Report / Department of Public Health, Tasmania.

1952. (No. 59.)

1952.

PARLIAMENT OF TASMANIA.

DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1952.

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

REPORT OF THE MINISTER FOR HEALTH FOR THE YEAR ENDED 30TH JUNE, 1952.

To His Excellency the Right Honourable SIR RONALD HIBBERT CROSS, Baronet, a Member of Her Majesty's Most Honourable Privy Council, Governor in and over the State of Tasmania and its Dependencies, in the Commonwealth of Australia.

YOUR EXCELLENCY:

I have the honour to submit the Report of the Department of Public Health for the year ended 30th June, 1952.

I have the honour to be

Your Excellency's Obedient Servant,

R. J. DAVID TURNBULL, Minister for Health.

November, 1952.

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SALUS POPULI SUPREMA LEX.

Report of the Department of Public Health for the Year ended 30th June, 1952.

Department of Public Health,

Hobart, 14th October, 1952.

The Hon. the Minister for Health.

SIR,

HEREWITH please find the Report of the Public Health Department for the period 1st July, 1951, to 30th June, 1952.

The year under review has seen a number of changes in the personnel of the Medical Directorate. Following the death of Dr. B. M. Carruthers, Head of the Department and Director of Hospital and Medical Services, it was decided to reorganise the Department with four Divisions, namely, Public Health, Hospital and Medical Services, Tuberculosis, Mental Hygiene, each with its own Director, the whole being co-ordinated by a Director-General (who also has under his care the Division of Hospital and Medical Services). Dr. John Edis was appointed Director-General of Medical Services. Dr. H. D. M. L. Murray took over the position of Director of Public Health rendered vacant by the retirement of Dr. Park, and Dr. J. R. V. Foxton was appointed to the office of Director of Mental Hygiene vice Dr. C. R. D. Brothers, who resigned to take up a position with the Mental Hygiene Authority of Victoria. The proposal to appoint two Assistant Directors has been deferred for the present.

The co-operation of the Directorate is gratefully acknowledged and reports are submitted separately as under:—

Section I.—Report of Director of Public Health.

Section II.—Report of Director-General incorporating Hospital and Medical Services.

Section III.—Report of Director of Tuberculosis.

Section IV.—Report of Director of Mental Hygiene.

Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

LEGISLATION.

The principal legislation introduced by the Department during the year was the Physiotherapists' Registration Act, 1951, to make provision for the registration of physiotherapists and for the constitution of a Physiotherapists' Registration Board. The Nurses' Registration Act was consolidated and amended as indicated in the report of the Nurses' Registration Board.

Amendments affecting the Food and Drugs Act, 1910, and the Tuberculosis Act, 1949, were confined to machinery clauses only.

Regulations under the Tuberculosis Act, 1949, were amended to exclude infected persons from engaging in the sale, &c., of food and drugs.

DEPARTMENTAL EXPENDITURE.

Comparative figures of the amount of expenditure over the previous three years are appended and continue to show substantial increases, notwithstanding the efforts being made to control this item.

Summary.

	1949-50.	1950-51.	1951-52.
	£ s. d.	£	£
Division 14	842,167 19 11	1,089,950	1,486,923
Division 15	195,472 17 7	222,353	279,774
Division 16	83,714 9 11	97,064	122,601
Division 17	5,868 12 8	6,132	7,554
	£1,127,224 0 1	£1,415,499	£1,896,852

It will be noted that the respective increases are £288,275 and £481,353 and are summarised as under:—

	1950-51. £	1951-52. £
Administration—		
Salaries, Travelling Allowances, Cost of Living, &c.	23,326	51,314
Bush Nursing Services	3,730	5,609
Medical Services, Schools and Country Districts	11,152	9,652
Subsidies to Hospitals	181,608	281,695
Tuberculosis Services	27,966	48,703
Government Institutions	40,493	84,380
	£288,275	£481,353

STAFF.

In addition to the changes in the Directorate, resignations were received from Dr. Stanbury (School Medical Officer), Messrs. G. H. Payne (Analytical Chemist), and D. J. Alderson (X-ray Engineer).

The continued shortage of nurses is still exercising the thoughts of responsible officers and a Committee set up to investigate the position has put forward suggestions, which it is thought will considerably improve the prospects in the near future.

Finally, it is again desired to express appreciation of the services rendered by individual officers of the Department and to acknowledge the ready assistance rendered by officers of other Government Departments.

We have, &c.,

JOHN EDIS, M.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.),
Director-General of Medical Services.

P. A. DRISCOLL, I.S.O.,
Secretary for Public Health.

SECTION I.—REPORT OF DIRECTOR OF PUBLIC HEALTH FOR THE YEAR ENDED 30th JUNE, 1952.

The year was a somewhat difficult one, administratively, for the Division of Public Health. On the retirement of Dr. Park, Dr. Carruthers had been appointed Director of Public Health in addition to his previous appointment as Director of Hospital and Medical Services. The subsequent fatal illness of Dr. Carruthers led to the appointment of Dr. J. Edis to both these positions.

My arrival as Assistant Director, and later appointment as Director of Public Health, on the re-organisation of the Department under a Director-General of Medical Services (Dr. J. Edis), has meant that there were three major changes of administration within a period of about eight months.

I take this opportunity to place on record my appreciation of the great assistance that I have had from all members of the staff of the Division, and in particular from the Supervisory Sister Child Welfare (Sister Green), the School Medical Officer (Dr. H. Gibson), the Senior School Dental Officer (Mr. A. W. Scott), the Nutrition Officer (Miss Osmond), and the Chief Health Inspector (Mr. H. H. Parker). The loyal co-operation of these and other members of the staff has enabled the Division to carry on its work without serious interruption during the difficult transitional period.

VITAL STATISTICS.

Population.—Figures supplied by the Tasmanian Branch of the Commonwealth Bureau of Census and Statistics show that the estimated population at the end of the year 1951 was 307,014, of whom 158,053 were males and 148,961 were females. The natural increase was 4,790.

Births.—The number of births registered during the year was 7,357, a rate of 25.11 per 1,000 of mean population. The rate for the previous year was 25.66.

Deaths.—The number of deaths registered during the year was 2,567. The rate per 1,000 of mean population was 8.76, compared with 8.74 for the previous year.

Principal Causes of the General Mortality.—The ten principal causes of death were—

Cause of Death	Number of Deaths	Death rate per 100,000 persons living
1. Heart disease (organic)	734	251
2. Cancer (all forms)	362	124
3. Diseases of nervous system	316	108
4. External causes (violent or accidental deaths)	199	68
5. Diseases of respiratory system	193	66
6. Certain diseases of first year of life	128	44
7. Diseases of genito-urinary system	113	39
8. Infective and parasitic diseases (including tuberculosis)	104	36
9. Diseases of digestive tract	99	34
10. Tuberculosis (all forms)	68	23

Infant Mortality.—The table below shows the infant mortality in urban and rural districts, and for the whole State:—

District	Births	Infant Deaths	Rate per 1000 Births 1951-52	Rate per 1000 Births 1950-51
Hobart—				
City	1246	32	25·68	
Suburbs	878	23	26·20	
Hobart & Suburbs	2124	55	25·89	23·7
Launceston & Suburbs	987	22	22·29	20·1
Total Urban	3111	77	24·75	22·5
Rural	4246	119	28·03	24·6
Total Tasmania	7357	196	26·64	23·8

Still-births.—One hundred and sixty-six still-births were registered during the year; the percentage of still-births to births and still-births combined being 2.21, compared with 1.87 last year.

Administration.

Places of Public Entertainment Act. — The special committee set up to advise on plans and specifications for places of public entertainment submitted a proposal for a most comprehensive series of new regulations under the Act. Owing to the changes in the position of Director of Public Health, there has, unfortunately, been a long delay in proceeding with these regulations. Certain proposals for minor modifications are now being considered by the committee.

Food Standards Committee.—Two meetings were held during the year. The following matters were considered by the committee:—

(1) Drip beer.
(2) Ascorbic acid content of black currant syrup.
(3) Standard of canned fruit for home consumption.
(4) Cadmium plating of food receptacles.
(5) Lacquering of tinplate cans.
(6) Colouring matter.
(7) Quality of sausages.
(8) Vitamin content of condensed milk.

Food and Drugs Act and Regulations.—As a result of years of piece-meal amendment, the regulations under the Food and Drugs Act have now reached a stage at which it is exceedingly difficult for the average person to follow them. There is urgent need for the reprinting of these regulations in an up-to-date form.

Notifiable Infectious Diseases.

The number of cases of infectious disease notified to the Department was 492, compared with 647 for the previous year. This decrease can be attributed to a decrease in the number of cases of poliomyelitis, from 206 in 1950-51 to 13. Tables below show the monthly notifications of infectious diseases, and the municipal groupings.

Diphtheria.—Nine cases of diphtheria were notified during the year. It is a temptation to attribute this low incidence to the success of the immunisation campaign, but it is doubtful whether any complacency on this score can be justified. In fact, there is some evidence that a good many children in the lower age-groups have not yet been immunised. No doubt this is partly due to the suspension of the immunisation campaign for two years during the recent poliomyelitis epidemic; but it is also due, in some measure, to the tendency on the part of parents to leave immunisation until children attain school age. The right time for immunisation is between the ages of three and nine months; children immunised at this age should be given a booster dose on entering school.

Typhoid Fever.—Only three cases were notified.

Scarlet Fever.—This disease persisted throughout the year, 228 cases being notified. The municipalities most affected were Hobart, Devonport, and Burnie. It was noticeable that cases occurred in sporadic fashion throughout the State; and, despite some public alarm at one or two places, there was no evidence of anything that could be called a serious epidemic anywhere.

Cerebro-Spinal Meningitis.—Thirty cases were notified during the year, compared with eighteen in the previous year.

Acute Anterior Poliomyelitis.—As already mentioned, only 13 cases were notified during the year. It is now apparent that 1949-50 and 1950-51 were epidemic years, characterised by a high incidence of the disease during the summer months. The effect of such an epidemic is probably to raise the level of resistance of the general population, and, if the experience of the past is any guide, there should be a very marked decline in the incidence of this disease until about 1957-60. The experience in the year under review suggests that poliomyelitis in Tasmania is following this typical pattern, and that we are now in an inter-epidemic period.

The Commonwealth Health Department has set up a Poliomyelitis Committee of the National Health and Medical Research Council. This State is represented by the Director of Public Health. The first meeting was held in Adelaide in Febuary and, as a result, a series of recommendations for action to be taken in epidemic periods was transmitted to the Council. These recommendations will be brought into effect when an epidemic occurs.

TABLE A.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1951-52.

Month	Diphtheria	Typhoid Fever	Scarlet Fever	Tuberculosis (All Forms)	Puerperal Fever	Cerebro-Spinal Meningitis	Acute Anterior Poliomyelitis	Lethargic Encephalitis	Infantile Diarrhoea	Rubella	Hydatids	Total	Venereal Diseases
July	2	..	27	22	1	..	2	..	..	1	..	55	..
August	..	1	13	11	..	2	1	..	..	..	..	28	3
September	..	1	9	17	1	3	..	1	1	..	..	33	9
October	2	..	2	24	..	..	..	..	..	..	..	28	1
November	2	..	18	22	..	2	4	..	2	..	..	50	1
December	..	1	22	13	..	..	..	..	2	..	..	38	..
January	..	..	19	19	..	..	1	..	..	..	..	39	1
February	..	..	18	15	..	4	1	..	1	..	..	39	3
March	..	..	25	21	..	2	3	..	..	..	..	51	..
April	1	..	25	11	..	4	..	..	..	..	..	41	..
May	..	..	19	11	..	8	1	..	..	..	..	39	10
June	2	..	31	12	..	5	..	..	..	..	1	51	..
Total	9	3	228	198	2	30	13	1	6	1	1	492	28

TABLE B.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities, During the Year 1951-52.

Municipalities	Diphtheria	Typhoid Fever	Scarlet Fever	Tuberculosis (All Forms)	Puerperal Fever	Cerebro-Spinal Meningitis	Acute Anterior Poliomyelitis	Lethargic Encephalitis	Infantile Diarrhœa	Rubella	Hydatids	Total
Beaconsfield	....	....	11	3	....	....	1	....	....	....	....	15
Bothwell	....	....	....	2	....	....	....	....	....	....	....	2
Brighton	....	....	3	....	....	....	....	....	....	....	....	3
Bruny	....	....	....	1	....	....	....	....	....	....	....	1
Burnie	....	....	23	17	....	....	....	....	1	....	....	41
Campbell Town	....	....	....	1	....	....	1	....	....	....	....	2
Circular Head	....	1	3	5	....	....	....	....	....	....	....	9
Clarence	....	....	5	5	....	2	....	....	....	....	....	12
Deloraine	....	....	....	1	....	....	1	....	....	....	....	2
Devonport	1	....	46	4	....	....	....	....	....	....	....	51
Esperance	....	....	....	....	....	....	....	....	....	....	....	....
Evandale	....	....	4	2	....	1	....	....	....	....	....	7
Fingal	....	....	....	1	....	....	....	....	....	....	....	1
Flinders	....	....	....	....	....	....	....	....	....	....	....	....
George Town	2	....	....	1	....	....	....	....	....	....	....	3
Glamorgan	....	....	1	....	....	....	....	....	....	....	....	1
Glenorchy	....	1	15	19	....	7	....	....	....	....	....	42
Gormanston	....	....	....	....	....	....	....	....	....	....	....	....
Green Ponds	....	....	4	....	....	....	....	....	....	....	....	4
Hamilton	....	....	1	4	....	....	....	....	....	....	....	5
Hobart	2	1	66	36	....	6	4	....	....	1	....	116
Huon	1	....	1	4	....	....	....	....	....	....	....	6
Kentish	....	....	6	3	....	....	....	....	....	....	....	9
Kingborough	2	....	3	8	....	2	....	....	....	....	....	15
King Island	....	....	....	1	....	....	....	....	....	....	....	1
Latrobe	....	....	1	2	....	....	....	....	....	....	....	3
Launceston	1	....	8	34	....	10	1	....	....	....	1	55
Lilydale	....	....	....	....	....	....	....	....	....	....	....	....
Longford	....	....	3	1	....	....	....	....	....	....	....	4
New Norfolk	....	....	....	3	....	....	....	....	....	....	....	3
Oatlands	....	....	....	1	....	....	....	....	....	....	....	1
Penguin	....	....	5	2	....	....	....	....	....	....	....	7
Port Cygnet	....	....	1	....	....	1	....	....	....	....	....	2
Portland	....	....	....	....	....	1	....	....	....	....	....	1
Queenstown	....	....	2	9	2	....	....	....	4	....	....	17
Richmond	....	....	....	1	....	....	....	....	....	....	....	1
Ringarooma	....	....	10	1	....	....	....	....	....	....	....	11
Ross	....	....	....	....	....	....	....	1	....	....	....	1
Scottsdale	....	....	....	1	....	....	1	....	....	....	....	2
Sorell	....	....	....	3	....	....	....	....	....	....	....	3
Spring Bay	....	....	....	3	....	....	....	....	....	....	....	3
St. Leonards	....	....	3	1	....	....	....	....	1	....	....	5
Strahan	....	....	....	1	....	....	....	....	....	....	....	1
Tasman	....	....	....	....	....	....	....	....	....	....	....	....
Ulverstone	....	....	....	2	....	....	2	....	....	....	....	4
Waratah	....	....	....	....	....	....	....	....	....	....	....	....
Westbury	....	....	....	1	....	....	1	....	....	....	....	2
Wynyard	....	....	3	5	....	....	....	....	....	....	....	8
Zeehan	....	....	....	9	....	....	1	....	....	....	....	10
TOTAL	9	3	228	198	2	30	13	1	6	1	1	492

TABLE C.

RETURN Showing Age and Sex Groupings of Cases of Notifiable Infectious Diseases Notified During the Year 1951-52.

DIPHTHERIA.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	....	....	1	....	1	....	....	....	....	....	....	....	2	....
August	....	....	....	....	....	....	....	....	....	....	....	....	....	....
September	....	....	....	....	....	....	....	....	....	....	....	....	....	....
October	....	....	1	1	....	....	....	....	....	....	....	....	1	1
November	....	....	1	....	....	....	....	1	....	....	....	....	1	1
December	....	....	....	....	....	....	....	....	....	....	....	....	....	....
January	....	....	....	....	....	....	....	....	....	....	....	....	....	....
February	....	....	....	....	....	....	....	....	....	....	....	....	....	....
March	....	....	....	....	....	....	....	....	....	....	....	....	....	....
April	....	....	....	....	....	....	....	1	....	....	....	....	....	1
May	....	....	....	....	....	....	....	....	....	....	....	....	....	....
June	....	1	....	....	....	....	....	1	....	....	....	....	....	2
TOTAL	....	1	3	1	1	....	....	3	....	....	....	....	4	5

SCARLET FEVER.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	2	....	8	5	1	10	....	1	....	....	....	....	11	16
August	3	....	2	3	2	3	....	....	....	....	....	....	7	6
September	2	2	2	1	....	2	....	....	....	....	....	....	4	5
October	....	....	1	1	....	....	....	....	....	....	....	....	1	1
November	4	....	3	4	3	2	....	2	....	....	....	....	10	8
December	3	2	8	4	1	1	1	1	....	....	....	1	13	9
January	3	2	2	4	2	5	....	1	....	....	....	....	7	12
February	1	4	2	3	2	4	....	1	....	1	....	....	5	13
March	5	6	1	8	2	3	....	....	....	....	....	....	8	17
April	3	2	9	3	2	5	....	1	....	....	....	....	14	11
May	1	2	4	5	4	1	1	1	....	....	....	....	10	9
June	5	2	6	6	7	5	....	....	....	....	....	....	18	13
TOTAL	32	22	48	47	26	41	2	8	....	1	....	1	108	120

CEREBRO-SPINAL MENINGITIS.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	....	....	....	....	....	....	....	....	....	....	....	....	....	....
August	2	....	....	....	....	....	....	....	....	....	....	....	2	....
September	1	....	2	....	....	....	....	....	....	....	....	....	3	....
October	....	....	....	....	....	....	....	....	....	....	....	....	....	....
November	....	1	....	....	....	....	....	....	....	1	....	....	....	2
December	....	....	....	....	....	....	....	....	....	....	....	....	....	....
January	....	....	....	....	....	....	....	....	....	....	....	....	....	....
February	2	1	....	....	....	....	1	....	....	....	....	....	3	1
March	....	1	1	....	....	....	....	....	....	....	....	....	1	1
April	1	3	....	....	....	....	....	....	....	....	....	....	1	3
May	1	1	1	2	1	1	....	1	....	....	....	....	3	5
June	2	3	....	....	....	....	....	....	....	....	....	....	2	3
TOTAL	9	10	4	2	1	1	1	1	....	1	....	....	15	15

ACUTE ANTERIOR POLIOMYELITIS,

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	....	....	....	....	1	....	....	1	....	....	....	....	1	1
August	1	....	....	....	....	....	....	....	....	....	....	....	1	....
September	....	....	....	....	....	....	....	....	....	....	....	....	....	....
October	....	....	....	....	....	....	....	....	....	....	....	....	....	....
November	2	....	....	....	1	....	....	1	....	....	....	....	3	1
December	....	....	....	....	....	....	....	....	....	....	....	....	....	....
January	....	....	1	....	....	....	....	....	....	....	....	....	1	....
February	....	....	1	....	....	....	....	....	....	....	....	....	1	....
March	....	....	2	....	1	....	....	....	....	....	....	....	3	....
April	....	....	....	....	....	....	....	....	....	....	....	....	....	....
May	....	....	1	....	....	....	....	....	....	....	....	....	1	....
June	....	....	....	....	....	....	....	....	....	....	....	....	....	....
TOTAL	3	....	5	....	3	....	....	2	....	....	....	....	11	2

Venereal Diseases.

There was a further decrease in the number of notifications of venereal diseases, to 28.

TABLE D.

SUMMARY of Notifications of Venereal Diseases During the Year 1951-52.

	Males	Females	Total
Gonorrhoea	12	1	13
Primary Syphilis	3	1	4
Secondary Syphilis	3	2	5
Tertiary, Congenital and Sero-positive Syphilis	4	2	6
	22	6	28

Sources of Notification.

	Males	Females	Total
Notified by Hospital Clinics	18	4	22
Notified by Private Practitioners	4	2	6
	22	6	28

TABLE E.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1951-52.

	Under 1 Year		1-5		5-10		10-15		15-20		20-25		25-30		30-35		35-40		40-45		45-50		50-55		55-60		60-65		65-70 and over		Age not stated		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	M	F	M	F	M	F	
Gonorrhoea	...	...	...	...	...	...	...	...	...	...	6	1	4	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	12	1	13
Primary Syphilis	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4
Secondary Syphilis	...	...	...	...	...	...	...	...	...	1	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	2	5
Tertiary, Congenital, and Sero-Positive Syphilis	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	4	2	6
Totals	...	...	...	1	...	...	...	...	...	1	8	2	5	2	2	...	...	...	3	...	...	...	...	...	1	...	2	...	1	...	...	...	22	6	28

Child Welfare.

The year has been one of steady progress; the number of centres has increased from 82 to 91, including seven mobile units; and 34 child welfare trainees passed the Nurses' Registration Board examination.

A very important aspect of the work is the teaching of mothercraft to schoolgirls. A course of lectures was given by specialist sisters in 47 schools this year.

The reports of the Supervisory Sister, Child Welfare, and of the Matron of the Mothercraft Home appear as Appendices I. and II. of this Report.

TABLE F.

Infantile Mortality.

Number of Deaths under One Year in Tasmania for the last 10 *Calendar Years.*

	Year.									
	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Deaths.....	224	226	199	159	207	195	193	170	172	196

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queensland.	South Australia.	Western Australia.	New Zealand.	North. T'tory	Aust. Cap. Ter.	Aust.
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	28·0	55·6	12·4	29·4*
1946.....	30·2	30·2	27·2	29·3	27·1	31·1	26·1	30·3	19·3	29·0*
1947.....	27·3	29·8	26·3	30·8	24·3	30·9	25·0	43·5	19·9	28·5*
1948	27·7	30·3	23·9	27·9	29·6	25·6	22·0	35·7	23·4	27·7*
1949.....	23·9	27·3	21·9	24·7	27·7	26·0	23·8	28·9	15·9	25·3*
1950.....	23·8	27·1	20·1	24·7	24·0	27·1	(a)	43·8	21·0	24·5*
1951.....	26·6	26·3	22·6	25·6	24·5	28·7	(a)	44·2	12·0	25·2*

* Excludes New Zealand

(a) Not available.

TABLE G.

TABLE Showing the Principal Causes of Death of Children under 1 *Year of Age in Tasmania in Each Year from* 1942 *to* 1951.

Causes of Death.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Scarlet Fever, &c	...	...	...	...	...	..	...	...	...	...
Whooping Cough	1	2	8	1	...	4	4	2	1	2
Diphtheria and Croup	1	...	1	2	1	...	...	...	...	..
Other Epidemic Diseases	5	2	3	1	2	3	4	5	...	5
Tetanus	...	...	...	..	...	...	...	...	...	...
Tubercular Meningitis	1	...	1	...	2	...	...	...	1	...
Syphilis	...	...	...	1	...	1	1	...	...	...
Measles	2	...	...	1	...	...	...	...	...	1
Convulsions	1	2	...	1	...	1	...	...	...	...
Bronchitis	1	1	3	1	1	1	1	3	...	3
Broncho-pneumonia	32	22	24	10	15	20	18	19	10	18
Lobar Pneumonia & P'monia Unspecified	7	10	3	4	2	2	5	2	4	3
Gastro-Enteritis, Diarrhœa, & Enteritis	7	13	5	4	2	2	6	...	2	5
Other Diseases of the Stomach	...	...	...	...	...	...	...	2	...	1
Congenital Defects	17	20	24	20	21	19	19	21	27	20
Debility, Marasmus	10	14	7	5	3	3	...	2	3	...
Premature Birth and Injury at Birth ...	89	82	87	81	110	107	100	72	53	62
Other Diseases of Early Infancy	33	41	14	15	26	18	11	25	51	66
Other Causes	17	17	19	12	22	14	24	17	20	10
Total	224	226	199	159	207	195	193	170	172	196
Infantile Mortality Rate (per 1000 Births) ...	42·2	40·4	38·3	27·5	30·2	27·3	27·7	23·9	23·8	26·6
Total Births	5305	5597	5200	5785	6847	7140	6979	7110	7242	7357

TABLE H.

(Showing Ages and Causes of Death under One Year—1951.)

