheria.
Epidemic cerebro-spinal meningitis.
Acute anterior poliomyelitis.
Plague.
Leprosy.
Small-pox.
Tuberculosis (which shall include all forms of tuberculosis).
Asiatic cholera.
Yellow fever.
Typhus fever (all forms).
Lethargic encephalitis.
Bilharziasis.
Malaria.

Puerperal fever.
Relapsing fever.
Ancylostomiasis.
Amoebic dysentery.
Bacillary dysentery.
Filariasis.
Anthrax.

It was decided that the following diseases should not be included in the list of notifiable diseases in certain cases (a) because it was not considered necessary; in others (b) because they were not included under the terms above adopted; and in further cases (c) for the reasons stated:—

(a) Erysipelas.
Influenza.
Hydatids.
Tetanus.
Favus.
Dengue fever.
Malta fever.
Trichinosis.
Measles.
Whooping cough.
(b) Polioencephalitis.
Infantile diarrhoea.

(c) Ophthalmia—on the understanding that ophthalmia neonatorum is made notifiable under venereal diseases legislation.
Varicella—to be made notifiable if considered necessary during periods when small-pox is present, but not to be ordinarily notifiable.
Beri-beri—if it is considered necessary to have information as to the existence of cases, special legal provision should be made.

12. *Enforcement of Obligation to Notify.*—The Council considers that steps should be taken for the enforcement of the legal obligations to notify infectious diseases in every instance in which any medical practitioner or any person concerned is in default.

13. *Puerperal Fever.*—It is considered by the Council that action is required in respect of puerperal fever, but in view of the investigations now proceeding it is considered that action should be deferred.

It is desirable that full inquiry should be made by the Health Department into every death of a mother associated with childbirth.

14. *Notification by Householder.*—The Council decided to take no action towards removing the obligation on the householder to notify infectious diseases.

15. *Notification by Medical Practitioner.*—The Council is of opinion that the question of notification of infectious diseases by the medical practitioner is largely determined in each State by the degree of development of local authorities, and it is considered, therefore, that each State should determine its own procedure according to the local indications of the most efficient method.

16. *Notification Form.*—The Council is of opinion that—

(1) Information on the following points should be included in the notification form supplied by the medical practitioner:—
Name.
Age.
Disease.
Address.
Sex.
Occupation.
Duration of disease.
Observations and remarks.

(2) Upon receipt of the above information, all further particulars required should be obtained by the officers of the local health authority or of the central health authority.

17. *Supervision of Notified Persons.*—The Council considers that legal provision should be adopted in each State maintaining official supervision over every person notified as suffering from an infectious disease until by prescribed tests the person is proved to be free from infection.

18. *Use of Various Terms in Describing Certain Diseases.*—(a) It is agreed that the use of the following terms will be discontinued:—

Membranous croup.
Scarlatina.
Continued fever.
Low fever.
Colonial fever.

(b) It is agreed that in accordance with the international classification of causes of death, the term "tuberculosis of the respiratory system," will be used in all appropriate cases, and employment of the terms "pulmonary tuberculosis" and "phthisis" will be discontinued.

19. *Notification of Industrial Diseases.*—It is agreed that the following industrial diseases should be compulsorily notifiable by medical practitioners to the Central Health Departments:—

Poisoning by—

Lead, mercury, arsenic, phosphorus, or other minerals.

Benzol, or its nitro and amido derivatives (dinitrobenzol, aniline, and similar substances).

Carbon bisulphide.

Nitrous fumes.

Carbon monoxide.

Cyanogen compounds.

Anthrax.

Cancer (occupational).

Compressed air illness.

Dermatitis.

Chromic ulceration.

Ulcerations of skin or mucous surfaces due to irritant dust.

Ulcerations of skin or mucous surfaces due to caustic or corrosive liquids.

Septic poisoning due to handling meat or meat products.

Trade spasms and cramps.

Pneumoconiosis.

Subcutaneous cellulitis of the hand (beat hand)—due to mining operations.

Subcutaneous cellulitis over the patella (beat knee)—due to mining operations.

Acute bursitis over the elbow (beat elbow)—due to mining operations.

Synovitis (wrist)—due to mining operations.

Nystagmus—due to mining operations.

20. *Annual Tables from Infectious Diseases Hospitals.*—It is desirable that for each infectious diseases hospital, the following annual tables should be compiled:—

Total admissions for each disease, classified according to sex, to week of admission, and age.

Principal complications from each disease, with statement of number of deaths from each.

Number of deaths from each disease, by months.

Number of deaths from each disease by age.

Number of deaths from each disease, by sex.

Average duration of stay in hospital for each disease.

Comment on intercurrent infections.

Comment on method of deciding when patients are eligible for release, and statement as to "return cases."

Comment on action taken with regard to "carriers."

21. *Health Department Reports.*—It is desirable that annual reports of health departments should cover calendar years.

Alternatively in the compilation of annual reports all statistical tables should be compiled on a monthly basis so that calendar year tables may be compiled therefrom.

22. *Control of Diphtheria.*—The Commissioner for Public Health, of Queensland, undertook to compile a report for the next session of this Council upon the value of the system for the control of diphtheria in operation in that State.

23. *Standard for Release of Typhoid Fever Cases.*—It is desirable that a bacteriological standard for release of typhoid cases should be adopted where practicable.

24. *Notification of Carriers.*—It is desirable that all persons who are "carriers" in respect of any notifiable disease should be notifiable as if they were actual cases of the disease, and appropriate regulations for their control should be adopted.

25. *Measles and Whooping Cough.*—It was decided that consideration of the questions of measles and whooping cough and exclusion from school should be left until the conference with school medical officers.

In pursuance of the resolutions of the Federal Health Council at its first session in January, 1927, a conference of the Council with the Statisticians of the Commonwealth and States of Australia was held at Melbourne on the 19th and 20th March, 1928. The Chairman (Dr. J. H. L. Cump-

ston) stated the conference originated in a recommendation of the Royal Commission on Health of 1925 that definite and formal co-operation should be established between the Statisticians and the Health Departments by associating a medical officer of the Commonwealth Department of Health with the Commonwealth Statistician's Office to supervise the collection, tabulation, and analysis of morbidity, mortality, and other vital statistics.

LOCAL ADMINISTRATION.

Once again it is my pleasure to record, under this heading, the continued improvement which is being effected in the conditions of local sanitary administration and executive in many districts. A contributing factor towards this improvement is doubtless due to the increasing number of certificated inspectors who are now operating throughout the State. These officers are continually seeking technical sanitary knowledge, so that they may apply it in the performance of their duties. Local authorities generally are also grasping the values and methods of modern sanitation, and, supported by direct stimulation and assistance from this Department, are making much progress towards bettering the sanitary environment of their districts.

In my previous report I mentioned that certain local authorities were taking steps to inaugurate a sanitary removal service in some of their more populated centres, where hitherto the disposal was the responsibility of the individual householder. I regret to state that this very necessary sanitary requirement is still outstanding, in one instance owing to the difficulty of securing a suitable disposal area, and in two other cases owing to the councils not being empowered by the ratepayers to borrow the money necessary to establish the scheme. It will be only a matter of time before some epidemic disaster will compel the latter councils to take action. At the present time these communities live in a fool's paradise so far as any real protection from disease outbreaks is concerned.

During the course of the year, many inspections and investigations were made into the alleged pollution of rivers and watercourses by discharges from sawmills, mining fields, &c. Particular attention has been directed to the South Esk River and contributory streams, which form the whole or part of the water-supply of several districts. As the result of these investigations, the local authorities concerned have been recommended to take certain action in order to safeguard the purity of the water.

Efforts have been made to improve the sanitary accommodation of licensed premises in country districts by requiring the installation of septic tanks, where ample water-supply is, or can be made, available. The provision of adequate and satisfactory sanitary accommodation at places of public resort, such as beaches, recreation grounds, &c., has also received attention.

NOTIFIABLE INFECTIOUS DISEASES.

The total number of notifications which came to hand during the year was 1396, which is higher by 521 than the figure (875) for 1927. The bulk of the notifications related to diphtheria, which contributed 908 to the total. Other diseases, in respect of which fairly large numbers of notifications were received, were phthisis (208) and

scarlet fever (190). The notification rate (proportion of population to notified cases of infectious diseases) in 1928 was 6.5 per thousand, as against 4.1 in 1927.

Diphtheria.—The number of cases notified was 908, the number in 1927 being 507. Of the cases, 18 died, and the case mortality rate was 1.9 per cent.

The number of cases per thousand of the population was 4.2.

The district of Hobart was chiefly responsible for the increased incidence of this disease, no less than 377 cases being reported, as against 21 in 1927. A fair proportion of these notifications were "carriers" of the disease. Owing to the limited accommodation at the Vauluse Infectious Diseases Hospital, the isolation and treatment of "carriers" presented some difficulty in this district, which was subsequently overcome by the Departmental Isolation Hospital at Self's Point being placed at the disposal of the local authority for the accommodation of scarlet fever patients, thus making more space available at Vauluse for diphtheria cases. The provision of additional accommodation at Vauluse, with which the Government intends to proceed at an early date, should be the means of enabling the local authority to deal more effectively with any epidemic of this disease in the future.

Scarlet Fever.—There were 190 cases of this disease notified during the period under review, being 89 in excess of the cases reported during the preceding year. The majority of the patients were children of school age, the age group 5 to 14 giving 56 per cent. of the total. The districts to suffer most from this disease were Hobart (60 cases) and Launceston (33 cases). There was only one death recorded.

Typhoid Fever.—Only 53 cases of this disease were reported. There were six deaths.

Tuberculosis (Lung and Throat).—I regret to have to record a marked increase in the incidence of this disease, 208 notifications being received, as against 171 in 1927. The total deaths numbered 138, and the number of deaths per cent. of the cases was 66.3.

