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1945

TASMANIA



DEPARTMENT OF PUBLIC HEALTH

R E P O R T

OF THE

SECRETARY FOR PUBLIC HEALTH, TASMANIA

FOR THE

YEAR ENDED 31ST DECEMBER, 1945

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



TASMANIA:

H. H. PIMBLETT, GOVERNMENT PRINTER, HOBART

1946.

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ANNUAL REPORT, 1945.

Department of Public Health,
Hobart, 1st August, 1946.

SIR,

I HAVE the honour to present the Annual Report of the Department of Public Health for the year ended the 31st December, 1945.

At the beginning of October, Dr. B. M. Carruthers was released from military service and resumed duty as Director of Public Health, holding this office until the 30th November.

Early in the year, the newly created positions of Director of Tuberculosis, Director of Maternal Welfare and Child Health and Psychiatric Social Worker were filled by the appointment respectively of Dr. T. H. Goddard, Dr. C. L. Park and Miss L. J. Martin. Another position created was that of Consultant Radiologist (part-time), Tuberculosis Division, Dr. R. D. McIntosh being appointed to the office.

At the 1st December, the Department was re-organised. Under this plan of re-organisation, the Secretary for Public Health (Mr. E. J. Tudor) became Permanent Head, charged with the responsibility for the general administration of the Department, whilst a Medical Directorate, consisting of the Director of Public Health (Dr. C. L. Park), Director of Hospital and Medical Services (Dr. B. M. Carruthers), Director of Tuberculosis (Dr. T. H. Goddard), and Director of Mental Hygiene (Dr. C. R. D. Brothers), was appointed to direct the various activities of the Department; Dr. Park combining his office with that of Director of Maternal Welfare and Child Health. This re-organisation necessitated the enacting of the Public Health (Administration) Act, 1945, which provides for amendments to the following Acts administered by the Department:—Public Health, Hospitals, Nurses' Registration, Mental Hospitals, Psychopathic Hospital (Management), Mental Deficiency and Indeterminate Sentences.

VITAL STATISTICS.

Population.—At the end of 1945 the mean population of the State was 248,063. Hobart and suburbs had a mean population of 72,844 (city 55,633 and suburbs 17,211), Launceston and suburbs of 36,569, and Devonport of 7820. The total for urban districts was 117,233 and for rural divisions, 130,830.

Births.—There were 5785 births, being an annual rate of 23.32 per 1000 persons living. This is higher than the average for the ten years 1935-1944, which was 21.09. Of the births, 1552 were in the Hobart district, giving a rate of 21.3 per 1000 persons living; 843 were in the

Launceston district, giving a rate of 23.1 per 1000; and 194 were in the Devonport district, giving a rate of 24.8 per 1000. The total number of births for urban districts was 2589, a rate of 22.1 per 1000 persons living; and for rural divisions 3196, a rate of 24.4 per 1000. Thus the number of births exceeded the figure for 1944 by 585, and the rate for rural divisions was 2.3 per 1000 higher than that for urban districts.

Deaths.—Deaths registered during the year numbered 2413, giving a death rate of 9.73 per 1000 persons living. This is somewhat below the average annual rate for the preceding ten years, 1935-1944, which was 10.15 per 1000 persons living. The heaviest mortality was caused by the group including organic heart disease and other diseases of the circulatory system, which accounted for 738 deaths, a death rate of 297 per 100,000 persons living. Cancer (all forms) was responsible for 281 deaths, being a death rate of 113 per 100,000 persons living, and causing 11.6 per cent of the deaths from all causes. The group comprising pneumonia and bronchopneumonia caused 144 deaths, a death rate of 58 per 100,000. Malformations and diseases of early infancy were responsible for 128 deaths. There were 116 deaths from tuberculosis in all forms, giving a death rate of 47 per 100,000, and constituting 4.8 per cent of all deaths. It is of interest to compare the percentage of deaths due to cancer and tuberculosis. The percentage due to cancer has remained almost constant at 11.3 per cent of all deaths for the last 15 years, whilst that due to tuberculosis shows a decline from 5.9 per cent of all deaths in the five-year period 1930-1934 to 4.5 per cent of all deaths in the five-year period 1940-1944.

Infantile Mortality.—The number of deaths of infants under one year was 159, the lowest ever recorded in the State; and the infantile mortality rate of 27.5 per 1000 live births was by far the lowest ever recorded. The rate varies considerably in different parts of the State. For instance, in Hobart City, with 1135 births for the year, only 18 children died in the first year of life, giving the remarkably low infantile mortality rate of 16 per 1000 live births. In Hobart suburbs, on the other hand, there were 417 births, whilst 10 infants died under one year, giving a mortality rate of 24 per 1000. In Launceston City and suburbs with 843 births there were 23 deaths under one year, a mortality rate of 27 per 1000. Devonport, with 194 births and 6 deaths, had an infantile mortality rate of 41 per 1000. There is a marked difference in the rates for the urban districts and the rural divisions; that for the former being 23 per 1000 live births and for the

latter 31 per 1000. The heaviest toll of mortality under one year occurs in the first month of life and the year 1945, despite its particularly low rate, was no exception to the rule, 121 of the 159 deaths—i.e., 76 per cent of the infantile mortality—occurring in the first month.

Maternal Mortality.—The number of deaths attributed to pregnancy, childbirth and puerperal state was 18, representing a maternal mortality rate of 3.11 per 1000 live births.

PUBLIC HEALTH LEGISLATION AND ADMINISTRATION.

Legislation.—During the year the Public Health Act was amended, bringing that part dealing with venereal diseases into line with Commonwealth Statutory Rules, 1942, relating to these diseases. The principal alteration affects the procedure for following up of contacts suspected of transmitting one of these diseases. Whereas, previously, it was necessary for the Director of Public Health to have received either a certificate from a medical practitioner or a signed statement giving the full name and address of the informant, before a person thought to be suffering from venereal disease could be ordered to place himself or herself under treatment, the Director can now, if satisfied on reasonable grounds that any person is suffering from venereal disease, require such person to present himself for examination. Other amendments simplify the procedure for placing patients under treatment, reduce from six weeks to ten days the period of time allowed before a medical practitioner is required to notify failure of a patient to attend, and increase from £5 to £20 the fine for failure to obtain treatment after change of residence. The venereal diseases regulations were also amended and consolidated.

Another amendment to the Public Health Act provides that, where a local authority has by order in writing declared a house or building or any specified portion thereof to be unfit or unsafe for occupation, and a period of ninety days has elapsed since the date specified in the order without the house or building or the portion thereof to which the order relates having again been rendered fit or safe for occupation, the local authority may either cause the necessary work to be done or the building to be pulled down, and may recover from the owner the costs incurred; such costs to be a charge on the land until paid.

Administration.—The responsibility for the administration of various Acts of Parliament under the Minister is placed upon the Director of Public Health. Of these the Public Health Act, which incorporates the Food and Drugs Act, deals in particular with the control of infectious diseases and with the multiple problems of environmental sanitation, such as housing, drainage, water supplies and waste disposal, and the supervision of manufacture and sale of food for human consumption.

Local authorities are charged with the responsibility of enforcing the provisions of the Act and, speaking generally, carry out their obligations with satisfaction to the Department, which exercises supervisory powers.

In those municipalities in which an Agreement has been entered into with the Government for a medical service, the Departmental medical

officer performs the duties of Municipal Medical Officer of Health, and the Department is thus directly responsible for carrying out the provisions of the Act. In these municipalities the health inspector is also a part-time officer of the Department.

The Department has a small staff of highly trained health inspectors who visit the various municipal districts at intervals and make detailed health surveys. Following these surveys, any conditions found not to be in conformity with the Act and Regulations are brought to the notice of the local authority, which takes the necessary action.

Matters of the utmost importance, in regard to which special attention is paid, are the quality and labelling of food and drink for human consumption, water supplies, and the disposal of waste.

The suitability of water supplied for drinking purposes has been found in most instances to be satisfactory, although complaints regarding the quality of the public supply to a large north-western town were received during the year. Apparently there are no definite standards by which public water supplies should be judged, and it is felt that the time has arrived when this should be considered. It will be seen from the report of the Chief Health Inspector that eight out of ninety-eight samples of water required some subsequent action. The report of the Government Analyst also reveals that certain river waters were found polluted, the causes being sawdust, bacteriolytic tank effluent, crude sewage, and abattoir waste.

The Chief Health Inspector's report shows the nature of the surveys carried out, and of particular importance, perhaps, is the inspection of premises on which food was prepared or sold. It will be noted that, of 117 dairy premises visited, no less than 43 had some defect which required correction, whilst 38 out of 255 food premises called for some action to bring them up to the standard required by regulation. Turning now to the report of the Government Analyst, it will be seen that 246 samples of food of various types were submitted for analysis. Of these, 27 samples of cow's milk out of 160 officially submitted, i.e. approximately 17 per cent, were below standard. In respect of 20 of these samples where the freezing point was determined, 19 were found to be watered. This is a grave indictment, when it is remembered that milk is the one food without which the vulnerable groups of the population cannot maintain good health.

In regard to disposal of wastes, a situation has arisen in some municipalities which is causing concern. Where a pan system has been in operation for a considerable period of time, it may be found that the contractor is unable to obtain labour to carry out the work regularly. This has placed the householder in the invidious position of carrying out his own removals. In some relatively large municipalities, on the other hand, no public service exists at all. This cannot be in the best interests of the health of the community.

A considerable number of applications is being received from individual householders for permission to instal individual bacteriolytic tanks. These offer the greatest safety and convenience so long as certain conditions apply. These are—an

approved tank, an adequate water supply at all times, a sufficient amount of suitable land to absorb the effluent, and a realisation that every tank requires some supervision and will not continue to function satisfactorily for ever without attention. Where running water is not available in quantity, chemical closets may be considered. These require proper supervision if they are to be satisfactory, but may find a place among scattered populations.

NOTIFIABLE INFECTIOUS DISEASES.

Diphtheria.—This disease continues to dominate the picture of infectious diseases, no less than 403 cases being notified during 1945. The number of cases has fluctuated considerably since 1933, when 706 cases occurred. The lowest incidence in the last decade was in 1942, when only 291 cases were notified.