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.
05g Whooping Cough	....	....	....	....	2	2
05h Meningococcal Infections	....	1	....	1	1	3
05f Measles	....	....	....	....	1	1
20e Leukaemia	....	....	....	1	....	1
33a Subarachnoid Haemorrhage	....	....	1	....	....	1
34-35 Other Diseases of Nervous System	....	....	....	2	....	2
49 Pneumonia (all forms)	....	....	5	6	10	21
50a Acute Bronchitis	....	....	....	1	2	3
51a Hypertrophy of Adenoids	....	....	....	1	....	1
57a Intestinal Obstruction	....	....	....	1	....	1
57b Gastro Enteritis	....	....	1	3	1	5
58a Yellow Atrophy of Liver	....	....	....	1	1	2
74 Disease of Musculoskeletal System	....	....	....	1	....	1
75 Congenital Malformations	9	2	2	5	2	20
76a, b Injury at Birth	29	1	....	....	....	30
76c Asphyxia, Atelectasis	19	2	1	....	1	23
76d Pneumonia of New-born	2	7	....	....	....	9
76e Diarrhoea of New-born	1	1	....	....	....	2
76j Maternal Toxaemias	11	....	....	....	....	11
77 Other Diseases of Early Infancy	17	1	1	2	....	21
77g Immaturity	32	....	....	....	....	32
78e Ill-defined Cause	....	....	....	1	....	1
80-91 Accidents	1	....	....	1	1	3
TOTAL	121	15	11	27	22	196

School Health Service.

The number of school children medically examined, 20,538, closely approaches the record number of 20,699 examined in 1947. Of these, over 53 per cent were found to have some defect which was notified to parents.

Unfortunately, there was a disappointing number of changes of medical staff during the year. This militates against real continuity in the work. It is hoped that, with the appointment of Dr. Diana Starr to do whole-time school medical work in the north-west of the State, and with Dr. Heather Gibson working whole-time in the south, greater continuity will be achieved next year.

In school dental work, the number of fillings was almost double those done last year, while extractions increased by only a quarter, showing that much more conservative work was achieved.

The reports of the School Medical Officer and of the Senior School Dental Officer appear as Appendices III. and IV. of this Report.

Nutrition Section.

The activities of the Nutrition Section continue to expand; the staff is in great demand to give talks, lectures and advice on nutrition and allied subjects; and it is apparent that this advisory service fills an obvious need in the community.

The report of the Nutrition Officer appears below as Appendix V.

General Sanitation.

The report of the Chief Health Inspector, published hereunder (Appendix VI.), indicates that the staff of the Department has continued activity in the field, and has given attention to a wide variety of matters affecting general sanitation.

The shortage of qualified health inspectors for appointment with municipal councils continues to be a matter for concern.

Government Analyst.

There was a further increase in the activities of the Government Analyst's Branch during the year. Details of the enormous variety of work are given in the Analyst's report (Appendix VII). The branch is a very valuable source of technical information and advice on chemical matters, not only to other departments, but also to many members of the general public.

H. M. L. MURRAY, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Eng.),

Director of Public Health.

Appendix I.

REPORT OF SUPERVISORY SISTER, CHILD WELFARE, FOR THE YEAR ENDED 30th JUNE, 1952.

Once again it is with pleasure we report a very busy and progressive year in child welfare work throughout Tasmania. A glance over our figures must bring some measure of satisfaction to the Association, and make the sisters feel their task, too, has been a valuable, interesting and happy one.

The appointment of Dr. H. M. L. Murray as Director of Public Health has been welcomed by the staff. His valuable supervision in both the administrative and medical sections is greatly appreciated. By the introduction of regular staff talks at various centres, all our sisters—even from isolated centres—have had contact with the Director and their colleagues.

There are now 91 Tasmanian centres, including seven mobile units, an increase of nine centres for the year. New centres have been established at Ross, Seven Mile Beach, Ralph's Bay, Montagu Bay, Redpa, Marrawah, Maydena, South Forest and travelling clinics at Burnie and Campbell Town. Brighton Camp centre was closed on the 5th December, 1951.

Infant Births and Mortality Rates.

	Number of Births	Infant Mortality Rate %
1947	7,140	27·30
1948	6,970	27·65
1949	7,110	23·90
1950	7,242	23·75
1951	7,357	26·14

Report of a Tasmanian Infant Feeding Survey, 1951.

A survey has been made of 940 babies born between July 1st and September 30th, 1951, to determine the time that they were breast fed; the causes of early weaning; and the nature of their artificial feeding. The study has been confined to children who have regularly attended the child welfare clinics, so that records of their feeding progress has been kept for a period of eight to ten months.

The analysis shows that approximately 24 per cent of the babies were fully breast-fed for eight months.

28 per cent of the babies fully breast-fed for 6 months.

52 per cent of the babies fully breast-fed for 3 months.

73 per cent of the babies fully breast-fed for 1 month.

The sisters were distressed at the above figures, and staff talks have been held to try and devise means of improving the situation. We all feel that "breast fed is best fed". A further and more extensive survey is in progress at the present moment.

Immunisation.

Immunisation against diphtheria and whooping cough is being carried out at the Moonah Centre, and this safeguard to the children is much appreciated by the mothers. Five hundred and fourteen children were immunised, as compared with 226 last year. Injections given to these children numbered 1,729, and vaccinations for smallpox 22.

Visits to Homes.

These visits have been greatly facilitated by the use of Government and private cars by the sisters of the district during the year under review. A total of 70,509 visits to homes for 1952 shows an increase of 14,630 over those made in 1951. Total attendances at clinics have also increased by 1,864.

Government cars are stationed at Smithton, Burnie, Ulverstone, Launceston, New Norfolk, St. Marys, Queenstown, Scottsdale, and Huonville—nine in all. Fifteen private cars are being used by the sisters, who are paid mileage allowance by the Public Health Department.

Mothercraft Lectures for Schoolgirls.

These lectures still continue as an important section of our work. We feel more efficiency could be obtained if sisters could be appointed to specialise in this branch, and we look forward to the time when the subject of mothercraft may be not merely elective for school certificates, but a core subject. Forty-seven schools were lectured this year, and 460 Mothercraft Certificates for schoolgirls issued. It is from these schoolgirls that we recruit so many of our mothercraft and general nursing trainees.

Correspondence and Wireless Talks.

Many letters from various parts of Tasmania dealing with feeding and management problems have been received and answered. Wireless talks on mothercraft subjects have been given by our sisters at Hobart and Queenstown.

Pre-School Children

The sisters are urged when visiting the homes to keep a close watch for pre-school children, to talk with the mother about the needs of each particular child, to complete there and then a nutritional check, invite the parent to visit the centre for weighing, and see that each child receives his full quota of goitre tablets.

Student Nurses.

The trainee nurses doing their post-graduate course at the Mothercraft Home and Calvary Hospital are tutored by the Child Welfare staff during their three weeks' district experience and training. This year 47 student nurses passed through our centres.

Mothercraft Nurses.

Mothercraft nurses are being trained in Tasmania annually at the two training schools, and there is still a long waiting list of applicants for training.

Staff.

Our staff each year tends to become slightly more permanent than previously, and at the end of June, 1952, we had 40 full-time sisters, six part-time, and one mothercraft nurse working at the centres.

Refresher Courses.

Sisters Loney and McDonald did one month's child welfare refresher course in Sydney this year.

Scholarship.

Sister M. R. Mitchell (Child Welfare Sister), who recently trained at the Mothercraft Home, was successful in obtaining a Thomas Wall Scholarship in Hospital Administration tenable at the Royal College of Nursing, London.

Consulting Doctors at the Centres.

Our thanks are due to Dr. J. Millar, Dr. T. Wall and Dr. M. G. Edison for their valuable contribution to our work.

The child welfare sisters throughout the State extend their appreciation to the Child Welfare Committees for their loyal co-operation and valuable support in the work of "Helping the Mothers and Saving the Babies".

OLIVE M. GREEN, S.R.N.,
Supervisory Sister.

TABLE I.

SUMMARY of Work Performed by Child Welfare Sisters during the Year, 1951-52.

No. of centres (91, including 7 mobile units)	Visits to individual newborn babies	Subsequent visits to mothers	Visits to expectant mothers	Total visits to homes	Individual babies attending centres	Attendances at centres				Total attendances at centres
						Babies	Pre-school children	Older children	Expectant mothers	
Southern Tas. ...	3,130	29,093	2,818	35,041	9,373	48,595	7,776	8,938	610	65,919
Northern Tas. ...	4,261	29,975	1,232	35,468	10,184	55,263	11,210	3,436	726	70,635
Total	7,391	59,068	4,050	70,509	19,557	103,858	18,986	12,374	1,336	136,554

APPENDIX II.

REPORT OF MOTHERCRAFT HOME, NEW TOWN, FOR THE YEAR ENDED 30th JUNE, 1952.

A total of 70 mothers and 171 babies were admitted to the Home during the past year. A considerable number more would have liked to secure accommodation.

Two infant deaths were recorded, one from oedema of prematurity, one of a grossly malformed infant unable to be nursed by its own mother.

The staff position this last year has been more comfortable, both from the nursing and the domestic angles.

Thirty-four (34) child welfare trainees received their certificates after passing the Nurses' Registration Board examination, one other student terminating her training after six weeks. There are eleven (11) double-certificated nurses at present in training.

Only seven mothercraft nurses graduated during the last year. Owing to illness, three have had protracted leave; two have returned home owing to parents' illness. There are ten (10) mothercraft students at present in training.

During my annual vacation I spent some time in visiting all mothercraft training schools in Melbourne, and noting present-day trends in teaching. I was enabled to do this through the courtesy of our Director, Dr. Murray, and that of Dr. Meredith, Director of Maternal and Child Welfare, Victoria.

Our home is still urgently in need of painting as it has not had a full-scale treatment since it came under the jurisdiction of the Public Health Department. The lawns are improving since removal of a number of trees, and there have been fewer colds among the trainees since the grounds have been more open.

I take pleasure in acknowledging a number of gifts during the past year, viz.—Sister Brabin's schoolgirls, a toddler's table with two chairs, and two pushers and spoons; Sister Barber's schoolgirls (Penguin), baby clothing; grateful parents, educational toys, a Moses basket and blanket, bedside lamps (four for mothers' beds), standard lamps (two for sitting rooms, with a further £4 towards a standard lamp for another sitting room). This type of lamp is more economical as well as comfortable. Gifts of vegetables and apples have also been received. Eight

cases of eating apples from the Huon district were received through the courtesy of the Superintendent, St. John's Park, New Town.

The kindness of the staff of St. John's Park in transporting our sterilising drum and distilled water bottles to and from the Royal Hobart Hospital has been much appreciated; also the service provided by the theatre staff, Royal Hobart, re sterilising and provision of distilled water.

The sewing circle continues to meet twice monthly, but very few younger member are volunteering. They are appreciating the assistance rendered by our part-time seamstress, Mrs. Porthouse.

E. M. LOCKE, Matron.

Appendix III.

REPORT OF SCHOOL MEDICAL OFFICER.

The School Medical Service has not altered its plan of activity to any great extent. The aims and methods of the previous three years still appear sound, and the whole staff has worked with enthusiasm to give a comprehensive service to children, teachers and parents.

Staff.

During the year there has been considerable change in administration. Dr. Carruthers gave much encouragement and help during his time as Head of the Department, and his death was deeply regretted. Dr. Murray has shown himself most interested in this section and it is felt that under his guidance much will be achieved in the future. Dr. Heather Gibson continued as school medical officer in Hobart, with Dr. Nash and Dr. Young doing part-time work. Dr. Pauline Stanbury joined the staff for a few months and worked in Launceston. Dr. H. Spencer Roberts, Dr. D. Calvert Smith and Dr. M. Blackburn have done part-time duties in the northern district. Dr. Diana Starr commenced in March as school medical officer for the North-West Coast. Dr. Betty Batt spent three months in the Scottsdale district, and seven Government Medical Officers have carried out examinations in their own centres.

Only one nursing position has been vacant this year, so that all the State, except a small East Coast area, has had regular visits from school sisters. There are five full-time sisters and one working part-time in the South; three carry out their duties on the North-West Coast, one at Queenstown, and three have their headquarters at Launceston.

Statistical Details of the Year's Work.

During the year, 20,538 children were examined by school medical officers. This figure closely approaches the record, 20,699, examined in 1947, and it is felt gives some indication of the success of the year's work. Of these children, 10,939 (i.e., 53.26 per cent) were found to be defective in some respect. The details of defects diagnosed are as follows:—

Teeth	8,027
Tonsils and cervical adenitis	1,754
Posture, including flat feet, knock knees and other orthopædic defects	1,001
Underweight	594
Goitre	557
Skin conditions	510
Defective vision	467
Other eye defects	304
Defective hearing	156
Other ear defects	88
Anæmia	132
Lungs	93
Heart disease	88
Speech defects	70
Overweight	66
Hernia	61
Others	533
TOTAL	14,501

In addition, 1,166 defects were recorded but not referred for treatment. Two thousand and thirty-eight of those notified with dental caries have already received treatment, and 1,320 physical defects are known to have been corrected.

Follow-up of the previous year's defects list has shown that 612 children have received dental treatment and 429 have had medical treatment as a result of medical examination in 1950-51. In addition to medical examination, sisters examined 67,793 children during routine school visits, and a further 2,171 were treated as minor casualties. One thousand six hundred and sixty-three parents visited the sisters at the schools. Three thousand four hundred and seventy-five home visits were made; 1,884 of these being in the course of follow-up after medical inspection, and 1,591 for other reasons. Regular cleanliness inspections have been carried out, and have resulted in a remarkable decrease in the incidence of scabies, impetigo and pediculosis.

An encouraging aspect in the treatment of specific defects has been the co-operation of specialist clinicians at the Royal Hobart Hospital. Liaison with the Orthopædic Department has resulted in children being enrolled for physiotherapy and other treatment on the recommendation of school medical officers. Notice of their attendance and progress reports are sent to us regularly, and prove extremely helpful to sisters in follow-up work.

Through the Division of Mental Hygiene, arrangements for electro-encephalograms are made, and reports of phychiatric investigations are available. In addition, clinical details are supplied on individual children attending the goitre clinic.

Sunshine Home.

Members of the school medical staff have been responsible for the selection of suitable children for admission to the Sunshine Holiday Home at Howrah. This has involved a great deal of home visiting by the sisters, to explain the advantages and obtain consent from the parents. The notification of selection, filing of correspondence, and all other clerical work has been done by Miss Young.

Health Education.

It has been attempted to make full use of the splendid opportunity for health education afforded by visits of medical staff to schools and homes. Home visits have become an essential part of school sisters' duties both in the follow-up of defects diagnosed by medical officers and in dealing with abnormalities of health and hygiene discovered during routine visits to the schools. The practice of asking parents to attend the medical examination of entrant children has revealed great interest. In some country schools, through the co-operation of teachers, it has been possible to have mothers present for all age groups. During the year approximately 1,460 mothers took advantage of invitations to consult with school medical officers.

In addition, our staff co-operated with the Health Education Council in the showing of films during Health Week. Displays at the Royal Hobart Show and the Nursing Exhibition in Launceston included details of the school health programme.

Other Activities.

Goitre prophylaxis continues under supervision of this section. The results of an interim survey made in conjuction with routine examinations support the belief that regular iodine administration will cut down the incidence of goitre in most of the State.

School sisters have taken part in the immunisation programme whenever their services have been required.

A successful conference of medical officers and school sisters was held at Hobart in January, when several interesting lectures were given and plans made for the year's work.

H. GIBSON,
School Medical Officer.

Appendix IV.

REPORT OF SENIOR DENTAL OFFICER.

The number of fillings was almost double that of last year, while extractions only increased by a quarter, which shows a marked improvement in the amount of conservative work over extractions.

There was some time lost during the year through sickness. Mrs. Brearley lost seven weeks as the result of an accident, and Mr. Sims had to apply for six months' sick leave, and is still away; he was replaced after a lapse of six weeks by Miss Kurt, from Sydney.

Mr. Amos resigned to take up a position on the mainland, and was replaced by Mr. Dicker. Dental attendants,

Miss Smith from Devonport and Miss Smith from Hobart, retired during the year, and were replaced by Miss Becker and Miss Gibbons.

Although there was a big increase in the amount of work done, there is still a big lag in some areas, and the task of catching up is still before us. Unfortunately, the new Mobile Clinic, with its own car to move it, which it was thought would be ready last Christmas, is not yet completed. The idea is that this clinic will go to any part of Tasmania to do emergency work, and it will go a long way towards catching up the lag.

Alterations to the static clinic at Launceston, making a second surgery, are completed.

Following is a list showing the number of weeks worked by each clinic:—

	Weeks		Weeks
Launceston	48	Mobile No. 2	42
Hobart No. 1	40	Mobile No. 3	46
Hobart No. 2	46	Mobile No. 4	43
Devonport	48	Hand Clinic	15
Mobile No. 1	46		

Children attending schools in the following districts have been afforded dental treatment during the year:—

Hobart, Launceston, Burnie, Stanley, George Town, Sorell, Woodbridge, Kettering, Snug, Devonport, Deloraine, Flinders Island, Cape Barren Island, Red Hills, Meander, Smithton, Montagu, Redpa, Irishtown, St. Marys, Waddamana, Ross, Campbell Town, Cygnet, Brook Head, Rubicon Bridge, Geeveston, Dover, Raminea, Hythe, Lune River, King Island, Parkham, Bothwell, Lilydale, Wilmot, Hamilton, Ellendale, Franklin, Railton, Ouse, Osterley, Strickland, Huonville, Sheffield, Derby, Branxholm, Bronte Park, Winnaleah, Butler's Gorge, Tarraleah, Yolla, Judbury, Glen Huon, Rosebery, Williamsford, Tullah, Zeehan, Pioneer, Gladstone, Oatlands, Dysart.

A total of 28,283 visits were paid to the clinics, comprising 12,983 new visits and 15,300 repeat visits. Treatments afforded were as follows:—

X-ray treatments	51
Treatments	27,314
Fillings	15,595
Extractions	20,288
Cleanings	2,424
TOTAL	65,672

A. W. SCOTT,
Senior Dental Officer.

APPENDIX V.

REPORT OF NUTRITION OFFICER.

The activities of the Nutrition Section have continued to expand during the year. Thirty-eight lectures were given to students in training, twenty-four to child welfare trainees, four to teachers' college students and ten to trainee cooks. Eight refresher lectures were also given.

Requests for talks on nutrition and allied subjects were received regularly from Parents' and Friends' Associations and other organisations, and the speakers were well received.

Nutrition publicity has been carried on through the media of the press, magazines and radio. A large quantity of material on health education has been prepared for release through the Health Education Council. This is itemised elsewhere in the Report.

Educational material available from various sources in Tasmania has been listed and we are now in a position to advise and assist outside bodies with nutrition and health education.

An exhibit was prepared for the Royal Hobart Show in 1951, and assistance was given with exhibits at the Nursing, Medical and Welfare Exhibition in Launceston in March, 1952. A working liaison has been built up with other departments which prepare and release information and publicity on health education.

The Nutrition Section continues to give technical advice and assistance to new and established school canteens. Assistance was given, also, with the introduction of the school free milk scheme. Schools have been encouraged to use the free milk for hot milk drinks during the winter months.

Follow-up work has been done, mainly in Hobart, when undernourished children were detected at school medical examinations. A special visit was made to the Bronte Park area, where a large number of undernourished children were reported.

Dietary advice is given regularly at the two clinics for new ante-natal patients at the Royal Hobart Hospital and at the ante-natal clinic at the Queen Alexandra Hospital. Nutrition propaganda is carried on through the child welfare centres.

A second course for training hospital cooks commenced at the Royal Hobart Hospital and the Launceston General Hospital in 1952. Cooks who completed the course in 1951 have been found positions in hospitals.

Advice on large-scale catering has been given to hospitals where no dietitian or catering officer is employed. A plan has been prepared for standardising hospital kitchen equipment and food purchases. It is hoped that a ration scale for hospitals will be drawn up, following a conference of hospital catering officers, due to be held in the year 1952-53. Such a ration scale, combined with contracts for central purchases of food supplies, should cut down catering costs for hospitals.

Work has commenced on a diet manual for use in Tasmanian hospitals.

A survey of the extent of breast-feeding in Tasmania was conducted. The results showed that—

24 per cent of babies are fully breast-fed for 8 months.
28 per cent of babies are fully breast-fed for 6 months.
52 per cent of babies are fully breast-fed for 3 months.
73 per cent of babies are fully breast-fed for 1 month.

In more than half of the 940 cases studied, weaning was due to a failure of the breast-milk supply. Babies on artificial foods were given the following milk foods:—

66 per cent—cow's milk mixtures.
26 per cent—patent baby milk foods.
6 per cent—full cream dried milk.
2 per cent—other milk foods.

A survey to determine the average and range of composition of breast-milk from healthy mothers with healthy babies has been commenced.

Members of the Nutrition Section have served on several committees during the year.

Advice on matters relating to diet and nutrition has been given when required.

A. OSMOND, B.Sc.,
Nutrition Officer.

APPENDIX VI.

REPORT OF CHIEF HEALTH INSPECTOR.

I have to submit the following report on the activities of the Inspectorial Branch of the Department during the past year.

Staff.

The only change in the personnel of the staff was by the appointment of Mr. W. C. Wolnizer, a qualified health and food inspector, who was formerly employed by the Shanghai Municipal Council.

Sanitary Surveys and Special Inspections.

Sanitary surveys, special inspections, and enquiries were carried out in all municipalities of the State. In the course of these visits, attention was directed to the wholesomeness of domestic water supplies, the disposal of night-soil, garbage, and drainage; protection of food from contamination in public resorts, stores, butchers' shops, bakeries, restaurants, dairying and licensed premises, and other places where food is manufactured, prepared, processed and sold for human consumption. The safety of the public, sanitation and maintenance at places of public entertainment, public buildings, and schools also received attention.

Details of the above inspections (which exclude those performed by part-time inspectors engaged in municipal districts where health services are directly controlled by the Department) are set out hereunder:—

Nature of Inspection	No. of Inspections	Number of Matters Requiring Attention.
Bacteriolytic tank schemes	5	....
Bacteriolytic tanks, including sites and plans	2,221	191
Bakehouses	133	45
Butchers' shops	183	42
Buildings and plans	75	61
Boarding houses, guest houses and restaurants	71	25
Cemetery sites	2	....
Dairying premises	42	5
Domestic inspections	51	11
Drainage	119	67
Food premises	347	57
Fruit processing factories, including inspections of fruit and pulp	994	66
Garbage depots	28	5
Hospitals, including sites and plans	5	....
Infectious diseases	8	5
Land sub-divisions	9	....
Licensed premises	158	49
Miscellaneous	101	57
Mutton bird processing premises	78	6
Offensive trades	242	65
Places of public entertainment	226	75
Reserves, beaches, showgrounds, &c.	95	29
Sale yards	12	2
Sanitary depots and services	49	9
Schools	163	51
Sewerage schemes	7	1
Spirit testing (alcoholic)	826	10
Water supplies	35	5

Ninety orders were served under the Public Health, Food and Drugs, and Places of Public Entertainment Acts, requiring improvement in conditions. These were given effect to without recourse to legal action.

Health Inspectors.

The shortage of qualified health inspectors available for appointment with municipal councils still continues. When it becomes necessary to appoint unqualified officers, this department requires local authorities to cause such officers to attend headquarters for a period of practical and theoretical instruction in the various duties appertaining to such positions.

It is anticipated that an examination for the Health Inspector's Diploma issued by the Royal Sanitary Institute, London, will be conducted by the Tasmanian Board of Examiners shortly.

Recently a State advisory committee was set up for the purpose of revising the Health and Food Inspector's courses conducted by the Technical Branch of the Education Department. A representative of this Department was appointed to the committee.

Bacteriolytic Tank Installations.

One thousand three hundred and seventy-three new installations were approved during the year. This number shows an increase of 198 over the previous year. The mass scheme of installations undertaken by the Scottsdale Local Authority for serving the towns of Scottsdale and Bridport will be completed during the next few months. So far this project has given entire satisfaction. A similar scheme for the towns of Beaconsfield, Beauty Point, Ilfraville, Exeter and Gravelly Beach is in progress in the Beaconsfield Municipality, which will entail the construction of approximately 500 tanks.

This convenient method of nightsoil disposal is being taken advantage of where adequate water supplies and suitable areas of land for effluent disposal are available. The practical advice of departmental officers is being continually sought by the public in regard to the installation of tanks, where deep drainage or sanitary collection services are not available. Before any installations are effected, application covering same, together with plans of the layout of the proposed effluent disposal, must be submitted for the approval of this Department.

Drainage.

Considerable trouble is still being experienced from nuisances created because of insufficient provision for disposal of household drainage in unsewered areas. New legislation contained in the Sewers and Drains Bill, proposed to be submitted during the next Session of Parliament, should afford a solution to this widespread problem, provided local authorities have the necessary finance available to successfully apply the provisions contained in the Act.

Owing to lack of uniformity in plumbing procedure throughout the State, the recently enacted legislation providing for the constitution of a Plumbers' Registration Board, on which this department is represented, should prove a means of obtaining a higher standard of sanitation than that existing in most municipalities.

Food and Drugs Act.

Four hundred and nine samples of food, including 231 of milk, were procured for analysis. Of this number, 19 milks and six other foods were found on examination to be below standard. Legal proceedings were instituted in eight instances. Defendants were found guilty, with fines and costs amounting to £74 6s. 6d. imposed. Twenty-seven warnings were issued for breaches of the regulations where food was slightly below standard. Sixty-six warnings were sent to milk producers for not effectively sealing milk cans in transit. Seventy-seven articles of crockery were seized and condemned owing to being defective and unfit for use.

Mutton Bird Industry.