It will be remembered that the Commonwealth Royal Commission on Health recommended:—"That the Commonwealth Department of Health should formulate the principles of a comprehensive campaign against the spread of tuberculosis, and the Commonwealth should make conditional subsidies to the States for carrying out such a campaign." This recommendation received consideration at the first session of the Federal Health Council, held in January, 1927, 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." At the next session

of the Federal Health Council the following resolutions pertinent to this matter were passed:—

"The Council recommends to the favourable consideration of the Commonwealth Government that recommendation of the Royal Commission on Health, which proposes the amendment of the Invalid Pensions Act to allow of payment of adequate sustenance to the dependants of patients suffering from infective tuberculosis while they are undergoing treatment in sanatoria or hospitals.

"The Council considers that Australia offers an exceptionally favourable opportunity for materially increasing the rate of decline in the incidence of and mortality from tuberculosis, and considers further that much more might be done than is now being done towards this end.

"Special provision has already been made in every State for consultative clinics in connection with infant welfare work and venereal diseases (similar special provision is now being made in each State for cancer), and this Council commends to the attention of Commonwealth and State Governments the urgent need for similar provision for tuberculosis.

"The first step in an organised campaign against tuberculosis is the provision of such clinics which have, in other countries, been designated "tuberculosis dispensaries." To these should be referred every case of tuberculosis, every member of the family concerned, and every child reserved by the school medical officers for further examination by reason of a suspicious degree of malnutrition. These clinics should serve also as co-ordination centres for all the social, economic, and sanitary activities associated with tuberculosis control.

"The question of the necessity for further sanatorium accommodation requires more deliberate consideration, and is reserved.

"For the above purposes, this Council urges the State Governments to establish a sufficient number of such clinics without delay, and urges the Commonwealth Government to extend the principle of subsidising State Governments to provide for the establishment and maintenance of such clinics."

As the result of investigations made during the year by the Commonwealth Director of Tuberculosis, it is anticipated that the Federal Health Council, at its next session, will be in a position to formulate some definite policy towards the control of the disease throughout the Commonwealth.

Puerperal Fever.—The number of cases of this disease notified, viz., 21, was similar to the notifications received during 1927.

Infantile Paralysis, Ophthalmia Neonatorum, and Lethargic Encephalitis.—Three cases of the firstnamed and two each of the other diseases were notified.

Tables.—Tables are appended, showing—

- A—Cases of all diseases notified during the year 1928.
- B—Age and sex incidence of notified cases of diphtheria, typhoid fever, scarlet fever, and tuberculosis (lung and throat), for each month of the year 1928.
- C—Comparative figures in respect of cases reported in each municipal district during the years 1927 and 1928.
- D—Comparative figures of all diseases notified during the past five years.

NOTIFIABLE INFECTIOUS DISEASES.
The total number of notifications which came to the attention of the Commonwealth Department of Health during the year was 1396, which is higher by 821 than the figure (575) for 1927. The bulk of the notifications related to diphtheria which contributed 908 to the total. Other diseases in respect of which fairly large numbers of notifications were received were tuberculosis (208) and

In pursuance of the resolutions of the Federal Health Council at its first session in January, 1927, a conference of the Council with the State-Officers of the Commonwealth and States of Australia was held at Melbourne on the 19th and 20th March, 1928. The Chairman (Dr. J. H. L. Campbell)

TABLE A.

RETURN showing Number of Cases of Infectious Diseases Reported to Department of Public Health during the Year, 1928.

Municipality.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Pneumonia.	Puerperal Fever.	Cerebro-Spinal Meningitis.	Infantile Paralysis.	Ophthalmia Neonatorum.	Lethargic Encephalitis.	Total.
1 Beaconsfield .....	...	...	...	5	...	...	...	...	...	5
2 Bothwell .....	...	...	...	1	1	...	...	...	...	2
3 Brighton	2	...	...	2	...	...	...	...	...	4
4 Bruny .....	...	1	2	...	...	...	...	...	...	3
5 Campbell Town	1	...	...	1	...	...	...	...	...	2
6 Circular Head	20	...	...	3	...	...	...	...	...	23
7 Clarence	13	...	...	4	...	...	...	...	...	17
8 Deloraine	36	1	6	2	...	...	...	...	...	45
9 Devonport	14	...	19	2	...	...	...	1	...	36
10 Emu Bay	9	...	...	4	...	...	...	...	...	13
11 Esperance	14	1	...	...	1	1	...	...	...	17
12 Evandale	1	1	4	...	...	...	1	...	...	7
13 Fingal	8	...	5	6	1	...	...	...	...	20
14 Flinders .....	...	...	...	1	...	...	...	...	...	1
15 George Town	1	1	...	1	...	...	...	...	...	3
16 Glamorgan .....	...	...	...	...	...	...	...	...	...	...
17 Glenorchy	70	3	4	9	...	1	...	...	...	87
18 Gormanston	4	...	...	...	...	...	...	...	...	4
19 Green Ponds	3	...	...	1	...	...	...	...	...	4
20 Hamilton	5	2	1	...	...	...	...	...	...	8
21 Hobart	377	6	60	69	9	1	1	1	...	524
22 Huon	35	1	4	3	...	...	...	...	...	43
23 Kentish	18	...	...	...	1	...	...	...	...	19
24 Kingborough	7	...	...	3	...	...	...	...	...	10
25 King Island .....	...	...	...	...	...	...	...	...	...	...
26 Latrobe	4	1	3	1	...	...	...	...	...	9
27 Launceston	108	5	33	50	4	1	1	...	...	202
28 Leven	14	7	3	4	...	...	...	...	...	28
29 Lilydale	9	...	1	1	...	...	1	...	1	13
30 Longford	5	5	3	2	...	1	...	...	...	16
31 New Norfolk	18	7	2	2	1	...	...	...	...	30
32 Oatlands	1	...	...	...	...	...	...	...	...	1
33 Penguin	9	...	1	3	...	...	...	...	...	13
34 Port Cygnet	25	1	1	2	1	...	...	...	...	30
35 Portland	1	...	...	3	...	...	...	...	...	4
36 Queenstown	5	...	13	2	...	...	...	...	...	20
37 Richmond .....	...	1	...	1	...	...	...	...	...	2
38 Ringarooma	10	1	1	2	1	...	...	...	...	15
39 Ross	1	...	...	1	...	...	...	...	...	2
40 Scottsdale	14	4	13	1	1	...	...	...	...	33
41 Sorell	2	...	6	...	...	...	...	...	...	8
42 Spring Bay .....	...	...	...	1	...	...	...	...	...	1
43 St. Leonards	13	...	1	3	...	1	...	...	...	18
44 Strahan .....	...	...	...	...	...	...	...	...	...	...
45 Table Cape	10	...	...	2	...	...	...	...	...	12
46 Tasman .....	...	...	...	...	...	...	...	...	...	...
47 Waratah	1	...	2	...	...	...	...	...	...	3
48 Westbury	7	2	1	5	...	...	...	...	1	16
49 Zeehan	12	...	1	2	...	...	1	...	...	16
50 Overseas	1	2	...	3	...	1	...	...	...	7
TOTAL CASES.....	908	53	190	208	21	7	5	2	2	1396

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 1928.

Month, 1928.	Age Period.	Diphtheria.			Typhoid Fever.			Scarlet Fever.			Phthisis.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
January ..	All ages	19	17	36	7	2	9	2	1	3	7	12	19
	Under 1 year	1	..	1	..	..	..	..	..	..	..	..	..
	1-4	4	1	5	..	..	..	..	..	..	..	..	..
	5-14	7	8	15	3	2	5	1	1	2	..	..	..
	15-24	4	6	10	2	..	2	1	..	1	..	4	4
	25-34	2	..	2	..	..	..	..	..	..	1	4	5
	35-44 .....	..	2	2	1	..	1	..	..	..	2	1	3
	45-54 .....	..	..	..	..	..	..	..	..	..	1	1	1
	55-64 .....	..	..	..	1	..	1	..	..	..	2	1	3
	65 and over .....	..	..	..	..	..	..	..	..	..	1	1	2
	Age not stated	1	..	1	..	..	..	..	..	..	1	..	1
February.	All ages	8	9	17	4	3	7	3	2	5	10	4	14
	Under 1 year	2	..	2	..	..	..	..	..	..	..	..	..
	1-4	5	5	10	1	..	1	3	1	4	1	..	1
	5-14 .....	..	2	2	..	..	..	..	1	1	2	2	4
	15-24 .....	..	2	2	..	1	1	..	..	..	1	1	2
	25-34	1	..	1	2	2	4	..	..	..	3	1	4
	35-44 .....	..	..	..	..	..	..	..	..	..	1	..	1
	45-54 .....	..	..	..	..	..	..	..	..	..	1	..	1
	55-64 .....	..	..	..	..	..	..	..	..	..	1	..	1
	65 and over .....	..	..	..	..	..	..	..	..	..	1	..	1
	Age not stated .....	..	..	..	..	..	..	..	..	..	..	..	..
March ..	All ages	29	28	57	3	1	4	2	16	18	12	1	13
	Under 1 year	5	3	8	..	..	..	1	2	3	..	..	..
	1-4	18	14	32	1	..	1	1	9	10	..	..	..
	5-14	3	5	8	1	..	1	..	1	1	2	..	2
	15-24	1	3	4	..	1	1	..	2	2	5	1	6
	25-34	1	1	2	1	..	1	..	..	..	4	..	4
	35-44	1	2	3	..	..	..	..	1	1	..	..	..
	45-54 .....	..	..	..	..	..	..	..	1	1	..	..	..
	55-64 .....	..	..	..	..	..	..	..	1	1	1	..	1
	65 and over .....	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated .....	..	..	..	..	..	..	..	..	..	..	..	..
April. . .	All ages	33	45	78	2	6	8	7	10	17	4	8	12
	Under 1 year	2	7	9	..	..	..	1	1	2	..	..	..
	1-4	22	22	44	..	4	4	4	3	7	1	..	1
	5-14	5	7	12	..	2	2	..	2	2	1	3	4
	15-24	2	3	5	..	..	..	2	2	4	1	2	3
	25-34 .....	..	4	4	..	..	..	..	1	1	..	1	1
	35-44	1	..	1	1	..	1	..	..	..	1	1	2
	45-54 .....	..	..	..	..	..	..	..	..	..	..	..	..
	55-64 .....	..	..	..	..	..	..	..	..	..	..	..	..
	65 and over .....	..	1	1	1	..	1	..	..	..	1	..	1
	Age not stated	1	1	2	..	..	..	..	1	1	..	..	..
May . . .	All ages	34	53	87	2	..	2	5	7	12	7	7	14
	Under 1 year	3	12	15	..	..	..	2	1	3	..	..	..
	1-4	25	29	54	1	..	1	2	5	7	..	..	..
	5-14	4	6	10	1	..	1	..	1	1	1	4	5
	15-24	1	3	4	..	..	..	1	..	1	1	2	3
	25-34	1	..	1	..	..	..	..	..	..	2	1	3
	35-44 .....	..	3	3	..	..	..	..	..	..	1	..	1
	45-54 .....	..	..	..	..	..	..	..	..	..	1	..	1
	55-64 .....	..	..	..	..	..	..	..	..	..	1	..	1
	65 and over .....	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated .....	..	..	..	..	..	..	..	..	..	..	..	..
June . . .	All ages	42	53	95	1	3	4	3	7	10	4	5	9
	Under 1 year	8	5	13	..	..	..	..	2	2	..	..	..
	1-4	28	21	49	1	..	1	2	2	4	..	..	..
	5-14	5	13	18	..	3	3	1	..	1	..	2	2
	15-24 .....	..	9	9	..	..	..	..	..	..	4	2	6
	25-34 .....	..	3	3	..	..	..	..	2	2	..	1	1
	35-44 .....	..	..	..	..	..	..	..	..	..	..	..	..
	45-54 .....	..	..	..	..	..	..	..	..	..	..	..	..
	55-64 .....	..	..	..	..	..	..	..	1	1	..	..	..
	65 and over	1	1	2	..	..	..	..	..	..	..	..	..
	Age not stated .....	..	1	1	..	..	..	..	..	..	..	..	..