There is also a difference in the fatality rate, the highest over the last twenty years being in 1941, when the deaths were at the rate of 62.3 per 1000 cases notified. This rate fell to 22.6 in 1944, and 22.3 in 1945.

As in previous years, the incidence of the disease was widespread, cases being notified from 37 of the 49 municipalities in the State. It may well be asked, why does this state of affairs continue, when there is to hand a method of prevention by immunisation? The answer is that it is necessary to immunise 60 per cent of each age group in the population to effectively control the disease. This means that immunisation must commence in infancy and be extended to include the great bulk of the pre-school groups of children. As was mentioned in the last Annual Report, 60 per cent of infants between 6 and 9 months of age are susceptible to diphtheria, and practically all are susceptible at the age of one year. To delay immunisation until infants are one year or more of age is thus to run an unnecessary risk in the case of the individual child and keep the disease going. If all parents would see that their children were immunised between the ages of nine months and one year, the disease could be eliminated as a cause of death and its incidence reduced to negligible proportions. This has been done in many parts of the United States of America and Canada. As the prophylactic is supplied, free of cost, to all local authorities in Tasmania, only apathy and indifference stand in the way of this State taking its place alongside those cities which can record an absence of deaths and even cases for a number of years in succession.

Two points on which there is some confusion among the people are now emphasized. The first is that immunisation is not 100 per cent perfect as a preventative of diphtheria, hence some inoculated people whose immunity has not been developed to a high level may contract the disease. However, as Bousfield points out, in 20 years of intensive work on immunity against diphtheria he has not been able to find one single case of fatal diphtheria in an efficiently immunised child. The other point is that children under one year do contract diphtheria. Many cases are on record, Schick alone having recorded over 200 cases.

Typhoid Fever.—Only one case was notified. This is an instance of a disease which has ceased to be a cause of anxiety. It is more likely to occur where the state of environmental sanitation is unsatisfactory, and particularly where impure water supplies are used. In the ten years preceding 1945 the disease has been responsible for 13 deaths.

Scarlet Fever.—The incidence of this disease has shown a considerable increase, 260 cases being notified as compared with 149 in 1944, 92 in 1943, and 72 in 1942. The increase has been particularly noticeable in Launceston, where 49 cases occurred. The type remains mild and no deaths were recorded.

Tuberculosis.—The establishment during the year of the Tuberculosis Branch of the Department is an advance in the right direction, and should be the means of greatly reducing the incidence of the disease in our midst. An innovation during the period under review was the commencing of mass X-ray operations. A permanent unit is established at Hobart, and a survey was also carried out at Burnie. The total number of persons X-rayed by this means during the year was 11,955. It was also decided to purchase a mobile X-ray unit for the purpose of conducting surveys throughout the whole State.

Educational propaganda, which it is intended to undertake on a larger scale than hitherto, should be the means of persuading more and more people to take advantage of the diagnostic facilities available, which, if used to the full, could in time practically eradicate the disease.

Particulars of the work performed by the chest clinics during the year are contained in Table B.

The number of cases of Tuberculosis notified to the Department during the period under review was 197, of which 179 were suffering from Pulmonary and 18 from other forms of the disease. The notifications came from practically every part of the State. Deaths numbered 93 from pulmonary and 23 from non-pulmonary forms.

Puerperal Fever and Puerperal Pyrexia.—Seven cases of puerperal fever were notified and 16 cases of pyrexia during the puerperal period.

Cerebro-spinal Meningitis.—As is usual, Cerebro-spinal Meningitis occurred in sporadic form in many parts of the State. The number of cases notified reached 19, and these notifications were widely spread.

Acute Anterior Poliomyelitis and Lethargic Encephalitis.—Four cases of the former and one of the latter were notified.

Malaria.—During the year fifty-four cases of Malaria were notified. These were all relapses in returned personnel who had suffered from the Benign Tertian variety of the disease during war service. It is considered these cases do not constitute a risk to the people of the State, because of the absence of the specific vectors.

TABLE A.

RETURN showing Number of Cases of each Notifiable Infectious Disease notified to the Department of Public Health during the Year 1945, together with Comparative Figures of the Aggregate of such Diseases for the Years 1944 and 1945.

Municipality.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Tubercu- losis (All Forms).	Puerperal Fever.	Puerperal Pyrexia.	Cerebro- spinal Meningitis.	Acute An- terior Pol- iomyelitis.	Lethargic Encephalitis.	Total, 1945.	Total, 1944.
1 Beaconsfield ...	16	...	4	4	...	...	1	...	...	25	35
2 Bothwell .....	...	...	...	1	...	...	...	...	...	1	4
3 Brighton	8	...	...	2	...	...	...	...	...	10	5
4 Bruny .....	...	...	1	1	...	...	...	...	...	2	...
5 Burnie	6	...	11	7	...	4	1	1	...	30	20
6 Campbell Town	1	...	2	1	...	...	...	...	...	4	2
7 Circular Head	1	...	2	...	...	...	1	...	...	4	10
8 Clarence	7	...	14	3	...	...	...	...	...	24	21
9 Deloraine	6	...	11	2	...	...	...	...	...	19	10
10 Devonport	10	...	5	4	...	...	3	...	1	23	11
11 Esperance	1	...	...	...	...	...	...	...	...	1	4
12 Evandale	7	...	1	...	...	...	...	...	...	8	4
13 Fingal .....	...	...	...	3	...	...	...	...	...	3	5
14 Flinders .....	...	...	...	...	...	...	...	...	...	...	...
15 George Town ...	2	...	...	...	...	...	1	...	...	3	...
16 Glamorgan .....	...	...	...	3	...	...	...	...	...	3	...
17 Glenorchy	18	...	20	10	...	...	...	...	...	48	84
18 Gormanston ...	...	...	...	...	...	...	...	...	...	...	1
19 Green Ponds ...	1	...	...	...	...	...	...	...	...	1	4
20 Hamilton	6	...	4	...	...	...	...	...	...	10	6
21 Hobart	140	...	70	76	3	11	4	...	...	304	298
22 Huon	2	...	...	2	...	...	...	...	...	4	6
23 Kentish	7	...	7	...	...	...	...	1	...	15	9
24 Kingborough ...	6	...	7	3	...	...	1	...	...	17	9
25 King Island ...	...	...	1	1	...	...	...	...	...	2	...
26 Latrobe	12	...	4	2	...	...	...	...	...	18	8
27 Launceston	71	...	49	29	1	1	3	1	...	155	108
28 Lilydale .....	...	...	...	...	1	...	...	...	...	1	5
29 Longford	2	...	3	1	...	...	...	...	...	6	2
30 New Norfolk ...	17	1	6	5	...	...	2	...	...	31	26
31 Oatlands	1	...	1	...	...	...	...	...	...	2	18
32 Penguin	2	...	...	3	1	...	...	...	...	6	10
33 Port Cygnet ...	1	...	2	4	...	...	...	...	...	7	4
34 Portland .....	...	...	...	...	...	...	...	...	...	...	1
35 Queenstown ...	4	...	...	11	...	...	1	...	...	16	11
36 Richmond	2	...	...	...	...	...	...	...	...	2	1
37 Ringarooma ...	1	...	4	2	...	...	...	...	...	7	1
38 Ross .....	...	...	...	...	...	...	...	...	...	...	1
39 Scottsdale	2	...	4	...	...	...	1	...	...	7	9
40 Sorell	3	...	...	1	...	...	...	...	...	4	4
41 Spring Bay	5	...	...	2	...	...	...	...	...	7	2
42 St. Leonards ...	3	...	...	1	...	...	...	...	...	4	5
43 Strahan .....	...	...	...	...	...	...	...	...	...	...	1
44 Tasman	9	...	...	2	...	...	...	...	...	11	2
45 Ulverstone	14	...	14	5	...	...	...	...	...	33	26
46 Waratah	2	...	...	...	...	...	...	...	...	2	4
47 Westbury	3	...	2	2	1	...	...	...	...	8	3
48 Wynyard	4	...	11	3	...	...	...	1	...	19	14
49 Zeehan .....	...	...	...	1	...	...	...	...	...	1	4
TOTALS	403	1	260	197	7	16	19	4	1	908	818

TABLE B.
Chest Clinics—Particulars of Work Performed During the Year 1945.

	Chest Clinic, Hobart.					Chest Clinic, Launceston.				
	Over 14 Years.		Under 14 Years.		Total.	Over 14 Years.		Under 14 Years.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
Number of New Cases Applying	99	101	4	4	208	52	34	4	2	72
New Cases taken on at Clinic for Observation and Treatment	167	231	68	67	533	62	83	35	50	231
Re-attendances	1350	1319	212	191	3072	650	1124	105	133	2012
Re-examinations	456	374	8	8	846	217	327	40	49	633
Clinic Cases Transferred to Sanatorium	30	29	...	...	59	3	7	...	...	10
Sanatorium Cases Transferred to Clinic for Special Treatment ...	2	3	...	...	5	1	...	...	...	1
Cases Transferred to Vaucluse Hospital	6	...	...	...	6	...	...	...	...	...
Patients Found Non-Tuberculous	59	59	2	3	123	6	3	...	...	9
Contacts :—										
Number of Infecting Cases ...	42	43	1	1	87	90	93	...	...	183
Number of Contacts Examined	69	130	62	63	324	31	49	31	48	159
Number of Contacts Re-Examined	161	302	165	135	763	56	111	49	64	280
Number of Contacts Found Tuberculous	3	6	...	1	10	3	1	...	4	8
Number of Contacts Under Suspicion Tb.	1	1	1	...	3	...	...	...	4	4
Home Visits :—										
Medical Officer .....	...	...	...	...	...	...	...	...	...	...
Nurses' First Visits .....	...	...	...	...	62	21	23	...	...	44
Nurses' Re-Visits .....	...	...	...	...	921	230	375	16	8	629
Special Visits in Connection with After-care .....	...	...	...	...	2	...	...	...	...	...
Pneumothorax Refills	532	327	6	...	865	101	255	...	...	356
X-Ray Examinations (Films)	253	325	30	24	632	110	190	35	45	380
X-Ray Examinations (Screen) ...	237	166	3	...	406	109	72	...	...	181
Sputum Examinations .....	...	...	...	...	461	...	...	...	...	...
Total Attendances, Old and New Cases .....	...	...	...	...	4353	712	207	140	183	2243

VENEREAL DISEASES.