It is pleasing to report that, following more stringent measures adopted by the Department in the supervision of the processing and marketing of mutton birds in the Furneaux Group of islands, a vast improvement has been effected in the standard of the factories in operation, and the quality of birds produced. Visits were also made by Health Inspectors during the season to the rookeries on the islands off the North-West Coast of the State.

A letter of appreciation has been received from the Animals and Birds Protection Board, which recently toured the islands, on the general improvement and the high standard attained in the industry throughout the islands.

Berry Fruits.

Inspections and examinations of berry fruits delivered to processing factories and depots at Hobart, New Norfolk, Huonville, Glen Huon, Longley, Castle Forbes Bay, Dover and Cygnet were again carried out in the season. A total of 3 tons 6 cwts. and 21 lbs. of raspberries and black currants, which was found adulterated, was condemned and destroyed. Sixty-six warnings were issued to growers whose fruit was slightly under standard but not sufficiently so to warrant drastic action being taken.

Places of Public Entertainment Act.

The Committee, consisting of officers of the Hobart Fire Brigade, Hobart City Council and this Department, appointed to examine plans of places of public entertainment, has continued to officiate in this respect, and has reported on seventy plans submitted for approval. The new consolidated regulations under the Places of Public Entertainment Act are still under consideration. Frequent visits have been made to halls, picture theatres, &c., with a view to enforcing the regulations in respect of sanitary and seating accommodation, overcrowding, cinematograph cabinets and fire risks.

Conclusion.

In conclusion, it is desired to thank council clerks and local health inspectors for their co-operation and assistance. As in previous years, the inspectorial staff has given loyal and conscientious service.

H. H. PARKER, M.R.S.I.,
Chief Health Inspector.

APPENDIX VII.

REPORT OF GOVERNMENT ANALYST.

Staff.

During the year Mr. G. H. Payne resigned to take up an appointment in Western Australia. At the close of the year his position had not been filled, but the appointment of Mr. J. H. Taylor, B.Sc., as a temporary analyst helped to relieve the situation.

Chemical Analyses and Investigations.

There was a further increase over the previous year in the work of the Branch, gauged by the number of samples examined. The total was 2,563, compared with 2,426 for 1951. The main increases registered were for soils (109), plant nutrition (154), and criminal investigation (22). The following tables show the numbers and grouping of samples examined:—

Table I.—Materials examined—

Foods	799
Soils	470
Petroleum products (oils, petrol, kerosene, &c.)	274
Waters	268
Plant nutrition	194
Animal nutrition	85
Hydrometers and thermometers	81
Toxicology—human	62
Industrial chemicals and materials	50
Human milk	44
Toxicology—animal	31
Pesticides	24
Lake mud	23
Drugs and medicines	22
Metals, minerals, scales and sediments	19
Textiles and paper	15
Liming materials	14
Fertilisers	8
Paints and building materials	7
Apparatus	5
Marine products	4
Sewage and trade wastes	3
Pathological specimens	2
Fodders	1
Disinfectants and soaps	22
Industrial hygiene and toxicology	4
Ceramic materials	1
Criminal investigation	31
TOTAL	2,563

Table II.—Sources of samples—

State Departments—	
Agriculture	630
Health	322
Police	87
Forestry	35
Supply and Tender	19
Hydro-Electric	16
Public Works	12
Premier's	6
Transport	6
Education	3
Labour and Industry	2
Commonwealth Departments—	
Trade and Customs	387
C.S.I.R.O.	158
Navy	3
Works and Housing	1
Health Laboratory	1
City Councils and Local Authorities	346
Child Welfare Centres	52
Hospitals	16
Private persons and firms	461
TOTAL	2,563

Food and Drugs Act Analyses.

The following table summarises the results of analyses of food samples taken officially by inspectors of the Public Health Department and local authorities during the year:—

Foodstuff	No. Received	No. Below Standard
Beverage foods	2	....
Bread	1	....
Butter	14	2
Cereal and starch products	5	....
Cider	3	....
Coffee and coffee essence	4	....
Condensed milk	1	....
Cordials and summer drinks	6	1
Cream	12	4
Essences	2	1
Fats (edible) and margarine	7	....
Fish (canned)	21	4
Fruit and fruit juice (canned)	6	2
Honey	2	....
Ice cream	2	....
Jam	8	....
Jelly crystals	1	....
Meat products (canned)	5	2
Meat and fish pastes	4	....
Meat and vegetable extracts	3	....
Milk	391	56
Sauces	2	....
Sausages	29	21
Soups (canned)	10	....
Spices and condiments	9	....
Spirits	4	1
Spreads and savouries	2	....
Tea	2	....
Vegetables (canned)	9	....
TOTAL	567	94

The proportion of samples which failed to comply with the requirements of the Food and Drugs regulations was 16.5 per cent. Milk and sausages accounted for most of the infringements. Twelve of the samples of sausages were taken in connection with a survey of the Hobart supplies by inspectors of the City Council, and eleven of these were below standard in meat content. Of a total of twenty-nine samples, twenty-one were below standard —deficient in meat, or containing excessive amounts of cereal filler or preservative. A number of prosecutions have taken place in various parts of the State. However, sausages continue to be the most adulterated foodstuff on the market, and it is evident that active sampling and testing must be continued. Other infringements were— Butter, two samples with excessive water; cream, low in fat content or labelling infringements (4); tinned fish, 4 samples spoiled, taken from a consignment that was condemned; one tinned meat product with a misleading label, and one with the proportion of meat not declared on the label. A brand of so-called tinned prunes made locally proved to be light-coloured plums quite different in nature and substance from genuine prunes. The makers agreed to withdraw them from sale.

Milk.

The position regarding official milk samples is shown by the following table:—

	No. of Samples	Percentage of Total
Conformed to standard	304	85·0
Deficient in fat only	18	5.0
Below standard in non-fatty and/or total solids, but not watered	32	8.9
Watered	4	1.1
TOTAL	358	100.0

In addition to those listed above, 33 milks were submitted for reductase test, two samples failing to comply. The total proportion of milks below standard was 15 per cent, an increase of 5 per cent on the previous year. Samples which are sub-standard in non-fatty solids, but not watered, continue to form a large proportion of the number of below-standard milks. These are from cows of inferior calibre, yielding naturally poor milk. The percentage of watered milks was small (1.1).

Ice Cream.

An investigation of the food value of ice cream, made in connection with nutrition proposals for children, disclosed some interesting results. Two of the leading brands gave the following analytical figures:—

Brand	A		B	
	% by Weight	Calories per 100 Grams	% by Weight	Calories per 100 Grams
Water	64·28	....	65·07	....
Fat	10·30	95·8	10·10	93·9
Protein (N x 6·38)	5·23	21·4	3·89	16·0
Carbohydrate (by difference)	19·21	72·0	19·91	74·7
Ash	0·977	....	1·034	....
	100·00	189·2	100·00	184·6
Cane sugar	13·20		14·20	
Lactose	5·00		4·90	
Calcium (Ca)	0·165		0·128	

Nutrients per Small Dixie	Contents 1·3 oz. Grams	Contents 1·0 oz. Grams
Protein	1·9	1·1
Fat	3·8	2·9
Carbohydrate	7·0	5·7
Calories	69	53
Calcium (milligrams)	60	36

(Figures compiled by the Nutrition Officer.)

Agricultural Chemistry.

A total of 630 samples of agricultural materials were examined for the various branches of the Department of Agriculture, and in addition a number were tested for individual farmers and private persons.

Soils.

Soil analyses (470) constituted a considerable proportion of the samples examined. A large number of these were for acidity and lime requirement tests, which are made at a nominal charge in pursuance of the policy of encouraging the application of lime to soils wherever it is needed. Numerous analyses were made in connection with fertiliser and lime trials and soil structure studies being carried out by officers of the Department of Agriculture. Mr. K. M. Stackhouse of this branch has collaborated in this work, especially in the Algerian oats trials, which are being continued at Cressy. He has also devoted considerable time to the study of methods of determining "available" phosphate and potash in soils. The investigation of methods which will give some indication of probable crop responses to fertilisers continues to take up time and thought.

Plant Nutrition.

Samples in this connection, submitted chiefly by the Plant Pathologist, showed an upward trend numerically, due mainly to the large number (118) in connection with apricot "brown rot" investigations. Samples, leaves and fruit were analysed for correlation between potassium and nitrogen figures and "brown rot" incidence. Other samples were fodder plants (28) and pea plants (13) for manganese toxicity; apple leaves (26), in connection with urea spraying; hop leaves (7) and pear leaves (2) for major nutrients and trace elements zinc, copper and boron respectively.

Veterinary Analyses.

Animal nutrition specimens (blood and liver) tested for copper or cobalt deficiency provided 85 samples. Animal poisoning or suspected poisoning cases accounted for 31 specimens, a number of which were from private persons who had lost stock or domestic pets.

Fertiliser and Liming Materials.

Only eight (8) samples of fertiliser were examined, several being from merchants requiring checks on supplies. Fourteen samples of liming materials were tested and twenty-four samples of pesticides.

Water and Related Investigations.

Analyses and tests of water for various purposes accounted for a total of 268 samples. These were examined for private persons and Government Departments in connection with water supplies for agricultural purposes, stock, irrigation and dairy use, and for domestic and town supplies. Most of this work involves giving advice on use and treatment of water to overcome various defects, such as excessive salinity, hardness and corrosive properties. One hundred and fifty-eight (158) samples of water and lake mud have been examined for the Fisheries Division of the Commonwealth Scientific and Industrial Research Organisation in connection with experimental work on the acclimatisation of trout in Tasmanian lakes, and fish culture.

Toxicology, Police Investigations, &c.

Forty-nine (49) specimens and exhibits were received in connection with ten coroners' inquests. Four cases were due to poisoning by barbituric acid derivatives, and quinine, carbon monoxide and phosphorus were the cause of death in one case each, the last being a multiple case in which three children lost their lives after eating phosphorus rat poison. Three cases gave negative results. Thirteen samples, chiefly food, were examined in connection with cases (mostly imaginary) of suspected poisoning. Twelve exhibits were examined for the Police in connection with criminal cases, involving abortion, dangerous drugs, wilful damage and theft respectively. Animal poisoning cases have been mentioned under the heading of veterinary specimens.

Miscellaneous.

Forty-four (44) specimens of human milks have been examined, chiefly for infant health centres. An investigation is proceeding of the composition of the milk of healthy mothers in order to arrive at figures for the average composition of normal human milk in Tasmania.

Industrial materials and chemicals accounted for fifty (50) samples. Many of these were submitted by the Department of Trade and Customs for purposes of tariff classification, and a number represented damaged cargo in connection with insurance claims, and unclaimed cargo examined and reported on for private firms. The other main items were—Drugs and medicines (22), mostly for purity, for the Royal Hobart Hospital dispensary, disinfectants and soaps (22), the former examined in connection with the letting of contracts by the Supply and Tender Department, and textiles and paper (15).

Commonwealth Departments.

This work again provided a considerable number of samples (550), mainly for the Department of Trade and Customs (387) and the C.S.I.R.O. (mentioned above). The former work has now fallen off considerably, due to the ability of the Trade and Customs laboratory to handle it.

Information, Committees, &c.

The branch is a source of information and advice on many chemical matters to other departments and members of the public, and much time has been usefully occupied in this connection. Farmers and gardeners who bring samples of soil or water often wish to discuss their problems with members of the staff, and assistance is given in this regard to the fullest extent of our scope. The same applies as regards food manufacturers seeking advice or information on matters connected with compliance with the regulations under the Food and Drugs Act. A number of meetings of the Food Standards Committee, and the Fertilisers, Stock Medicines and Pesticides Boards have been attended.

Staff and Accommodation.

Attention was drawn in my report last year to the situation regarding staff and accommodation. The space position remains unchanged. At the moment it is difficult to see what can be done, but it is hoped that the need will be kept in mind. There is a pressing need for much investigational work, particularly in agricultural chemistry, to keep pace with modern developments and techniques, and staff and space will have to be found for this if the laboratory is to keep abreast of the times. The appointment of several technical assistants would enable other members of the staff to devote more time to necessary investigational work.

In conclusion, I desire to express my deep appreciation of the whole-hearted co-operation of all members of the staff during the year under review.

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

SECTION II.—REPORT OF DIRECTOR OF HOSPITAL AND MEDICAL SERVICES FOR THE YEAR ENDED 30th JUNE, 1952.

HOSPITALS.

Public Hospitals (excluding Chest and Mental Hospitals).

Beds Available.—The number of beds overall remained the same as in the previous year, viz. 1,970, although the number for general cases was increased, principally on account of the opening of the Burnie Hospital, and the number for infectious cases reduced at Launceston from 52 to 22.

Number of Patients.—The number of patients receiving treatment again increased, and appears attributable mainly to patients in the centres for certain industrial areas and to the increase in population.

Increase—	
General cases	1,583
Maternity cases	569
	2,152
Decrease—	
Infectious cases	237
Net increase	1,915

The number of births increased by 478 for the year also.

Maintenance Cost.—The cost increased by £304,358 to £1,366,365, being 28·66 per cent on last year's amount. The average daily cost for the treatment of in-patients during the year was £2 13s. 11d., being an increase of 13s. on the previous year's cost. The average cost per in-patient was £37 15s. 7d., an increase of £7 6s. 9d. as against £5 3s. 11d. increase for the previous year.

Out-patient cost also increased from 5s. 7d. to 7s. per visit, and the cost per out-patient from 16s. 9d. to 18s. 7d.

The comparisons for four years, as set out in Table J, show the increases and percentages of costs under the principal classifications of expenditure. The effect of increases in salaries and wages, as indicated by the expenditure, again appears reflected in all items.

Receipts.—The amount of revenue from the Commonwealth under the provisions of the Hospital Benefits Act and the Pharmaceutical Benefits Act was slightly less than for the previous year, but the amount of £9,483 16s. 7d. for pharmaceutical benefits due up to the 30th June, 1952, accrued in respect of the period under review.

Of the hospitals' total receipts, the proportion from the Commonwealth, viz. £227,042, represented 16·68 per cent, whereas the proportion from State Grants represented 78·34 per cent. Fees collected represented 4·12 per cent. The State Grants increased from £783,462 to £1,066,682, being an increase of 36·15 per cent.

Consultant Specialists—An addition to the Department's cadre of whole-time specialists will be made before the end of the year. Dr. S. E. M. Bates will arrive about September from England to take up his appointment as ear, nose and throat specialist to the Launceston General Hospital and the North generally. Apart from their work at the Launceston General Hospital, specialists make regular visits to centres in the North-West and North-East.

Nurses' Recruitment Campaign.—During the year a committee appointed by the Hon. the Minister for Health, of which the Director-General was chairman, investigated by means of a State-wide tour the various aspects of matters which affected recruitment to the nursing profession. Much valuable information was collected, and was incorporated in a report which was eventually circulated to all nurses' training schools for guidance.

Tour of Medical Institutions.—A complete tour of all medical institutions in the State was made throughout the year by the Director-General. It is hoped this tour will commence once more before the end of the year. Arising largely as a result of this tour was the realisation of the need for a considerable degree of new construction and new equipment in many institutions coming under the aegis of the Public Health Department. Unfortunately, this very necessary programme has had to be postponed indefinitely owing to lack of funds. It is to be hoped that more money will be available in other financial years, in order that the institutions of, and the services supplied by, the Public Health Department may not retrogress.

Launceston General Hospital.—The conversion of the infectious diseases block into a new Nurses' Home was completed, and occupation was taken. Other major works are the provision of a children's play room and new-patients' department, and extensions to the laundry. These projects are well on the way to completion, and only electrical installations and machinery need to be completed to enable the laundry operations to commence.

Burnie.—The new hospital was opened on the 21st August, 1952, by the Hon. the Premier. The patients and staff were transferred from the Darwin Hospital on the 8th September, and this hospital has since remained closed. Consideration is being given to making some alterations and building new staff quarters at Darwin, with a view to meeting the increasing needs of the district for maternity accommodation.

Devon.—The Nurses' Home has been completed, and it is reported that furnishing will be completed to enable the building to be occupied in the near future. Owing to the curtailment of loan funds for new projects, the proposals for the new Devon Hospital have had to be held in abeyance.

Devonport.—The extensions to the nurses' quarters at the Meercroft Hospital have been satisfactorily completed and are fully occupied. The need for a new hospital and out-patients department at Devonport is fully recognised, and plans have been prepared. A suitable site is available, and it is hoped to have the plans approved and ready for tendering when loan funds become available.

Wynyard.—A Physiotherapy Department has been opened at the Spencer Hospital, and is being

very satisfactorily conducted. The extensions to the Nurses' Home for the General Hospital have been completed and occupied, and accommodation is now satisfactory. The new residence for a medical officer, which is situated in the grounds, has been completed. The Board and executive staff are to be congratulated on the meat supply scheme inaugurated for this hospital, and the considerable saving in cost thus effected.

King Island.—The hospital has been re-wired for electric power and connected to the Hydro-Electric Commission power scheme. The hospital's private power unit is being retained for the time being.

New Norfolk.—Extensions to the nurses' quarters have been completed and occupied.

Franklin.—The upstairs section of the Bowmont Hospital has been opened, and provides for an additional four beds. In keeping with the position in other hospital districts, it has been necessary to hold in abeyance the proposal to replace the Bowmont Hospital with a new regional hospital for the Huon district. The purchase of a site also has had to be deferred.

Longford.—Representations have been made by the Board and local interests for the provision of a maternity section at the Toosey Memorial Hospital, also an out-patients' section with a casualty theatre. The Department has been unable to provide the loan funds for the work, but modified plans have been prepared, and the hospital Board hopes it will be able to provide the funds from its trusts, and proceed with the work.

Other Hospitals.—There is urgent need for new hospital accommodation at Ulverstone and Scottsdale, and suitable sites are available for new hospitals in these districts. Plans have been prepared but, owing to the financial position, work has been deferred. At Campbell Town it is desirable to have new theatre accommodation, and plans are being prepared.

General.—An amendment to the State Superannuation Act was made in October, 1951, making it possible for superannuation benefits to be extended to employees in all public hospitals. The amendment became operative in January, 1952, to the general satisfaction of employees.

Hospital Boards must be congratulated on having such active auxiliary and kindred organisations working in the interests of the hospitals. The assistance to the well-being of the hospitals and amenities provided are of almost inestimable value from the practical point of view, as well as the encouragement to the management and staff in their care and treatment of patients. Sincere appreciation and thanks are extended to the various organisations.

Tables J—L provide general statistics and the summary of maintenance receipts and payments.

TABLE J.

Public Hospitals—Summary of Receipts and Payments and Costs for Year Ended 30th June, 1952.

Balance at 1st July, 1951, and Maintenance Receipts

No.	Hospital	Balance at 1st July, 1951 — Debit.	Balance at 1st July, 1951 — Credit.	Commonwealth Aid — Hospital Benefits.	Commonwealth Aid — Pharmac'l. Benefits.	Commonwealth Aid — Doctors' Salaries.	Commonwealth Aid — Total.	State Aid.	Fees and Patients Payments.	Donations, &c.	Interest from Bequests.	Misc. Receipts.	Total Receipts.
		£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.
	Major Base Hospitals												
1	Royal Hobart (inc. Vaucluse and Wingfield)	—	5,155	49,710	5,218	7,611	62,539	351,168	6,498	204	249	2,428	423,086
2	Launceston General	—	3	37,369	3,042	6,255	46,666	280,496	9,007	594		224	336,987
	Totals	—	5,158	87,079	8,260	13,866	109,205	631,664	15,505	798	249	2,652	760,073
	Minor Base Hospitals												
3	Devon, Latrobe	43		11,146	165	1,239	12,550	91,311	395	32	18	79	104,385
4	Spencer, Wynyard	—	635	6,886	23	1,800	8,709	31,275	137	6		8	40,135
5	Lyell, Queenstown	—	67	4,880	29	1,443	6,352	27,387	74	217	—		34,030
6	Burnie	—	1,028	4,757		1,533	6,290	22,872	160			106	29,428
	Totals	43	1,730	27,669	217	6,015	33,901	172,845	766	255	18	193	207,978
	Maternity Hospitals												
7	Queen Victoria, Launceston (inc. St. Ives)	997		7,590	200	—	7,790	24,600	20,999	498	154	15	54,056
8	Queen Alexandra, Hobart		1,305	5,489	121		5,610	17,675	14,790	31	4	8	38,118
	Totals	997	1,305	13,079	321		13,400	42,275	35,789	529	158	23	92,174
	Country and Cottage Hospitals												
9	Zeehan	25		3,367	43	—	3,410	11,935	87	11	31	—	15,474
10	N.E. Soldiers' Memorial, Scottsdale		212	2,141	27		2,168	15,625	519	—	23		18,335
11	Campbell Town	—	79	2,503		750	3,253	12,450	27	3	50	16	15,799
12	New Norfolk	—	16	1,278	62	380	1,720	10,112	4				11,836
13	Beaconsfield		401	1,926	—	400	2,326	8,835	213	12	47		11,433
14	General, Ulverstone	16		2,130	—	1,000	3,130	11,400	409	3	19		14,961
15	Mersey, Devonport		33	1,838	—	441	2,279	12,874				14	15,167
16	St. Marys	—	83	1,350	20	500	1,870	9,210	45	—		72	11,197
17	King Island	—	440	1,059	65		1,124	9,325	13		—		10,462
18	Toosey, Longford	—	33	1,311	6	200	1,517	4,550	—	173	1,483	—	7,723
19	Bowsmont, Franklin	—	464	753	15	500	1,268	7,500				—	8,768
20	Levenbank, Ulverstone	—	1,223	1,066		1,131	2,197	2,169	—	50		—	4,416
21	Smithton	—	286	659	—		659	5,250					5,909
	Totals	41	3,270	21,381	238	5,302	26,921	121,235	1,317	252	1,653	102	151,480
22	Bush Nursing Hospitals (14 with hospital beds)			1,972	1,761	—	3,733	26,397		—			30,130
	Hospitals for Care of Aged												
23	St. John's Park, New Town		—	20,264	—	—	20,264	20,647		—			40,911
24	Home for Invalids, Launceston			4,833	—	—	4,833	2,710					7,543
	Totals			25,097	—		25,097	23,357	—				48,454
	Miscellaneous												
25	Millbrook Rise Home	—		3,478	224	—	3,702	12,818	1,776	—		23	18,319
26	Lady Clark, Claremont	—	987	2,381	1	—	2,382	8,350	891			162	11,785
27	St. Giles, Launceston	—	—	2,650		—	2,650	5,500		2,744	213	1,336	12,443
28	Mothercraft Home, New Town	—	—	2,967	—	504	3,471	15,361	—				18,832
29	Peacock Home, Hobart	—	—	2,580	—	—	2,580	6,880	7	401	32	—	9,900
	Totals		987	14,056	225	504	14,785	48,909	2,674	3,145	245	1,521	71,279
	Grand Total	1,081	12,450	190,333	11,022	25,687	227,042	1,066,682	56,051	4,979	2,323	4,491	1,361,568

Maintenance Payments (Net), Balance at 30th June, 1952, and Costs

No.	Hospital	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.	Balance at 30th June, 1952 — Debit.	Balance at 30th June, 1952 — Credit.	In-Patients Costs — Per Daily Occupied Bed.	In-Patients Costs — Per Patient.	Out-Patients Costs — Per Attendance.	Out-Patients Costs — Per Patient.	Average Cost per Daily Occ. Bed. (Based on Adjusted Average.)
		£.	£.	£.	£.	£.	£.	£.	£.	£.	£ s. d.	£ s. d.	s. d.	£ s. d.	£ s. d.
1	Royal Hobart (inc. Vaucluse and Wingfield)	278,518	52,637	30,283	47,430	12,635	6,698	428,201	—	40	2 19 9	30 19 3	7 6	1 2 6	2 16 9
2	Launceston General	222,240	38,101	24,536	36,642	9,648	5,221	336,388	—	602	3 4 8	50 3 2	7 6	1 10 0	3 4 0
	Totals	500,758	90,738	54,819	84,072	22,283	11,919	764,589	—	642	3 1 10	37 8 0	7 6	1 4 9	2 19 9
3	Devon, Latrobe	63,266	15,107	9,004	9,809	4,557	1,464	103,207	—	1,135	3 12 8	52 7 7	6 0	0 8 5	3 9 0
4	Spencer, Wynyard	27,500	5,806	3,585	2,181	859	625	40,556	—	214	2 6 1	32 10 5	6 0	0 17 5	2 5 11
5	Lyell, Queenstown	18,490	6,442	4,004	2,976	1,509	592	34,013	—	84	2 14 5	41 5 1	6 0	0 15 0	2 12 5
6	Burnie	21,900	3,654	2,247	2,230	1,242	589	31,862	1,406		2 8 0	24 3 7	6 0	0 11 5	2 6 8
	Totals	131,156	31,009	18,840	17,196	8,167	3,270	209,638	1,406	1,433	2 18 5	39 3 9	6 0	0 11 5	2 16 4
7	Queen Victoria, Launceston (inc. St. Ives)	29,689	7,494	6,272	1,436	7,040	797	52,728	—	331	2 15 2	28 18 5	5 0	0 18 6	2 15 0
8	Queen Alexandra, Hobart	21,713	7,186	4,255	889	1,212	647	35,902		3,521	2 11 10	34 14 8	5 0	0 13 6	2 11 7
	Totals	51,402	14,680	10,527	2,325	8,252	1,444	88,630		3,852	2 13 9	31 0 5	5 0	0 15 6	2 13 7
9	Zeehan	9,828	2,266	1,360	1,380	771	189	15,794	345	—	1 16 9	34 12 10	5 0	0 8 6	1 15 3
10	N.E. Soldiers' Memorial, Scottsdale	12,597	1,761	1,500	1,756	739	368	18,721	174		2 19 2	23 16 0	5 0	0 15 0	2 14 4
11	Campbell Town	10,550	2,294	1,446	740	325	163	15,518		360	2 9 0	26 6 9			2 9 0
12	New Norfolk	8,269	1,555	1,136	510	264	98	11,832	—	20	3 8 11	25 19 6	5 0	0 8 6	2 17 7
13	Beaconsfield	7,443	1,593	1,379	1,110	194	120	11,839	5		2 6 6	25 12 6		—	2 6 6
14	General, Ulverstone	10,690	1,199	1,200	986	605	256	14,936		9	2 15 11	19 4 6	—		2 15 11
15	Mersey, Devonport	9,984	1,983	1,885	831	327	177	15,187	—	13	2 10 0	36 15 5			2 10 0
16	St. Marys	7,091	1,155	1,377	680	297	191	10,791		489	3 1 8	35 11 10	5 0	0 9 6	2 19 8
17	King Island	6,773	1,608	898	814	618	374	11,085	183		4 0 2	26 19 4	5 0	0 9 0	3 12 10
18	Toosey, Longford	5,159	685	486	488	239	121	7,178		578	1 19 7	38 14 11	5 0	0 9 0	1 19 0
19	Bowsmont, Franklin	6,717	893	564	499	365	42	9,080		152	4 0 10	33 17 3	5 0	0 16 0	2 16 0
20	Levenbank, Ulverstone	4,670	470	356	172	159	65	5,884	245		2 5 7	24 6 4			2 5 7
21	Smithton	4,239	672	565	255	209	74	6,014		181	2 12 2	32 6 8			2 12 2
	Totals	104,010	18,134	14,152	10,222	5,103	2,238	153,859	952	1,802	2 15 0	27 15 2	5 0	0 11 0	2 13 0
22	Bush Nursing Hospitals (14 with hospital beds)	19,029	1,175	4,197	3,438	1,366	925	30,130		—	4 17 10	31 14 3		0 7 6	2 3 2
23	St. John's Park, New Town	22,696	9,942	6,477	548	734	514	40,911		—	0 16 3	129 9 3			0 16 3
24	Home for Invalids, Launceston	5,394	1,275	655	90	64	65	7,543		—	0 12 5	139 13 9			0 12 5
	Totals	28,090	11,217	7,132	638	798	579	48,454			0 15 6	130 19 2			0 15 6
25	Millbrook Rise Home	12,323	2,775	1,987	232	624	378	18,319		—	2 3 6	79 6 1			2 3 6
26	Lady Clark, Claremont	7,829	1,683	898	156	304	311	11,181		1,591	1 9 6	27 14 3	5 0	2 2 0	2 11 1
27	St. Giles, Launceston	7,910	848	2,143		1,370	619	12,890	447		1 18 10	379 2 4			1 18 10
28	Mothercraft Home, New Town	13,434	2,478	1,878	321	347	374	18,832		—	2 10 5	71 17 7			2 10 5
29	Peacock Home, Hobart	7,198	1,063	907	163	407	105	9,843		57	1 10 6	15 16 4			1 10 6
	Totals	48,694	8,847	7,813	872	3,052	1,787	71,065	447	1,648	1 19 0	46 2 3	5 0	2 2 0	1 19 3
	Grand Total	883,139	175,800	117,480	118,763	49,021	22,162	1,366,365	2,805	9,377	2 11 11	37 15 7	7 0	0 18 7	2 11 2

Comparison.