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 1928.—continued.

Month, 1928.	Age Period.	Diphtheria.			Typhoid Fever.			Scarlet Fever.			Phthisis.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
July	All ages	47	67	114	3	2	5	3	6	9	6	8	14
	Under 1 year	1	1	2	..	..	..	..	..	..	..	..	..
	1-4	7	8	15	..	..	..	..	..	..	..	..	..
	5-14	24	38	62	1	1	2	3	1	4	..	..	..
	15-24	7	9	16	2	1	3	..	4	4	..	4	4
	25-34	4	7	11	..	..	..	..	..	..	1	3	..
	35-44	3	..	3	..	..	..	..	1	1	..	1	1
	45-54 . . . . .	..	2	2	..	..	..	..	..	..	3	..	3
	55-64 . . . . .	..	2	2	..	..	..	..	..	..	1	..	1
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	Age not stated	1	..	1	..	..	..	..	..	..	1	..	1
August ..	All ages	48	38	86	1	1	2	9	11	20	8	15	23
	Under 1 year . . . . .	..	1	1	..	..	..	..	..	..	..	..	..
	1-4	4	1	5	..	..	..	1	2	3	..	..	..
	5-14	35	18	53	..	..	..	6	6	12	..	..	..
	15-24	4	9	13	..	..	..	1	3	4	1	7	8
	25-34	2	6	8	..	1	1	1	..	1	1	5	6
	35-44	3	2	5	1	..	1	..	..	..	2	2	4
	45-54 . . . . .	..	..	..	..	..	..	..	..	..	2	..	2
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	1	..	1
	Age not stated . . . . .	..	1	1	..	..	..	..	..	..	..	..	..
September	All ages	14	34	48	4	1	5	6	18	24	12	7	19
	Under 1 year	1	..	1	..	..	..	..	..	..	..	..	..
	1-4	2	6	8	..	..	..	..	2	2	..	..	..
	5-14	6	15	21	..	1	1	4	12	16	2	1	3
	15-24	3	9	12	1	..	1	2	2	4	4	2	6
	25-34	1	2	3	1	..	1	..	1	1	2	2	4
	35-44	1	1	2	1	..	1	..	..	..	1	1	2
	45-54 . . . . .	..	1	1	1	..	1	..	1	1	3	..	3
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	..	1	1
	Age not stated . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
October ..	All ages	79	65	144	1	2	3	7	13	20	13	18	31
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	10	4	14	..	..	..	..	6	9	1	3	4
	5-14	47	42	89	..	..	..	3	..	..	..	..	..
	15-24	15	5	20	1	..	1	..	5	5	5	9	14
	25-34	3	6	9	..	..	..	3	1	4	1	5	6
	35-44	3	6	9	..	1	1	1	1	2	3	1	4
	45-54 . . . . .	..	..	..	..	..	..	..	..	..	2	..	2
	55-64 . . . . .	..	1	1	..	1	1	..	..	..	..	..	..
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	1	..	1
	Age not stated	1	1	2	..	..	..	..	..	..	..	..	..
November	All ages	36	53	89	3	1	4	14	14	28	12	11	23
	Under 1 year	1	..	1	..	..	..	..	..	..	..	..	..
	1-4	8	3	11	..	..	..	3	1	4	..	1	1
	5-14	18	18	36	1	..	1	7	8	15	2	1	3
	15-24	3	22	25	1	1	2	1	2	3	1	3	4
	25-34	3	4	7	1	..	1	2	1	3	2	3	5
	35-44	2	5	7	..	..	..	1	1	2	3	1	4
	45-54 . . . . .	..	1	1	..	..	..	..	..	..	1	..	1
	55-64 . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	65 and over . . . . .	..	..	..	..	..	..	..	..	..	1	1	2
	Age not stated	1	..	1	..	..	..	..	1	1	1	..	1
December.	All ages	31	26	57	..	..	..	11	13	24	5	12	17
	Under 1 year . . . . .	..	..	..	..	..	..	..	..	..	..	..	..
	1-4	7	2	9	..	..	..	2	3	5	..	1	2
	5-14	14	10	24	..	..	..	8	9	17	1	..	..
	15-24	3	9	12	..	..	..	..	..	..	..	5	5
	25-34	1	2	3	..	..	..	1	1	2	3	4	7
	35-44	4	1	5	..	..	..	..	..	..	..	1	1
	45-54	1	..	1	..	..	..	..	..	..	1	..	1
	55-64	1	1	2	..	..	..	..	..	..	..	..	..
	65 and over . . . . .	..	1	1	..	..	..	..	..	..	..	1	1
	Age not stated . . . . .	..	..	..	..	..	..	..	..	..	..	..	..

TABLE C.
Comparative Table of Infectious Diseases showing Increase and Decrease.

Municipality.	1927	1928.	Increase.	Decrease.
1. Beaconsfield	10	5	...	5
2. Bothwell	4	2	...	2
3. Brighton	3	4	1	...
4. Bruny .....	...	3	3	...
5. Campbell Town	14	2	...	12
6. Circular Head	44	23	...	21
7. Clarence	3	17	14	...
8. Deloraine	17	45	28	...
9. Devonport	12	36	24	...
10. Emu Bay	15	13	...	2
11. Esperance	25	17	...	8
12. Evandale	31	7	...	24
13. Fingal	8	20	12	...
14. Flinders	1	1	...	...
15. George Town	3	3	...	...
16. Glamorgan	7	...	...	7
17. Glenorchy	22	87	65	...
18. Gormanston	3	4	1	...
19. Green Ponds	1	4	3	...
20. Hamilton	4	8	4	...
21. Hobart	90	524	434	...
22. Huon	5	43	38	...
23. Kentish	18	19	1	...
24. Kingborough	3	10	7	...
25. King Island .....	...	...	...	...
26. Latrobe	9	9	...	...
27. Launceston	209	202	...	7
28. Leven	49	28	...	21
29. Lilydale	47	13	...	34
30. Longford	6	16	10	...
31. New Norfolk	34	30	...	4
32. Oatlands	4	1	...	3
33. Penguin	16	13	...	3
34. Port Cygnet	8	30	22	...
35. Portland	2	4	2	...
36. Queenstown	10	20	10	...
37. Richmond	1	2	1	...
38. Ringarooma	50	15	...	35
39. Ross	1	2	1	...
40. Scottsdale	12	33	21	...
41. Sorell	5	8	3	...
42. Spring Bay	1	1	...	...
43. St. Leonards	11	18	7	...
44. Strahan	2	...	...	2
45. Table Cape	17	12	...	5
46. Tasman .....	...	...	...	...
47. Waratah	6	3	...	3
48. Westbury	24	16	...	8
49. Zeehan	4	16	12	...
50. Overseas	4	7	3	...
TOTAL	875	1396	727	206

Gross Increase	727
Gross Decrease	206
Net Increase	521

TABLE D.
Comparative Figures of all Diseases notified during the
Years 1924-1928.

Disease.	1924.	1925.	1926.	1927.	1928.
Diphtheria	597	473	347	507	908
Typhoid Fever	78	50	80	77	53
Scarlet Fever	376	288	188	91	190
Phthisis	235	183	178	171	208
Puerperal Fever	14	16	11	21	21
Cerebro-spinal Meningitis	1	4	8	3	7
Infantile Paralysis	3	2	3	...	5
Ophthalmia Neonatorum	3	5	4	3	2
Lethargic Encephalitis .....	...	1	1	2	2
Hæmaturia .....	...	...	1	...	...

TABLE E.
RETURN showing Source of Notifications of Venereal Diseases for each Month of the Year 1928.

