

## **Report / Department of Public Health, Tasmania.**

### **Contributors**

Tasmania. Department of Public Health.

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PARLIAMENT OF TASMANIA.

# DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1953.

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

## REPORT OF THE MINISTER FOR HEALTH FOR THE YEAR ENDED 30TH JUNE, 1953.

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, 1953.

I have the honour to be

Your Excellency's Obedient Servant,

R. J. DAVID TURNBULL, Minister for Health.

November, 1953.

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# TABLE OF CONTENTS

	Page.
Introduction .....	3
Section I.—Report of Division of Public Health including—	4
Appendix I.—Supervisory Sister, Child Health Service.	14
Appendix II.—Mothercraft Home	15
Appendix III.—School Medical Officer	15
Appendix IV.—Senior Dental Officer	16
Appendix V.—Dietitian, Nutrition Section	17
Appendix VI.—Chief Health Inspector	17
Appendix VII.—Government Analyst	18
Section II.—Report of Division of Hospital and Medical Services, including—	20
Appendix VIII.—Nurses' Registration Board	31
Section III.—Report of Division of Tuberculosis	32
Section IV.—Report of Division of Mental Hygiene, including—	40
Appendix IX.—Mental Deficiency Board	46
Appendix X.—State Psychological Clinic	46
Section V.—Vital Statistics Supplied by Deputy Commonwealth Statistician	47

## TABLES.

A.—C.—Notifiable Infectious Diseases	6-8
D.—E.—Venereal Diseases	9-10
F.—I.—Infantile Mortality	11-13
J.—K.—Public Hospitals	21-23
L.—Private Hospitals	26
M.—Total Hospital Beds	27
N.—Bush Nursing	29
O.—Government Medical Service	30
P.—T.—Tuberculosis	33-38

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.

I have the honor to submit the Report of the Department of Public Health for the year ended

YOUR EXCELLENCY

30th June 1953

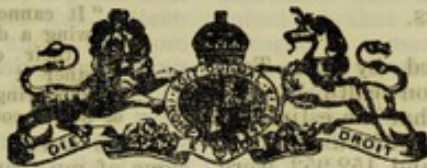
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Section I—Report of Division of Public Health for the year ended 30th June 1953.



Report of the Department of Public Health for the Year ended 30th June, 1953.

Department of Public Health,

Hobart, 16th November, 1953.

The Hon. the Minister for Health.

SIR,

I HAVE the honour to present the Report of the Department of Public Health for the period 1st July, 1952, to 30th June, 1953.

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

Section I.—Report of Division of Public Health.

Section II.—Report of Division of Hospital and Medical Services.

Section III.—Report of Division of Tuberculosis.

Section IV.—Report of Division of Mental Hygiene.

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

DISTINGUISHED VISITOR.

During the year this State was honoured by a visit from a very eminent Public Health figure in England, viz., Sir Allen Daley, M.D., F.R.C.P., D.P.H., lately Chief Medical Officer of the London County Council. Sir Allen addressed medical audiences in Hobart and Launceston. Both his visit and his message were a great stimulus to the medical profession in this Island, especially those concerned with the Public Service.

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.

	1950-51.	1951-52.	1952-53.
	£	£	£
Division 14	1,089,950	1,486,923	1,634,186
Division 15	222,353	279,774	307,126
Division 16	97,064	122,601	141,891
Division 17	6,132	7,554	8,366
	£1,415,499	£1,896,852	£2,091,569

It will be noted that the respective increases are £481,353 and £194,717, and are summarised as under:—

	1951-52.	1952-53
	£	£
Administration — Salaries, Travelling Allowances, Cost of Living, &c.	51,314	7,161
Bush Nursing Services	5,609	8,757*
Medical Services, Schools, and Country Districts	9,652	5,291*
Subsidies to Hospitals	281,695	104,973
Tuberculosis Division	48,703	21,081
Government Institutions	84,380	47,454
	£481,353	£194,717

\* Cost of Living Allowance now included in salaries.