The notifications of venereal disease shows a decrease to 362, as compared with 392 in 1944 and 462 in 1943.

Of the notifications, 320 were cases of gonorrhoea, 29 of primary syphilis, and 1 of secondary syphilis. Notifications of gonorrhoea in males are more than three times as many as in females, and a similar proportion exists between the cases of primary syphilis in males and females. This proportion between notifications of males and females conforms with conditions found in normal times, which, so far as primary syphilis was concerned, was actually reversed in 1943. Nevertheless, the existence of this number of cases of primary syphilis is disturbing, although it is much below figures for pre-war years. Notifications for previous years show that, in the period 1935-1940 the smallest number of cases of primary syphilis notified in one year was 40, and the highest number 100.

For 1945 and 1944 the notifications were distributed as follows:—

	1945.		
	Males.	Females.	Total.
Gonorrhoea	249	71	320
Primary Syphilis	22	7	29
Secondary Syphilis .....	...	1	1
Tertiary Syphilis	5	6	11
Soft Chancre	1	...	1
	277	85	362
	1944.		
	Males.	Females.	Total.
Gonorrhoea	266	74	340
Primary Syphilis	24	12	36
Secondary Syphilis .....	...	1	1
Tertiary Syphilis	6	3	9
Congenital Syphilis .....	...	4	4
Gonorrhoea and Syphilis .....	...	2	2
	296	96	392

Treatment is given at special clinics established for each sex at the Royal Hobart and Launceston General Hospitals.

At the former hospital, a prophylactic centre has also been carried on.

Penicillin has been available for treatment of cases of gonorrhoea, and towards the latter part of the year the supply was increasing to the extent that sufficient could be made available for a few cases of primary syphilis.

MATERNAL WELFARE AND CHILD HEALTH.

The care of the expectant mother cannot commence too early in her pregnancy, for her health, as well as that of her unborn baby, will depend in part at least on the type of care she receives during the nine months before the birth of her child and at the time of and during delivery. The necessary care can be obtained from her doctor privately or from the doctor at the pre-natal centre of the hospital which she proposes to enter.

There is, in addition, a place for the individual help and attention that can be given by the child welfare sisters during their visits to the home and at the centres. In Hobart there has been established a centre devoted entirely to the task of giving expectant mothers help in the many directions in which they need assistance. At this centre the Sisters can give special attention to the problems that beset individual mothers. In particular, they will have the benefit of the experience gained by the Sisters, who can advise on such personal issues as how to live, what to eat, and how to prepare for the baby's arrival. More importance is now being placed on diet, since recent studies indicate that proper nutrition during pregnancy helps to reduce the number of still-births as well as deaths in the first days of life. Moreover, a good diet is a safety factor which tends to prevent certain forms of toxæmia, which are a potent cause of maternal and foetal mortality.

There is reason to believe that the nutrition of expectant mothers in this State needs investigation. The report of the Nutrition Committee of the National Health and Medical Research Council, issued in 1945, contains the following significant statement, "In Tasmanian country areas, where the general standard of food intake was one of the worst in the Commonwealth, *not one household* of the eleven containing pregnant mothers was found to have an A grade diet." (An A grade diet was one in which the mean daily intake of all nutrients is not more than 10 per cent below the mean daily per capita recommended allowances.) It is natural, then, that at pre-natal centres the need for a proper diet is emphasized, and advice is given on how to prepare such a diet.

The obstetric unit at the Royal Hobart Hospital has the help of a sister at pre-natal sessions, where the visits by expectant mothers reached over 2000 for the year. In addition, 1351 visits were paid to the various child welfare centres by expectant mothers and 1276 visits by the Sisters to expectant mothers. This is perhaps the most valuable part of child welfare work in its influence in reducing the deaths of infants under one year.

After the mother returns home with her baby, a visit is paid by the child welfare sister and, as no less than 4000 such visits were paid, it will be seen that child welfare work is reaching almost every district in the State.

From the 41 centres already established, 27,728 visits were made to the homes of mothers. It is during these visits that the Sister is able to gain the confidence of mothers and find out just where her help is needed. The visits paid by the mothers with their babies to the centres enable regular supervision to be continued, and any departure from normal development immediately noted and corrected. That there were more than 90,000 such visits shows that mothers regard the child welfare movement as one worthy of encouragement.

A feature of the year's work has been the extension of the work in some districts to include country mothers out of range of established centres. There are now three circuits conducted by mobile units. Each circuit is conducted by the Sister, who has a motor utility in which she visits the home of every expectant mother of whom she knows and every mother who has a young baby. The visit enables the mother to benefit from the service in the same way as if she were living within reach of a centre and its staff. Two of the three circuits are operated from the Sorell centre, and one from the Smithton centre. This type of service can be extended to other districts as nursing sisters and transport become available.

The work of child welfare is now so well understood and appreciated that it is no longer necessary to persuade the various municipalities and voluntary bodies that additional centres are necessary. On the contrary, demands are being continually received for the establishment of new centres. At present, staff considerations have placed a limit on the possibilities, but the work has increased to such an extent that not only are additional centres necessary but more nursing sisters are urgently required at some of the existing ones.

A summary of the work performed by child welfare sisters during the year is given in Table C.

Mothercraft.—A publication for expectant mothers was issued during the year, and met with instant success, indicating that there was a need for such a booklet. The hope was that it should be placed in the hands of every expectant mother and, by the cordial co-operation of medical practitioners and the authorities of maternity hospitals, there is every reason to think that this hope is being realised.

The lectures to senior school-girls on mothercraft and infant hygiene have been continued and, to an extent, expanded. In certain area schools it has been possible, by the willing co-operation of headmasters, to give more than the one course and, in addition, to give practical demonstrations to the girls. To do this work on a more extended scale is one of the best ways of inculcating in the girls a desire to learn the proper methods of caring for young babies, and knowledge thus obtained cannot fail to be helpful to them when they have families of their own. During the year, 385 girls passed the examination in mothercraft and infant hygiene, and were awarded certificates. An excellent opportunity to give regular lessons throughout the school year

was offered in the north, but it has not been possible to obtain a Sister to undertake the work. Such an opportunity should be availed of as soon as possible, and it is considered the appointment of two nurses—one for the south and one for the north—for mothercraft work in schools would be a great step forward.

Training Centre.—The Mothercraft Home has been conducted by the Child Welfare Association, with financial help from the Government. This is the only training centre in the State where nurses can follow a course for their Infant Welfare Certificates, and where others who desire to become mothercrafts can undergo the necessary period of training. During the year 16 trained nurses received their Infant Welfare Certificates, and 13 other trainees their Mothercraft Certificates.

Infantile Mortality.—Under the section on Vital Statistics on page 3, reference is made to the fact that in 1945 the infant mortality in the State was the lowest ever recorded. It was also the lowest of any State in the Commonwealth. In the report for 1944, attention was drawn to

the fact that, for the four year period 1941-1944 inclusive, the rate was above the Australian average and, even though the 1944 rate was the second lowest rate ever recorded, it was no less than 7 per 1000 above the Australian average. What is the reason for the remarkable drop from 38.3 in 1944 to 27.5 in 1945? It has been pointed out above that intensive efforts have been directed to helping the expectant mother, and this was certainly a contributing factor. Another may be the improved economic situation which enabled expectant mothers to live under improved conditions and receive the best attention during confinement. If economic conditions played a part they certainly did not influence the rate in 1942 or 1943, when the Tasmanian rate was the highest in the Commonwealth. We may conclude that no one cause was entirely responsible, but what can happen once should act as an incentive to further efforts. A neo-natal rate of 20.9 for the State is favourable, but, when it is seen that Hobart and suburbs had a neo-natal rate of 12 per 1000 live births with 1552 births, it can be considered an achievement that merits praise-worthy notice.

TABLE C.
SUMMARY of Work Performed by Child Welfare Sisters during the Year ended 31st December, 1945.

No. of Centres.	Visits to Individual New-born Babies.	Subsequent Visits to Mothers.	Visits to Expectant Mothers.	Total Visits to Homes.	Individual Babies Attending Centres.	Total Attendances at Centres by Babies.	Total Attendances at Centres by Expectant Mothers.	Total Attendances at Centres.
44 (Including 1 Pre-natal Centre and 2 Mobile Units)	4007	22,445	1275	27,728	11,398	90,594	1351	91,945

TABLE D.
INFANTILE Mortality.
Number of Deaths under One Year in Tasmania for the last 20 Calendar Years.

	Year.																			
	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.
Deaths.....	232	256	300	255	242	219	185	187	189	231	227	202	195	203	176	255	224	226	199	159

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queensland.	South Australia.	Western Australia.	New Zealand.	North. Territory.	Aust. Cap. Ter.	Aust.
1929.....	53.1	56.6	47.2	46.1	40.9	56.2	34.1	18.9	19.6	51.1
1930.....	50.6	49.8	46.5	40.2	48.3	46.7	34.5	70.4	24.4	47.2
1931.....	46.0	43.5	44.5	36.6	36.5	41.5	32.2	83.3	37.3	42.1
1932.....	41.2	41.1	43.0	40.3	36.6	44.6	31.2	75.9	26.5	41.3
1933.....	41.1	39.3	40.4	42.6	31.9	36.8	31.6	94.6	53.4	39.5
1934.....	42.3	46.4	44.6	40.6	35.6	40.9	32.1	68.1	7.5	43.6
1935.....	51.8	39.4	41.2	37.8	34.9	40.2	32.3	83.3	47.3	39.8
1936.....	49.6	43.5	42.3	36.3	31.1	42.2	31.0	26.6	25.3	41.1
1937.....	41.7	40.7	36.7	35.6	33.1	37.5	31.2	30.3	14.5	38.1
1938.....	39.7	41.8	34.2	41.3	30.5	33.8	35.6	58.8	35.0	38.3
1939.....	40.6	41.0	35.6	34.7	34.8	40.7	31.1	65.2	23.0	38.1
1940.....	35.2	39.0	39.5	35.3	35.5	46.5	30.2	46.2	7.0	38.7
1941.....	49.0	43.8	36.2	39.1	32.5	35.3	29.7	83.3	16.4	39.7*
1942.....	42.2	40.1	41.8	34.8	39.5	36.8	28.7	43.5	25.5	39.5*
1943.....	40.4	36.2	35.8	37.8	36.7	32.6	31.3	75.0	18.6	36.3*
1944.....	38.3	30.7	33.0	31.3	29.0	32.7	30.1	22.5	23.4	31.3*
1945.....	27.5	30.6	28.0	29.8	28.0	29.6	(a)	55.6	12.4	29.4

(a) Not available. * Excludes New Zealand.