	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Total.		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhoea—																											
Hospital Clinics	7	2	1	...	6	2	9	1	10	1	4	2	1	...	2	1	...	...	9	...	4	...	2	2	55	11	66
Private Doctors	13	4	45	14	17	6	19	3	20	1	32	3	3	2	16	8	5	...	22	9	19	1	11	1	222	53	275
Gleet—																											
Hospital Clinics .....	...	...	3	...	4	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	5	...	2	...	19	...	19
Syphilis, Primary—																											
Hospital Clinics	4	...	...	...	1	...	...	1	...	...	4	1	...	...	...	2	1	...	3	3	...	4	1	...	15	12	27
Private Doctors .....	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Syphilis, Secondary—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis, Congenital—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis, Gonorrhea & Syphilis—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Soft Chancre—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea & Syphilis—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis and Chancre—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gonorrhoea & Ophthalmia—																											
Hospital Clinics .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Doctors .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	24	7	49	14	28	8	28	6	30	2	44	6	5	2	20	11	6	2	34	12	28	5	16	3	312	78	390

TABLE G.

RETURN showing Marital Status of Cases of Venereal Diseases reported to the Public Health Department for the Year 1928.

	Married.		Single.		Total.
	Male.	Female.	Male.	Female.	
Gonorrhoea	79	23	198	41	341
Syphilis	8	10	7	4	29
Gleet	5	...	14	...	19
Chancre .....	...	...	1	...	1
	92	33	220	45	390

RAT EXTERMINATION.

Active measures have been taken throughout the year to ensure the destruction of as many rats as possible. In Hobart a whole-time officer is employed, the cost involved being shared by the Government, local authority, and Marine Board. The Chief Inspector reports that 3100 rats were caught by trapping, whilst poisoned baits to the number of 90,000, which were laid principally on and under the wharves, must also have accounted for many others.

All dead rats showing evidence of disease were examined by the Bacteriologist.

Apart from the desirability of carrying out a constant campaign against rats, in order to safeguard the public health, the destruction and damage to property, foodstuffs, &c., by means of rats also justify the measures in operation against these vermin.

HOSPITALS ACT.

Public Hospitals.—The Principal Act of 1918 was further amended during the year, mainly to enable the board of any public hospital to receive a loan from the Treasurer for the purpose of meeting ordinary recurrent expenditure. Hitherto such a loan could only be granted to a board constituted under the Hospitals Act itself, which limited the application of this provision to four institutions. The board of every public hospital is now able to meet its financial obligations without recourse to other Government assistance.

Towards the latter end of the year the Government secured the services of Mr. R. J. Love, Inspector of Charities in Victoria, to report upon the administration and general working of the public hospitals in Tasmania. During the year 1927 Mr. Love enlarged his experience in hospital administration by investigations in the British Isles, United States, and other countries, so is eminently fitted to advise the Government as to what should be the future policy in this State. Mr. Love's report will be awaited with much interest.

Private Hospitals.—Sixty-nine private hospitals were in operation during the period under review, which is well up to the average of previous years.

The routine inspection of these premises by Departmental officers showed that, on the whole, the same continue to be conducted in a very satisfactory manner.

It was not found necessary to institute legal proceedings for any serious breaches of the law. A few minor offences were dealt with by warnings issued to the parties concerned.

Statistical information, having reference to private hospitals, is contained in the following tables:—

TABLE H.

NUMBER of Licences Issued and Number Existing at 31st December, 1928.

	Number of Applications.	Licences Issued.	Number Existing at 31st Dec., 1928.	No. of Prosecutions.
Hobart	13	13	13	...
Launceston	8	8	8	...
Country	55	55	52	...
Total	76	76	73	...

TABLE I.
CLASSIFICATION.

	Medical, Surgical, and Lying-in Hospitals.	Medical and Surgical Only.	Lying-in Only.	Total.
Hobart	1	3	9	13
Launceston	1	1	6	8
Country	6	4	42	52
Total	8	8	57	73

TABLE J.

CLASSIFICATION according to Number of Beds.

	1.	2.	3.	4-5.	6-10.	11-20.	Over 20.	Total.
Hobart .....	...	...	1	4	3	2	3	13
Launceston .....	...	...	...	5	1	1	1	8
Country	13	5	8	14	10	1	1	52
Total	13	5	9	23	14	4	5	73

TABLE K.

CLASSIFICATION of Resident Managers.

	Medical Practitioners.	Qualified Nurses.	Unqualified Persons.	Total.
Hobart .....	...	13	...	13
Launceston	1	7	...	8
Country	9	43	...	52
Total	10	63	...	78

NURSES' REGISTRATION ACT.

This law came into force at the beginning of the year. The report of the Nurses' Registration Board for this period will be found in Appendix VI.

MATERNITY AND CHILD WELFARE AND INFANTILE MORTALITY.

The reports submitted by child welfare nurses (Appendix IV.) show steady and uninterrupted progress of the maternity and child welfare services.

As is well known, the maternity and child welfare scheme in existence in this State contains voluntary and official elements. Of the former, the Child Welfare Association, Hobart, and the Baby Health Association, Launceston, assume the bulk of the responsibility. The people are greatly indebted to these bodies, and those who work for them, for what they have done and are doing in relation to maternity and child welfare.

It is gratifying to note the increasing number of visits paid to homes by the nurses. Home visiting is an essential link in the chain of child wel-

fare services, as a great many women are either unable or unwilling to bring their children to a centre for advice.

In addition to their routine duties, the nurses give lectures and demonstrations to school girls, and also arrange for the publication in the press of various details concerning child welfare. Such methods of propaganda are of material assistance in their efforts towards the conservation of child life.

The infantile mortality rate for 1928 was 63.9 per thousand births, which is much higher than the rate for each of the previous six years. There were 300 deaths recorded, and of these 156 were under one month, 58 between the first and third month, 32 from three months up to six months, and 54 from six months and under one year. The principal causes of death were as follows:—Premature births (89), diarrhoea and enteritis (37), congenital debility, &c. (34), pneumonia (24), whooping cough (19), bronchial pneumonia (15), malformations (17), other diseases of early infancy (14), and injury at birth (12).

Tables (Nos. L-O), containing various statistical data of interest under this heading, are set out hereunder:—

TABLE L.

INFANTILE Mortality.

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

	Year.																			
	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.
Deaths.....	361	569	403	393	417	431	422	423	281	321	343	374	451	324	326	296	287	232	256	300

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria	Queens-land.	South Australia.	West Australia.	New Zealand.	North. T'ry.	Federal Cap. Ter.	Co'mon-wealth.
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.....	52.3	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	54.6	53.4	45.9	38.7	...	...	54.5
1928.....	63.9	54.9	55.6	45.5	47.5	48.1	36.2	60.24	116.67	53.0

TABLE M.
TASMANIA.

TABLE showing the Principal Causes of Deaths of Children under 1 Year of Age in Tasmania in each Year from 1904 to 1928.

Causes of Deaths.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	1927.	1928.
7. Measles .....	...	...	1	...	...	2	...	1	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	3
8. Scarlet Fever, &c. ....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Whooping Cough	22	...	1	37	...	...	35	...	...	...	...	16	17	...	...	...	...	...	...	...	...	...	...	...	...
10. Diphtheria and Croup	1	3	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Epidemic Disease	9	1	7	2	2	1	1	13	4	3	2	4	3	...	...	...	...	...	...	...	...	...	...	...	...
29. Tetanus .....	...	1	3	...	...	...	2	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32. Tubercular Meningitis	4	3	4	5	4	1	6	2	3	1	1	6	7	5	...	...	...	...	...	...	...	...	...	...	...
38. Syphilis	5	3	4	4	5	5	3	2	...	7	3	8	2	3	15	...	...	...	...	...	...	...	...	...	...
80. Convulsions	39	54	36	30	30	25	22	19	25	20	20	11	11	15	5	18	...	...	...	...	...	...	...	...	...
99. Bronchitis	19	21	15	24	11	11	8	13	13	15	13	15	5	5	15	9	...	...	...	...	...	...	...	...	...
100 (a). Broncho-pneumonia	16	10	17	16	11	8	15	20	16	17	12	17	18	10	8	13	...	...	...	...	...	...	...	...	...
101. Pneumonia	4	17	17	20	10	21	18	23	11	18	9	17	22	8	25	19	...	...	...	...	...	...	...	...	...
113. } Gastro-Enteritis	49	28	67	42	55	29	108	45	38	46	119	40	81	29	33	24	...	...	...	...	...	...	...	...	...
113. } Diarrhoea and Enteritis	50	27	52	14	60	20	60	13	21	...	...	21	30	19	15	13	...	...	...	...	...	...	...	...	...
112. Other Diseases of Stomach	6	4	9	2	2	1	7	5	3	4	4	7	1	7	4	7	...	...	...	...	...	...	...	...	...
159. Congenital Defects	16	11	7	11	14	12	27	19	16	25	14	17	17	17	19	10	...	...	...	...	...	...	...	...	...
161. Premature Birth and injury at Birth	68	72	63	80	76	103	95	80	93	153	89	124	93	63	80	105	...	...	...	...	...	...	...	...	...
160. Debility, Marasmus	102	75	87	67	74	64	86	64	65	...	67	54	55	48	55	68	...	...	...	...	...	...	...	...	...
162. Diseases Early Infancy	17	24	13	10	8	1	9	6	15	13	26	20	19	16	14	21	...	...	...	...	...	...	...	...	...
Other Causes	53	70	84	73	48	54	64	70	64	70	43	43	37	29	26	36	...	...	...	...	...	...	...	...	...
Total	480	424	487	438	426	361	589	403	393	417	431	422	423	281	321	343	374	451	394	396	296	287	232	256	300
Infantile Mortality Rate (per 1000 Births)	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	63.9
Total Births	5292	5257	5383	5291	5615	5500	5586	5437	5833	5886	6017	5845	5642	5376	5280	5310	5740	5755	5817	5657	5383	5218	4988	4833	4691

TABLE N.