Year.	Commonwealth Aid.	State Aid.	Fees and Patients Payments.	Donations, &c.	Interest from Bequests.	Miscellaneous Receipts.	Total Receipts
	£. %	£. %	£. %	£. %	£. %	£. %	£. %
1948-49	187,385 = 25·29	507,236 = 68·41	34,251 = 4·61	8,396 = 1·13	763 = 0·12	3,261 = 0·44	741,292 = 100
1949-50	222,621 = 25·99	581,918 = 67·91	42,380 = 4·96	4,997 = 0·58	978 = 0·11	4,020 = 0·45	856,914 = 100
1950-51	228,455 = 21·36	783,462 = 73·25	47,537 = 4·44	4,848 = 0·45	2,018 = 0·20	3,180 = 0·44	1,069,500 = 100
1951-52	227,042 = 16·68	1,066,682 = 78·34	56,051 = 4·12	4,979 = 0·36	2,323 = 0·17	4,491 = 0·33	1,361,568 = 100
Increase for Year	£1,413 less	283,220 = 36·15 (inc.)	8,514 = 17·91	131 = 2·70	305 = 15·11	1,311 = 41·22	292,068 = 27·32

Year.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.	Average Daily Bed Cost (Adjusted).
	£. %	£. %	£. %	£. %	£. %	£. %	£. %	
1948-49	475,946 = 62·13	102,475 = 13·38	77,366 = 10·09	68,306 = 8·88	26,711 = 3·53	15,263 = 1·99	766,067 = 100	£1 11s. 0d.
1949-50	537,575 = 62·42	110,808 = 12·86	83,551 = 9·69	78,872 = 9·15	33,866 = 3·95	16,799 = 1·95	861,341 = 100	£1 13s. 11d.
1950-51	671,440 = 63·22	135,366 = 12·74	96,996 = 9·13	98,846 = 9·31	40,431 = 3·81	18,928 = 1·79	1,062,007 = 100	£2 0s. 2d.
1951-52	883,139 = 64·63	175,800 = 12·87	117,480 = 8·60	118,763 = 8·69	49,021 = 3·59	22,162 = 1·62	1,366,365 = 100	£2 11s. 2d.
Increase for Year	211,699 = 31·53	40,434 = 29·87	20,484 = 21·12	19,917 = 20·15	8,590 = 21·24	3,234 = 17·09	304,358 = 28·66	11s. = 27·39%

No.	Hospital	Balance at 1st July, 1951.		Commonwealth Aid		
		Debit.	Credit.	Hospital Benefits.	Pharmaceutical Benefits.	Dentists' Salaries.
		£.	£.	£.	£.	£.
1	Major Base Hospitals Royal Hobart (inc. Voodroo and Wrightsdale)		5,154	10,718	2,218	1,111
2	Launceston General		-	5,000	2,643	1,000
	Totals		5,154	15,718	4,861	2,111
	Minor Base Hospitals					
3	Devon, Latrobe					
4	Queen, Wynyard		625			
5	Lyell, Queenstown		67			
6	Burnie		1,859			
	Totals		1,751			
	Maternity Hospitals					
7	Queen Victoria, Launceston (inc. St. Leo)		1,500			
8	Queen Alexandra, Hobart		1,500			
	Totals		1,500			
	Country and Outlying Hospitals					
9	Zeehan					
10	N.E. Soldiers' Memorial, Scottsdale		312			
11	Campbell Town		70			
12	New Norfolk		10			
13	Bracknell		101			
14	General, Ulverstone					
15	Mersey, Deloraine					
16	St. Marys					
17	King Island					
18	Cosgy, Longford					
19	Bowman, Franklin					
20	Lovebank, Ulverstone					
21	Penguin					
	Totals					
22	Both Nursing Hospitals (14 with hospital beds)					
	Hospitals for Care of Aged					
23	St. John's Park, New Town					
24	Home for Invalids, Launceston					
	Totals					
	Miscellaneous					
25	Millbrook Rise Home					
26	Lady Clark, Claremont					
27	St. Giles, Launceston					
28	Mothercraft Home, New Town					
29	Peacock Home, Hobart					
	Totals					
	Grand Total					

Year.	Commonwealth Aid.	State Aid.	Fees and Patients Payments.	Donations, &c.
	£. %	£. %	£. %	£.
1948-49	187,382 — 29-20	407,202 — 68-41	21,251 — 3.56	3,206
1949-50	220,821 — 29-09	540,819 — 71-04	22,586 — 2.96	3,807
1950-51	254,840 — 27-08	680,805 — 72-33	26,777 — 2.84	4,823
1951-52	327,040 — 28-69	1,009,047 — 71-31	31,212 — 2.20	3,079
Increase for Year	72,200 — 28-28	328,242 — 48-22	4,435 — 16.61	1,256

(inc.)

TABLE K.

General Statistics of Public Hospitals for Year Ended 30th June, 1952.

Beds Available

No.	Hospital	Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total Beds
	Major Base Hospitals						
1	Royal Hobart (inc. Wingfield and Vaucluse)	—	—	390	68	41	499
2	Launceston General	—	—	317	—	22	339
	Totals	—	—	707	68	63	838
	Minor Base Hospitals						
3	Devon, Latrobe	—	—	84	22	18	124
4	Spencer, Wynyard	—	—	64	24	—	88
5	Lyell, Queenstown	—	—	52	16	12	80
6	Burnie (from 9.9.1951)	—	—	40	21	—	61
	Totals	—	—	240	83	30	353
	Maternity Hospitals						
7	Queen Victoria, Launceston (inc. St. Ives)	—	47	—	16	—	63
8	Queen Alexandra, Hobart	—	31	—	14	—	45
	Totals	—	78	—	30	—	108
	Country and Cottage Hospitals						
9	Zeehan	—	—	33	8	14	55
10	N.E. Soldiers' Memorial, Scottsdale	—	—	26	9	—	35
11	Campbell Town	—	—	22	9	—	31
12	New Norfolk	—	—	8	11	—	21
13	Beaconsfield	—	—	20	4	—	24
14	Ulverstone General	—	—	20	—	—	20
15	Mersey, Devonport	—	—	—	15	—	15
16	St. Marys	—	—	7	7	—	14
17	King Island	—	—	3	4	2	14
18	Toosey, Longford	—	—	13	—	—	13
19	[illegible], Franklin	—	—	2	9	—	11
20	[illegible], Ulverstone	—	—	—	11	—	11
21	Smithton	—	—	1	9	—	10
	Totals	—	—	160	98	16	274
22	Bush Nursing Hospitals (14 with hospital beds)	—	—	15	42	—	57
	Hospitals for Care of Aged						
23	St. John's Park, Hobart	—	—	147	—	—	147
24	Home for Invalids, Launceston	—	—	34	—	—	34
	Totals	—	—	181	—	—	181
	Miscellaneous						
25	Millbrook Rise Home	50	—	—	—	—	50
26	Lady Clark Home, Claremont	—	—	38	—	—	38
27	St. Giles Home, Launceston	—	—	26	—	—	26
28	Mothercraft Home, New Town	—	—	25	—	—	25
29	Peacock Convalescent Home, Hobart	—	—	18	—	—	18
	Totals	50	—	107	—	—	157
	Grand Total	50	78	1,410	321	111	1,970
	COMPARISON.						
	Year 1949-50	50	78	1,370	277	141	1,916
	Year 1950-51	50	78	1,381	320	141	1,970
	Year 1951-52	50	78	1,410	321	111	1,970

In-Patients

No.	Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total In-Patients
1	—	—	9,925	3,017	83	13,025
2	—	—	6,023	—	37	6,060
Totals	—	—	15,948	3,017	120	19,085
3	—	—	1,476	362	1	1,839
4	—	—	1,012	220	—	1,232
5	—	—	610	170	—	780
6	—	—	778	507	—	1,285
Totals	—	—	3,975	1,259	1	5,244
7	—	1,530	—	287	—	1,817
8	—	762	—	266	—	1,028
Totals	—	2,292	—	553	—	2,845
9	—	—	353	88	—	441
10	—	—	577	143	—	720
11	—	—	458	232	—	690
12	—	—	243	185	—	428
13	—	—	413	49	—	462
14	—	—	777	—	—	777
15	—	—	—	411	—	411
16	—	—	232	67	—	299
17	—	—	335	75	—	410
18	—	—	164	—	—	164
19	—	—	30	273	—	303
20	—	—	—	242	—	242
21	—	—	33	153	—	186
Totals	—	—	3,652	1,768	—	5,420
22	—	—	489	257	—	746
23	—	—	316	—	—	316
24	—	—	54	—	—	54
Totals	—	—	370	—	—	370
25	231	—	—	—	—	231
26	—	—	375	—	—	375
27	—	—	34	—	—	34
28	—	—	262	—	—	262
29	—	—	622	—	—	622
Totals	231	—	1,293	—	—	1,524
Grand Total	231	2,292	25,705	5,962	121	34,311
Year 1949-50	321	2,366	23,021	4,985	167	31,050
Year 1950-51	305	2,771	24,948	5,413	358	33,297
Year 1951-52	231	2,292	25,705	5,962	121	34,212

Bed Days

No.	Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total Bed Days
1	—	—	102,888	21,197	746	124,741
2	—	—	93,400	—	585	94,045
Totals	—	—	196,288	21,197	1,331	218,786
3	—	—	22,489	5,072	13	27,574
4	—	—	15,041	2,054	—	17,095
5	—	—	9,226	2,448	—	11,674
6	—	—	7,305	5,640	—	12,945
Totals	—	—	54,563	15,718	13	70,292
7	—	14,879	—	4,084	—	18,963
8	—	9,806	—	3,976	—	13,782
Totals	—	24,785	—	8,060	—	32,845
9	—	—	7,277	1,040	—	8,317
10	—	—	4,375	1,414	—	5,790
11	—	—	4,806	1,512	—	6,318
12	—	—	1,696	1,632	—	3,328
13	—	—	4,654	458	—	5,112
14	—	—	5,345	—	—	5,345
15	—	—	—	4,338	—	4,338
16	—	—	2,682	779	—	3,461
17	—	—	1,297	694	—	3,891
18	—	—	3,506	—	—	3,506
19	—	—	271	1,881	—	2,152
20	—	—	—	2,383	—	2,383
21	—	—	170	1,497	—	1,667
Totals	—	—	36,596	17,819	—	54,404
22	—	—	1,994	2,642	—	4,636
23	—	—	50,492	—	—	50,492
24	—	—	12,177	—	—	12,177
Totals	—	—	62,669	—	—	62,669
25	8,401	—	—	—	—	8,401
26	—	—	7,054	—	—	7,054
27	—	—	6,649	—	—	6,649
28	—	—	7,468	—	—	7,468
29	—	—	6,455	—	—	6,455
Totals	8,401	—	27,626	—	—	36,027
Grand Total	8,401	24,785	379,919	65,634	1,324	480,063
Year 1949-50	11,469	25,329	352,447	37,229	2,367	478,840
Year 1950-51	10,013	24,792	378,840	61,121	6,044	480,860
Year 1951-52	8,401	24,785	379,919	65,634	1,324	480,063

Average Daily Number

No.	Non-Public General	Non-Public Maternity	Public General	Public Maternity	Public Infectious	Total Daily Average
1	—	—	280·9	58·0	2·0	340·9
2	—	—	255·4	—	1·6	256·7
Totals	—	—	536·3	58·0	3·6	597·6
3	—	—	62·2	13·9	—	75·4
4	—	—	41·1	5·6	—	46·7
5	—	—	25·3	6·7	—	32·0
6	—	—	20·0	15·5	—	35·4
Totals	—	—	149·0	43·0	—	193·0
7	—	40·8	—	11·2	—	52·1
8	—	26·9	—	10·9	—	37·7
Totals	—	67·7	—	22·1	—	89·8
9	—	—	19·9	2·8	—	22·7
10	—	—	12·0	3·9	—	15·9
11	—	—	13·2	4·1	—	17·3
12	—	—	4·6	4·5	—	9·1
13	—	—	12·7	1·3	—	14·0
14	—	—	14·6	—	—	14·6
15	—	—	—	11·9	—	11·9
16	—	—	7·3	2·1	—	9·5
17	—	—	3·6	1·9	—	7·6
18	—	—	9·6	—	—	9·6
19	—	—	0·7	5·2	—	5·9
20	—	—	—	7·0	—	7·0
21	—	—	0·5	4·1	—	4·6
Totals	—	—	100·3	48·8	—	149·1
22	—	—	5·4	7·3	—	12·7
23	—	—	138·3	—	—	138·3
24	—	—	33·3	—	—	33·3
Totals	—	—	171·7	—	—	171·7
25	23·0	—	—	—	—	23·0
26	—	—	19·3	—	—	19·3
27	—	—	18·2	—	—	18·2
28	—	—	20·4	—	—	20·4
29	—	—	17·6	—	—	17·6
Totals	23·0	—	75·6	—	—	98·5
Grand Total	23·0	67·7	1,038·0	179·6	3·6	1,311·9
Year 1949-50	31·4	69·3	1,047·2	127·4	6·4	1,311·8
Year 1950-51	27·4	67·9	1,037·5	173·9	16·5	1,323·4
Year 1951-52	23·0	67·7	1,038·0	179·6	3·6	1,311·9

Average Length of Stay; Births; Out-Patients; Adjusted Average Daily Number

No.	Stay: Non-Public General	Stay: Non-Public Maternity	Stay: Public General	Stay: Public Maternity	Stay: Public Infectious	Overall Average	Births (Total Deliveries)	Out-Patients: Number Registered	Out-Patients: Total Attendances	Out-Patients: Average No. of Visits per Out-Patient	Adjusted Average Daily Number	No.
1	—	—	10·4	7·0	9·0	10·4	1,327	50,324	149,175	2·9	612·8	1
2	—	—	15·5	—	15·8	15·6	—	21,297	86,440	4·0	287·2	2
Totals	—	—	12·4	7·0	10·9	12·1	1,327	71,621	235,615	3·3	900·0	
3	—	—	15·2	14·0	13·0	15·0	317	2,587	3,314	1·4	83·8	3
4	—	—	14·9	10·7	—	14·1	190	564	1,621	2·9	48·5	4
5	—	—	15·1	13·9	—	15·0	152	1,814	4,881	2·5	35·4	5
6	—	—	9·4	11·1	—	10·1	449	1,264	2,640	2·0	37·5	6
Totals	—	—	14·0	12·4	13·0	13·4	1,115	7,060	14,466	1·9	202·8	
7	—	9·8	—	14·2	—	10·4	1,593	232	717	3·7	52·2	7
8	—	12·9	—	14·9	—	13·4	877	254	788	2·7	38·2	8
Totals	—	10·8	—	14·6	—	11·5	2,470	486	1,505	3·1	90·4	
9	—	—	20·6	11·8	—	18·9	44	1,221	2,075	1·7	18·8	9
10	—	—	7·6	9·9	—	8·0	125	2,119	4,250	2·0	16·8	10
11	—	—	10·6	11·5	—	10·7	119	—	—	—	17·5	11
12	—	—	6·6	8·8	—	7·8	140	1,083	2,868	2·7	11·2	12
13	—	—	11·3	9·3	—	11·0	49	—	—	—	13·9	13
14	—	—	6·9	—	—	6·9	—	—	—	—	14·6	14
15	—	—	—	10·5	—	10·5	341	—	—	—	11·9	15
16	—	—	11·6	11·5	—	11·6	64	215	396	1·8	9·8	16
17	—	—	3·9	9·2	—	6·7	56	477	1,190	1·8	8·2	17
18	—	—	19·8	—	—	21·4	—	153	277	1·8	10·0	18
19	—	—	7·8	6·9	—	6·8	195	404	1,377	3·2	6·2	19
20	—	—	—	10·7	—	10·7	212	—	—	—	7·6	20
21	—	—	5·6	9·7	—	9·0	147	—	—	—	4·6	21
Totals	—	—	10·0	10·1	—	10·1	1,552	6,203	14,723	2·3	150·4	
22	—	—	4·1	11·1	—	6·3	226	17,477	25,896	1·5	16·2	22
23	—	—	159·8	—	—	159·8	—	—	—	—	138·6	23
24	—	—	225·5	—	—	225·5	—	—	—	—	33·3	24
Totals	—	—	169·4	—	—	169·4	—	—	—	—	172·0	
25	36·5	—	—	—	—	36·5	—	—	—	—	23·0	25
26	—	—	18·8	—	—	18·8	—	255	5,157	22·4	19·6	26
27	—	—	195·6	—	—	195·6	—	—	—	—	18·2	27
28	—	—	28·5	—	—	28·5	—	—	—	—	20·4	28
29	—	—	10·4	—	—	10·4	—	—	—	—	17·6	29
Totals	36·5	—	21·4	—	—	23·7	—	255	5,157	22·4	98·8	
Grand Total	36·5	10·8	14·8	11·2	10·9	14·0	6,690	103,045	295,362	2·9	1,459·8	
Year 1949-50	35·7	11·4	15·3	13·4	16·0	15·1	6,127	84,611	279,814	3·3	1,422·8	
Year 1950-51	32·8	11·4	15·7	11·2	16·8	14·6	6,412	91,399	281,925	3·0	1,403·1	
Year 1951-52	36·5	10·8	14·8	11·2	10·9	14·0	6,690	103,045	295,362	2·9	1,459·8	

TABLE L.

Comparison of Public Hospitals Statistics and Costs for Years 1950-51 and 1951-52.

No.	Hospital	Total Beds. 1950-51.	Total Beds. 1951-52.	In-Patients. 1950-51.	In-Patients. 1951-52.	Average Daily No. 1950-51.	Average Daily No. 1951-52.	Average Stay (Days) 1950-51.	Average Stay (Days) 1951-52.	Births. 1950-51.	Births. 1951-52.
	Major Base Hospitals										
1	Royal Hobart (inc. Wingfield and Vaucluse)	561	561	12,157	12,023	368·9	340·9	11·0	10·4	1,069	1,527
2	Launceston General	386	379	5,394	6,060	277·7	256·9	18·7	15·5		
	Totals	947	940	17,551	18,083	646·6	597·8	13·4	12·1	1,069	1,527
	Minor Base Hospitals										
3	Devon, Latrobe	135	124	2,113	1,908	79·6	76·4	12·7	14·4	233	217
4	Spencer, Wynyard	88	88	1,564	1,252	53·8	47·5	12·1	14·1	394	196
5	Lyell, Queenstown	80	80	798	785	30·6	32·7	14·0	15·2	132	153
6	Burnie	20	61	306	1,285	16·5	35·4	12·3	10·1	264	449
	Totals	323	353	4,781	5,244	179·7	192·0	12·7	13·4	1,143	1,115
	Maternity Hospitals										
7	Queen Victoria, Launceston (inc. St. Ives)	63	63	1,749	1,817	51·6	52·1	10·7	10·4	1,546	1,593
8	Queen Alexandra, Hobart	45	45	949	1,028	36·3	37·7	13·9	13·4	827	877
	Totals	108	108	2,698	2,845	87·9	89·8	11·9	11·5	2,373	2,470
	Country and Cottage Hospitals										
9	Zeehan	53	55	432	441	16·7	22·7	14·1	18·8	76	84
10	N.E. Soldiers' Memorial, Scottsdale	55	55	653	720	17·1	15·8	9·5	8·0	130	135
11	Campbell Town	21	21	559	590	18·5	17·3	10·7	10·7	86	130
12	New Norfolk	21	21	497	428	20·9	9·8	7·8	7·5	170	149
13	Beaconsfield	24	24	447	462	13·1	13·9	10·7	11·0	44	49
14	General, Ulverstone	20	20	560	777	14·0	18·6	9·1	8·8	—	—
15	Mercroft, Devonport	15	15	365	412	11·9	11·9	11·0	10·5	304	341
16	St. Marys	14	14	294	299	8·5	9·4	10·6	11·5	62	64
17	King Island	14	14	262	400	7·8	7·4	7·8	6·7	67	56
18	Toosey, Longford	13	13	212	184	10·7	9·8	18·5	19·6	—	—
19	Beaumont, Franklin	11	11	219	258	5·1	5·9	8·6	8·4	149	155
20	Levenbank, Ulverstone	11	11	211	242	6·4	7·6	11·2	10·7	193	212
21	Smithton	10	10	89	186	3·7	4·6	8·8	9·0	46	147
	Totals	274	274	4,809	5,410	159·6	149·5	10·5	10·1	1,393	1,552
22	Bush Nursing Hospitals (14 with hospital beds)	37	37	509	746	10·2	13·2	7·4	6·5	226	256
	Hospitals for Care of Aged										
23	St. John's Park, New Town	147	147	353	316	129·3	138·0	144·0	159·8	—	—
24	Home for Invalids, Launceston	34	34	48	44	33·3	33·2	258·1	225·5	—	—
	Totals	181	181	401	360	170·6	171·2	155·3	169·4	—	—
	Miscellaneous										
25	Millbrook Rise Home	50	50	395	231	27·4	25·0	32·8	36·5	—	—
26	Lady Clark Home, Claremont	38	38	273	375	18·6	19·3	22·2	18·8	—	—
27	St. Giles Home, Launceston	15	20	36	34	12·7	18·2	139·3	195·6	—	—
28	Mothercraft Home, New Town	25	25	245	262	19·5	20·4	29·0	29·5	—	—
29	Peacock Convalescent Home, Hobart	28	18	509	622	17·8	17·6	10·0	10·4	—	—
	Totals	156	151	1,458	1,524	95·9	96·5	23·8	23·7		
	Grand Total	1,970	1,979	32,297	34,212	1,323·6	1,312·6	14·8	14·0	6,412	6,880
	Variation			1,915 more = 5·9% increase.		11 less = 0·8% decrease.		0·8 of day less = 5·4% decrease.		468 more = 7·3% increase.	