TABLE E.

TABLE showing the Principal Causes of Death of Children under 1 Year of Age in Tasmania in each Year from 1936 to 1945.

Causes of Death and Classification Number.		1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.
8.	Scarlet Fever, &c.	...	...	...	...	...	...	...	...	...	...
9.	Whooping Cough	7	4	...	...	...	25	1	2	8	1
10.	Diphtheria and Croup	1	...	1	2	...	2	1	...	1	2
	Other Epidemic Diseases	4	1	2	2	2	...	5	2	3	1
12.	Tetanus	...	...	...	...	...	...	...	...	...	...
14a.	Tubercular Meningitis	...	...	...	2	...	1	1	...	1	...
30.	Syphilis	2	2	3	1	...	...	...	...	...	1
35.	Measles	1	1	...	...	...	...	2	...	...	1
86.	Convulsions	5	1	5	3	2	2	1	2	...	1
106.	Bronchitis	2	...	1	1	...	3	1	1	3	1
107.	Broncho-pneumonia	22	17	24	20	21	23	32	22	24	10
108, 109.	Pneumonia	6	4	4	4	2	5	7	10	3	4
119.	Gastro-Enteritis, Diarrhoea, and Enteritis	4	...	4	2	3	2	7	13	5	4
	Other Diseases of the Stomach	3	...	...	3	...	2	...	...	...	...
157.	Congenital Defects	28	11	22	31	21	18	17	20	24	20
158.	Debility, Marasmus	15	22	17	13	11	18	10	14	7	5
159, 160.	Premature Birth and Injury at Birth	89	93	70	80	76	105	89	82	87	81
161.	Other Diseases of Early Infancy	23	29	27	21	27	33	33	41	14	15
	Other Causes	15	17	15	18	11	16	17	17	19	12
Total		227	202	195	203	176	255	224	226	199	159
Infantile Mortality Rate (per 1000 Births)		49.6	41.7	39.7	40.6	35.2	49.0	42.2	40.4	38.3	27.5
Total Births		4581	4811	4907	5004	4994	5206	5305	5597	5200	5785

TABLE F.

(Showing Ages and Causes of Death under One Year—1945).

TABLE F—continued.

Causes of Death and Classification Number.	Causes of Death and Classification Number.					Causes of Death and Classification Number.					
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total under 1 year.	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.
6. Cerebro-spinal Meningococcal Meningitis	...	...	...	...	1	1	157a. Congenital Hydrocephalus	...	1	...	1
9. Whooping Cough	...	...	...	1	...	1	157b. Spina Bifida & Meningocele	...	2	...	2
10. Diphtheria	...	...	1	...	1	2	157c. Congenital Malformations of the Heart	3	3	...	2
30d. Congenital Syphilis	...	...	1	...	1	1	157f. Cleft Palate (Hare Lip)	...	1	...	1
35. Measles	...	...	1	...	1	1	157g. Cystic Disease of Kidney	1	...	1	2
64. Diseases of the Thymus Gland	1	...	...	...	1	1	157i. Other Congenital Malformations	2	1	2	5
72. Haemorrhagic Conditions	...	...	...	...	1	1	158. Congenital Debility	4	...	1	5
81b. Acute Cerebro-spinal Meningitis (Non Epidemic)	...	...	1	...	1	1	159. Premature Birth	56	4	1	61
86. Convulsions of Infants (under 5 years)	...	...	...	...	1	1	160. Injury at Birth	17	3	...	20
89. Diseases of the Ear and Mastoid Process	...	...	1	...	1	1	161a. Asphyxia, Atelectasis	4	1	...	5
106a. Acute Bronchitis	...	...	1	...	1	1	161b. Intoxication from Maternal Toxaemia	4	...	...	4
107. Broncho-Pneumonia	3	...	2	2	3	10	161c. Haemorrhagic Condition of the Newborn	2	1	...	3
108. Lobar Pneumonia	1	1	1	1	4	4	161f. Icterus Neonatorum	1	...	...	1
114c. Abscess of the Lung	...	...	...	1	1	1	161g. Other Diseases peculiar to First Year of Life	1	1	...	2
119. Diarrhoea and Enteritis (under 2 years)	...	2	1	1	4	4	170c. Other Automobile Accidents	...	...	...	1
131. Chronic Nephritis	...	1	...	...	1	1	182. Accidental Mechanical Suffocation	...	1	...	1
153. Other Diseases of the Skin and Annexa and Cellular Tissue	1	...	...	...	1	1	195d. Other Accidents	...	2	...	3
Total							99	92	14	9	15

TABLE G.

Comparative Figures of Principal Causes of Death under One Year during 1941-1945.

Causes of Death.	1941.	1942.	1943.	1944.	1945.
Whooping Cough.....	25	1	2	8	1
Convulsions	2	1	2	...	1
Bronchitis	3	1	1	3	1
Broncho-Pneumonia.....	23	32	22	24	10
Pneumonia	5	7	10	3	4
Diarrhoea and Enteritis ...	2	7	13	5	4
Congenital Debility	18	10	14	7	5
Syphilis .....	...	...	...	...	...
Maltformations	18	17	20	24	20
Prematurity and injury at Birth	105	89	82	87	81
Other Diseases of Early Infancy	33	33	41	14	15

SCHOOL MEDICAL SERVICE.

This service was carried out throughout the year by two full-time Medical Officers with the part-time help in some areas of Government Medical Officers and private practitioners.

The aims of the service are to extend examinations throughout the State and to repeat the examinations as often as possible during the school life of each child. The fulfilment of both these aims depends on staff and transport.

There has been an extension of the service since 1941, when 6700 children were medically examined, to 18,052 medical examinations in 1945. Of the number examined in 1945, 8199, i.e. 45.5 per cent, were found to have some defect. The dental defects were those most commonly found, while enlarged and diseased tonsils and adenoids came next in order of frequency.

A very frequent finding was underweight, which is in many instances due to malnutrition—using this term not to indicate deficient quantity of food, but lack of balance in the diet. Postural defects were common, fortunately not very marked, but certainly requiring correction so as to prevent them developing further. Ocular defects were found often as were the communicable skin conditions—scabies and impetigo. Another condition which can also be attributed to nutritive defect was goitre, noted in more than 400 children.

School Sisters.—The work of the Medical Officer is supported by that of the School Sisters, six of whom gave all their time to these duties throughout the year while three others were similarly occupied for part of the year.

The Sisters prepare in advance for the medical examinations by carrying out sight and hearing tests and having the cards marked up with these details. When medical examination is being carried out they ascertain the height and weight of each child and assist the medical officer.

In between the medical examinations the Sisters visit the schools in their districts at regular intervals and supervise the health of the pupils. Special attention is given to the following up of children in whom defects have been found until these have been corrected. This entails, in a number of instances, the exhibition of much patience and perseverance.

Where defects have been noted leaflets containing information regarding the cause and method of correction are sent to parents, and

where necessary visits are paid by the Sisters to explain the need for action and to help in having it taken.

During the year 6828 children who had not previously been seen came under the supervision of the Sisters. In addition, 11,460 children were seen again for the second and third or fourth time, while the follow up work mentioned above resulted in more than 8000 visits in the South alone. In the North, where there is one full-time Sister, the number of children examined was 6582. Her duties are confined to a large extent to visiting schools in Launceston and suburbs. Schools in many country districts of the North were visited by a Sister whose work is carried out on a part-time basis. The number of children inspected by this Sister was 4677.

Treatment.—Early in 1945 the Government decided to provide free examination and treatment of school children who were sent by the School Medical Officer to any public hospital in the State.

School Dental Service.—The extent of the service given has been influenced by staff shortages—the Hobart and Launceston clinics functioned throughout the year while the three mobile units visited municipalities in Southern, North-Eastern and North-Western areas of the State.

The number of new visits was 9004 and repeat visits 8315, making a total of 17,419 visits of children to one or other clinic during the year.

These visits resulted in 44,860 treatments being given, made up of—

Treatments	16,989
Fillings	6,523
Extractions	19,388
Cleanings	1,960

In discussing the value of the service the Chief Dental Inspector writes, "The School Dental Service, functioning as it does now, makes few children dentally fit, and the maintenance can be classed as practically nil. This is due to the fact that the staff is entirely inadequate."

The School Medical Officers have drawn attention to the very large number of children who have dental defects, and in many cases there is found not only dental caries, but a septic condition of the gums. The object of a school dental service should be to give all children requiring treatment such attention as will make and keep them dentally fit. This can only be accomplished by a change in our methods. New Zealand has set an example of what can be accomplished by the use on a large scale of "Dental Hygienists" who, following a period of training extending over two years, are able to carry out routine treatment under supervision. This method has not so far been adopted in Australia and would require facilities for the training of attendants. Much more conservative work can be done where systematic treatment is possible. With our present staff conservative work cannot receive the attention it deserves. A glance at the year's work will show that more than 19,000 extractions took place, mainly of permanent teeth. Additional permanent centres in the larger towns are necessary if the service given is to be improved.

Prevention of Defects.—Under the heading of Nutrition the need for special attention to this all important subject has been stressed. In schools which they visited, the Commonwealth Officers carrying out the Nutrition Surveys in 1944 and 1945 found evidence of nutritional deficiencies and, as already pointed out, similar conditions have been found to be present in other schools. A drive to improve the type of lunch brought to school by children has met with some success and there is no reason why this could not be intensified once the Nutrition Section of the Department is strengthened by the addition of officers with special training in nutrition.