(Showing Ages and Causes of Death under 1 year—1928.)

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.
Measles	1	1	...	1	3
Whooping Cough	1	6	5	7	19
Diphtheria and Croup .....	...	...	...	1	1
Tubercular Meningitis .....	...	...	...	2	2
Syphilis	1	1	...	1	3
Tumors	1	...	...	...	1
Disease of Thymus Gland	2	2	...	1	5
Other General Diseases	2	...	...	...	2
Encephalitis .....	...	...	1	...	1
Simple Meningitis .....	...	...	1	...	1
Cerebro-Spinal Meningitis .....	...	...	...	1	1
Convulsions	2	2	...	...	4
Other Nervous Diseases .....	...	...	...	1	1
Diseases of Ear .....	...	...	1	...	1
Diseases of Nasal Fosse .....	...	...	...	1	1
Bronchitis	1	2	...	2	5
Broncho-Pneumonia	3	3	6	3	15
Pneumonia	5	5	3	11	24
Diseases of Stomach .....	...	...	1	...	1
Diarrhoea and Enteritis	1	12	12	12	37
Intestinal Obstruction .....	...	...	...	1	1
Diseases of Skin, &c. ....	...	2	...	1	3
Malformations	9	5	...	3	17
Congenital Debility, &c.	21	7	1	5	34
Premature Birth	79	9	1	...	89
Injury at Birth	12	...	...	...	12
Other Diseases of Early Infancy	14	...	...	...	14
Accidental Mechanical Suffocation	1	...	...	...	1
Other External Violence .....	...	1	...	...	1
Total	156	58	32	54	300

TABLE O.

Comparative Figures of Principal Causes of Deaths under One Year during 1924-28.

Causes of Death.	1924.	1925.	1926.	1927.	1928.
Whooping Cough	9	23	1	...	19
Convulsions	9	7	5	7	4
Bronchitis	5	3	1	5	5
Broncho-pneumonia	16	15	5	11	15
Pneumonia	24	20	13	14	24
Diarrhoea and Enteritis	16	29	30	31	37
Congenital Debility	47	37	29	26	34
Syphilis	6	3	1	...	3
Malformations	28	20	19	17	17
Prematurity	90	81	78	88	89
Other Diseases of Early Infancy	8	8	13	22	14

BUSH NURSING.

The report of the Supervisory Nurse (Appendix III.) contains a summarised statement of the work performed in the various centres in which bush nurses were operating during the year.

It is pleasing to note that, in some of our largest centres, the controlling body has provided a motor-car in order to facilitate the transport of the nurse. She is thus able to cover a wider field of service without undue physical exertion.

A centre was established at Port Cygnet at the latter end of the year, and efforts are being made to form further centres in at least two other districts.

In furtherance of its policy to have more attention devoted to maternal and child welfare work in country districts, the Department afforded facilities to two bush nurses to admit of their undergoing a course of training at the Mothercraft Home.

Bush nurses are appreciative of the action of the Government in assuming the responsibility for their insurance against accident and sickness. In the course of their duties these officials are brought into close contact with many types of disease, with the risk of infection involved. In some districts also nurses run the risk of meeting with accidents owing to the nature of the country through which they have to travel at any hour of the day or night.

The bush nursing associations continue to assist the scheme both financially and otherwise. I am grateful for their valued help and co-operation.

PLACES OF PUBLIC ENTERTAINMENT ACT.

The principal places of public entertainment in the State are in conformity with the requirements of the law. The position, however, so far as some small halls in country districts are concerned, is not so satisfactory. Despite the fact that the Places of Public Entertainment Act has been in force for a period of eleven years, inspectors are continually bringing under notice many of these small buildings which do not comply in detail with the law, although licensed by the local authorities concerned. In some instances, councils have been requested to refuse to relicence these halls, and to prosecute if entertainments are held therein. In giving consideration to the requirements in respect of these buildings, every consideration is given to any peculiar local conditions, compatible with the safety and well-being of the people, in order to avoid inflicting any hardship upon those immediately concerned.

An endeavour has been made to enforce the provision of an improved cinematograph cabinet in halls in various places in which moving pictures are exhibited. This precaution has been taken in order to guard against accidents and danger to the audience.

With the co-operation and assistance of officers of the Police Department, particular attention has been directed to prevention of overcrowding in places of public entertainment, particularly picture theatres. In one instance only did this breach of the law come under notice. Legal proceedings were instituted against the offender, who was convicted and fined £5 and 11s. costs.

The Places of Public Entertainment Act also provides for the licensing of cinematograph operators. During the year 21 persons were required to submit themselves to an examination for this licence. Of this number, eleven were recommended for and received a full licence, seven were granted a provisional licence subject to further examination at the expiration of six months, and three failed to pass the necessary test.

The Picture Censor Board, which is constituted under the Act, held 34 meetings during the year, and dealt with 575 applications for the registration of films. A change was made in the personnel of the Board owing to the resignation of Mrs.

the principal means of livelihood for the main portion of the half-caste population resident on the islands.

Premises Used for the Preparation, Sale, and Storage of Food.—Routine inspections in conjunction with sanitary services of municipal districts and special visitations as required have been made of premises which come under this heading. Many recommendations were made for structural alterations to premises and for remedying other sanitary defects which came under notice.

Food and Drugs Regulations.—The Food Standards Committee, constituted under the Act, met on several occasions throughout the year for the purpose of giving further consideration to the report of the Commonwealth and States of Australia Fourth Conference on Uniform Standards for Foods and Drugs. The committee has been inundated with protests from traders, both local and overseas, against the adoption of various standards. After the fullest investigation and consideration of these representations, the committee finally disapproved of the adoption of many of the recommendations of the Conference in question. As a similar position has arisen in most of the other States, it would seem that the prospect of obtaining uniformity in this matter is as remote as ever. This is to be deplored, for the reason that interstate trade in foods would be considerably facilitated if uniform standards were in operation throughout the Commonwealth.

CONCLUSION

I welcome the opportunity this report affords of expressing my appreciation of the valued co-operation and assistance received from officers of the Department during the year. My sincere thanks are also tendered to officers of the law, police, statistical, public works, and other branches of the public service, for advice and assistance given in connection with various phases of public health work.

I have, &c.,

E. J. TUDOR.

Mutton Bird Industry.—The supervision exercised by the Department in connection with this industry, which is carried out on a large scale in the Flinders municipal district, has been productive of excellent results. During recent years much improvement has been effected in the conditions under which the birds are prepared for human consumption. It is most essential that this industry should be safeguarded, as it affords

Secretary for Public Health

The Honourable the Chief Secretary.

APPENDICES.

APPENDIX I.

Department of Public Health,
Hobart, 7th March, 1929.

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, 1928. Visits of inspection have been made to the following municipal districts:—Beaconsfield, Bothwell, Brighton, Bruny, Campbell Town, Circular Head, Clarence, Deloraine, Devonport Emu Bay, Esperance, Evandale, Fingal, Flinders, George Town, Glamorgan, Glenorchy, Gormanston, Green Ponds, Hamilton, Hobart, Huon, Kentish, Kingborough, King Island, Latrobe, Launceston, Leven, Lilydale, Longford, New Norfolk, Oatlands, Penguin, Portland, Port Cygnet, Queenstown, Ringarooma, Richmond, Ross, St. Leonards, Scottsdale, Spring Bay, Sorrell, Strahan, Table Cape, Tasman, Waratah, Westbury, Zeehan.

In the course of these visits work of an educative and practical character has been carried out. This included sanitary surveys of districts, including reports on water-supplies, drainage work, offensive trades, public buildings, sanitary and garbage services, licensed premises, dairies, &c. Under this system the sanitation of each municipal district or local authority is noted and recorded for future reference and action taken, as the circumstances require.

The inspectors have invariably been welcomed by the local health authorities, who generally expressed the desire to work in harmony with the officers of the Department.

The instruction and information given by the State inspectors in matters connected with sanitation and hygiene have been, in the majority of cases, productive of much improvement.

Installation of Septic Tanks.

The practice of installing septic tanks and water-carriage disposal of sewage is becoming more general, especially in country districts. Given ample water-supply, with suitable and sufficient land for treatment of effluent, the installations are commended by the Department, and the comfort and convenience, together with the advantages from a health point of view, are much appreciated by the general public. The Public Health Act requires the approval of the Chief Health Officer prior to the installation of such devices. Failure to obtain this approval has led to many so-called septic tanks being discovered by departmental officers to be nothing less than covered cess-pits. Numerous types of septic tanks are now on the market. The Department, however, in the interest of public health, will not recommend or approve of any device until a sufficient trial has been carried out and the installation found to be efficient.

Local Authority Inspectors.

The work done by the inspectors of some of the local authorities merits commendation, but, unfortunately, other districts allot such multitudinous duties to their inspector that, although the officer may be willing and anxious, he is unable to devote sufficient time to public health duties. It is pleasing to note that the inspectors in the rural municipalities are now taking more interest in health work than in previous years; many of them are devoting their little leisure time to study, and some have succeeded in qualifying for the Sanitary Inspector's Certificate.

Sanitary Services.

Despite numerous visits by departmental officers and every possible assistance and encouragement from the Chief Health Officer and local Progress Association, no finality has yet been reached in regard to the inauguration of a sanitary service for the Town of Longford. It is regrettable that an important town, with a fairly large population, should be so lacking in progress as to be content with the insanitary and filthy single-pan system. This system is dangerous, offensive, and ineffective as a sanitary measure, and should have, in a town like Longford, been discarded years ago. The Town of Railton has made considerable progress during the past two years, with the advent of the cement works, and, owing to the large number of dwellings on small allotments, it

was necessary, in the interests of public health, to inaugurate a sanitary service for the town. The local health authority was prepared to inaugurate a double-pan sanitary service and made arrangements to borrow the necessary funds for the purpose. In the meantime a certain number of ratepayers demanded a poll, and the proposal was turned down by a large majority.