STAFF.

During the year under review, the Secretary for Public Health, Mr. P. A. Driscoll, I.S.O., reached the age limit and retired on the 18th April, 1953, after 46 years of loyal and faithful service to the State. The designation of that office was changed to that of Chief Executive Officer, and Mr. T. E. Parry was appointed to fill the vacancy on the 20th April.

I desire to express my appreciation of the services rendered by individual officers of the Department, and to acknowledge the ready assistance rendered by officers of other Government Departments.

I 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.



## Section I.—Report of Division of Public Health for the year ended 30th June, 1953.

## 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 1952 was 315,955, of whom 163,002 were males and 152,953 were females. The natural increase was 5337.

**Births.**—The number of births registered during the year was 7916, representing a rate of 26.02 per 1000 of mean population. The rate for the previous year was 25.11. A table has been included in the report this year, showing births classified according to age of the mother.

**Deaths.**—The number of deaths registered during the year was 2579. The rate per 1000 of mean population was 8.48, compared with 8.76 in the previous year.

**Principal Causes of the General Mortality.**—In the reports of my predecessors for the past decade, a table has appeared showing the ten principal causes of death. This information is contained in the Vital Statistics supplied by the Deputy Commonwealth Statistician, in a slightly different form, and to avoid duplication is omitted from this portion of the report.

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

District	Births		Rate per 1000	
	1952	Infant Deaths 1952	1951	1952
Hobart—				
City	1229	23	25.68	18.71
Suburbs	1084	27	26.20	24.91
Hobart & Suburbs	2313	50	25.89	21.62
Launceston & Suburbs	1141	35	22.29	30.67
Total Urban	3454	85	24.75	24.61
Rural	4462	87	28.03	19.50
Total Tasmania	7916	172	26.64	21.73

**Still-births.**—One hundred and fifty-four still-births were registered during the year. The percentage of still-births to births and still-births combined was 1.91, compared with 2.21 last year.

## PUBLIC HEALTH ADMINISTRATION.

The responsibility for carrying out the provisions of the Public Health Act and Food and Drugs Act is placed on the local authorities. Certain municipalities have made an agreement with the Minister for Health whereby some of their responsibilities under these Acts are undertaken by the Department, though this arrangement, of course, does not relieve these local authorities from the necessity of carrying out other responsibilities not included in the agreement.

In 1908, Dr. J. S. Elkington wrote in his annual report—

“In the great numerical majority of the 51 districts in Tasmania, local sanitary administration and execution are farcically inoperative. In practice the great majority of local authorities are either afraid or otherwise disinclined to use their (statutory) powers, even where they understand their importance.”

Apparently, the situation had not changed greatly in forty years, for in his report for the year 1948 my predecessor, Dr. C. L. Park, wrote, in less striking language, but with equal truth—

“It cannot be said that all municipalities are showing a due sense of responsibility in carrying out their obligations, and the question arises whether it would not be better to group certain neighbouring municipalities into areas for purposes of health control.”

These words I can most heartily endorse. In some of my travels round Tasmania I have seen ample evidence that the filthy slaughter-houses and insanitary tips, so vividly described by Dr. Elkington, still exist in this (perhaps) more enlightened age. The local authority that contracts for the removal of nightsoil from the houses in an unsewered urban area, and then permits its contractor to dump the nightsoil in a shallow trench, leaving it uncovered for weeks at a time, is responsible for a breach of the Public Health Act; and so is the local authority that allows pigs to root in the mound of decomposing organic material produced by the uncontrolled tipping of household garbage. No amount of protestation by individual councillors that they personally are ignorant of the state of affairs can remove the fact that, by accepting a seat on a local authority, they have accepted a responsibility to carry out the duties entrusted to them by the Act. In failing to carry out these duties, these individuals are recreant to the trust that has been imposed in them.

## LEGISLATION.

**Public Health Act.**—Regulations under the Public Health Act were amended during the year to increase the fees payable annually to a local authority for the registration of premises for the carrying on of offensive trades.