No.	Hospital	Out-Patients. 1950-51.	Out-Patients. 1951-52.	Attendances. 1950-51.	Attendances. 1951-52.	Average Visit per Out-Patient 1950-51.	Average Visit per Out-Patient 1951-52.	Adjusted Av. Daily No. 1950-51.	Adjusted Av. Daily No. 1951-52.
1	Royal Hobart (inc. Wingfield and Vaucluse)	50,029	50,334	154,787	169,175	3·0	3·0	440·3	413·6
2	Launceston General	23,646	21,197	89,102	86,440	3·7	4·0	311·5	277·2
	Totals	73,675	71,531	243,889	255,615	3·3	3·5	751·8	700·0
3	Devon, Latrobe	3,375	3,787	4,795	5,314	1·4	1·4	79·4	81·6
4	Spencer, Wynyard	376	564	787	1,601	2·0	2·8	53·6	46·5
5	Lyell, Queenstown	2,052	1,914	5,649	4,881	2·7	2·5	33·7	35·4
6	Burnie	—	1,398	—	2,640	—	1·9	14·5	37·3
	Totals	6,003	7,660	11,231	14,436	1·8	1·9	179·2	202·0
7	Queen Victoria, Launceston (inc. St. Ives)	172	192	595	717	3·4	3·7	51·6	52·1
8	Queen Alexandra, Hobart	236	294	858	789	3·6	2·7	36·6	38·1
	Totals	408	486	1,453	1,506	3·5	3·1	88·6	90·4
9	Zeehan	891	1,221	1,624	2,073	1·8	1·7	19·0	24·5
10	N.E. Soldiers' Memorial, Scottsdale	812	2,110	4,678	6,350	5·8	3·0	18·2	18·8
11	Campbell Town							15·5	17·3
12	New Norfolk	1,062	1,083	2,488	2,860	2·3	1·7	11·5	11·2
13	Beaconsfield	—	—	—	—	—	—	13·1	13·9
14	General, Ulverstone	—	—	—	—	—	—	14·0	18·6
15	Mercroft, Devonport							11·9	11·9
16	St. Marys	211	315	489	506	2·1	1·6	8·9	9·8
17	King Island	684	677	1,064	1,190	1·6	1·8	8·7	8·3
18	Toosey, Longford	207	153	245	277	1·2	1·8	11·0	10·0
19	Beaumont, Franklin	434	454	915	1,277	2·1	2·2	5·7	6·5
20	Levenbank, Ulverstone	—	—	—	—	—	—	6·4	7·6
21	Smithton	—	—	—	—	—	—	3·7	4·6
	Totals	4,341	6,502	11,303	14,723	2·6	2·2	145·7	158·4
22	Bush Nursing Hospitals (14 with hospital beds)	6,960	17,477	11,217	25,806	1·6	1·5	22·1	38·2
23	St. John's Park, New Town	—	—	—	—	—	—	129·3	138·0
24	Home for Invalids, Launceston	—	—	—	—	—	—	31·3	33·2
	Totals	—	—	—	—	—	—	170·6	171·2
25	Millbrook Rise Home	—	—	—	—	—	—	27·4	25·0
26	Lady Clark Home, Claremont	212	255	2,832	3,157	13·3	12·4	18·6	19·6
27	St. Giles Home, Launceston	—	—	—	—	—	—	12·7	18·2
28	Mothercraft Home, New Town	—	—	—	—	—	—	19·5	20·4
29	Peacock Convalescent Home, Hobart	—	—	—	—	—	—	17·6	17·6
	Totals	212	255	2,832	3,157	13·3	12·4	95·8	99·8
	Grand Total	91,599	103,945	281,925	295,362	3·0	2·8	1,453·1	1,459·8
	Variation	12,346 more = 12·4% increase.		13,437 more = 4·7% increase.		0·2 less = 6·6% decrease.		6·7 more = 0·4% increase.	

No.	Hospital	Expenditure (Net.) 1950-51. £	Expenditure (Net.) 1951-52. £	Increase. %	In-Patients Costs: Per Daily Occupied Bed 1950-51. s. d.	Per Daily Occupied Bed 1951-52. s. d.	Per Patient 1950-51. £ s. d.	Per Patient 1951-52. £ s. d.	Out-Patients Costs: Per Attendance 1950-51. s. d.	Per Attendance 1951-52. s. d.	Per Patient 1950-51. s. d.	Per Patient 1951-52. s. d.	Daily Bed-day Cost (Adj. Average Basis) 1950-51. s. d.	Daily Bed-day Cost 1951-52. s. d.	No.
1	Royal Hobart (inc. Wingfield and Vaucluse)	342,337	428,001	25·0	44 0	39 9	24 6 10	30 19 3	6 0	7 6	18 6	22 6	42 7	56 9	1
2	Launceston General	257,408	336,288	30·7	47 6	54 8	44 12 6	50 3 2	6 0	7 6	22 2	30 0	47 5	64 0	2
	Totals	599,745	764,289	27·4	45 6	61 10	30 11 6	37 8 0	6 0	7 6	19 10	24 9	41 5	59 9	
3	Devon, Latrobe	73,879	103,097	39·6	36 6	72 8	35 11 8	52 7 7	3 0	6 0	4 2	8 3	53 0	69 0	3
4	Spencer, Wynyard	35,476	40,556	14·3	27 5	46 1	22 12 2	32 16 8	3 0	6 0	2 10	17 3	37 0	45 11	4
5	Lyell, Queenstown	29,417	34,053	15·7	49 0	54 5	34 11 0	41 5 3	3 0	6 0	6 1	15 0	46 2	52 5	5
6	Burnie	9,208	31,862	246·0	48 9	48 0	30 1 10	24 3 7	—	6 0	—	11 5	48 9	46 8	6
	Totals	147,980	209,568	40·7	48 5	58 5	30 16 2	39 3 9	3 0	6 0	5 5	11 5	46 7	56 6	
7	Queen Victoria, Launceston (inc. St. Ives)	40,432	52,728	30·4	42 10	55 2	23 1 4	28 18 5	3 0	5 0	10 2	18 6	42 8	55 0	7
8	Queen Alexandra, Hobart	28,922	35,902	24·1	43 3	51 10	30 6 10	34 14 8	3 0	5 0	10 9	11 0	43 3	51 7	8
	Totals	69,354	88,630	27·8	43 0	53 9	25 12 6	31 9 5	3 0	5 0	10 6	15 6	42 11	53 7	
9	Zeehan	12,475	15,794	26·6	40 8	26 9	28 6 3	34 12 10	3 0	5 0	5 5	8 6	37 11	35 3	9
10	N.E. Soldiers' Memorial, Scottsdale	14,152	18,721	32·4	43 0	53 2	20 11 8	23 16 0	3 0	5 0	16 6	15 0	42 2	54 4	10
11	Campbell Town	13,460	15,518	15·2	47 7	40 9	25 10 2	26 6 0					47 7	49 0	11
12	New Norfolk	10,094	11,832	17·2	53 0	68 11	20 15 11	25 19 6	3 0	5 0	6 11	8 6	47 9	57 7	12
13	Beaconsfield	8,605	11,859	37·8	35 9	46 4	19 5 0	25 12 6	—	—	—	—	35 9	46 6	13
14	General, Ulverstone	10,741	14,936	39·0	42 2	33 11	19 3 8	19 4 6	—	—	—	—	42 2	55 11	14
15	Mercroft, Devonport	11,460	15,187	72·5	56 11	70 9	31 8 0	36 15 5					56 11	70 0	15
16	St. Marys	8,984	10,791	20·1	56 11	61 8	30 6 3	35 11 10	3 0	5 0	6 3	9 6	55 5	59 8	16
17	King Island	8,835	11,065	25·4	61 0	60 2	33 19 3	26 19 4	3 0	5 0	4 6	9 6	55 2	72 10	17
18	Toosey, Longford	6,143	7,178	16·6	51 1	39 7	28 16 6	38 14 11	3 0	5 0	2 4	9 6	50 5	39 0	18
19	Beaumont, Franklin	7,753	9,080	17·1	80 11	80 10	34 15 7	35 17 3	3 0	5 0	6 3	16 6	71 6	76 9	19
20	Levenbank, Ulverstone	4,396	5,884	33·9	37 1	45 7	20 16 7	24 6 4	—	—	—	—	37 1	45 7	20
21	Smithton	1,813	6,614	—	60 1	72 2	20 14 7	32 6 8	—	—	—	—	69 1	72 2	21
	Totals	118,799	152,855	28·6	46 7	56 0	24 7 0	27 15 2	3 0	5 0	7 10	11 0	45 2	55 0	
22	Bush Nursing Hospitals (14 with hospital beds)	22,004	30,130	36·1	52 8	57 10	34 8 7	31 14 3	3 0	5 0	4 9	7 6	55 2	43 2	22
23	St. John's Park, New Town	32,355	40,911	26·4	12 9	16 3	91 13 2	129 9 3	—	—	—	—	12 9	16 3	23
24	Home for Invalids, Launceston	6,132	7,543	23·0	16 9	12 5	127 15 0	139 11 5	—	—	—	—	16 9	12 5	24
	Totals	38,487	48,454	25·9	12 4	15 6	95 15 7	130 10 2	—	—	—	—	12 4	15 6	
25	Millbrook Rise Home	14,578	18,319	25·6	29 1	40 8	47 16 0	79 6 1	—	—	—	—	29 1	40 8	25
26	Lady Clark Home, Claremont	8,387	11,181	33·6	26 1	29 8	29 1 10	27 14 3	3 0	5 0	39 11	62 0	27 2	31 1	26
27	St. Giles Home, Launceston	9,879	12,890	30·5	29 5	38 10	274 8 4	379 2 4	—	—	—	—	29 5	38 10	27
28	Mothercraft Home, New Town	13,680	18,832	38·6	38 5	50 5	55 11 6	71 17 7	—	—	—	—	38 5	50 5	28
29	Peacock Convalescent Home, Hobart	7,795	9,845	26·3	23 11	30 6	15 6 3	15 16 6	—	—	—	—	23 11	30 6	29
	Totals	54,319	71,067	31·0	31 8	39 8	36 19 0	46 2 3	3 0	5 0	39 11	62 0	31 1	39 3	
	Grand Total	1,062,015	1,366,365	28·6	40 11	53 11	30 8 10	37 15 7	5 7	7 0	16 9	18 7	40 2	51 2	
	Variation	£304,350 more = 28·6% increase.			12s. more = 31·7% increase.		£7 6s. 9d. more = 24·1% increase.		1s. 3d. more = 25·3% increase.		1s. 10d. more = 10·9% increase.		11s. more = 27·2% increase.		

The number licensed for the year was eleven, and in addition two homes were approved by the Department of Health, Canberra, for the purpose of enabling Commonwealth Hospital Benefits to be paid in respect of the beds being used for the medical treatment of patients.

Statistics are provided in Table M.

TABLE M.—PRIVATE HOSPITALS.

Statement showing the Number of Pirvate Hospital Licences issued and Exemptions Current for Years 1951 *and* 1952.

Locality	Licences Issued						Total		Exemptions Current							
	Medical, Surgical and Maternity		Medical and Surgical only		Maternity only				Medical, Surgical and Maternity		Medical and Surgical only		Maternity only		Total	
	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.	1951.	1952.
Hobart	....	....	1	1	1	1	2	2	1	1	1	1	....	....	2	2
Launceston	....	....	....	....	1	1	1	1	....	....	2	2	....	....	2	2
Country	2	2	....	....	2	2	4	4	....	....	....	....	....	....	....	....
Total	2	2	1	1	4	4	7	7	1	1	3	3	....	....	4	4

Commonwealth Private Hospital Benefit Payments and Statistics relating to "Qualified" In-patients for Year ended 30*th June*, 1952.

Acute Hospitals	Beds Available			In-patients			Bed-days			Average Daily No.			Av. Length of Stay (Days)			Births	Payments at 8s. per day		
	General	Maternity	Total	General	Maternity	Total	General	Maternity	Total	General	Maternity	Total	General	Maternity	Av.		£	s.	d.
No. T 1	112	30	142	2,591	625	3,216	28,265	8,293	36,558	77·2	22·7	99·9	10·9	13·2	11·3	628	14,623	4	0
4	....	4	4	....	30	30	....	420	420	....	1·1	1·1	....	14·0	14·0	30	168	0	0
5	22	....	22	409	....	409	4,856	....	4,856	13·2	....	13·2	11·8	....	11·8	....	1,942	8	0
6	65	....	65	1,550	....	1,550	15,227	....	15,227	41·6	....	41·6	9·8	....	9·8	....	6,090	16	0
11	7	7	14	162	43	205	740	456	1,196	2·0	1·2	3·2	4·5	10·6	5·8	43	478	8	0
12	....	5	5	....	23	23	....	252	252	....	0·6	0·6	....	11·0	11·0	23	100	16	0
15	....	2	2	....	20	20	....	256	256	....	0·7	0·7	....	11·1	11·1	20	102	8	0
17	1	....	1	74	....	74	74	....	74	0·1	....	0·1	1·0	....	1·0	....	29	12	0
22	....	4	4	....	34	34	....	560	560	....	1·5	1·5	....	16·4	16·4	34	224	0	0
23 (1)	35	....	35	892	....	892	9,701	....	9,701	28·9	....	28·9	10·9	....	10·9	....	3,880	8	0
29	42	....	42	1,135	....	1,135	10,733	....	10,733	29·3	....	29·3	9·4	....	9·4	....	4,293	4	0
"Acute" Total	284	52	336	6,813	775	7,588	69,596	10,237	79,833	192·3	27·8	220·1	10·2	13·2	10·5	778	31,933	4	0
Chronics—																			
No. T30	52	....	52	35	....	35	8,040	....	8,040	21·9	....	21·9	229·7	....	229·7	....	3,216	0	0
31 (2)	17	....	17	19	....	19	2,820	....	2,820	16·8	....	16·8	153·6	....	153·6	....	1,128	0	0
"Chronic" Total	69	....	69	54	....	54	10,860	....	10,860	38·7	....	38·7	201·1	....	201·1	....	4,344	0	0
Grand Total	353	52	405	6,867	775	7,642	80,456	10,237	90,693	230·9	27·8	258·7	11·7	13·2	11·9	778	£36,277	4	0

(1) = 11 months' claims. (2) = approved from 5.12.1951.

TABLE N.—*Bed Availability.—Total Hospital Beds (excluding Chest Hospitals, Mental and Repatriation Hospitals).*

Public Hospitals—		
Public ward beds—		
General	1,410	
Maternity	321	
Infectious	111	
		1,842
Non-Public beds—		
General	50	
Maternity	78	
		128
Total Public Hospital beds		1,970
Private Hospitals—		
Non-Public beds—		
General	353	
Maternity	52	
Total Private Hospital beds		405
TOTAL BEDS		2,375

Non-Public accommodation=533=22·4 per cent of total.
Public accommodation=1,842=77·6 per cent of total.

Classification of Beds.

General beds—		
Public hospitals	1,460	
Private hospitals	353	
Total		1,813=76.3 %
Maternity beds—		
Public hospitals	399	
Private hospitals	52	
Total		451=19.0 %
Infectious beds—		
Public hospitals		111= 4.7 %
GRAND TOTAL		2,375= 100 %

Ratio of Bed Availability per 1,000 *Population.*

(Population at 30th June, 1952, being shown as 302,111.)

General beds (including convalescent and chronics)	6.0
Maternity beds	1.5
Infectious beds	0.4
Total beds per 1,000 population	7.9

Institutions for Aged and Infirm.

There are two institutions in the State for the accommodation of the aged and infirm, viz. St. John's Park, New Town, and the Home for Invalids, Launceston. Reports will be found in Appendices IX. and X. respectively.

BUSH NURSING.

At the 30th June, 1952, there were 25 centres throughout the State. Twelve of these provide hospital accommodation, and the remainder have consulting and treatment rooms. In all instances quarters are provided for the Sister. Nineteen centres (including those with hospital accommodation) are controlled by the Department, whilst the remaining six, viz. Avoca, Lilydale, Rossarden, Storeys Creek, Tullah and Waratah, are managed by local committees, with financial and other assistance from the Department.

The Southern Division of the Tasmanian Bush Nursing Association was dissolved on the 26th June, 1952, and handed over to the Department the balance of its funds, viz. £291 6s., to provide extra amenities for the centres. Before disbanding, the Association made donations to various Bush Nursing Auxiliaries, and also purchased a cot for the Royal Hobart Hospital to commemorate the long service of the secretary of the Division. The ladies who were connected with the Association intend to maintain their interest, unofficially, in the Bush Nursing Centres.

The Northern Division remains in office, and makes regular contributions towards some of the northern centres.

Local auxiliaries and branches of the Country Women's Association continue to assist with the provision of amenities.

Electricity is now installed in all centres, although in several cases it is provided by local generating plants. The last two centres to be connected up with the State supply were Alonnah and Koonya. Most centres are also provided with X-ray equipment and dark-rooms, which increase the amount of work that can be done.

The nursing staff changed very frequently, and some centres had to be closed or partly closed for a period, owing to staffing difficulties.

Brief notes regarding some of the centres are set out hereunder, whilst Table O gives a summary of the work carried out during the year.

Avoca.—A hot-water service was installed at this centre.

Cape Barren Island.—This centre was closed to in-patients during the year, and is now conducted as a casualty clearing station, hospital cases being transferred as soon as possible to Flinders Island. Out-patient and child welfare work is carried on by a local married nurse.

Koonya.—Alterations are being carried out to the hospital.

Maydena.—This centre was opened during the year, and comprises a residence as well as consulting and treatment rooms.

Ouse.—A new wing at this hospital was opened by the Hon. the Minister for Health during October. It includes an out-patient and toilet suite, an extra ward and a nursery, and increases the bed capacity to nine. A substantial donation towards the cost of these extensions was made by Mrs. A. B. Raymond-Barker, in memory of her sister.

Redpa.—This centre was closed, but is now conducted as a child welfare centre from the Circular Head district.

Strahan.—A residence for the Sister, with surgery and child welfare clinic attached, was opened in February, and represents a great improvement.

Swansea.—Extensions made to this hospital increased the bed capacity to five. A work-room, nursery, toilet suite and new laundry were also provided.

TABLE O.

SUMMARY of Work Performed in Bush Nursing Centres during the Year Ended 30th June, 1952.

Names of Hospitals and Centres	No. of Hospital Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Patients	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned £ s. d.
Southern—										
Alonnah (Bruny Is.)	2	755	35	92	4	46	171	22	195	9 18 10
Cygnet	5	3,299	11	144	8	126	....	....	....	25 5 0*
Koonya	5	915	1	365	19	54	63	....	....	13 15 0†
Oatlands	5	2,002	2	799	74	126	450	7	....	....
Ouse	7	6,947	28	1,162	95	400	310	....	548	122 9 6
Sorell	4	1,297	15	364	29	105	77	18	....	31 13 0‡
Southport	2	493	25	109	5	40	103	6	332	10 12 7
Strahan	....	1,163	522	....	....	132	74	7	2,472	101 18 6
Swansea	5	867	84	231	24	75	213	5	....	59 15 0
Triabunna	3	1,115	100	16	2	80	168	3	978	115 13 9§
Total Centres 10	38	18,853	823	3,282	260	1,184	1,629	68	4,525	£491 1 2
Northern—										
Avoca	....	2,338	688	....	....	174	424	9	962	125 0 0
Cape Barren Is.	4	347	44	143	4	39	39	1	4	0 5 0¶
Flinders Is.	5	525	29	773	21	18	138	....	72	2 5 0
Gladstone	....	810	1,114	....	....	49	193	....	6,773	66 11 6‖
Grassy (King Is.)	....	3,015	367	....	....	10	870	2	7,749	202 11 6
Lilydale	....	345	704	....	....	53	538	4	6,491	210 7 9**
Mole Creek	....	1,036	223	....	....	7	216	10	971	24 10 0††
Redpa	2	307	46	7	1	1	189	....	960	23 19 8‡‡
Ringarooma	....	615	128	....	....	26	174	11	699	52 8 0§§
Rosebery	4	5,893	1,332	92	....	255	548	1	....	10 4 6
Rossarden	....	1,654	192	....	....	136	100	1	2,367	23 6 6¶¶
St. Helens	4	309	25	520	37	92	549	1	675	5 5 0
Storeys Creek	....	1,280	864	....	....	17	85	9	2,291	2 7 6‖‖
Tullah	....	739	251	....	....	33	95	9	450	.... *†
Waratah	....	550	274	....	....	9	40	....	2,279	3 7 6*‡
Total Centres 15	19	19,753	6,281	1,535	63	919	4,198	58	32,743	£752 9 5
Grand Totals 25	57	38,606	7,104	4,817	323	2,103	5,827	126	37,268	£1,243 10 7

* Open to in-patients from February to June only.
† In-patients limited, staff shortage.
‡ In-patients limited, staff shortage.
§ Closed to in-patients 3 months. Centre closed 6 weeks.
¶ Closed to in-patients 4 months. Centre closed 1 month.
‖ Centre closed 1 month.
** Centre closed 1 week.
†† Centre closed 2 weeks.
‡‡ Open 7 months only.
§§ Closed 2½ months.
¶¶ Open for emergencies only 2 months.
‖‖ Open for emergencies only 1 month.
*† Closed 1 month.
*‡ Closed 4 months.

Comparative Figures for 5 Years 1947-48 to 1951-52.

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Patients	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned £ s. d.
1947-48	23	45	18,486	5807	4428	244	1551	7297	166	37,631	778 18 11
1948-49	25	45	18,934	5994	3675	253	1414	6375	131	32,032	697 18 5
1949-50	26	51	24,650	6221	5025	323	1701	7804	140	39,845	699 1 3
1950-51	26	50	31,182	7195	4449	278	1823	7172	114	42,607	902 18 9
1951-52	25	57	38,606	7104	4817	323	2103	5827	126	37,268	*1,243 10 7

* Includes " after-hour fees ".

Tourist Nursing Service.

This year has seen the introduction of a campaign to popularise the Tourist Nursing Service. It is felt that Tasmania has quite a lot to offer nurses from the Mainland who want a short break, but not a complete holiday.

Government Medical Service.

The service instituted was maintained satisfactorily throughout the year, and there was no shortage of medical officers.

The residence, including a surgery, at Sorell, was completed, and residences at George Town and Richmond will be completed in the new financial year. The latter will enable the service to be commenced in the Richmond Municipality.

Appended is Table P., showing the Government Medical Service statistics for the year.

TABLE P.

SUMMARY of the Work Performed by Government Medical Officers during the Year Ended 30th June, 1952.

District.	Population.	Date of Commencement of Service in District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).				Number of Workers' Compensation Cases	Number of Midwifery Cases	Total of all Attendances	Mileage Covered.
			Residence.	Surgery.	Hospital	Total				
Bruny	790	1.3.38	801	251	56	1,108	3	1	1,112	6,169
Esperance ...	3,160	11.3.38	2,504	1,626	25	4,155	13	...	4,168	8,867
Evandale... ...	1,730	1.7.47	2,711	2,741	18	5,470	33	...	5,503	7,217
Flinders	920	1.5.38	1,355	1,920	234	3,509	31	10	3,550	7,908
Glamorgan-Spring Bay	2,000	18.5.38	635	979	93	1,707	5	18	1,730	9,693
George Town...	1,190	5.1.40	2,355	2,014	...	4,369	87	...	4,456	16,869
Hamilton... ...	5,190	1.5.38	1,293	4,640	59	5,992	16	8	6,016	13,349
Kingborough ...	7,020	1.3.38	1,040	1,072	13	2,125	66	...	2,191	11,575
King Island ...	1,850	1.9.38	588	4,009	379	4,976	49	9	5,034	5,140
New Norfolk...	9,040	9.8.46	2,755	9,868	1,040	13,663	763	...	14,426	22,205
Penguin	3,680	13.7.38	1,496	4,756	78	6,330	77	...	6,407	14,420
Port Cygnet...	2,710	1.7.40	1,385	2,439	13	3,837	3	2	3,842	9,495
Portland	1,640	14.6.39	1,363	2,608	85	4,056	77	5	4,138	5,522
Ringarooma ...	3,500	1.1.40	1,179	2,240	18	3,437	78	...	3,515	10,637
Scottsdale... ...	3,240	5.8.39	1,297	6,769	1,302	9,368	167	15	9,550	10,911
Sorell...	2,130	1.12.38	1,148	3,647	18	4,813	13	2	4,828	9,440
Tasman	1,020	21.4.38	1,731	975	76	2,782	...	10	2,792	11,972
Totals	50,810	...	25,636	52,554	3,507	81,697	1481	80	83,258	181,389

JOHN EDIS,
Director-General of Medical Services.

APPENDIX VIII.

REPORT OF NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30th JUNE, 1952.

Personnel of Board.