Sanitary Accommodation, Port Arthur Ruins.

It is gratifying to report, after long and concerted efforts by the Department, that the local authority has installed modern sanitary and septic tank installation conveniences at the ruins, Port Arthur. The general public and tourists will greatly appreciate the convenience and comfort now provided.

Sanitary Inspectors' Conference at Launceston.

A conference and class of instruction for inspectors was held in Launceston during the month of November, when a large number of inspectors attended. The conference was opened by the Honourable the Chief Secretary, who was accompanied by the Secretary for Public Health and Assistant Health Officer. The Mayor of Launceston and several aldermen were present at the opening ceremony, also the Medical Officer of Health, Dr. Pardey, and several other prominent citizens. The Mayor and aldermen very kindly entertained the delegates, and gave them a hearty welcome to the City of Launceston.

Mutton-Bird Industry, Flinders Island.

The annual inspection of the buildings and equipment in connection with the mutton-bird industry at Flinders and adjacent islands was carried out by Inspector Parker during the months of March and April. General improvements were noted on all the islands visited, which included Babel Island, Big Dog Island, Little Dog Island, Little Green Island, and Chappel Island. The industry can now be said to be carried on under more hygienic conditions than existed previous to departmental control.

Food and Drugs.

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

Milk	52
Cream	12
Butter	24
Coffee and chicory	5
Cocoa	4
Vinegar	6
Whisky	8
Cordial Extract	5
Rum	13
Cream of Tartar	6
Corn Flour	2
Beer	1
Gin	2
Tomato Sauce	3
Rollod Oats	1
Breakfast Delight	3
Honey	4
Lemon Syrup and Cordial	2
Salmon and Shrimp Paste	2
Pepper	1
Schnapps	1
Tinned Milk	6
Sardines	1
Grape Nuts	1
Glycerine	1
Bloater Paste	3
Ham Paste	1
Cochineal	1
Meat Paste	1
Macaroni	2
Sausages	5
Lemon Saline Powder	1
Sarsparilla	1
Olive Oil	1
Cream Honey	1
Marmite	1
Self-raising flour	2
Tomato Chutney	1
Kraft Cheese	1
Oatmeal	1

Lemon Butter	1
Gravy Salt	2
Mustard	1
Brandy	1
Tea	1
Peanut Butter	2
Tomato Soup	1
Soup	2
Tapioca	1
Kola Extract	1
Malted Cocoa	1
Carbonate of Soda	2
Citric Acid	1
Pickles	1
Spaghetti	1
Parisian Essence	1
Neaves' Food	1
Luncheon Cheese	1
Dry Ginger Ale	1
Ginger Stout Cordial	2
Pineapple Syrup	1
Raspberry Cordials	2
Soap	1
Liqueur Chocolates	1
Cerebos Salt	1
Lard	1
Total samples	220

Thirteen of these samples were found to be adulterated, approximately six per cent. Prosecutions were recommended in eight cases, one case was withdrawn, and one pending. Convictions were obtained in the other cases, the fines and costs aggregating £11 12s. Warnings were issued in other cases, following the usual practice in regard to first offences. It will be noted that an increased number of samples were obtained during the year under review; this was made possible by improved methods of transport.

Several consignments of foodstuffs were condemned as unfit for consumption, the largest item being 10 kerosene tins of imported egg-pulp.

Royal Sanitary Institute Examinations.

The Royal Sanitary Examination Board arranged an examination in the month of November for persons desirous of qualifying for the Sanitary Inspector's Certificate. The following candidates were successful:—

Inspector G. G. Chappell, Scottsdale.
Inspector P. M. Wicks, Deloraine.
Inspector G. A. Johnston, Wynyard.
Inspector W. G. Scott, Zeehan.
Mr. N. E. Moore, Devonport.

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:—

Circular Head—Mella Hall.
Emu Bay—Pavilion, Recreation Ground.
Esperance—Public Hall, Strathblane.
Glenorchy—Collinsvale Hall; Co-operative Hall, Moonah; Parish Hall, Moonah (additions).
Green Ponds—Hall, Bagdad (H. E. Bantick).
Hamilton—Public Hall, Ellendale; Public Hall, Ouse.
Hobart—Prince of Wales Theatre (alterations); R.S.S.I.L.A. Hall; Strand Theatre (alterations); Continental (alterations); First Church of Christ Scientists.
Kingborough—Public Hall, Kingston.
Launceston—St. Oswald's Hall, Trevallyn; Methodist Sunday School, Invermay; Methodist Sunday School, Chant-street (additions).
Leven—Public Hall, Abbotsham.
New Norfolk—Upper Derwent Hall (alterations); Drill Hall.
Penguin—Rechabite Hall (now Central Hall) (alterations).
Ringarooma—Public Hall, Branxholm.
Richmond—Public Hall, Yarrington.
St. Leonards—Public Hall, Blessington.
Sorell—Dunalley Hall (alterations).
Spring Bay—Public Hall, Levendale.
Tasman—Public Hall, Eaglehawk Neck.
Westbury—Public Hall, Carrick.

Rat-Extermination Operations.

Returns furnished by the ratcatcher, and verified by the staff, show that 90,000 poisoned baits were laid on the foreshores, and under the wharves, piers, and other structures around the river frontages of Hobart. The following summary indicates the varieties of baits:—

Phosphorus and bread	45,500
Phosphorus and fish	44,500
Total	90,000

Rejected baits numbered 30,970, approximately 34 per cent.

Traps to the number of 12,346 were set, and 3108 rats accounted for. Mr. Jones was also actively engaged at several hospitals, public buildings, and other properties showing evidence of rat-infestation.

Commonwealth Quarantine.

The staff have been regularly engaged throughout the year in fumigating and disinfecting holds and quarters of overseas and interstate steamers at various ports in the State. In addition, special regulations regarding the deratisation of vessels have recently come into force, which necessitated additional inspections, to ascertain the amount of rat-infestation present.

Staff.

The volume of inspectorial work allotted to the staff of three inspectors, including duties under the Public Health, Food and Drugs, Hospitals, and Quarantine Acts, has materially increased during the past few years, and, instead of a corresponding increase in staff, there has actually been a decrease, as only one appointment has been made to fill the vacancies caused by the resignations of Inspectors Colvin and Gavitt. It is physically impossible to carry on the work satisfactorily under present conditions, and the early appointment of another inspector is recommended.

Conclusion.

Before concluding this report, I desire to thank council clerks and local inspectors for their co-operation and assistance.

I have, &c.,

J. RILEY, Chief Inspector.

The Secretary for Public Health.

APPENDIX II.

Department of Public Health,
Bacteriological Laboratory,
Hobart, 6th February, 1929.

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, 1928.

There has been a large increase in the pathological branch of the work. In previous years there was none of that work done, but during the past year we have had 100 specimens of tumours, &c., to prepare, cut sections of, and stain, and 90 per cent. of such specimens came from the General Hospital, Hobart.

Diphtheria claimed principal attention, the number of swabs sent for examination being 13,788, an increase of 9760 to that of the previous year.

Numerous specimens of suspected tuberculosis, typhoid, and gonorrhoea, as well as many others of various other diseases, were examined and reported upon.

The total number of specimens forwarded from all parts of the State was 15,203.

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

I have, &c.,

G. HADDOW, Government Bacteriologist.

The Secretary for Public Health.

Department of Public Health,
Hobart, 5th March, 1929.

A summary of the work performed in the various centres will be found in the following table:—

Visits to new-born babies	389
Subsequent visits to mothers and babies in their homes	2,210
Visits paid to pre-natal cases	54
Miscellaneous visits	76
Individual mothers and babies visited	595

Attendances at the clinic totalled 8204, including 210 pre-natal.

Individual mothers and babies, 930. Of these 240 were from the country and 690 from city and suburbs.

The hon. medical officers, Drs. W. I. Clark and Stuart Gibson have attended babies when necessary.

Statistics of feeding from birth to nine months show—

91 per cent. of babies wholly or partially breast-fed for three months.

82 per cent. of babies wholly or partially breast-fed for six months.

75 per cent. of babies wholly or partially breast-fed for nine months.

Previous Year.

87 per cent. of babies wholly or partially breast-fed for three months.

75 per cent. of babies wholly or partially breast-fed for six months.

70 per cent. of babies wholly or partially breast-fed for nine months.

As the principal object of this work is the teaching of mothers to realise the advantage of natural feeding, and to help them to overcome any difficulties associated therewith, it is satisfactory in making a comparison with the previous year's record to note the decrease in the number of artificially-fed babies.

Articles on child welfare have been published weekly in the "Illustrated Tasmanian Mail." That they are widely read is shown by letters received from various districts.

Correspondence.—Letters to the number of 162 from correspondents desiring individual advice on the feeding and care of baby were received and answered.

Invitations to visit the centre, and printed pamphlets on the care of mother and baby, have been posted to 168 mothers whose babies were born in Hobart.

Fresh milk has been supplied free to several mothers of young babies, also clothing for babies of mothers in poor circumstances.

The New Zealand emulsion ("Kariol") is in constant use. "Kariol" supplies the extra fat required when ordinary milk is modified to make it suitable for babies. "Kariolac," prepared in New Zealand by Sir Truby King's formula to take the place of lactose and lime-water when modifying milk, is now being used with satisfactory results.

Extension of the Work.—The advantage of doing more intensive work has been shown by the result of the establishment of the centre at North Hobart, and has clearly proved that greater progress can be made by opening up a larger number of small centres than by centralising the efforts in one clinic. The primary object in opening the centre at North Hobart was to relieve the congestion at the central clinic, and although the attendances at the new centre have quite justified its establishment, there has been only a slight decrease in the attendances of mothers and babies at the central clinic.