The number of cases of goitre could be reduced by education of the residents of endemic areas in the value of an iodine supplement in the diet, which can be readily supplied by the use of iodized salt for cooking and table use.

Dental Caries.—Dental caries is primarily a nutritional defect also. Professor Mellanby suggested many years ago that the consumption of cereal foods in excess may interfere with the normal development of bones and teeth, while Lady Mellanby's work has indicated that the restraining action of Vitamin D on dental caries was aided by the use of a cereal free diet. As we know that the cereal consumption in Tasmania is above the Australian average, the need for an intensive education campaign to assist in reducing dental caries is imperative.

Nutrition.—Scientists have now produced a great mass of new knowledge regarding nutrition that can be applied with advantage.

They have shown that the diets consumed by a large section of the world's population are not satisfactory from the point of view of optimal health.

It is known, too, that the prolonged consumption of unbalanced diets leads to impaired physical development and to various degrees of ill-health.

Not only does malnutrition decrease vigour and vitality, but it tends to produce an increase in the mortality rate of what are known as the vulnerable groups of the population—infants, young children and expectant mothers.

In addition to this, other diseases, of which tuberculosis is an example, are directly associated with lowered bodily resistance caused by malnutrition.

On the other hand improvement in the diet can produce a general improvement in health and physique, and can play a part in reducing both maternal and infant mortality.

Nutrition consequently is a primary concern of the Department of Health, which needs to develop and direct a food policy for the State. The direction of such a policy requires the undivided attention of specially trained Nutrition Officers, for experience has shown that spasmodic efforts to improve nutrition do not bear fruit. The evidence of recent Nutrition Surveys is available, and it is known that such surveys have indicated a low calcium consumption together with a low figure for Vitamin C, which is contained in considerable amount in fresh fruit and potatoes. The results of school medical inspections bear out these surveys and suggest the urgency of a campaign carried out with the co-operation of parents and Education Department authorities to bring the diet of school children up to standards

which it is now known are necessary for optimal health. Already something is being done, but at present it is a matter of individual effort stimulated by a small band of enthusiasts. For example, a number of schools have their own milk distribution scheme for scholars, while a number of others in Hobart and suburbs participate in a milk distribution scheme financed by donations received from a philanthropic Hobart business man and two commercial enterprises.

If nothing else were attempted but the distribution to and consumption by every scholar attending a primary school of $\frac{1}{2}$ pint of milk daily, and two apples—when in season—good results would follow. There is surely no good reason why this could not be carried out throughout the State at once.

HOSPITALS ACT.

Legislation.—During the year the Hospitals Act was amended to provide that the constitution of the Board of the Hobart Public Hospitals District should remain as at present until the 31st December, 1946.

In December, there came into operation the Commonwealth and State Hospital Benefits Agreement Act, authorising the execution by the Premier, on behalf of the State, of an agreement with the Commonwealth in relation to hospital benefits. The Act also provides that Sections 52 and 85 of the Hospitals Act, 1918, shall be construed and have effect subject to the provisions of the Agreement. In effect, this means that free in-patient treatment is available at all public hospitals, whilst, subject to certain conditions, a contribution of six shillings per day is made towards the cost of such treatment for "qualified patients" in approved private hospitals.

Public Hospitals.—The State Government also decided to provide free out-patient treatment at public hospitals. This has resulted in an increase in the number of attendances. To avoid long periods of waiting, an appointment system has been instituted at the major base hospitals.

The demands on public hospitals have increased enormously during the last few years, due to the high standard of medical and nursing services provided and the diminution of the number of beds available in private hospitals.

A serious shortage of trained nurses has been experienced by all hospitals, but it is a tribute to the enthusiasm and devotion to duty of those who did staff the public hospitals that no such institution had to close down. The position as regards trained nurses should soon improve, as there will be no further demands by the services. There has been an increase in the number of trainees in male nursing. Nursing aids rendered great assistance to the trained staff during the war period, but these are now being replaced by trainees, many of whom have had considerable experience in military hospitals. An adequate domestic staff has also been difficult to maintain, even with the high wages offered.

Extensions in the public hospital service include—

The provision of additional accommodation for nurses at the Royal Hobart and Launceston General Hospitals.

The provision of additional accommodation for patients at the Tasmanian Sanatorium.

The provision of new nurseries at the Queen Victoria Hospital, Launceston.

The making available of additional beds for maternity cases at the Royal Hobart Hospital.

The accommodating of maternity cases at the Spencer Public Hospital, Wynyard.

The installation of new and specialised equipment at the major hospitals.

The increasing of the medical staffs of the Royal Hobart, Launceston General and Devon Public Hospitals.

A large building programme in connection with public hospitals is pending, and it is hoped to make some advance in this direction in the near future.

The demand for the accommodation of senile cases is increasing year by year, and at present many such cases are occupying beds which should be reserved for acute cases only. Extra accommodation is now being provided at St. John's Park, whilst plans have been prepared for new buildings both in Hobart and Launceston.

Private Hospitals.—As mentioned above, there has been a diminution in the number of beds available in private hospitals. The cost of buildings and equipment, and the high salaries now payable to nurses and domestics, have rendered it almost impossible for private hospitals to carry on to the same extent, and it is anticipated that numbers will decrease each year.

Particulars of licences issued under this heading are appended (Table H.).

TABLE H.

Return of Private Hospital Licences Issued During the Year 1945.

	No. of Licences Issued.	Medical, Surgical & Lying-in.	Medical & Surgical Only.	Lying-in Only.
Hobart	6	1	1	4
Launceston	3	...	...	3
Country	19	4	...	15
	28	5	1	22

BUSH NURSING.

Shortage of nurses made the staffing of centres a difficult problem, and temporary appointments of short duration had to be made. In spite of this great difficulty, the service was maintained at a high level and was greatly appreciated by the residents of the districts served.

One new centre was opened at Strahan. A new residence for the nurse is in course of erection at Lilydale and also at Mole Creek. It is anticipated that both these buildings will be completed

at an early date. At Cygnet a new centre is in course of erection and, when completed, will provide accommodation for four maternity cases and two emergency medical cases. Plans have been prepared for a new hospital at Oatlands, to replace the bush nursing centre now located in a rented building. A doctor's surgery and waiting room have been added to the bush nursing hospital at Swansea, and other minor improvements effected. A labour ward and nursery have been added to the Triabunna Hospital.

The standard of equipment in bush nursing hospitals has been considerably improved, and labour-saving devices installed where electric power is available.

With the cessation of hostilities, it is anticipated that staffing difficulties will be lessened, and it is hoped that in the near future it will be possible to open new centres at various locations where they are urgently required.

The summary of work performed during the year is contained in Table I.

GOVERNMENT MEDICAL SERVICE.

Despite shortage of medical officers, the service has continued to function in the 16 municipal districts in which it is established. In addition, medical officers were provided for two west coast towns during the year. Through the courtesy of the Board of the Royal Hobart Hospital, resident medical officers of that institution were made available from time to time to provide for continuity of service.

With the release of medical practitioners from the services, further appointments will be made to the permanent staff, and the service extended to those districts which have expressed their desire to come under the scheme.

A standard plan for a doctor's residence, with surgery and waiting-room attached, has been adopted, and a residence will be erected in each district where a Government Medical Officer is stationed. Such residences are now in course of erection at Snug (Kingborough) and St. Helens (Portland). All districts are being supplied with modern equipment essential for diagnosis and treatment.

Facilities are now available for refresher courses and post-graduate study for Government Medical Officers.

Detailed information in respect of the services rendered during the year is summarised in Table J. Apart from actual medical practice, services associated with preventive medicine continue to receive the attention of medical officers.

TABLE I.

SUMMARY of Work Performed in Bush Nursing Centres during the Year ended 31st December, 1945.

No. of Centres.	Visits to Nurse.	Visits to Patients.	Nursing Days.	Maternity Cases.	Pre-natal Visits.	Child Welfare Visits.	School Visits.	Mileage.	Fees Earned.	Ward Beds.
21	10,504	5756	3972	272	1209	7165	213	29,849	£2422 0 9	39

TABLE J.
SUMMARY of Work Performed by Government Medical Officers during the Year ended
31st December, 1945, together with Comparative Figures for the Year 1944.

District.	Population.	Date of Commence- ment of Service in District.	Number of Attendances upon Patients, showing Location of Attendances (excluding Workers' Compensation and Midwifery Cases which are shown separately).				TOTAL.		Number of Attend- ances upon Work- ers' Compensation Cases.		TOTAL.		Number of Attendances upon Midwif- ery Cases.		TOTAL.		Total of all Attend- ances.		Mileage Covered.	
			Resi- dence.	Surgery.	Hospital.	TOTAL.	TOTAL.		TOTAL.		TOTAL.		1945.	1944.	1945.	1944.	1945.	1944.	1945.	1944.
							1945.	1944.	1945.	1944.	1945.	1944.								
Esperance ...	1,121	11.3.38	908	1,176	6	2,090	2,209	29	14	15	17	2,134	2,240	8,626	9,098					
Flinders ...	860	1.5.38	711	133	133	977	1,082	10	9	12	3	990	1,094	7,730	6,674					
Gilmorgan- Spring Bay	1,735	18.5.38	589	659	105	1,353	1,824	2	4	18	17	1,373	1,845	9,904	13,074					
George Town...	910	5.1.40	353	941	152	1,446	1,347	...	...	...	...	1,446	1,347	8,834	9,326				
Hamilton...	3,205	1.5.38	1,567	2,950	147	4,664	5,920	11	18	58	49	4,733	5,987	13,263	13,345					
Kingborough- Bruny ...	5,405	1.3.38	1,308	1,828	...	3,136	4,813	38	73	1	2	3,175	4,888	13,094	12,362					
King Island ...	1,455	1.9.38	768	3,276	377	4,421	2,631	29	54	10	5	4,460	2,690	5,668	6,200					
Penguin ...	2,580	13.7.38	2,060	2,396	26	4,482	4,493	...	...	3	11	4,485	4,504	7,664	7,813				
Port Cygnet...	2,890	1.7.40	1,483	1,792	...	3,275	3,823	16	10	...	13	3,291	3,846	10,846	10,177					
Portland ...	1,555	14.6.39	1,834	1,819	3	3,676	2,629	20	8	...	...	3,696	2,637	8,186	8,557				
Ringarooma ...	3,990	1.1.40	801	2,309	19	3,129	2,083	43	51	...	...	3,172	2,134	9,291	6,858				
Scottsdale...	2,435	5.8.39	396	4,418	1,331	6,145	6,890	8	13	21	18	6,174	6,921	6,875	7,180					
Sorell... ..	1,915	1.12.38	991	1,239	289	2,519	1,799	11	12	9	23	2,539	1,834	7,566	6,917					
Tasman	980	21.4.38	798	1,517	140	2,455	3,704	12	25	5	...	2,472	3,729	9,812	10,454					
Totals	31,036	...	14,587	26,453	2,728	43,768	45,247	229	291	152	158	44,149	45,696	127,919	128,435					

STAFF.