Dr. B. M. Carruthers, Chairman until his death on 29.11.51.
Dr. J. Edis, Superintendent, Launceston General Hospital, until November, 1951, and Chairman from November, 1951.
Dr. L. W. Knight, Superintendent, Royal Hobart Hospital.
Dr. T. C. Butler, until March, 1952.
Dr. C. Craig, from March, 1952.
Miss J. O. Brown, Matron, Royal Hobart Hospital.
Miss C. I. Skirving, Matron, Launceston General Hospital.
Miss B. L. Campbell, Matron, Devon Public Hospital.
Miss M. G. Muldoon, Matron, Lyell District Hospital.
Miss M. W. Melross, Matron, St. Luke's Hospital, until March, 1952.
Miss N. Winwood, Matron, St. Luke's Hospital, from March, 1952.

Meetings.

Six ordinary meetings have been held during the year.

Legislation.

The Nurses' Registration Act, 1927, and a number of amending Acts were repealed and the Act was consolidated and became law on the 15th May, 1952, known as the *Nurses Registration Act*, 1952. This Act—

1. Increased the period of midwifery training to twelve months for registered general nurses, and two years for previously untrained persons.

2. Increased the period of tuberculosis training for registered general nurses from four to six months.

3. Decreased the period of psychiatric training for registered general nurses from two years to one year.

Regulations:—The midwifery curriculum was altered to provide for at least three lectures on anaesthesia and analgesia instead of two, and the number of anaesthetics to be given by trainee nurses under supervision was decreased from ten to six.

Training Schools.

Number of registered training schools—

General	11
Midwifery	6
Psychiatric	2
Child Welfare	2
Tuberculosis	1

Trainees.

1. Applications for training 444, as follows:—

(Psychiatric not included)

General	277
Midwifery	118
Child Welfare	43
Tuberculosis	6

2. Commenced training 439, as follows:—

General	259
Midwifery	117
Psychiatric	13
Child Welfare	45
Tuberculosis	5

3. Completed training 197, as follows:—

General	50
Midwifery	95
Psychiatric	4
Child Welfare	45
Tuberculosis	3

4. Resigned before completion of training 121, as follows:—

General	102
Midwifery	16
Child Welfare	1
Psychiatric	....
Tuberculosis	2

5. Total number in training at 30.6.52, 615, as follows:—

General	486
Midwifery	90
Psychiatric	24
Child Welfare	14
Tuberculosis	1

Examinations.

1. Educational Examination for Intending Trainees.—Number held, 3; Number of candidates, 10. Results: Passed 6; Failed 4.

2. Examinations for Registration of Nurses.—Number held, 3; Number of candidates, 199.

Results:

	No. of Candidates	Passed	Failed
General	53	51	2
Midwifery	94	90	4
Psychiatric	3	3	....
Child Welfare	46	46	....
Tuberculosis	3	3	....

Registration of Nurses.

1. Applications approved 568, as follows:—

General	310
Midwifery	194
Psychiatric	4
Child Welfare	58
Tuberculosis	2

2. Registrations renewed 1,195 (No. of persons 822) as follows:—

General	725
Midwifery	347
Psychiatric	45
Child Welfare	68
Tuberculosis	10

3. Total number of registrations in State 2,048 (No. of persons 1,387), as follows:—

General (includes 7 males nurses)	1,196
Midwifery	645
Psychiatric	54
Child Welfare	141
Tuberculosis	12

4. Number of registered nurses 1,387, as follows:—

	No. of Persons	No. of Certificates
General only	643	643
General and Midwifery	432	864
Midwifery only	107	107
General, Midwifery and Child Welfare	94	282
Psychiatric only	45	45
General and Child Welfare	13	26
Tuberculosis only	7	7
Child Welfare only	23	23
General and Psychiatric	6	12
Midwifery and Child Welfare	9	18
General and Tuberculosis	5	10
General, Midwifery and Psychiatric	1	3
General, Midwifery, Psychiatric and Child Welfare	2	8
	1,387	2,048

Some nurses shown here as midwifery only, child welfare only, or midwifery and child welfare, have been registered as general nurses as well, but general registration has expired and not been renewed. The other registrations, having been effected later, have remained current for some time after the general registrations.

Foreign-Trained Nurses.

The following foreign-trained nurses have spent the requisite period in a training school and have subsequently been registered—

1 Polish nurse with Polish training—registered general and midwifery.

1 Lithuanian nurse with German training—registered general nurse.

1 German nurse with Swiss training—registered general nurse.

1 Dutch nurse with Dutch training—registered general nurse.

Two others are doing a six months' period in training schools and have not yet completed it.

Post-Graduate Diplomas.

During the year it was decided to show on the annual register all post-graduate diplomas gained at the College of Nursing, Australia, and at overseas colleges recognized by the College of Nursing, Australia. The following post-graduate diplomas are held by Tasmanian nurses:—

Sister Tutor's Diploma, University of London	2
Nursing Administration, Royal College of Nursing, London	2
Nursing Administration, College of Nursing, Australia	1
Ward Sister's Diploma, College of Nursing, Australia	3

Reciprocity.

The General Nursing Council for England and Wales, under their new Nurses Act, 1949, has reviewed all reciprocity agreements, and a new agreement has been submitted to the Tasmanian Nurses' Registration Board. Under this agreement the General Nursing Council requires nurses who have trained at Spencer Public Hospital, St. Luke's Private Hospital, and St. Vincent's Private Hospital to undergo a period of six months' training in England if they have done a four years' training, and twelve months if they have done a three years' training, before being eligible for registration in England. Trainees from all other general training schools are eligible for reciprocal registration in England and Wales.

General.

Burnie Public Hospital.—During the year a new public hospital was opened at Burnie, and approval was given for it to be a training school for general nurses, and training has commenced there.

Central Preliminary Training School.—Plans have been made for a Central Preliminary Training School to be established at Latrobe, and to be accommodated at the old Devon Hospital Nurses' Home, as soon as the new one is completed. It was hoped to open this school early in the year, but delays in building and equipping the new home have prevented this.

This Preliminary Training School will serve all training schools outside Hobart and Launceston, and it is felt that it will be a great advantage to the smaller training schools, where there is no full-time tutor sister.

Slides and Films.—A number of slides and films have been produced by the photographic unit at the Launceston General Hospital, suitable for teaching purposes. It is hoped to be able to arrange for some of these to be supplied to all training schools to assist in their teaching programmes and in this way to help bring about more uniformity in teaching methods.

Review of Procedure Book.—All sections of the Procedure Book have been reviewed and brought up-to-date during this period, and it is hoped to have the amendments and additions printed and distributed at an early date.

JOHN EDIS, M.R.C.S., L.R.C.P., M.R.C.O.G.,
Chairman.

L. H. SIDEBOTTOM, Secretary.

Appendix IX.

REPORT OF ST. JOHN'S PARK, NEW TOWN, FOR THE YEAR ENDED 30th JUNE, 1952.

Statistics.

Number of beds available:—

Female division (including 74 hospital beds)	155
Male division (including 73 hospital beds)	257
Total 147	412

Year	Patients															
	No. resident at commencement of year			Admitted			Discharged			Died			Remaining at end of Year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1950-51	298	139	367	177	101	278	90	45	135	74	50	124	241	145	386	375·46
1951-52	241	145	386	138	83	221	84	45	129	52	43	95	243	140	383	382·94

Summary.

	1950-51.	1951-52.
Number resident at commencement	367	386
Admitted during the year	278	221
	645	607
Discharged during the year	135	129
Deaths during the year	124	95
	259	224
Number resident at close of year	386	383

Finance.

Revenue:—	£	£
Commonwealth Hospital Benefits	20,305	20,264
State aid (net cost)	58,137	79,489
Invalid and old-age pensions contributions	14,748	18,006
War Service pensions contributions	1,059	1,402
Private maintenance	2,063	2,551
Laundry services	396	450
Sundries	356	437
	£97,064	£122,599

Expenditure:—	£	£
Salaries	52,486	68,666
Provisions and medical comforts	24,730	31,342
Fuel and light	9,299	7,102
Bedding, clothing and stores	8,323	12,206
Repairs and renewals of building	1,151	1,541
Sundries	1,075	1,742
	£97,064	£122,599
Gross daily cost per inmate	£ s. d. 0 14 2	£ s. d. 0 17 5
Net daily cost per inmate	0 8 6	0 11 4
Gross weekly cost per inmate	4 19 2	6 2 5
Net weekly cost per inmate	2 19 5	3 19 4

Appendix X.

REPORT OF HOME FOR INVALIDS, LAUNCESTON, FOR THE YEAR ENDED 30th JUNE, 1952.

No. of beds available:—

Female division	19
Male division	15
	34

Patients.

Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1950-51	14	17	31	10	7	17	4	4	8	6	4	10	14	16	30	31·3
1951-52	14	16	30	10	14	24	7	8	15	2	4	6	15	18	33	33 2

Summary.	1950-51	1951-52
Number resident at commencement	31	30
Admitted during the year	17	24
	48	54
Discharged during the year	8	15
Deaths during the year	10	6
	18	21
Number resident at close of year	30	33

Finance.	1950-51	1951-52
Revenue:—	£	£
Commonwealth Hospital Benefits	4,585	4,833
State aid	1,547	2,710
	£6,132	£7,543
Expenditure:—	£ s. d.	£ s. d.
Average daily cost per patient	0 10 9	0 12 5
Average weekly cost per patient	3 15 1	4 6 9

SECTION III.—REPORT OF DIRECTOR OF TUBERCULOSIS FOR THE YEAR ENDED 30th JUNE, 1952.

NOTIFICATIONS.

During the twelve months a total of 198 new cases of tuberculosis was notified to the Division. These cases were shown to comprise 169 pulmonary and 29 of a non-pulmonary nature. Included among the pulmonary cases were 28 persons who were eligible for treatment and benefits under the provisions of the Repatriation Act.

It is pleasing to note that the total number of cases discovered for this year shows a downward trend when compared with the two preceding years, being 12 less than for the year ended 30th June, 1950, and 38 less than for the year ended 30th June, 1951. A further examination of the figures for the past three years reveals that it is among the pulmonary cases that the falling-off has occurred, which should give some cause for satisfaction from the Public Health aspect, as it is the pulmonary cases that are most likely to constitute a source of danger to others.

The following summary gives the total number of cases reported during the past three years and the percentage of pulmonary and non-pulmonary cases:—

Year Ended	Total Cases Notified	Pulmonary Cases	Percentage of Total	Non-Pulmonary Cases	Percentage of Total
30.6.50	210	188	89·5	22	10·5
30.6.51	236	210	88.9	26	11.1
30.6.52	198	169	85.4	29	14.6

It is noted that the reduction in the number of cases notified has occurred mainly in the Hobart Municipality, the percentage of the total number of cases notified having reduced during the past three years:—

26.6 for year ended 1949-50
23.7 for year ended 1950-51
18.1 for year ended 1951-52

It is felt that the efficiency of continuous screening of the population by means of the Mass X-ray Survey, plus the routine chest X-ray of all patients admitted to the Royal Hobart Hospital, is reflected in the lower number of cases notified from this area, and it can now be assumed that many previously unsuspected cases have been brought under notice of this Division. It is hoped that future statistics will confirm this finding by showing a gradual reduction in cases notified not only in the Hobart area, but generally throughout the State, as the compulsory X-ray campaign is extended and intensified.

Sex of Cases Notified.

Comparison of the figures for the past three years shows that notifications among the male population has risen during this period:—

Year Ended 30.6.50			Year ended 30.6.51			Year ended 30.6.52		
Males	Females	Total	Males	Females	Total	Males	Females	Total
93	95	188	127	109	236	119	79	198

Male percentage of notifications—

1949-50	49.4%
1950-51	53.8%
1951-52	60.1%

Marital Status.

The marital status of the 198 cases recorded for the year is given as—

Married	108
Single	78
Widow or widower	10
Separated	1
Divorced	1
Total	198

These are spread over various age groups as shown hereunder:—

Under 15 years	20
15 to 24 years	44
25 to 34 years	39
35 to 44 years	40
Over 45 years	55
Total	198

Stage of Disease.

Of the 169 pulmonary cases, 51 (or 30.2 per cent) were quoted as having the disease in a minimal stage; 95 (56.2 per cent) were shown to be moderately advanced; and 23 (or 13.6 per cent) were stated to be in an advanced stage.

Corresponding figures for the two previous years were:—

Year	Minimal	Moderately Advanced	Advanced
1949-50	67=35.6%	94=50.0%	27=14.4%
1950-51	69=32.8%	104=49.5%	37=17.6%

It is confidently anticipated that the continual screening of the population by the Mass X-ray Surveys will result in gradual reduction of cases discovered in an advanced stage of the disease. In this respect it is interesting to note that, for the quarter ended 30.6.52, no cases of advanced disease were notified in this State. It is hoped that this may be an indication of the trend in the figures and may represent an important milestone passed in the anti-tuberculosis campaign.

A more detailed analysis of age, sex, form and stage of the disease of cases notified during the year is given in Table Q.

TABLE Q.

TABLE Showing Age, Sex, Form and Stage of Disease of Cases Notified during the Year 1951-52.

Age Group.	Males.					Females.					Total Persons.				
	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.
Under 15	4	....	....	4	8	3	5	1	3	12	7	5	1	7	20
15 to 24	7	10	....	2	19	12	10	2	1	25	19	20	2	3	44
25 to 34	4	13	....	8	25	4	6	2	2	14	8	19	2	10	39
35 to 45	9	14	5	2	30	....	7	2	1	10	9	21	7	3	40
Over 45	4	24	7	2	37	4	6	4	4	18	8	30	11	6	55
Totals	28	61	12	18	119	23	34	11	11	79	51	95	23	29	198

Mode of Discovery.

During the year notifications were received from the following sources:—

Private physicians	43=21.7%
Chest clinics	24=12.1%
Public hospitals (including Repatriation Hospital	82=41.4%
Mass X-ray Survey	49=24.7%
Total	198

As the function of the Mass X-ray Survey is chiefly concerned with the chest examination of the apparently healthy, the discovery of 49 cases, or approximately 29 per cent, of pulmonary cases notified, proves the value of this service as a means of detecting the unsuspected case.

Sputum Result at Time of Notification (Pulmonary Cases).

Tests for tubercle bacilli, carried out as part of the initial diagnosis, show that in 65 cases the result was positive, and in 52 cases the result proved negative; these latter being mainly by direct smear only, and further tests were being carried out. In 52 instances no indication was given that sputum tests had been carried out as part of the original diagnosis. In these cases the radiological and clinical evidence available justified notification, pending sputum tests being carried out later.

Family History.

Of the 198 cases notified there were 49 instances where a definite family history of tuberculosis could be traced, 94 cases were shown to have no family history of the disease, and in 55 cases no reference was made to family history on the notification form.

Number of Cases Notified from Each Municipality.

Table R. shows the number of cases notified each month from the various municipalities. These figures remain comparatively static compared with the two preceding years, except in the Hobart Municipality where there has been a reduction from 56 to 36. As previously stated this falling-off can most likely be attributed to the continuous screening of the population by the Mass X-ray, and routine chest X-ray of all Royal Hobart Hospital patients.

TABLE R.

TABLE Showing Notifications Received Each Month from Each Municipality During the Year 1951-52.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield	1	1	....	....	....	1	....	....	....	....	....	....	3
Bothwell	....	....	....	....	1	....	1	....	....	....	....	....	2
Brighton	....	....	....	....	....	....	....	....	....	....	....	....	....
Bruny	....	1	....	....	....	....	....	....	....	....	....	....	1
Burnie	....	....	1	3	1	....	1	2	4	3	1	1	17
Campbell Town	1	....	....	....	....	....	....	....	....	....	....	....	1
Circular Head	1	....	1	1	1	1	....	....	....	....	....	....	5
Clarence	1	....	1	1	....	....	1	....	....	....	....	1	5
Deloraine	1	....	....	....	....	....	....	....	....	....	....	....	1
Devonport	2	....	....	....	....	....	1	....	1	....	....	....	4
Esperance	....	....	....	....	....	....	....	....	....	....	....	....	....
Evandale	....	....	....	1	....	....	....	1	....	....	....	....	2
Fingal	....	....	....	....	....	....	1	....	....	....	....	....	1
Flinders	....	....	....	....	....	....	....	....	....	....	....	....	....
George Town	....	....	....	....	....	....	1	....	....	....	....	....	1
Glamorgan	....	....	....	....	....	....	....	....	....	....	....	....	....
Glenorchy	1	2	....	1	1	2	1	2	3	2	2	2	19
Gormanston	....	....	....	....	....	....	....	....	....	....	....	....	....
Green Ponds	....	....	....	....	....	....	....	....	....	....	....	....	....
Hamilton	1	....	1	....	....	....	....	1	....	....	....	1	4
Hobart	4	1	3	4	3	2	4	1	6	1	5	2	36
Huon	....	2	1	....	....	....	1	....	....	....	....	....	4
Kentish	1	....	....	....	....	....	....	1	....	1	....	....	3
Kingborough	2	....	1	....	1	....	1	....	1	....	2	....	8
King Island	....	....	1	....	....	....	....	....	....	....	....	....	1
Latrobe	1	....	....	....	....	....	....	....	1	....	....	....	2
Launceston	3	3	2	2	6	3	1	5	2	3	1	3	34
Lilydale	....	....	....	....	....	....	....	....	....	....	....	....	....
Longford	....	....	....	1	....	....	....	....	....	....	....	1	1
New Norfolk	....	....	....	....	....	1	1	....	....	....	....	1	3
Oatlands	....	....	....	1	....	....	....	....	....	....	....	....	1
Penguin	....	....	....	1	....	....	....	....	....	1	....	....	2
Port Cygnet	....	....	....	....	....	....	....	....	....	....	....	....	....
Portland	....	....	....	....	....	....	....	....	....	....	....	....	....
Queenstown	1	....	2	1	....	....	1	2	1	....	....	1	9
Richmond	....	....	....	....	....	1	....	....	....	....	....	....	1
Ringarooma	....	....	....	1	....	....	....	....	....	....	....	....	1
Ross	....	....	....	....	....	....	....	....	....	....	....	....	....
Scottsdale	1	....	....	....	....	....	....	....	....	....	....	....	1
Sorell	....	....	....	1	1	....	....	....	1	....	....	....	3
Spring Bay	....	....	....	2	1	....	....	....	....	....	....	....	3
St. Leonards	....	....	....	....	1	....	....	....	....	....	....	....	1
Strahan	....	....	....	....	1	....	....	....	....	....	....	....	1
Tasman	....	....	....	....	....	....	....	....	....	....	....	....	....
Ulverstone	....	....	....	1	1	....	....	....	....	....	....	....	2
Waratah	....	....	....	....	....	....	....	....	....	....	....	....	....
Westbury	....	....	....	1	....	....	....	....	....	....	....	....	1
Wynyard	....	1	2	1	1	....	....	....	....	....	....	....	5
Zeehan	....	....	1	....	2	2	3	....	1	....	....	....	9
Total Cases	22	11	17	24	22	13	19	15	21	11	11	12	198
Pulmonary	21	8	14	18	21	10	17	14	19	8	10	9	169
Non-Pulmonary	1	3	3	6	1	3	2	1	2	3	1	3	29

Hospitalisation.

Of the 169 pulmonary cases, it is found that 133 cases have received hospital treatment as under:—

Tasmanian Chest Hospital	47
Northern Chest Hospital	39
Repatriation Hospital	20
Vaucluse Hospital	7
Launceston General Hospital	9
Royal Hobart Hospital	5
Devon Public Hospital	3
Toosey Memorial Hospital	1
Lyell District Hospital	1
Millbrook Rise	1
	133

Transferred to Migrant Hospital, Bonegilla	1
Left State	1
Domiciliary Treatment — Clinics, Repatriation Hospital and private physicians	25
Still awaiting admission to Chest Hospital at 30th June, 1952	9
	169

Home Contacts.

From information supplied by the Local Government Department it is found that a total of 357 home contacts have been recorded. However, as this represents only 83, or approximately 50 per cent, of the pulmonary cases notified, it can be assumed that the total home contacts of all pulmonary cases would be in the vicinity of 700 persons.

Home Conditions.

An appraisal of the home conditions of notified cases is not very informative, as in 116 instances this information was not given. However, in 51 cases the housing conditions were stated to be "good", in another 26 "fair", and in five cases "poor". Of the 82 cases mentioned it will be seen that in the greater majority of instances the home conditions are regarded as good.

Occupations Generally.

In glancing through the varied occupations of persons notified during the year, it is noted that the one most frequently mentioned is "home duties". This is not altogether unexpected, as the major portion of female notifications from 24 years upwards would comprise married women.

It is found that nine children of under school age were notified. These were chiefly tubercular meningitis cases.

A summary of the various occupations is given hereunder:—

Home duties	45
Clerk, typist, &c.	16
Labourer	15
School child	14
Building trade	9
Mining	7
Orcharding and farming	7
Shop assistant	7
Waterside worker	6
Truck or tractor driver	6
Storeman, packer or factory hand	6
Pensioner or retired person	6
Fitter and turner	4
Printing trade	4
Student	2
Textile worker	2

Among the various other occupations quoted were:—Laboratory assistant, ironworker, showman, tailoress, barman, casemaker, cook, hairdresser, laundress, engineer, policewoman, housemaid, schoolteacher, welder, draper, nurse, fisherman, mining assayer, telephone mechanic, and patient from Mental Hospital.

Deaths.

Deaths recorded among the 198 cases notified during the year totalled 26, of which 11 were cases of tubercular meningitis, and in two other instances the diagnosis of tuberculosis was as a result of post-mortem examination.

The total deaths for the year numbered 66, and the following is a summary of same according to age and sex:—

Age Group	Males	Females	Total
Under 15 years	3	6	9
15 to 24 years	5	3	8
25 to 34 years	3	4	7
35 to 44 years	4	4	8
Over 45 years	23	11	34
	38	28	66

The total of 66 deaths for the year is one in excess of the previous year, but must be considered favourable as far as the pulmonary cases are concerned, as it is found that eleven deaths this year were shown to be due to tubercular meningitis.

TASMANIAN CHEST HOSPITAL, NEW TOWN.

Maintenance Expenditure for the Year 1951-52.

	£	s.	d.
Salaries and wages	43,584	18	6
Medicines	2,004	12	11
Provisions	15,459	9	6
Domestic maintenance	2,510	12	0
Finance charges	93	19	3
Maintenance equipment	5,360	1	5
Maintenance buildings & grounds	2,329	14	6
Incidentals	932	16	4
Total expenditure	£72,276	4	5
Daily average cost per bed	£2	1	1

Treatments Carried Out.

1. *Surgery*—	
Lobectomy	8
Pneumonectomy	3
Thoracoplasty	3
Adhesion Section	6
Cavernostomy	2
2. *Chemotherapy*—	
P.A.S. (cases approximately)	75
Streptomycin (cases approximately)	43
3. *Collapse Therapy*—	
Artificial Pneumothorax	5
Refills	195
Pneumoperitoneum Refills	91
4. *Pathology*—	
B.S.R.	891
Gastric Lavage	71
Sputum Concentration	15
Sputum Tests	959
Full Blood Counts	115
Urine (Micro)	27
Barium Meals	2
Test Meals	4
5. *Radiology*—	
X-rays	1,046
Screenings	150
Tomographs, cases (295 Films)	26

Admissions, Re-Admissions ex Royal Hobart Hospital, Discharges and Deaths at the Tasmanian Chest Hospital during the Year 1951-52.

	Males	Females	Total
In residence 1.7.1951	41	54	95
Admissions	56	56	112
Re-admissions ex Royal Hobart Hospital	23	33	56
Total In-patients treated	120	143	263
Discharges	52	57	109
Transferred to Royal Hobart Hospital	18	28	46
Deaths	6	5	11
Total discharges, deaths, &c.	76	90	116
In residence at 30.6.52	44	53	97
Average daily number resident during year			97
Average length of residence of patients discharged (excluding patients discharged to Royal Hobart Hospital)	181 days	174 days	
Average length of residence of patients who died	280 days	300 days	

Devotional.

Thanks are due to the ministers of the various denominations for their continued attendance and interest in general for the spiritual welfare of the patients.

Amenities.

The Tasmanian Sanatoria After-Care Association continued to provide entertainments at the hospital regularly throughout the year. This association, in addition, managed the hospital kiosk. I should like to record my appreciation of the efforts of this association in providing these amenities, which are much appreciated by the patients at the hospital.

During the year a separate auxiliary was formed, and it is thought that this new body will probably take over the management of the kiosk and provide amenities for the patients.

It is hoped that in the near future a suitable library will be established at the hospital for the benefit of the patients. The Medical Superintendent has made arrangements for a room for this purpose and the After-Care Association has generously supplied a large number of books. It is expected that the patients will be able to avail themselves of this much-needed facility very shortly.

Buildings.

In my last report it was mentioned that plans were being finalised, after a conference of Commonwealth and State officers, for the construction of a new Chest Hospital on the selected site at Claremont. Due to the present financial stringency, and at the request of the Commonwealth Minister for Health, this project has been deferred for the time being. It has, however, been decided to proceed with immediate erection of—

1. Additional accommodation for nurses;
2. Additional accommodation for patients.

It is pleasing to record that the construction of the additional nurses' accommodation is well advanced, and the erection of additional buildings for patients should shortly follow as tenders have been invited for this work. The cost of this capital expenditure is reimbursed to the State by the Commonwealth, in accordance with the Tuberculosis Campaign Arrangements Act.