Changes in the Staff.—Miss Gallus resumed duty on 1st February, after taking a refresher course at the Karitane Harris Hospital, Dunedin. Miss Gregg, relieving nurse, remained on the staff till 22nd May.

Miss Cave resigned and returned to Queensland, after four years' satisfactory service. Miss Lord commenced duty on 8th September.

The Mothercraft Home continues to do splendid work. The nurses appreciate the work done by the members of the Child Welfare Association, and the increasing co-operation of the medical and nursing professions, and thank all who have given assistance during the year.

I have, &c.,

C. BONNILY, Nurse-in-Charge.

The Secretary for Public Health.

NORTH HOBART CENTRE,

5th March, 1929.

SIR,

Nurse's Report for Year ended 31st December, 1928.

This branch of the Child Welfare Association was opened on 25th July, 1927, and has now almost completed 18 months of activity. The work has shown substantial growth during the past year, the mothers appreciating the convenience of having a clinic within walking distance

of their homes. The districts of North, North-East, and West Hobart are included in the visiting area of the centre.

Dr. Le Souef has kindly acted in an honorary capacity to babies needing medical attention whose parents were unable to pay fees.

Several necessitous families, with young children, have been helped during the year, being supplied with fresh milk free of charge, also with clothing.

A course of lessons in mothercraft and infant hygiene has been given to the senior girls of the Campbell Street State School. All the girls passed the examination test at the completion of the course satisfactorily.

The assistance given by the medical profession, by the members of the Association, and all others who have helped during the year, has been much appreciated.

Visits paid by nurse in this centre comprised:—

Visits to newly-born infants	263
Subsequent visits	1,445
Pre-natal visits	33
Miscellaneous visits	40
Individual visits	395

Total attendances at the centre, including 10 pre-natal visits, 1655.

Individual attendances of mothers and babies, 231.

I have, &c.,

N. E. HINDS, Child Welfare Nurse.

The Secretary for Public Health, Hobart.

GLENORCHY BRANCH,

5th March, 1929.

SIR,

Nurse's Report for Year ending 31st December, 1928.

This branch of the Child Welfare Association has been in existence six years, and the work in the district is steadily going forward, keen interest being shown by the mothers and by the residents generally. A nurse from the North Hobart centre spends a day each week in the district visiting mothers and babies in their own homes in the mornings and in attendance at the clinic in the afternoons. The nurse desires to thank the members of the Association and others who have assisted with the work during the past year.

Visits paid to newly-born infants	26
Subsequent visits	274
Pre-natal visits	4
Individual visits	70

There were 456 attendances at the clinic, including four pre-natal cases.

The individual attendances totalled 56.

I have, &c.,

N. E. HINDS, Child Welfare Nurse.

The Secretary for Public Health, Hobart.

MOONAH AND NEW TOWN CENTRE,

5th March, 1929.

SIR,

Nurse's Report for Year ended 31st December, 1928.

Visits paid by nurse during the year comprised:—

Visits to newly-born infants	242
Visits paid subsequently to mothers and babies in their own homes	1,282
Visits paid to pre-natal cases	146
Miscellaneous visits in connection with work	31
Individual visits paid to mothers and babies	335

Attendances at clinic, including 53 pre-natal cases	2,402
Individual attendances	257

This branch of the Child Welfare Association, which consists of Moonah, Derwent Park, Lutana, New Town, and Lenah Valley, has now completed over seven years' work, and is pleased to record continued progress.

Dr. Elliott has kindly attended any babies whose parents were not on medical lodges, and who were unable to pay private fees.

Miss Cave after four years' service at this centre resigned in November to return to her home in Queensland.

The nurses wish to thank all those who helped with the work during the year.

I have, &c.,

E. D. GALLUS, Child Welfare Nurse.

The Secretary for Public Health, Hobart.

SUMMARY OF VISITS AND ATTENDANCES AT CHILD WELFARE CENTRES IN HOBART AND SUBURBS.

No. of attendances at Hobart Centre	8,204
No. of attendances at Moonah Centre	2,402
No. of attendances at North Hobart Centre	1,655
No. of attendances at Glenorchy Centre	456

Total attendances at the centres 12,717

No. of new babies brought to Hobart Centre 930

No. of new babies brought to Moonah Centre 242

No. of new babies brought to North Hobart Centre 231

No. of new babies brought to Glenorchy Centre 56

Total of individual babies brought to centres 1,459

No. of visits paid to homes by nurses from Hobart Centre 2,210

No. of visits paid to homes by nurses from Moonah Centre 1,282

No. of visits paid to homes by nurses from North Hobart Centre 1,445

No. of visits paid to homes by nurses from Glenorchy Centre 274

Total visits to mothers and babies in their homes 5,211

No. of individual babies visited by nurses from Hobart Centre 595

No. of individual babies visited by nurses from Moonah Centre 335

No. of individual babies visited by nurses from North Hobart Centre 395

No. of individual babies visited by nurses from Glenorchy Centre 70

Total individual babies visited 1,395

BABY HEALTH ASSOCIATION, LAUNCESTON,

5th March, 1929.

SIR,

Nurse's Report for the Year ended 31st December, 1928.

Visits paid by nurses during the year 3,158

Visits paid by nurses to newly-born infants 649

Further visits to mothers and babies in their own homes 2,401

Visits to pre-natal cases 108

Attendances at the clinic, including 106 pre-natal cases 6,742

Individual mothers and babies who attended the clinic 797

Babies wholly or partially breast-fed for three months—82 per cent. in 1927; 79 per cent. in 1928.

Milk.—Milk from an approved dairy has been supplied continuously throughout the year to those unable to procure it, approximately 5000 pints having been distributed, averaging 13 mothers weekly.

Country mothers have been helped as much as lies within our power. An article dealing with child welfare has been written and published each week in the "Weekly Courier," and many country mothers have said that they have been helped by the information contained therein. Two hundred and sixteen letters, with literature enclosed, have been written and 162 received from mothers seeking

our advice. This includes letters from Flinders and King Islands, Ringarooma, Cressy, Campbell Town, St. Marys, Winnaleah, Devonport, &c.

Increase in Numbers.—We have to report that there is a steady increase in our attendances at the clinics, and a total increase of 40 new babies this year as compared with last year. Mothers continue to apply for our advice and to bring their babies in for weekly weighing and supervision.

Donations of babies' clothes have been distributed when necessary. Many parcels of secondhand, as well as new, garments have helped in alleviating distress. Over 600 garments have been distributed.

Our thanks are due to all the Launceston doctors who have acted as honoraries to the clinic and attended our necessitous cases.

Some 390 tins of New Zealand emulsion ("Kariol") have been sold during the year, also copies of Sir Truby King's books, "The Expectant Mother" and "Feeding and Care of the Baby."

The nurses appreciate the co-operation of the medical and nursing profession and the assistance given them by the members of the committee in their work and endeavour to "Help the Mothers and Save the Babies."

I have, &c.,

O. M. GREEN, Sister-in-Charge.

The Secretary for Public Health, Hobart.

APPENDIX V.

REPORT OF GOVERNMENT ANALYST.

Return of Samples of Foodstuffs, &c., Examined in the Government Laboratory during 1928.

Butter	138
Cereals	16
Confectionery	10
Cream and condensed milk	34
Cream of tartar and self-raising flour	10
Cheese	2
Drugs and chemicals	49
Essences	9
Fish, in tins	18
Fruit, apples (for arsenic)	108
Fruit (fresh and tinned), pulp, and jams	210
Meat (preserved) and sausages	13
Milk, cows'	286
Milk, human	7
Oils and fats	13
Poisons, police tests	41
Sauces, salts, condiments, soup	19
Tea, coffee, cocoa	14
Vinegar and vinegar essence	8
Thermometers and hydrometers	351
Water	27
Spirits, wine, beer, cordials	164
Sundries	12
Total	1,559

Notes on Various Results of Analyses.

Butter.

Ten samples contained excess of water, the average amounting to 17.8 per cent. above the legal limit. One sample showed an excess of 52.5 per cent.

Cereals.

Grubs, and much of the web spun by them, have been found in the past, but only a small fragment of web, but no grub, was found in one sample.

Confectionery.

So-called liqueur chocolates were non-alcoholic—

Cream and condensed milk.

(a) Cream.—Four samples were deficient from 15.3 per cent. to 31.1 per cent. in milk fat, the average deficiency being 21.4 per cent. One sample was "thickened" with starch.

(b) Condensed milk, after dilution as directed on the label for the preparation of milk of standard quality, gave a liquid deficient in total solids to the extent of 8.3 per cent. below the proportion prescribed for standard milk.

Cream of Tartar and Self-raising Flour.

Two samples of cream of tartar contained added starch.

Drugs and Chemicals.

These included chloroform, chlorodyne, carbon-tetrachloride, belladonna tincture, ipecacuanha wine, tincture of

opium, Easton's Syrup, bromides of ammonium potassium and sodium, potassium zanthate, essence of pennyroyal, glycyrrhizae extract, phenyle, and soap. A medicine was found to contain Huon-pine oil.

Fish, in Tins.

One sample only was in doubtful condition.

Fruits, Apples for Arsenic.

These were tested for exportation with satisfactory results. One sample for local consumption yielded twelve-thousandths of a grain of arsenic per pound, the maximum allowed limit being ten-thousandths of a grain per pound.

Fruits (Fresh and Tinned), Pulp, and Jams.

No faulty samples were received.

Preserved Meats and Sausages.

One sample of sausages contained 50 per cent. excess of starch, and another a considerable excess of water.

Milk (Cows').

Two hundred and eighty-six (286) samples were received, and of these 23 were found to be definitely adulterated. The percentage of faulty samples was 8.04 as against 9.85 in 1927 and 18.0 in 1926. A few samples were sour, "ropy," or unpleasant in flavour.

Milk (Human).