In conclusion, it is desired to record appreciation of the support and co-operation of members of the staff during the year.

Gratitude is also expressed for the assistance given from time to time by officers of other Government Departments.

I have, &c.,

P. A. DRISCOLL,
Secretary for Public Health.

The Hon. the Minister for Health.

APPENDICES.

APPENDIX I.

Government Analyst's Laboratory,
Hobart, 30th May, 1946.

SIR,

I submit the following report on the work of the chemical laboratories during the year 1945.

Staff.

The staff during the year consisted of two analysts, one technical assistant, one laboratory attendant and a clerk-typist. Until April, when I commenced duties, Mr. F. H. Johnstone was in charge. It became evident later in the year that the technical staff would have to be augmented in order to cope with the increasing chemical requirements of various Government Departments, due to inevitable post-war development and the growing need for technical information and analyses. It is very satisfactory that arrangements have been made for this to be done.

Chemical Analyses and Tests.

The nature and extent of the materials examined during the year is shown by the following tables. Table I. lists the various materials examined and Table II. shows the sources from which the samples were submitted.

Table I.—Materials examined, in order of numerical importance—

Foods	634
Waters	395
Alcoholic liquors	150
Petroleum products	136
Soils	133
Toxicological examinations	63
Drugs and medicines	23
Plant products	21
Criminal investigation tests	15
Paints	13
Hydrometers and thermometers	13
Fertilisers	7
Corrosion products	5
Rag flock	5
Chemicals	3
Insecticides	3
Sewage effluents	3
Stock and poultry foods	3
Bitumen and supposed bitumen	2
Supposed ambergris	1
Essential oil	1
Sand	1
Textile	1
Total	1631

Table II.—Sources of samples—

State Departments:	
Department of Agriculture	222
Public Health Department	161
Public Works Department	33
Police Department	19
Transport Commission (Railways)	14
Hydro-Electric Commission	4
Agricultural Bank	4
Mines Department	1
Premier's Department	1
Commonwealth Departments:	
Department of Trade and Customs	236
Council for Scientific and Industrial Research	227
Department of Commerce and Agriculture	64
Departments of the Army and Navy	52
Commonwealth Health Laboratory	5
City Councils and Local Authorities	188
Child Welfare Centres and Mothercraft Home	44
Hospitals and Homes	36
Pharmacy Board	15
Private Firms and Persons	254
U.S. Army	1
Total	1631

The total number of samples shows a falling off from the previous year, when the number was considerably augmented by several thousand clinical thermometers tested.

Food and Drugs Act Analyses.

The following table shows results of examination of official samples taken by inspectors under the Food and Drugs Act:—

Foodstuff.	No. of Samples Received.	No. Below Standard.
Baking powder	2	....
Cocoa	2	....
Cordial (imitation)	1	....
Cocoa preparations	3	1
Coffee and chicory essence	3	....
Cheese (processed)	1	....
Custard powder	2	....
Confectionery	4	....
Cornflour and arrowroot	2	....
Cider	1	1
Edible oil	1	1
Essences	6	....
Flour (self-raising)	1	....
Food colourings	2	1
Honey	3	....
Jelly crystals and dessert powders	9	1
Mayonnaise and stuffing	2	1
Milk, cow's	160	27
Milk, condensed	4	2
Meat, tinned	8	3
Meat extract	1	....
Mustard preparation	1	1
Rennet preparations	3	....
Sauces	7	....
Soup (tinned)	2	....
Spices	3	1
Spirits	4	4
Tea	3	....
Vinegar	2	1
Vegetables (canned)	1	....
Sausages	1	....
Yeast preparations	1	....
Total	246	45

The percentage of samples not conforming to the standards was 18.3, which cannot be considered satisfactory. Apart from the deficient milk samples, most of which were watered, most of the infringements were due to faulty labelling.

Cow's Milk.

Twenty-seven samples out of a total of 160 official samples were below standard. Freezing point determinations were made on twenty of these samples and all but one found to be watered.

Beverages and Invalid Foods.

A sample of malt-flavoured cocoa, being a prepared cocoa, did not have a statement on the label of the percentage of fat-free cocoa present. Three samples of tea were examined for the presence of potassium permanganate (Condy's crystals) following allegations by private individuals, but with negative results. A sample of cider contained slightly over the allowed percentage of proof spirit. Four samples of spirits were adulterated with water.

Vinegar, Spices and Condiments.

One sample of vinegar did not have a statement on the label of the ingredients from which it was prepared. The label on a sample of edible (salad) oil showed no indication of the kind of oil used. A sample of "mayonnaise" was found to consist mainly of powdered milk with spices. Being innocent of oil it should not have been labelled "mayonnaise." A sample of prepared mustard contained less than 2 per cent of mustard. The makers subsequently agreed to label this "mustard relish." A sample of curry powder contained a large amount of ash, 16 per cent, including 8 per cent of salt, the remainder being chiefly sand.

Meat Products.

Samples of meat galantine and camp pie were not labelled with the proportion and kind of meat present. Strictly speaking, such preparations, being compounded mainly with meat and farinaceous material, come under the category of meat paste, but in any case the kind and proportion of meat should be stated. A sample of fish paste also did not conform to this requirement.

Waters.

Three hundred and ninety-five (395) samples of water were examined for Government Departments (Public Works, Public Health and Agriculture), and for farmers and other members of the public as to suitability for consumption by stock and human beings, and for plants. The dry conditions which prevailed during the latter part of the year made the exploration of new sources of water supply necessary, as well as the re-examination of existing supplies which had become more saline or polluted. Advice was given on the suitability of supplies and methods of treatment.

A number of samples of river waters was examined in connection with the pollution of streams. Causes of pollution were—sawdust, bacteriolytic tank effluent, crude sewage and abattoir waste.

Following complaints of the water causing milk to curdle in tea made therefrom, and of harsh flavour, a number of samples of rain water was collected from house roofs on the eastern side of the River Derwent. The samples collected from tanks contained from 20 to 155 parts of zinc per million, and 27 to 240 parts of sulphate (SO₄) per million. Rain water from tanks in more outlying districts in the same line of direction contained 0.5 to 3.6 parts of zinc and usually less than 1 part of sulphate per million. Although quantities of zinc in water of the order of 30-100 parts per million have been consumed regularly, with no reported harmful effects, a limit of not more than 30 parts per million is desirable. So far as could be ascertained, some of the waters in question were the cause of gastric upset in young children.

Five samples of water taken from the local supplies in the Huonville area were examined for fluorine in connection with indications of mottled teeth in children. All contained less than 0.1 part per million.

Toxicological and Police Investigations.

Ten (10) specimens in connection with human poisoning cases were examined, and 15 exhibits involved in criminal investigations by the police. The latter included a number of textile fabrics for identification and comparison in a charge of murder.

Fifty-three (53) specimens from animals suspected of being poisoned were examined.

Agricultural Analyses.

One hundred and thirty-three (133) samples of soil were examined, chiefly for soil acidity, lime requirement and content of the principal plant nutrients. In a number of cases, advice as to soil treatment was given to farmers and other primary producers. The submission by farmers of samples for analysis taken indiscriminately, and without first obtaining the advice of a field technical officer, is not encouraged. A number of factors besides the chemical composition are concerned in soil fertility, and farmers are advised, before taking samples themselves (in which case they may be taken improperly), to consult the local district agricultural and horticultural officers, so that they may obtain the full benefits of the extension services of the Department of Agriculture. If chemical tests are considered desirable, properly selected samples are then submitted for analysis with all relevant information.

Miscellaneous Analyses for State Departments, &c.

In addition to work enumerated above for the Public Health, Public Works, Police and Agricultural Departments, work was done for a number of other State Departments. A number of paints and lubricating oils was examined for the Transport Commission (Railways). Eighty samples, mainly human milk, also cow's milk and patent foods, were examined for various hospitals and homes, child welfare centres and the Mothercraft Home. Fifteen samples of medicines were examined for the Pharmacy Board. Waters, bitumen and scale were examined for the State Hydro-Electric Commission.

Commonwealth Departments.

Two hundred and eighty-six (286) samples, mainly fuel oils, motor spirits, lubricating oils and liqueurs were examined for the Department of Trade and Customs. The Department of Commerce and Agriculture submitted sixty-four (64) samples, of which sixty-one (61) were butters examined for compliance with the export regulations. For the Fisheries Division of the Council for Scientific and Industrial Research, 227 sea and estuarine waters were examined for salinity and oxygen content. The departments of the Army and the Navy submitted 52 samples, comprising foodstuffs from the former and mainly oils from the latter. With the cessation of hostilities work done by the laboratory for the Department of

the Army and for the Food Control Branch of the Department of Commerce and Agriculture has practically ceased, but intimations have been received that the assistance rendered during the war was valuable.

Local Authorities and Private Persons.

In all, one hundred and eighty-eight (188) samples were received direct from local authorities. This is exclusive of food and water samples taken by arrangement by officers of the Department of Public Health. The samples were mainly foodstuffs, and some waters. It is evident, however, that the number of samples is much below what it should be, when it is considered that the 188 samples came from a number of local councils, small towns and two cities. Five samples of rag flock were found to contravene the standards of purity laid down for reconditioned material.