During the year additions have been provided to the office accommodation in order to allow for internal administrative alterations to be effected which, it is hoped, will allow for better administration of the hospital.

Improvements have also been effected generally throughout the hospital, and it is pleasing to report that practically the whole of the buildings have now been repainted.

Dental Services.

In order that patients may receive dental attention, dental equipment has been purchased and installed, and arrangements are at present being finalised with the Department for a weekly visit of a dental officer to the hospital.

Staff.

Mr. M. C. Mann was transferred from the Division to the hospital to occupy the position of Assistant Superintendent (Administrative). In the past there has not been an administrative officer at the hospital itself; all the administration being attended to by the Administrative Section at the Division. It is felt that this appointment should assist greatly in the more efficient running of the hospital, and to date this has been so.

Northern Chest Hospital, Evandale.

Maintenance Expenditure for the Year 1951-52.

	£	s.	d.
Salaries	21,829	2	3
Medicines	2,457	16	9
Provisions	8,241	4	5
Domestic maintenance	2,213	15	11
Finance charges	50	0	0
Maintenance equipment	1,956	18	4
Maintenance buildings & grounds	1,992	0	10
Incidentals	1,927	3	7
Total expenditure	£40,668	2	1
Daily average cost per bed	£2	4	6

Treatments Carried Out.

1. *Surgery*—	
Lobectomy	2
Thoracoplasty	2
Bronchoscopy	2
2. *Chemotherapy*—	
P.A.S. and Streptomycin (patients)	48
P.A.S. only (patients)	9
3. *Collapse Therapy*—	
Artificial Pneumothorax	2
Refills	21
Pneumoperitoneum Refills	18
Postural Retention (patients)	5
4. *Pathology*—	
B.S.R. (patients)	67
Gastric Lavage (patients)	49
Direct Smear (patients)	93
Conc. Tests (patients)	37
Culture Sputum (patients)	87
Full Blood Counts	2
White Blood Counts	21
Haemoglobin (patients)	120
Urine (Micro)	4
Urine for culture for tubercle bacilli	6
Barium Meal	1
Electro-cardiograms	2
5. *Radiology*—	
X-rays	534
Screenings	35

Admissions, Discharges and Deaths at the Northern Chest Hospital during the Year 1951-52.

	Males	Females	Total
In residence 1.7.1951	20	31	51
Admissions	45	54	99
Total in-patients treated	65	85	150
Discharges	39	58	97
Deaths	5	2	7
Total discharges and deaths	44	60	104
In residence at 30.6.1952	21	25	46
Average daily number resident during year			49.9
Average length of residence of patients discharged	191.15 days		
Average length of residence of patients who died	290.66 days		

Amenities.

The Northern Branch of the National Association for the Prevention of Tuberculosis in Tasmania was very active during the year. The members provided numerous amenities and gifts, all of which were very much appreciated by the patients. This branch has now agreed to provide tools, equipment, &c., for a carpenter's shop. This excellent gesture will be much appreciated by the male patients.

The Australian Red Cross Society has continued to make available to the hospital the services of a handcraft worker. This has enabled many patients to occupy their leisure time in an interesting and instructive manner, and has assisted very much in making their time in hospital much happier.

Buildings.

The programme planned for new extensions progressed very considerably, and it is pleasing to be able to give the following details of the progress made:—

1. The erection of an additional 26 beds for patients and additional accommodation for resident female staff is nearly completed, and it is hoped that this new section will be ready for occupation early in the coming year. This will increase the bed capacity of the hospital to 80 beds.

2. The erection of garage at the residence of the Medical Superintendent in Launceston was completed.

3. The main hospital kitchen was completely remodelled. This has assisted the cooking staff and raised the standard of the food service.

4. Approval has been given by the Director-General of Health, Canberra, for the cost of the erection of a medical officer's residence within the grounds of the hospital, and it is hoped that an early start on its construction will be made, as it is most desirable to have a Resident Medical Officer, particularly when the additional accommodation is completed.

Devotional.

Ministers of religion continued to visit the hospital, and their interest in the welfare of the patients was very much appreciated by all.

Staff.

It has been possible during the past twelve months to obtain the services of the required number of untrained nurses, but to date, despite frequent advertising for applicants for the position of Sub-Matron and Sister, all efforts to relieve the shortage in this direction have proved unsuccessful. These efforts are being continued.

When the additional accommodation for patients is completed, it will be necessary for the services of a Resident Medical Officer to be obtained. It is expected that applications for the position will shortly be invited.

Chest Clinics.

The activities of these clinics form a most important part of the campaign against tuberculosis. At the clinics, patients undergo investigation prior to admission to hospital, and after discharge are kept under very lengthy supervision by the doctors and nursing staffs of the clinics.

A clinic visiting sister has a very important part to play in the domiciliary supervision of patients, and in helping them in their economic welfare, and also in adjusting themselves to the new way of life so often forced upon them by tuberculosis.

The scope of this valuable work has been extended by the establishment of a chest clinic at Burnie, which at present operates on the basis of once a week only, but it is expected that further expansion will take place in the near future.

Figures indicating the work of the chest clinics are shown in Table S.

TABLE S.

Statement Showing Particulars of Work Performed by Chest Clinics during the Year 1951-52.

	Hobart	Launceston	Devonport	Burnie	Total
1. *EXAMINATIONS—*					
Persons referred to chest clinic for further investigation	117	19	5	6	147
Persons referred to chest clinic for further investigation by private physicians	117	59	31	1	208
Contacts examined for first time	283	197	153	55	688
Contacts re-examined	1,742	1,575	195	17	3,529
Clinic cases hospitalised	74	31	21	3	129
2. *CLINICAL TREATMENTS & INVESTIGATION—*					
Gastic Lavages completed	118	28	5	4	155
B.S.R. examinations	885	573	168	17	1,643
Artificial Pneumothorax Refills	494	382	256	17	1,149
Pneumoperitoneum Refills	255	56	93	14	318
X-ray examinations, 17 x 14 films	1,683	2,017	470	70	4,240
X-ray examinations, 35 mm.	1,988	....	....	....	1,988
Screenings	220	482	184	....	886
Sputum examinations	1,009	387	78	7	1,481
Domiciliary visits—Medical Officer	3	86	....	....	89
Domiciliary visits—Clinic Sisters	742	304	178	30	1,254

N.B.—Statistics relating to B.C.G. vaccinations carried out at Launceston, Devonport, and Burnie Clinics are shown in separate return for B.C.G. Statistics for Burnie Clinic from 1st April, 1952.

Compulsory Segregation of Tuberculosis Cases.

During the year covered by this report, five applications were submitted to the Tuberculosis Boards, four to the Northern and one to the Southern Board.

For the purpose of hearing applications submitted by the Director of Tuberculosis, there are at present two Boards constituted, one in the North and one in the South. Each of these Boards consists of three medical practitioners who practise as physicians and who are appointed by the Governor to hold office during his pleasure. In addition, a fourth medical practitioner is appointed to sit in the absence of a Board Member. The personnel of the two boards is as follows:—

Northern.

John Lewers Grove, M.D., B.S., F.R.A.C.P. (Chairman).
Robert Wall, M.B., B.S.
Frank Richard Tod Stevens, M.B., B.S.
William Rex Moloney, M.B., B.S. (Relieving Member).

Southern.

Terence Campbell Butler, M.R.C.S., L.R.C.P., M.R.A.C.P. (Chairman).
George Andrew Robbie, M.B., B.S.
Nigel Basil Gresley Abbott, M.B., B.S.
Paul Laurence Dorney, M.D., B.S., M.R.A.C.P. (Relieving Member).

Of the four applications submitted to the Northern Tuberculosis Board, two were submitted under Section 8 (1) and two under Section 8 (2) of the Tuberculosis Act, 1949.

The Director of Tuberculosis, when applying to the Board for an Order, must satisfy the Board that—

(*a*) the patient is suffering from tuberculosis and is in an infectious condition;
(*b*) in the patient's interests he should be properly attended and treated;
(*c*) the patient's circumstances are such that proper precautions to prevent the spread of the infection cannot be taken, or that such precautions are not being taken;
(*d*) substantial risk of infection is or will thereby be caused to other persons; and
(*e*) accommodation for the patient is available in a suitable institution or place.

The Board then has power to issue an Order that the patient be detained in a chest hospital for a period not exceeding six months.

Section 8 (1) applies when the Director of Tuberculosis submits an application for the detention of a patient for the first time, and Section 8 (2) applies when the application is for the detention of a patient for a further period.

It is to be noted that, under the provisions of the Tuberculosis Act, 1949, the maximum period for the detention of any person must not exceed an aggregate of three years.

In reference to the application submitted to the Southern Tuberculosis Board, it was necessary for that Board to hear evidence on two occasions, after which an Order for the detention of the patient for a period of six months was issued.

It may also be mentioned that the effect of this legislation has made it possible to persuade many persons not desirous of entering a chest hospital to do so, and it is thought that the need for applications to either of the Boards will gradually be reduced when it is seen that power is available to the Board to compulsorily detain a recalcitrant patient.

It is my desire to place on record my appreciation of the co-operation of all members of the Northern and Southern Boards.

Mass Radiography.

During the year a major change was rendered necessary in the reading of the miniature and large X-ray films. As the number of these had increased in the manner shown in Table T, and with the opening of the Launceston centre likely to cause a further substantial increase, additional readers were appointed in a part-time capacity.

The medical practitioners performing this work on a sessional basis are radiologists and chest physicians; these latter having either senior qualifications or extensive experience in chest X-ray examinations.

These practitioners are—Dr. R. McIntosh, Dr. K. J. Friend, Dr. T. H. Goddard, Dr. G. A. Robbie, Dr. Owen F. Rofe, Dr. Trevor James.

In addition, the Medical Superintendent and the Medical Officer of the Tasmanian Chest Hospital attend for one session each week.

The large and miniature films taken at the Launcestion Unit are processed at that centre and, in the case of the miniature films, the Medical Superintendent of the Northern Chest Hospital attends for two sessions weekly for reading these films. The principle of double checking of all miniature films is strictly observed.

TABLE T.

Statement Showing the Number of Persons X-rayed Annually Since the Inception of the Mass X-ray Survey in 1945 *until* 30*th June,* 1952.

Year.	Hobart X-ray Unit	Mobile X-ray Unit	Transportable X-ray Unit and Launceston X-ray Unit	Total
1945 ..	11,955	....	....	11,955
1946 ..	11,484	11,153	....	22,637
1947 ..	10,970	22,597	1,592	35,159
1948 ..	13,221	23,295	....	36,516
1949 ..	17,916	20,978	....	38,894
1950 ..	22,377	16,482	....	38,859
1951 ..	41,476	36,783	....	78,259
1952 ..	43,646	37,351	20,668	101,665
	173,045	168,639	22,260	363,944

Large Films.

As a result of the miniature X-ray survey carried out during the year, it was found that in 4,087 instances further examination by 17 x 14 film was required. Details for the various Units are given hereunder:—

Hobart Unit.

Number of large films required	1,705
An analysis of which shows—	
Active tuberculosis	37
Inactive tuberculosis	45
Still under observation	86
Other abnormalities—	
Abnormal Cardiac Shadow	14
Bronchitis	13
Old Pleurisy	12
Diaph. Hernia	8
Pneumonia	5
Enlarged Thyroid	5
Pneumonitis	5
Pleural Effusion	4
Hydatid	4
Silicosis	2
Bronchiectasis	2
Scoliosis	1
Kyphosis	1
Emphyema	1
Bronchial Cyst	1
Pulmonary Carcinoma	1
No abnormality disclosed	1,433
Persons who have not yet reported	25
	1,705

Mobile Unit.

Number of large films required	1,561
An analysis of which shows—	
Active tuberculosis	9
Inactive tuberculosis	20
Still under observation	48
Other abnormalities —	
Abnormal Cardiac Shadow	9
Silicosis	8
Eventration	7
Enlarged Thyroid	5
Old Pleurisy	4
Hydatid Cyst	3
Bronchiectasis	3
Aneuryam	1
Sarcoidosis	1
Bronchitis	1
Pulmonary Abscess	1
Pleurisy with Effusion	1
Pneumonia	1
No abnormality disclosed	1,301
Persons who have not yet reported	158
	1,561

Transportable Unit.

Number of large films required	821
An analysis of which shows—	
Active tuberculosis	17
Inactive tuberculosis	25
Still under observation	69
Other abnormalities—	
Abnormal Cardiac Shadow	4
Diaph. Hernia	1
Old Pleurisy	1
Silicosis	1
No abnormality disclosed	644
Persons who have not yet reported	59
	821

B.C.G. Vaccination.

The B.C.G. Vaccination Campaign has been extended during the year, and the additional groups which have been vaccinated consist of several "intakes" of National Service trainees, and a start has been made with the very important group of "school-leavers". Figures for the campaign are shown in Table U.

In addition, groups, each of small numbers, have been vaccinated at Queenstown and Scottsdale and by private practitioners who are approved vaccinators.

Thanks are again due to the Hobart City Council for the use of the Immunisation Room at the Town Hall free of charge, for the vaccinations performed in Hobart.

TABLE U.

Statement Showing B.C.G. Vaccinations Carried Out during the Year 1951-52.

1. *B.C.G. Clinic, Hobart*—	
Voluntary attendances, contacts	252
Institutions	106
National Service trainees	537
Nurses	89
2. *Launceston Chest Clinic*—	
Contacts and nurses	388
3. *Devonport Chest Clinic*—	
Contacts and nurses	97
4. *Burnie Chest Clinic*—	
Contacts and nurses	16
Total	1,485

GENERAL.

The outstanding advances made by the Tuberculosis Division in the year can be summarised as follows:—

(1) The establishment of a new chest clinic and X-ray centre at Launceston where accommodation will also be available for a B.C.G. clinic.

(2) The addition of a further miniature X-ray unit, which has made possible compulsory X-ray surveys at Burnie, Rosebery and Devonport, and the commencement of a permanent mass X-ray centre at Launceston, operating under the compulsory legislation in the same manner as the unit in Hobart has been for some years.

(3) The establishment of a chest clinic at Burnie.

With regard to the chest clinic at Launceston, it is thought that it compares most favourably with overseas standards. Its establishment away from the General Hospital is probably not in conformity with the modern trend, but this was unavoidable, and it is hoped that the many advantages of the new clinic will outweigh this single disadvantage. A close liaison is still maintained with the hospital, and every help and co-operation is being given by the hospital officers, and this will, it is hoped, further lessen the effects of the separation.

The X-ray centre has also received favourable notice, and was opened on the 2nd June, 1952, by the Honourable the Minister for Health in the presence of the Mayor of Launceston, Members of both Houses of Parliament, and other interested persons.

In another portion of this building it is hoped to open a B.C.G. clinic in Launceston on similar lines to that which has been operating in Hobart since October, 1950.

The property which houses these activities of the Division is situated at 75 Cameron Street, Launceston, and, since purchased by the Department of Public Health, the amount of the purchase price has been refunded to the State by the Commonwealth as a capital expenditure under the financial agreement covering the Anti-Tuberculosis Campaign.

The chest clinic at Burnie has proved most useful. Although it operates only one-half day weekly, the numbers which have attended have approached those of its parent clinic at Devonport. The Burnie clinic is staffed by the Sister-in-Charge at Devonport, but, if the activities of the Burnie clinic continue to expand, a further clinic sister may be required. Dr. Ian Pearson, of Burnie, conducts the clinic on a part-time basis, and has already proved most efficient and helpful in the manner in which he has carried out his duties.

Surgery.

Mr. Peter Braithwaite has continued to perform the thoracic surgery for the Division, and the greatest satisfaction is felt in the high standard which has been maintained in this section of the work. Dr. R. Lewis has given valuable service in the specialised anaesthesia required in thoracic surgery.

Beds in Vaucluse Hospital.

Following the end of the recent outbreak of poliomyelitis, about ten beds in Vaucluse Hospital again became available for the treatment of cases of primary tuberculosis in children, should hospitalisation be deemed necessary, and for cases of pleurisy with effusion.

It is desired to place on record appreciation of the help of the Royal Hobart Hospital Board of Management, its medical officers and members of the nursing staff, in this important aspect of the work.

After-Care.

The "Narryna" After-Care Hostel has continued its important work, and its committee is to be congratulated on having purchased a home which will provide an After-Care Hostel for women.

Tuberculosis Allowances.

In force 30th June, 1951	333
Granted during year	133
Transferred from other States	5
Cancelled during year	145
In force, 30th June, 1952	326

Broadcasting.

The educational side of the Anti-Tuberculosis Campaign was continued this year by a series of five-minute talks on all commercial broadcasting stations in Tasmania.

Tuberculosis Association.

The recently-formed body under this name has become the Tasmanian Branch of the National Association for the Prevention of Tuberculosis in Australia, and much help has been received from its three branches in this State—Southern, Northern, and North-Western.

Projected Undertakings.

It was a keen disappointment to the Division when it was found, on account of the present financial situation, that work in connection with the proposed new chest hospital at Claremont had to be abandoned for the present. This was agreed to on condition that extensions were made to the present hospital at New Town, as well as several other projects mentioned elsewhere.

The additions to the Tasmanian Chest Hospital have reached the stage of the consideration of four tenders for the work. The building for the additional nursing staff required is already well advanced, and should be ready for occupation in the near future.

At the Northern Chest Hospital additional accommodation for 30 more patients is about to be occupied. Floor coverings and the necessary equipment are already being placed in position in the wards and in the additional accommodation for the nursing staff.

Mobile Unit.

The Mobile Unit of this Division has, during the past year, been subject to several breakdowns, which are an expression of its reaching a stage where a replacement is necessary. At present there is under construction a second smaller mobile unit, which will considerably relieve the strain on the original unit, and a second large unit has also been discussed.

STAFF.

I wish to thank the Medical Superintendents and Matrons of the Tasmanian Chest Hospital and the Northern Chest Hospital and their Staffs and the Sisters-in-Charge of the Hobart, Launceston and Devonport clinics and their Staffs for their work and assistance during the year.

To the officers of the Mass X-ray Section, Mobile Unit and Head Office of the Division I express thanks for their co-operation and appreciation of their work during the past twelve months.

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.,
Director of Tuberculosis.

SECTION IV.—REPORT OF DIRECTOR OF MENTAL HYGIENE FOR THE YEAR ENDED 30th JUNE, 1952.

Early in the year the Division suffered a great loss in the resignation of the then Director, Dr. C. R. D. Brothers, who left to take up an appointment in Victoria. In September the writer was promoted Director from the office of Medical Superintendent at the Lachlan Park Hospital and other institutions at New Norfolk. However, owing to acute shortage of medical staff at New Norfolk, he has had to remain at Lachlan Park and has not been able to devote more than a couple of afternoons a week to his new duties.

In the Director's absence the Senior Psychologist has been in administrative charge of the Division, and though the latter has carried out her duties most capably, the work of the Division has suffered greatly.

Professor E. Morris Miller has been appointed Director of the State Psychological Clinic and Chairman of the Mental Deficiency Board until the present Director of Mental Hygiene has time to do the considerable amount of work involved in the holding of these offices.

I must call attention to the serious shortage of medical staff at the Lachlan Park Hospital. This matter is covered in the appended report of the Medical Superintendent. The shortage has existed for several years and an increase in salaries has done little to attract new staff. It is believed that insufficient publicity in advertising vacancies is a contributory factor. There is at present no margin of safety for illness or accident. However, a new Medical Superintendent has been appointed and is expected in Tasmania before Christmas.

In the early part of the year Dr. Langley resigned from the position of Consulting Psychiatrist to the Launceston General Hospital. He was replaced in January by Dr. K. J. Meagher, formerly Medical Officer at the Millbrook Psychopathic Hospital.

This officer conducts a fortnightly psychiatric clinic at the Devon Public Hospital, Latrobe, a monthly clinic at Scottsdale, and on alternate months clinics at the Burnie Public Hospital, Burnie, and the Spencer Public Hospital, Wynyard.

An assistant psychologist has been added to the staff of the Division and another psychiatric social worker has been appointed.

The Senior Psychologist's department has undertaken, in conjunction with the University, the training in field work of selected senior psychology students. The addition of the assistant psychologist plus the help of students has made possible a considerable extension of the work of this section. This has included psychological testing of all inmates of the Ashley Boys' Home, testing of all children at Home of Mercy and St. Joseph's Orphanage, third and fourth-year groups at the Lady Gowrie Child Centre and the testing of all crippled children at the St. Giles' Home, Launceston.

The appointment of a second psychiatric social worker has enabled more work to be carried out in distant areas, e.g. Launceston.

Arrangements have been made for this Division to take over the old Home for Invalids, Launceston, for use as an Institution for Mental Defectives. However, it is not anticipated that this will occur for another twelve months.

In the last Annual Report the former Director strongly recommended the conversion of the Talire Child Centre for defective children into a residential institution and that it be transferred from the control of the Education Department to the Health Department. So far no definite policy seems to have been decided on for the future of the centre.

During the year a "Retarded Children's Welfare Association" has been formed in Tasmania. This will undoubtedly help to raise the standard and scope of care available for such children.

A beginning has been made on the construction of a new Mental Hospital at New Norfolk. Attention is drawn by the Medical Superintendent for acceleration of the building programme and provision of extra wards because of increasing population.

The work carried out by the Division is summarised in the following tables:—

Details of Psychiatric Examinations.

Outpatients—

Royal Hobart Hospital	943
Launceston General Hospital (approx.)	681
Devon Public Hospital (approx.)	116
Spencer Public Hospital	56
Scottsdale Hospital (approx.)	33
Burnie Public Hospital	8
Division of Mental Hygiene	89
	1,926

Inpatients—Seen in consultation—

Royal Hobart Hospital (approx.)	130
Launceston General Hospital (approx.)	150

Details of work carried out by the Psychologist and Assistant Psychologist are given in the following table:—

Hobart (including Royal Hobart Hospital, &c.)	428
Launceston (including Launceston General Hospital)	96
Devon Public Hospital	19
Spencer Public Hospital	11
New Norfolk	17
Burnie Public Hospital	2
Ashley Home	65
Queenstown	8
	645
Visits in connection with electro-encephalograph	89

Details of work carried out by the Psychiatric Social Workers are given in the following table:—

Number of cases on which work undertaken	298
Number of home visits	242
Other visits	166
Visited in institutions	54
Number of visits outside Hobart	201
Cases on which relatives interviewed	175
Cases on which outside agencies or individuals contacted	165
	1,301

Reports of the Medical Superintendent on the Lachlan Park Hospital and Millbrook Psychopathic Hospital, and of the Chairman of the Mental Deficiency Board and Director of the State Psychological Clinic, are appended.

J. R. V. FOXTON, M.B., B.S.
Director of Mental Hygiene.

Appendix XI.

REPORT OF MENTAL DEFICIENCY BOARD FOR THE YEAR ENDED 30th JUNE, 1952.

The number of defectives coming under the care and control of the Board continues to increase. This year we have completed the year with a total of 245 patients, an increase of eight over the last figure quoted.

Accommodation remains, as ever, our most pressing problem. We still have no hostels for the accommodation of defectives who would be suitable for daily employment in the community. There is little or no prospect of anything being available in this respect in the immediate future. With regard to Government institutions, the accommodation for male defectives is again strained to breaking point, as we now have 82 under such care. Fifty of these are housed in the Government Institution for Defectives at New Norfolk. Their ages range from fourteen upwards, and there is still no possible means of segregation. The open Institution at St. John's Park has 25 patients. Requests from the Courts or from other sources for the most urgent placement of defectives places the Board in a most embarrassing position, since the order to take an urgent case often makes it necessary to place under guardianship some other case which may or may not be ready for such placement. Until a further institution of some kind is opened, the position with regard to male mental defectives will continue to be acute.

With regard to female defectives, there are now 39 of these all housed in the Government Institution for Defectives, St. John's Park, New Town. As previously stated, this is a virtually open institution and is not suitable to house all types of female defectives under control.

Of the total of 129 males under the control of the Board, only two are under supervision, and 45 are under guardianship. Increasing efforts have been made this year to obtain suitable employment for these defectives. In fact, several have been well placed and accommodation and employment found for them. There are several, however, who are in institutions because suitable hostel accommodation is not available and private persons cannot be found who are willing to accept responsibility for the care of defective persons.

Of the female patients, apart from those in the Government Institution for Defectives at St. John's Park, three are under supervision, and there is some possibility that the orders of certain of these might lapse during the year. The remaining 74 out of the total of 116 are under legal guardianship, either with private persons, or in such institutions as maternity homes or Catholic homes. The need with them, also, for suitable hostel accommodation is still very great.

During the year, the orders of five patients were allowed to lapse. Ten patients had to be transferred to the Mental Hospital, most of them from the Government Institution for Defectives, St. John's Park, New Town. Six of the transfers to the Mental Hospital were females and four were males. Of the 24 cases taken over by the Board during the year (some of them being old cases which had previously been allowed to lapse, but were now renewed), six were brought under notice at the request of either Courts or Police Magistrates, most of these being sex offenders. In some instances they come to us at quite an early age. They again have to be committed to the institution along with all other types of defectives, and there is no possibility of providing for adequate segregation.