Examined in connection with child welfare work.—A dried milk preparation for infants was reported as unfit for use. It had been in store for three years.

Poisons.

Strychnine was found in two cases after death, arsenic in one case, and corrosive sublimate in a case in which it had been taken by accident in mistake for calomel. No poison was detected in various portions of an exhumed body. Strychnine in meat, apparently intended for poisoning domestic animals, was detected in three cases. Forty-one examinations in all were carried out.

Spirits, Wine, Beer, and Cordials.

Deficiencies in proof spirit were found in rum (13 per cent.), whisky (2.7 per cent., 13 per cent., and 25.8 per cent., the last also containing insect remains.) Two samples of "hop beer" contained alcohol equivalent to 7.2 and 6.74 per cent. of proof spirit, the permissible limit being 2 per cent. of proof spirit. The beers were in active fermentation when received, so that no definite statement could be made as to alcoholic strength when samples were obtained a few days previously.

Several cordials bore misleading labels, indicating that they were "fruit cordials," when they were far from complying with standard requirements, for the use of the word "fruit." Other samples infringed the regulation as to misleading "fruit" devices. A "lemon squash" was deficient in citric acid to the extent of 40 per cent. of the minimum required, and a "lemon syrup" was deficient 62.5 per cent. The latter sample was coloured artificially, and had no flavour of lemon.

Tea, Coffee, and Cocoa.

Tea for hospital use was reported as very inferior in quality and flavour, although it would pass the low standard required for imports. Two samples sold as "cocoa" contained ash in excess of the prescribed amount, but not above the limit allowed for "soluble cocoa," to which a small proportion of alkali may be added.

Vinegar and Essence.

One vinegar was deficient 2.5 per cent. in acetic acid. A vinegar essence, when diluted as directed on the label for making "ordinary table vinegar," gave a liquid 10 per cent. deficient in acetic acid. The labelling was also otherwise defective.

Water.

Two waters were tested for suspected poison with negative results. Five samples of river waters contained organic impurity definitely in excess of the limit of safety. Four others were of more or less doubtful usability, being on or near that limit. A mineral water from Smithton contained mainly carbonates of lime and magnesia.

Dairy Thermometers.

The question of temperature is of considerable importance in connection with the storage and treatment of milk and milk products. There were 351 thermometers, specially graduated for dairy work, tested on importation, and were found to be inaccurate in 147 cases to a greater

extent than the 4 degrees of variation permissible. Some of them were as much as 9 degrees. The thermometers were of German manufacture.

I have, &c.,

W. F. WARD, Government Analyst.

Hobart, 9th May, 1929.

APPENDIX VI.

Public Health Department,
Hobart, 15th March, 1929.

SIR,

THE NURSES' REGISTRATION ACT, 1927.

WE have the honour to submit the following report bearing upon the administration of the Nurses' Registration Act during the year 1928:—

Nurses' Registration Board.

The Board constituted to administer the Act held seven meetings during the year.

Amendment to Act and Regulations.

It was found that the Board had not the power under the Act to frame regulations for controlling the practice of midwifery nurses. An amending Bill was therefore prepared and submitted to Parliament for this purpose.

An amending regulation, prescribing travelling expenses of members of the Board and examiners, was also approved by the Governor in Council.

Training Schools.

The authorities of 16 individual hospitals applied for the recognition of their institutions as training schools. Fourteen of these were approved for the following purposes:—

Training schools for general nurses	12
Training schools for midwifery nurses	4

The supervisory nurse paid several visits to training schools during the year for the purpose of giving the authorities first-hand information as to the requirements of the Act and regulations.

Trainees.

The pupil nurses who applied to the Board for recognition of their training numbered 213, 174 being from general hospitals and 39 from midwifery hospitals. There were 210 applications approved and 3 deferred.

Educational Examination for Intending Trainees.

One pupil nurse presented herself for examination, and was successful in passing the same.

Examinations for Registration.

Examinations for registration were held in May and November. Applications received were as follows:—

May Examination:	
From general nurses	20
From midwifery nurses	14
November Examination:	
From general nurses	22
From midwifery nurses	19
Applications refused—1.	

Results of examinations were as follows:—

	General.	Midwifery.
Passed:		
May	18	12
November	19	16
Failed:		
May	1	1
November	—	3
Failed in One Section:		General.
May		1
November		3

Registration of Nurses.

Applications for registration totalled 423:—

From general nurses	157
From midwifery nurses	259
Registration after special examination by Board	2
Applications refused	5

Suspension of Certificates of Registration.

The certificates of eight midwifery nurses were suspended, in each instance for a period of 14 days, in view of the nurses' attendance upon cases of puerperal septicemia.

Inquiries.

The Board conducted one inquiry into a charge of malpractice preferred against a midwifery nurse. After hearing the evidence, the Board framed the opinion that no serious breach of the law had been committed, and it was resolved to take no action beyond cautioning the nurse to use every care in the future.

Reciprocity.

Agreements for reciprocal registration have been finalised with the following States:—

New South Wales, Victoria, South Australia, Western Australia, and Queensland; also with New Zealand.

The Nurses' Registration Board is in communication with the General Nursing Council for England and Wales, and it is expected that a satisfactory reciprocal agreement will be finalised at an early date.

Registration of Child Welfare Nurses.

The Board received a request from the Child Welfare Association, Hobart, that provision should be made for the registration of nurses in infant welfare. It was resolved to ascertain if the other States of the Commonwealth and New Zealand had registration in this branch of nursing before giving further consideration to the question.

I have, &c.,

J. FRANK GAHA, Chairman.

E. J. TUDOR, Secretary.

The Hon. the Chief Secretary.

APPENDIX VII.

VITAL STATISTICS.

Statistical and General.

Population:

Estimated on the 31st December, 1928:—

Males	107,371
Females	109,192
Total	216,563

Mean population, 1928 (for the whole year)—

Males	105,155
Females	106,789
Total	211,944

Mean population, 1927 (for the whole year) 209,994

Increase for the year 1,950

The population of the State, as shown by the figures, reveals an increase of 1,950.

Commonwealth Birth-rate for the Year 1928 per 1000 Persons Living.

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

	1918.	1927.	1928.
New South Wales	26.53	22.69	22.60
Victoria	22.29	20.30	19.70
Queensland	28.37	22.24	21.76
South Australia	25.80	20.12	19.76
West Australia	22.84	22.63	21.79
Tasmania	25.91	23.01	22.13
Northern Territory			19.73
Federal Capital Territory			14.90
Commonwealth	25.29	21.67	21.33

Death-rates for 1928 per 1000 Persons Living.

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

	1918.	1927.	1928.
New South Wales	9.84	9.59	9.34
Victoria	10.70	9.71	10.11
Queensland	10.39	9.06	8.77
South Australia	9.97	8.98	8.92
West Australia	9.11	8.81	9.11
Tasmania	8.84	9.68	10.06
Northern Territory			16.88
Federal Capital Territory			5.84
Commonwealth	9.80	9.45	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 1928, also death-rate per 10,000 persons living (mean population 211,944), as contrasted with the previous year, 1927 (mean population estimated at 209,994).

Cause of Death.	Number of Deaths, 1927.	Death Rate per 10,000 persons.	Number of Deaths, 1928.	Death Rate per 10,000 persons.
General Diseases—				
Typhoid Fever	9	4	6	3
Malaria	...	...	...	...
Smallpox	...	...	...	...
Measles	...	...	15	7
Scarlet Fever	2	1	1	...
Whooping Cough	...	...	23	1.1
Diphtheria and Croup	10	5	18	8
Influenza	13	6	22	1.0
Dysentery	...	...	2	1
Syphilis	1	...	6	3
Tubercular Diseases	145	6.9	138	6.5
Rheumatic Fever, Rheumatism, and Gout	18	9	14	7
Cancer, all forms	216	10.3	166	7.8
Dietic Diseases and Industrial Poisoning	3	1	3	1
Other General Diseases	91	4.3	71	3.4
Total General	508	24.2	485	22.9
Local Diseases—				
Diseases of Nervous System...	191	9.1	206	9.7
Diseases of Circulatory System	344	16.4	367	17.3
Diseases of Respiratory Organs	213	10.1	276	13.0
Diseases of Digestive Organs	138	6.6	143	6.7
Diseases of Genito-Urinary System	121	5.8	79	3.7
Diseases of Puerperal Origin	27	1.3	32	1.5
Diseases of the Skin	11	5	10	5
Diseases of Bones and Malformations	25	1.2	28	1.3
Diseases of Early Infancy	149	7.1	149	7.0
Total Local Diseases	1219	58.0	1290	60.9
Deaths Produced by External Causes—				
Accident or Negligence	86	4.0	93	4.4
Homicide	5	3	...	...
Suicide	23	1.1	25	1.2
Total External Causes	114	5.4	118	5.6
Ill-defined—Not Specific Diseases—				
Old Age	171	8.1	215	10.1
Ill-defined Diseases	21	1.0	24	1.1
Total Ill-defined Diseases	192	9.1	239	11.2
Total Deaths, All Causes	2033	96.8	2132	100.6

Typhoid Fever.

Year 1928.

No. of cases notified	53
No. of deaths (1928—calendar)—	
Males	5
Females	1
	6

Diphtheria.

Year 1928.

No. of cases notified	908
No. of deaths (1928—calendar)—	
Males	8
Females	10
	18

Scarlet Fever.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 cases notified.	Death % of cases.
1903-4	—	26	1.5	—	—	—
1904-5	—	4	.2	—	—	—
1905-6	50	1	.1	—	—	2.0
1907-8	18	—	—	—	—	—
1908-9	11	—	—	—	—	—
1909-10	91	2	.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	.33	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
1928	190	1	.05	0.89	5.3	0.5

Diphtheria.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 cases notified.	Death % of cases.
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	28.1	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
1928	908	18	.8	4.29	19.8	2.0



Presented by
The Secretary for Public Health
October 1929