Private Firms and Persons.

The number of samples examined under this heading was two hundred and fifty-four (254). These were composed of a variety of materials such as waters, soils, milks and other foods, medicines, stock and poultry food, supposed ambergris and sand.

Advice and Investigational.

In a number of cases, advice and information have been given to Government Departments and private persons. Some work was done on a corrosion problem of parts of the Hobart bridge, and the results pointed the way to prevention methods. Shortage of staff has prevented the prosecution of any but minor investigations, but it is hoped that, as this becomes remedied, time will be available for investigational work having a direct bearing on the development of the resources of the State.

Equipment and Accommodation.

During the year some much needed equipment requisitioned by the previous Government Analyst arrived. Other smaller purchases have been made since. There are still a number of fairly large items, necessary for a modern State laboratory, to be purchased, especially for the agricultural work. It is expected that these will be procured shortly as suitable opportunities offer. The library is being built up by the acquisition of more reference books and subscriptions to current journals.

Conclusion.

I desire to express my appreciation of the co-operation and services rendered by the staff of the laboratory during the year.

I have, &c.,

H. E. HILL, F.A.C.I., A.R.I.C.,
Government Analyst.

The Director of Public Health.

Transmitted to the Secretary for Public Health.

C. L. PARK, Director of Public Health.

APPENDIX II.

Department of Public Health,
Hobart, 11th June, 1946.

SIR,

I submit the following report of work performed by the inspectorial staff of the Department during the year 1945.

Staff.

Chief Inspector H. H. Parker, M.R.S.I.
Inspector W. J. Davies, M.R.S.I.
Inspector T. Orr, M.R.S.I. (stationed at Launceston).

Routine Sanitary Surveys and Special Inspections.

Visits of inspection have been made to municipal districts throughout the State.

In the course of these visits, work of an educative and practical character has been carried out. This included sanitary surveys comprising reports on water supplies, infectious diseases, sewerage, drainage, offensive trades, sanitary and garbage services, public buildings, dairies, licensed premises, &c. Particular attention was given to those municipalities where, by agreement with the Minister, the Department is responsible for carrying out the functions and duties of local authorities under the

Public Health Act. Details of surveys, special inspections and investigations which received attention, as apart from inspections made by Departmental Local Health Inspectors, are set out hereunder:—

Nature of Inspection.	No. of Inspections.	No. of Cases in which Action was Called for.
Bacteriolytic tanks, including sites and plans	747	104
Bakeries	70	33
Buildings (private), including sites and plans	79	26
Buildings (public), including sites and plans	179	100
Boarding and guest houses	13	4
Condemnation of dwellings	3	3
Dairying premises	117	43
Disinfection and fumigation	16	—
Domestic inspections	103	37
Drainage	162	95
Food premises	255	38
Garbage depots and services	32	6
Huts, hop and fruit pickers'	546	262
Infectious diseases	19	11
Licensed premises	103	38
Miscellaneous	100	32
Mutton bird sheds	20	2
Offensive trades	151	58
Places of public entertainment	103	21
Reserves, and camping and show grounds	67	28
Salp-yards	25	7
Scallop depots	16	—
Sewerage schemes	19	—
Subdivisions of land	17	5
Water supplies and sampling	98	8

In addition to recommendations made to local authorities, 45 orders were served by the Department for improvement of existing conditions. These were complied with, without legal proceedings being required.

Survey of Butchers' Shops.

A detailed survey of butchering establishments, both in Hobart and Launceston, was conducted early in the year. It was found necessary in a number of cases to insist on compliance with the regulations under the Food and Drugs Act.

Bacteriolytic Tanks.

As permanent water supplies are being made available, an increase in the number of installations of bacteriolytic tanks is being experienced. A larger and improved type of bacteriolytic tank for construction has been designed, and prints of same made available to local authorities.

New Dwellings and Subdivisions of Land.

With the lifting of restrictions affecting cost and materials for home building, the number of plans submitted for approval from districts in which the health services have been taken over by the Department has also increased. New subdivisions of land, more particularly where areas of land available for building on are restricted, are receiving close attention by this Department in order to prevent slum areas being created.

Inspection of Hop Pickers' Huts.

In view of changed conditions and the necessity of improving the standard of huts used by hop pickers, a comprehensive inspection of over 500 buildings was carried out in the hop growing districts. As a result, numerous renovations were insisted on, and pickers generally appreciated the improvements found during picking operations last season.

Water Supplies.

Investigations were carried out when information was received that alleged pollution of domestic water supplies was occurring.

Visits to localities were made, samples procured for both chemical and bacteriolytic examination, and remedial measures adopted for preventing any further contamination when necessary.

Food and Drugs.

One hundred and sixty-one samples of food and drugs were procured and submitted for analytical examination. Eight of this number were found to be adulterated. Legal proceedings were instituted in seven cases. One warning was issued and fines and costs were imposed to the extent of £18 3s. in two instances.

On a technical point, one case was lost, in consequence four processes had to be withdrawn. Steps have been taken to amend the Act in order to overcome the above difficulty.

Two hundred and two bottles of alcoholic spirits were examined in order to ascertain if the alcoholic content was in compliance with standard prescribed.

Health Inspectors' Conference.

I had the privilege of attending this Conference, which was held in Sydney in September, and was largely attended by health inspectors from various States.

A number of instructive lectures and addresses were given on subjects directly concerned with public health, including the following:—

Public Health Acts:
Housing conditions:
Use of plastics in buildings:
Infectious diseases:
Use of poisons for destruction of rodents: and
Disinfection measures, including the application of D.D.T.

Government Medical and Health Districts.

The part-time inspectors employed in districts taken over by this Department are carrying out their duties satisfactorily. Weekly reports of duties performed are submitted by these officers to Headquarters.

In addition, frequent visits are made by myself and other inspectors to each district to assist and advise on any difficult problems that may arise.

Conclusion.

In conclusion, I desire to thank Council Clerks and Local Inspectors for their co-operation and assistance. As in the past, the inspectorial staff has given loyal and conscientious service throughout the year.

I have, &c.,

H. H. PARKER, Chief Health Inspector.

The Director of Public Health.

Transmitted to the Secretary for Public Health.

C. L. PARK, Director of Public Health.

APPENDIX III.

Department of Public Health,

Hobart, 5th August, 1946.

SIR,

We have the honour to submit the annual report of the Nurses' Registration Board for the year 1945.

Personnel of Board.

Chairman: Dr. C. R. D. Brothers (until 30.9.45).

Dr. B. M. Carruthers (from 1.10.45 upon return from military service).

Surgeon Superintendent, Royal Hobart Hospital.

Surgeon Superintendent, Launceston General Hospital.

Dr. T. C. Butler.

Miss A. R. Cockayne, Matron, Royal Hobart Hospital.

Miss C. I. Skirving, Matron, Launceston General Hospital.

Miss A. M. Booth, Matron, Devon Public Hospital, Latrobe.

Board Meetings.

The Board held six ordinary meetings during the year.

Legislation.

The regulations were amended in the following directions:—

- (1) Increasing the period of training for general nurses from three to four years.
- (2) Lowering from eighteen to seventeen years the age at which a pupil nurse may commence general training.
- (3) Providing new definitions for "infant death" and "still-birth."
- (4) Giving the Board greater authority so far as the inspection of midwifery records are concerned.
- (5) Providing for the notification to the Board of any transfer of a mother or child during the puerperium from the care of a midwifery nurse.

Training Schools.

Training schools registered.—General, 10; mental, 1; midwifery, 6.

Applications Approved for Training and Resumption of Training.

General, 174; midwifery, 83.

Trainees.

Total number in training.—General, 338; midwifery, 50.

Resigned, &c.—General, 33; midwifery, 6.

Completed training.—General, 84; midwifery, 40.

Examinations.

Educational tests for intending trainees—

Applications	13
Passed examination	10
Failed	3

Examinations for the registration of nurses—

Candidates:		
General	106	
Mental	2	
Midwifery	47	
Results:		
General	Passed. 79	Failed. 27
Mental	2	
Midwifery	42	5

Registration of Nurses.

Registered.—General, 155; mental, 24; midwifery, 47.
Renewed registration.—General, 552; mental, 12; midwifery, 276.

General.

More acute staff shortages were reported from training schools during the latter part of the year under review than during all the war years. However, the situation should improve following the lowering to seventeen years of the age at which a pupil nurse may commence general training.

We have, &c.,

B. M. CARRUTHERS, Chairman.

P. A. DRISCOLL, Secretary.

The Hon. the Minister for Health.

APPENDIX IV.

VITAL STATISTICS.

*Statistical and General.**Population:*

Estimated on the 31st December, 1945—

Males	125,616
Females	123,883
Total	249,499

Mean population, 1945 (for whole year)—

Males	125,015
Females	123,048
Total	248,063

Mean population, 1944 for whole year

Increase for year

The mean population of the State, as shown by the figures, reveals an increase of £3629.

Australian Birth-rate for the Year 1945 per 1000 Persons Living.

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

	1933.	1944.	1945.
New South Wales	16.99	20.76	21.27
Victoria	15.60	19.70	20.46
Queensland	18.14	23.02	24.77
South Australia	15.32	21.40	22.31
Western Australia	17.95	22.39	21.77
Tasmania	19.93	21.19	23.32
Northern Territory	15.23	17.18	17.23
Australian Capital Territory	14.43	26.58	27.44
Australia	16.78	20.99	21.76

Death Rate for 1945 per 1000 Persons Living.

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

	1933.	1944.	1945.
New South Wales	8.58	9.28	9.31
Victoria	9.59	10.26	10.18
Queensland	8.84	8.81	8.77
South Australia	8.44	9.62	9.62
Western Australia	8.64	9.23	9.61
Tasmania	9.60	10.16	9.73
Northern Territory	12.55	5.99	6.70
Australian Capital Territory	4.19	4.85	4.95
Australia	8.92	9.53	9.52

Deaths in Relation to Disease.