Dr. C. R. D. Brothers, who was appointed Chairman of the Board in 1946, resigned in August, 1951, on his appointment as Deputy-Chairman of the Mental Hygiene Authority, Victoria. The present Chairman was recalled by the Minister to act in that capacity until the newly-appointed Director of Mental Hygiene (Dr. Foxton) would be able to take over the duties of the chairmanship.

Dr. G. R. Beattie acted as Member of the Board for six months during Dr. W. J. Freeman's absence from the State.

E. MORRIS MILLER, M.A., Litt.D., F.B.Ps.S.
Chairman.

Appendix XII.

REPORT OF STATE PSYCHOLOGICAL CLINIC FOR THE YEAR ENDED 30th JUNE, 1952.

The work of the State Psychological Clinic continues to increase each year. Although the number of cases seen remains at about the same level, there is an increasing number of old cases who require re-testing. These are not shown on the actual returns as given in this report, where a total of 353 is given for the year ended 30th June, 1952. Of this number, 234 were males and 119 females. The classification is shown below:—

Vocational guidance was given to two males and no females. Personality investigations only were made on six males and four females. Of the remainder who were examined, 95 males and 52 females were found to be of normal or superior intelligence. Those who were classified as mentally defective included 36 males and 29 females in the feeble-minded group, while 13 males and three females were ascertained to be imbeciles.

Among the cases noted above, 64 were referred by the Court, Gaol, Magistrates, Probation Officers, or Children's Courts.

The work of the Clinic was carried out at Hobart, Launceston, Latrobe and Wynyard. At the request of the Psychology Department of the University, arrangements have been continued for our psychologist to take and train a number of final-year students in clinical psychological work. Although this entails extra duties and time, it is felt that the Clinic should take its share in the training of future psychologists. This was one of the functions which was originally foreseen when the Clinic was first established in 1920, but it was not possible previously, as there was no full course in psychology until last year.

E. MORRIS MILLER, M.A., Litt.D., F.B.Ps.S.
Director of Clinic.

Appendix XIII.

REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK FOR YEAR ENDED 30th JUNE, 1952.

I submit herewith my report on the Lachlan Park Hospital for the year ended 30th June, 1952, together with statistical tables.

There were 317 male and 393 female patients in hospital at the end of the year. The number of male patients has remained fairly constant over the past ten years but the number of female patients has shown a marked increase. From 1942 to 1946 the figure remained between 330 and 340, but since then has increased steadily and at the time of writing is 400; an increase of nearly 20 per cent. For the first time in memory there is now serious overcrowding in the Female Division. No new buildings have been provided and no new wards are under construction.

During the past five years there has been an increase in the total population of Tasmania of some 20 per cent, yet this cannot account for the rise in female patients as very few of them are New Australians. The increasing population of the State means, however, that a proportionate further increase in hospital beds will be required in the not far distant future. To this must be added an increased demand for beds for cases of senile dementia, due to the greater proportion of people reaching the senile age. Plans should be made now for increasing the beds on both the Male and Female Divisions by 100 each.

This year is notable because a beginning has been made on the building of the new hospital. The first units to be constructed will be the essential services and artisans blocks. This new hospital is designed to accommodate 340 patients of each sex. The habitable buildings of the existing hospital are to be used as an institution for mental defectives. As there are about a hundred male and a hundred female mental defectives at present in hospital, and who will not occupy beds in the new hospital, the estimate of 340 beds for each Division was believed adequate when planned, some six years ago. This estimate must now be revised and plans made for at least two more wards at the new hospital.

At present it is anticipated that the new hospital will take some 10 years to build. If the care of the mentally ill is not to sink to the standard found in less civilised communities, money will have to be found to accelerate this programme. Even at present, conditions in some female wards are a disgrace, because of lack of adequate space, facilities, &c.

The nursing of mentally ill patients in buildings which are old, outmoded, inconvenient and overcrowded is as unpleasant for the staff as it is for the patients.

On the Male Division there is a full complement of male nurses and attendants, but many have to be accommodated in the wards because of lack of accommodation in New Norfolk. A hostel for single men was approved by the Parliamentary Standing Committee on Public Works some years ago, but to date no building has been provided or even begun.

On the Female Division the nursing staff position is still bad, though there has been a slight improvement over previous years.

The position with regard to medical staff has become very serious. The year began with a staff of only two, the Medical Superintendent and a temporary medical officer. In September the Medical Superintendent was promoted to Director of Mental Hygiene, but was obviously unable to relinquish his duties at this hospital.

In October, another temporary medical officer was recruited, but in March the other temporary medical officer resigned, leaving again only two doctors to give medical attention to nearly 800 patients (including inmates of the Government Institution for Defectives); including the special treatments required for recently-admitted and recoverable patients. As admissions and re-admissions totalled some 299 souls, it will be realised how inadequate the medical staff was to provide proper attention, especially when one considers that this branch of medicine is more time-consuming than any other and that one of the medical officers had to spend much of his time in Hobart on official duties, and most of the remainder in his office at this hospital, attending to administrative matters.

In my opinion, a hospital of this size and type should have at least four medical officers, a medical superintendent, senior medical officer and two medical officers. These four positions are on the classified establishment. Yet the hospital has been without the services of a senior medical officer for over 2½ years and without a permanent medical officer for 1½ years. For the latter nine months of this year it has been without any permanent medical officer at all, the Director of Mental Hygiene acting as Medical Superintendent to the neglect of his proper duties.

A house for a fourth medical officer is needed. Until suitable accommodation is offered it is unlikely that a fourth medical officer would come here, or, if he came, would remain.

During the year four houses for married staff were completed.

The cost per patient per day has almost exactly doubled in the past four years. For the year ended 30th June, 1948, the gross cost was 10s. 4d., and the net cost 9s. 7d. For this year the figures are 19s. 11d. and 18s. 11d. respectively. This increase is due to increase in prices of commodities and increased salary bill. Increased expenditure on amenities for patients has been negligible.

The gross cost of maintenance for the year was over a quarter of a million pounds, a not inconsiderable portion of the State revenue. In this connection it is worth emphasising the economic importance of the best medical and nursing treatment being available. Of the 195 new admissions for the year, 118, or just 60 per cent, were suffering from conditions from which recovery is possible.

During the year some 65 patients were discharged from certification, recovered or improved. It will be noticed that this figure falls far short of what is theoretically possible. As the majority of these potentially recoverable patients are young, those who do not recover will cost the State many thousands of pounds each before they die in thirty, forty or fifty years time.

Whilst it cannot be claimed that a full medical staff would double the number of "cures", it is reasonable to expect that more time spent with the recoverable patient, in understanding his problems, in treatment, and in effecting his rehabilitation, would pay dividends financially as well as in health and happiness.

To turn to a more cheerful side, the hospital now has two fully trained occupational therapists, and a third is expected in a few months. A new medical superintendent is leaving England shortly, and another effort is being made to obtain a tutor for the training of the nursing staff.

It is my sad duty to record the death during the year of the former Senior Medical Officer, from the effects of his imprisonment by the Japanese whilst serving in His Majesty's Forces.

Finally, I must once again thank the Repatriation Department for providing weekly picture shows for returned servicemen and all other patients able to attend; the Red Cross Society for help with occupational therapy and, last but not least, the hospital auxiliaries who have worked untiringly in providing extra comforts and special treats such as bus drives, &c., and for running the canteen on Sundays for the benefit of patients and visitors.

J. R. V. FOXTON, M.B., B.S.,
Medical Superintendent.

TABLE 1.

Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1951-52.

	Males.	Females.	Total.	Males.	Females.	Total.
In Hospital on 30th June, 1951	...	...	...	315	367	682
Admitted for first time	78	80	158			
Re-Admitted	16	21	37			
Returned from Trial Leave	41	63	104			
Total Admitted and Returned	...	...	...	135	164	299
Total under care during year	...	...	...	450	531	981
Discharged from Hospital	15	10	25			
Proceeded on Trial Leave	90	110	200			
Escaped	3	...	3			
Died	25	18	43	...	...	...
Total off Records	...	...	...	133	138	271
Remaining in Hospital on 30th June, 1952	...	...	...	317	393	710

TABLE 2.

Table Showing Numbers of Patients on, returning from and discharged from, Trial Leave during the Year 1951-52.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1951				60	90	150
Proceeding on Trial Leave during Year				90	110	200
Total on Trial Leave during Year				150	200	350
Returned to Hospital from Trial Leave during Year	41	63	104			
Discharged from Trial Leave during Year	16	32	48			
Died whilst on Trial Leave during Year	...	...	...			
Total Loss				57	95	152
Remaining on Trial Leave on 30th June, 1952				93	105	198

TABLE 3.

Table Showing Manner in which Patients were Admitted during the Year 1951-52.

How Admitted.	Males.	Females.	Total.
Private Order	65	80	145
Justice's Order	6	2	8
Magistrate's Order	5	3	8
Voluntary Boarders	16	16	32
Governor's Warrant	2	...	2
Returned from trial leave	41	63	104
Total Admitted and Returned 1951/52. ...	135	164	299
First Admission	78	80	158
Second "	12	9	21
Third "	3	7	10
Fourth "	...	2	2
Fifth Admission and over	1	3	4
Returned from trial leave	41	63	104
	135	164	299

TABLE 4.

Table Showing Form of Mental Disorder on Admission during 1951-52, *and the Form of Mental Disorder of Patients in Hospital on 30th June,* 1952.

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
A. Congenital Mental Deficiency:						
1. With Epilepsy	2	2	4	13	17	30
2. Without Epilepsy	6	7	13	104	165	269
3. With Schizophrenia	4	5	9	12	12	24
B. Dementias:						
1. Senile	17	16	33	9	34	43
2. Presenile	5	1	6	4	2	6
3. Secondary or Terminal	...	...	...	13	22	35
4. Arteriosclerotic	1	...	1	...	1	1
C. Organic Psychoses:						
1. Gross Brain Lesion	...	...	...	...	1	1
2. Dementia Paralytica	...	...	...	6	1	7
3. Epileptic Psychosis	3	1	4	4	11	15
4. Alcoholic Psychosis	6	2	8	8	2	10
5. Toxic Confusional or Exhaustive Psychosis	2	...	2	...	2	2
6. Parkinsonism	...	...	...	...	...	...
7. Huntington's Chorea	...	1	1	3	1	4
D. Psychogenic Psychoses:						
1. Manic Depressive Psychosis	9	25	34	19	34	53
2. Involutional Melancholia	3	8	11	3	15	18
3. Schizophrenia (not including A (3))	23	15	38	86	74	160
4. Paraphrenia and Paranoid States	6	10	16	26	50	76
5. Paranoia	1	3	4	5	7	12
E. Psycho-neuroses:						
1. Psychopathic Personality	4	2	6	1	2	3
2. Anxiety States	1	...	1	1	...	1
3. Hysteria	1	3	4	...	...	...
TOTAL ...	94	101	195	317	393	710

TABLE 5.

Table Showing Admissions and Re-Admissions, Discharges from Certification, Deaths, and the Number of Patients Remaining in Hospital on 30th June, for each of the last 10 years.

Year.	*Admissions and Re-admissions.			*Discharges.												Discharged from Trial Leave.			Deaths. Including Deaths on Trial Leave.			Remaining in Hospital on 30th June.		
				Recovered.			Improved.			Unimproved.			Total											
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
1942-43	68	96	164	4	2	6	44	63	107	6	4	10	54	69	123	...	...	...	19	37	56	315	337	652
1943-44	78	68	146	3	1	4	39	43	82	8	6	14	50	50	100	...	...	...	30	28	58	313	327	640
1944-45	94	94	188	4	...	4	46	45	91	10	12	22	60	57	117	...	...	...	22	33	55	325	331	656
1945-46	79	96	175	4	2	6	36	48	84	11	12	23	51	62	113	...	...	...	35	27	62	318	338	656
1946-47	63	76	139	3	4	7	8	7	15	3	8	11	14	19	33	...	...	...	25	21	46	312	351	663
1947-48†	62	74	136	6	...	6	6	3	9	3	2	5	15	5	20	17	27	44	29	30	59	300	348	648
1948-49†	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	22	31	53	30	36	66	306	356	662
1949-50	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	...	...	...	17	36	53	321	365	686
1950-51	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93	...	...	...	29	43	72	315	367	682
1951-52†	94	101	195	3	1	4	8	5	13	4	4	8	15	10	25	17	31	48	25	18	43	317	393	710

* Figures prior to 1947-48 include patients admitted from and discharged to Trial Leave.

† Discharges from Hospital and from Trial Leave recorded separately.

TABLE 6.

Table Showing the Number of Admissions to and Discharges from Certification, and Deaths for the Year 1951-52; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident. (Patients discharged from Trial Leave are classed as recovered.)

Certifications.									Discharges from Certification									Deaths (Not including Deaths Whilst on Trial Leave).			Recoveries Per cent of New Admissions.			Total Discharges per cent of New Admissions.			Average Daily Number Resident			Percentage of Deaths to Average Daily Number Resident.		
First Admissions.			Treated Before.			Total New Admissions.			Recovered.			Improved.			Not Improved			Total.														
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
78	80	158	16	21	37	94	101	195	20	32	52	8	5	13	4	4	8	32	41	73	25	18	43	21·26	31·68	26·66	34·04	40·59	37·43	330·23	377·1	712·35	7·8	4·5	6·05

TABLE 7.

Table Showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act, and of those that Died, during the Year 1951-52.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.												Deaths.		
				Recovered.			Relieved.			Unimproved.			Total					
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years	1	2	3	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 yrs. and under 10...	1	1	2	...	1	1	...	...	...	...	...	...	...	1	1	2	1	3
10 „ „ 15...	2	1	3		...	...	...	...		...	...	...	...	...	...	...	...	...
15 „ „ 20...	2	6	8	1	1	2	...	...	...	...	1	1	1	2	3	...	...	...
20 „ „ 25...	10	4	14	1	4	5	4	...	4	...	...	...	5	4	9	...	...	...
25 „ „ 30...	7	8	15	2	2	4	1	2	3	...	...	...	3	4	7	...	...	...
30 „ „ 35...	4	9	13	1	6	7	..	1	1	...	...	...	1	7	8	...	...	...
35 „ „ 40...	10	6	16	6	5	11	...	...	...	2	...	2	8	5	13	1	...	1
40 „ „ 45..	9	5	14	..	4	4	1	...	1	...	.	...	1	4	5	...	1	1
45 „ „ 50...	5	7	12	3	2	5	1	...	1	1	...	1	5	2	7	1	...	1
50 „ „ 55...	9	9	18	2	2	4	1	1	2	...	...	...	3	3	6	2	...	2
55 „ „ 60...	4	4	8	2	...	2	...	...	...	...	...	...	2	...	2	4	...	4
60 „ „ 65...	8	15	23	1	2	3	...	...	...	1	1	2	2	3	5	2	2	4
65 „ „ 70...	8	8	16	...	2	2	...	...	...	...	...	...	...	2	2	3	1	4
70 „ „ 75...	6	8	14	...	1	1	...	1	1	...	1	1	...	3	3	1	5	6
75 „ „ 80...	1	5	6	1	...	1	...	...	...	...	...	...	1	...	1	2	4	6
80 „ „ 85 ..	4	2	6	...	...	...	...	...	...	..	1	1	...	1	1	3	3	6
85 „ „ 90..	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4
90 „ „ 95...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
95 „ „ 100...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	94	101	195	20	32	52	8	5	13	4	4	8	32	41	73	25	18	43

TABLE 8.

Table Showing the Causes of Deaths during the Year 1951-52.

Causes of Deaths.	Males.	Females.	Total.
Diseases of the Nervous System—			
Cerebral Hæmorrhage	—	—	—
Epilepsy	1	—	1
Idiocy	3	1	4
Schizophrenia	2	—	2
Sub Dural Haemorrhage	—	—	—
Parkinsonism	—	1	1
Bulbar Paralysis	—	1	1
Diseases of the Cardio-Vascular System —			
Arteriosclerosis	4	1	5
Coronary Sclerosis	1	3	4
Valvular Disease of the Heart	—	—	—
Coronary Occlusion	2	3	5
Hypertension	1	—	1
Diseases of the Genito-urinary System—			
Chronic Nephritis	1	—	1
Carcinoma of the Breast	—	—	—
Diseases of the Digestive System—			
Gastro-enteritis	—	—	—
Diseases of the Respiratory System—			
Broncho-pneumonia	—	1	1
Lobar-pneumonia	2	1	3
Bronchiectasis	—	—	—
Carcinoma of the Lung	—	—	—
Pulmonary Embolism	—	—	—
Metabolic and Constitutional Diseases—			
Senility	8	6	14
Totals	25	18	43

TABLE 9.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 30-6-52	155,533	146,081	301,614
Proportion of Certified Insane per 1000 of population (including patients on trial leave)	2·636	3·409	3·011
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave)	6·044	6·914	6·469

TABLE 10.

Financial Statement.

	Year Ended—				
	30.6.48.	30.6.49.	30.6.50	30.6.51.	30.6.52.
Average daily number of patients	658·47	660·16	674·63	680·27	712·35
Gross cost for year	£124,897	£148,758	£176,236	£204,294	£257,503
Fees received	£9363	£10,377	£9399	£11,451	£12,393
Other revenue	£185	£167	£277	£111	£439
Gross cost per head per day	10/4·38d.	12/4·17d.	14/3·77d.	16/5·47d	19/10·87d.
Net cost per head per day	9/6·86d.	11/5·66d.	13/6·34d.	15/6·30d.	18/10·97d.

Appendix XIV.

REPORT OF MILLBROOK PSYCHOPATHIC HOSPITAL FOR YEAR ENDED 30th JUNE, 1952.

I submit herewith my report on the Millbrook Psychopathic Hospital for the year ended the 30th June, 1952, together with statistical tables.

During the year 201 patients were treated. This is a considerable falling off in the number of patients treated as compared with previous years; this is no doubt due in part to the reduction in the number of psychiatric clinics at the Royal Hobart Hospital, from which a fair proportion of patients is normally referred. This reduction of the number of patients by some 75 per cent is also reflected in the increased cost per head per day which has risen by some 30 per cent.

The staff position at Millbrook has been fairly satisfactory during the year. The only changes worth noting are the prolonged absence from duty of the cook on account of ill-health, and the appointment of a housekeeping-sister in place of the housekeeper, who had resigned. The position of housekeeping-sister has proved a valuable one in an institution of this small size. It is an advantage to have personnel who can turn their hands to more than one job.

During the year occupational therapy has been carried out under the direction and personal supervision of the senior occupational therapist, in association with handcraft instructors provided by the Red Cross Society. I would like to express appreciation of the help given by the Society.

Medical treatment has been carried out by the medical officer without assistance because of shortage of medical staff elsewhere in the Division. However, as the numbers treated have been lower, patients have not suffered by this.

Whilst the running costs of a small institution such as this are bound to be relatively high, it must be realised that Millbrook provides a service which is of considerable economic value to the community and which is unique in Australia. It is a hospital of which Tasmanians may well be proud.

J. R. V. FOXTON, M.B., B.S.,
Medical Superintendent.

TABLE 11.

Millbrook Psychopathic Home.

Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1952.

Diagnosis—	Males.	Females.	Total.
Anxiety State	21	41	62
Melancholia and Depressive States	14	30	44
Hysteria	1	9	10
Schizophrenia and Schizoid States	24	16	40
Paraphrenic and Paranoid States	4	3	7
Manic Depressive Psychosis	4	3	7
Alcoholism	5	...	5
Obsessional States	...	3	3
Toxic Psychosis	...	1	1
Senile and Presenile Dementias	1	8	9
Gross Brain Lesion	2	...	2
Psychopaths	5	5	10
Not Diagnosed	...	1	1
Total Admissions during year	81	120	201

TABLE 12.

MILLBROOK PSYCHOPATHIC HOME.

Financial Statement.

	Year Ended.				
	30.6.48	30.6.49	30.6.50	30.6.51	30.6.52
Average Daily No. of Patients	24·26	27·2	28·92	25·74	25·3
Gross Cost for Year	£9,249	£11,287	£13,232	£14,580	£18,122
Fees Received	£3,044	£5,204	£6,318	£4,826	£5,254
Other Revenue	—	—	—	£449	£248
Gross Cost per Head per Day	20/10·03d	22/8·79d	25/0·87d	31/11·04d	42/7·56d
Net Cost per Head per Day	13/11·73d	13/3·10d	12/10·94d	21/11·25d	29/8·25d

SECTION V.—VITAL STATISTICS SUPPLIED BY DEPUTY COMMONWEALTH STATISTICIAN.

Statistical and General.

Population:

Estimated on the 31st December, 1951—

Males	158,053
Females	148,961
Total	307,014

Mean population, 1951—

Males	150,143
Females	142,796
	292,939

Mean population, 1950	282,269
Increase for year	10,670

The mean population of the State, as shown by the figures, reveals an increase of 10,670.

Australian Birth-rate for the Year 1951 *per* 1000 *Persons Living.*

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

	1933.	1950.	1951.
New South Wales	16·99	22·20	21·72
Victoria	15·60	22·61	22·28
Queensland	18·14	24·62	24·56
South Australia	15·32	24·72	24·25
Western Australia	17·95	25·47	25·44
Tasmania	19·93	25.66	25·11
Northern Territory	15·23	27·55	25·45
Australian Capital Territory	14·43	46·52	41·11
Australia	16·78	23·29	22·93

Death Rate for 1951 *per* 1000 *Persons Living.*

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

	1933.	1950.	1951.
New South Wales	8·58	9·60	9·62
Victoria	9·59	10·14	10·33
Queensland	8·84	8·82	9·20
South Australia	8·44	9·63	9·98
Western Australia	8·64	9·05	9·09
Tasmania	9·60	8·74	8·76
Northern Territory	12·55	6·50	7·32
Australian Capital Territory	4·19	5·95	6·11
Australia	8·92	9·55	9·70

Deaths in Relation to Disease.

The following return shows the number and causes of deaths during the year 1951, also the death-rate per 100,000 persons living (mean population 292,939), as contrasted with the previous year, 1950 (mean population estimated at 282,269).

Cause of Death.	1950		1951	
	No. of Deaths.	Rate per 100,000 persons	No. of Deaths	Rate per 100,000 persons
General Diseases—				
Tuberculosis (all forms)	71	25·2	68	23·2
Syphilis and its sequelae	8	2·8	7	2·4
Diphtheria	1	0·4	...	...
Whooping Cough	1	0.4	2	0·7
Poliomyelitis	3	1·1	12	4·1
Measles	2	0·7	5	1·7
Malignant Neoplasms	323	114·4	362	123·6
Other Tumours	13	4·6	5	1·7
Diabetes	52	18·4	36	12·3
Anaemia (all types)	10	3·5	6	2·0
Other General Diseases	44	15·6	49	16·7
Total	528	187·1	552	188·4
Local Diseases—				
Diseases of Nervous System and Sense Organs	304	107·7	316	107·9
Diseases of Circulatory System	860	304·7	898	306·5
Diseases of Respiratory System	205	72·6	193	65·9
Diseases of Digestive System	88	31·2	99	33·8
Diseases of Genito-Urinary System	109	38·6	113	38·6
Diseases of Puerperal Origin	7	2·5	2	0·7
Diseases of the Skin and Cellular Tissue	3	1·1	2	0·7
Diseases of Bones and Organs of Movement	7	2·5	8	2·7
Total	1583	560·8	1631	556·8
Congenital Malformations	35	12·4	25	8·5
Diseases of Early Infancy	107	37·9	128	43·7
Senility	31	11·0	24	8·2
Ill-defined Conditions	7	2·5	8	2·7
Accidents	154	54·6	177	60·5
Homicide	1	0·4	5	1·7
Suicide	20	7·1	17	5·8
Total Deaths, All Causes	2466	873·6	2567	876·3

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons living.									
	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Tuberculosis of Respiratory System (No. 13)	108	93	81	93	97	87	74	65	65	53	45	38	33	39	34	28	24	23	23	18
Other forms of Tuberculosis (Nos. 14-22)	21	20	24	23	21	20	12	12	6	15	9	8	10	8	8	5	4	2	2	5
Totals	129	113	105	116	118	107	86	77	71	68	54	46	43	47	42	33	28	25	25	23

Scarlet Fever.

Year.	Cases.	Deaths	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 Cases notified.	Death % of Cases.
1941	127	1	·04	·53	7·9	0·8
1942	72	...	...	·30	...	...
1943	92	1	·1	·38	10·9	1·1
1944	149	...	...	·61	...	...
1945	260	...	...	1·04	...	...
1946	231	...	...	·92	...	...
1947	118	2	·1	·46	17·0	1·7
1948	67	...	...	·25	...	...
1949	109	...	...	0·39	...	...
1950	...	...	...	...	...	...

Diphtheria.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 Cases notified.	Death % of Cases.
1941	401	25	1·0	1·67	62·3	6·2
1942	291	11	·5	1·21	37·8	3·8
1943	370	15	·6	1·53	40·5	4·1
1944	442	10	·4	1·80	22·6	2·3
1945	403	9	·4	1·62	22·3	2·2
1946	256	6	·2	1·02	23·4	2·3
1947	64	...	...	0·25	...	...
1948	60	1	...	0·23	16·7	1·7
1949	19	...	...	0·07	...	...
1950	...	1	·4	...	...	...

L. G. Shea, Government Printer, Hobart, Tasmania.