The following return, from data supplied by the Deputy Commonwealth Statistician, shows the number and causes of deaths during the year 1945, also the death-rate per 10,000 persons living (mean population 248,063), as contrasted with the previous year, 1944 (mean population estimated at 245,434).

Cause of Death.	Number of Deaths, 1944.	Death Rate per 10,000 persons, 1944.	Number of Deaths, 1945.	Death Rate per 10,000 persons, 1945.
General Diseases—				
Typhoid Fever	2	·1	...	...
Malaria .....	...	...	...	...
Smallpox .....	...	...	...	...
Measles	1	·1	2	·1
Scarlet Fever .....	...	...	...	...
Whooping Cough	9	·4	1	·1
Diphtheria and Croup	10	·4	9	·4
Influenza	6	·2	9	·4
Dysentery .....	...	...	...	...
Syphilis	12	·5	9	·4
Tubercular Diseases	105	4·3	116	4·7
Rheumatic Fever, Rheumatism, and Gout	15	·6	16	·6
Cancer, all forms	270	11·0	281	11·3
Dietic Diseases and Industrial Poisoning	3	·1	...	...
Other General Diseases	113	4·6	91	3·7
Total General	546	22·3	534	21·7
Local Diseases—				
Diseases of Nervous System	277	11·3	255	10·3
Diseases of Circulatory System	703	28·6	738	29·8
Diseases of Respiratory Organs	256	10·4	239	9·6
Diseases of Digestive Organs	114	4·7	120	4·8
Diseases of Genito-Urinary System	211	8·6	159	6·4
Diseases of Puerperal Origin	17	·7	18	·7
Diseases of the Skin	5	·2	1	·1
Diseases of Bones and Malformations	37	1·5	28	1·1
Diseases of Early Infancy	108	4·4	101	4·0
Total Local Diseases	1728	70·4	1659	66·8
Deaths Produced by External Causes—				
Accident or Negligence	114	4·6	111	4·5
Homicide	5	·2	6	·2
Suicide	17	·7	17	·7
Total External Causes	136	5·5	134	5·4
Ill-defined—Not Specific Diseases—				
Old Age	82	3·3	86	3·5
Ill-defined Diseases	2	·1	...	...
Total Ill-defined Diseases	84	3·4	86	3·5
Total Deaths, All Causes	2494	101·6	2413	97·4

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

Year.	Under 5.		5-10.		10-15.		15-20.		20-25.		25-30.		30-35.		35-40.		40-45.		45-50.		50-55.		55-60.		60-65.		65 and over.		Total all Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per- sons	
1936...	
37...	
38...	
39...	
40...	
41...	
42...	
43...	
44...	
45...	
Totals	

Typhoid Fever.

Year, 1945.

Number of cases notified ... 1

Number of deaths, year 1945 (calendar) —

Males

Females

Scarlet Fever.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 100 persons living.	Deaths per 100 cases notified.	Death % of cases.
1924	376	3	1.74	1.74	8.0	0.8
1925	288	3	1.34	1.34	10.4	1.0
1926	188	1	0.88	0.88	5.3	0.5
1927	91	2	0.43	0.43	22.0	2.2
1928	190	1	0.88	0.88	5.3	0.5
1929	314	2	1.44	1.44	6.4	0.6
1930	485	8	2.20	2.20	16.5	1.6
1931	265	...	1.18	...	...	...
1932	417	5	1.84	1.84	12.0	1.2
1933	370	4	1.61	1.61	10.9	1.1
1934	362	4	1.58	1.58	11.0	1.1
1935	302	1	1.32	1.32	3.3	0.3
1936	478	6	2.07	2.07	12.6	1.3
1937	412	2	1.76	1.76	4.9	0.5
1938	123	...	0.52	...	...	...
1939	162	...	0.68	...	...	...
1940	240	1	1.00	1.00	4.2	0.4
1941	127	1	0.53	0.53	7.9	0.8
1942	72	...	0.30	...	...	...
1943	92	1	0.38	0.38	10.9	1.1
1944	149	...	0.61	...	...	...
1945	260	...	1.04	...	...	...

Diphtheria.

Year, 1945.

Number of cases notified ... 403

Number of deaths, year 1945 (calendar) —

Males

Females

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 100 persons living.	Deaths per 100 cases notified.	Death % of cases.
1924	597	20	2.76	2.76	33.5	3.4
1925	473	13	2.19	2.19	27.5	2.7
1926	347	6	1.62	1.62	17.1	1.7
1927	507	10	2.38	2.38	19.7	2.0
1928	908	18	4.21	4.21	19.8	2.0
1929	488	18	2.24	2.24	36.9	3.7
1930	573	20	2.59	2.59	34.9	3.5
1931	589	19	2.62	2.62	32.3	3.2
1932	455	17	1.96	1.96	37.4	3.7
1933	706	16	3.14	3.14	22.3	2.2
1934	491	22	2.14	2.14	44.8	4.5
1935	537	24	2.34	2.34	44.7	4.5
1936	575	20	2.49	2.49	34.8	3.5
1937	305	12	1.30	1.30	39.3	3.9
1938	343	10	1.46	1.46	29.2	2.9
1939	365	14	1.53	1.53	38.4	3.8
1940	366	18	1.53	1.53	49.2	4.9
1941	401	25	1.67	1.67	62.3	6.2
1942	291	11	1.21	1.21	37.8	3.8
1943	370	15	1.53	1.53	40.5	4.1
1944	442	10	1.80	1.80	22.6	2.3
1945	403	9	1.62	1.62	22.3	2.2

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons Living.									
	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.
Tuberculosis of Respiratory System (No. 13)	112	86	107	102	85	96	108	93	81	93	48	37	41	43	30	40	45	38	33	38
Other forms of Tuberculosis (Nos. 14-22)	23	34	16	24	18	14	21	20	24	23	10	14	7	10	7	6	9	8	10	9
Totals	135	120	123	126	103	110	129	113	105	116	58	51	52	53	43	46	54	46	43	47

APPENDIX V.

ANNUAL REPORT OF ST. JOHN'S PARK.

St. John's Park,

New Town, 7th August, 1946.

SIR,

I have the honour to submit the annual report of St. John's Park for the year ended the 30th June, 1946.

Statistics.

Number resident, 30/6/45	331
Admissions during the year	224
Total	555
Less—	
Discharges	129
Deaths	103
	232
Patients resident, 30/6/46	323

Admissions.

Admissions totalled 224 (147 males and 77 females). These figures show a reduction compared with those for the previous year, when 273 persons (172 males and 101 females) were admitted.

Discharges.

There were 129 discharges (87 males and 42 females). These figures show a reduction compared with those for 1944/45, when 143 persons (79 males and 64 females) were discharged.

Mortality.

The number of deaths was 103 (74 males and 29 females). The average age of the people who died in the institution was 76.53 years.

Daily Average

The daily average number of ordinary inmates was 328.62 (199.87 males and 128.75 females) compared with 332.93 (208.88 males and 124.05 females) for the previous year.

Revenue.

The revenue received from all sources amounted to £18,451 5s. 1d., which was £3216 17s. 10d. more than that collected the previous year.

Expenditure.

The total expenditure for the upkeep of the Institution was £46,872 12s. 8d., being an increase of £6392 0s. 8d. compared with the previous year. The net cost, therefore, was £28,421 7s. 7d.

Gross and Net Cost of Maintenance.

There was an increase in the gross cost, but a slight reduction was found in the net cost as detailed hereunder:—

	£	s.	d.
Gross daily cost per inmate, 1945/46	0	7	9.78
Gross daily cost per inmate, 1944/45	0	6	7.95
Net daily cost per inmate, 1945/46	0	4	8.85
Net daily cost per inmate, 1944/45	0	4	11.86
Gross weekly cost per inmate, 1945/46	2	14	8.45
Gross weekly cost per inmate, 1944/45	2	6	7.65
Net weekly cost per inmate, 1945/46	1	13	2.02
Net weekly cost per inmate, 1944/45	1	14	11.02

Thanks for Donations.

On behalf of the inmates of St. John's Park, I desire to thank all those kind persons who again so generously provided gifts of money and goods for their comfort during the year.

Devotional.

During the year, the spiritual welfare of the inmates was given every attention by the various denominations; services being held regularly at the Institution.

I have, &c.,

L. WOODHOUSE, Managing Secretary.

The Director of Hospital and Medical Services.

Transmitted to the Secretary for Public Health.

B. M. CARRUTHERS,

Director of Hospital and Medical Services.

APPENDIX VI.

Mental Deficiency Act.

CERTIFIED DEFECTIVES UNDER INSTITUTIONAL CONTROL.

The number of defectives under institutional control at the end of June, 1946, was 84, classified as follows:—Imbeciles 20, feeble-minded 64. The total number for the previous year was 71.

In the Government Institution for Defectives at St. John's Park there were 56 certified defectives, 18 male and 38 female, classified as: 16 Imbeciles (8 female), 40 feeble-minded (30 female).

In the Government Institution for Defectives at New Norfolk there were 28 male defectives, including four imbeciles.

During the period under review the orders of 20 patients were varied to guardianship, and 5 to supervision. There were also 4 variations of placements as between institutions and 12 were returned to institutions from guardianship. Four patients were transferred to the Lachlan Park Hospital under the Mental Hospitals Act, and two patients were transferred from the Lachlan Park Hospital under the Mental Deficiency Act.

The number under guardianship and supervision was 52.

The variation orders to supervision lapse ultimately on good behaviour. The number of orders which lapsed in 1945/46 was 18.

In addition, there are middle-aged and old-age inmates of St. John's Park who have not been certified, as they have been admitted voluntarily and are exemplary in conduct.

The number of mentally defective patients in Lachlan Park Hospital not under control of the Mental Deficiency Board is given in the annual report of the Medical Superintendent.

During the period under review the numbers of persons ascertained to be mentally defective by the State Psychological Clinic were as follows:—Imbeciles 4 (2 female), feeble-minded 34 (17 female), the total being 38.

The numbers of persons dealt with under the Mental Deficiency Act who were ascertained (during 1945/46 and previously) were 40, including 22 females and 12 males placed under guardianship or in institutions, and 5 females and 1 male placed under supervision.