**Places of Public Entertainment Act.**—I regret to report that finality has not yet been reached with the revision of the regulations under this Act. In the meantime many plans have been submitted to the special committee set up to advise on places of public entertainment. The assistance of this committee has been most valuable.

In the Annual Report for 1922, Dr. E. S. Morris, the then Chief Health Officer, wrote—

“Great difficulty has been experienced in bringing places of public entertainment into conformity with the law. Many proprietors ask for special consideration and, even when the maximum concession is allowed, procrastination is a characteristic feature.”

Unfortunately, this is still true to-day. It does not seem to be generally realised that the object of the legislation is to ensure the safety of the public.

## NOTIFIABLE INFECTIOUS DISEASES.

The number of cases of infectious disease notified to the Department was 737, compared with 492 for the previous year and 647 for the year before that. Most of this increase was due to an outbreak of Acute Anterior Poliomyelitis in the summer months, but notifications of Hydatids, Cerebro-spinal Meningitis, Infantile Diarrhoea, Diphtheria, and Tuberculosis also increased. On the other hand, there was a decrease in the number of cases of Scarlet Fever notified.

**Diphtheria.**—There has been an increase in notifications from nine in 1951-52 to 27 in 1952-53. These were fairly evenly spread over most months of the year, and at no time was



there any justification for suggesting that they were other than odd, sporadic cases. Unfortunately, towards the end of the year, a great deal of publicity was given to the fact that sixteen cases had come from Launceston and three from St. Leonards. As a result, something amounting almost to panic occurred among the parents of young children in this area. There was a rush to obtain immunisation, which temporarily overwhelmed the resources of the clinic at the Launceston Town Hall. Long queues assembled outside the building, and parents and young children were subjected to the inconvenience of having to wait, in some cases for several hours, in bitter weather, before receiving attention. It is most regrettable that, owing to shortage of medical staff, this Department was not able to assist the Medical Officer of Health in his difficulty. In my report last year I pointed out that there was reason to believe that some children in the lower age groups had not been immunised, their parents apparently leaving this until reminded by the School Health Service after the children had begun to attend school. Apparently, on this occasion in Launceston, a number of parents, under the stimulus of fear, took action to repair their negligence.

In the past the Department has been unable to spend money on publicity about immunisation, as the appropriate vote was barely enough to pay for the actual material required for inoculation. With the placing of this material on the Commonwealth free list, it is hoped that it will be possible to embark on a campaign based not on sensationalism but on educational publicity. Due regard must be given to the fact that so far Acute Anterior Poliomyelitis has been a summer disease and, as there is a public prejudice against injections in those months in which Poliomyelitis is prevalent, it does seem desirable that immunisation campaigns should be conducted, as far as possible, in the winter. At the same time, I must sound a note of caution about the possibility of eliminating Diphtheria by immunisation. There is a considerable volume of evidence that the incidence and the severity of Diphtheria throughout the world has been declining since the early years of this century, and probably it would have continued to do so in the absence of immunisation. There is no doubt that immunisation has accelerated the decline, but it is possible that other factors have been at work also. The success of active immunity is at best relative, depending on the balance between the resistance of the individual on the one hand and the virulence of the invading organism and the size of the dose on the other. The best immunisation in the world cannot guarantee complete immunity for an individual if he be attacked by an organism of sufficient virulence in massive dosage. However, it does offer reasonable protection against average doses of average virulence.

*Typhoid Fever.*—One case, from the municipality of Latrobe, was notified during the year.

*Scarlet Fever.*—The disease was prevalent during the months of July to October, a total of 128 cases being reported during this time. Notifications then decreased, the total for the whole year being 162.

Scarlet Fever at present is a mild disease. It has a fairly long history, in the course of which it has varied greatly in intensity. The term

Scarlatina was first used in Great Britain by Sydenham in 1676 to describe the mild disease associated with a rash, but no other signs, prevalent at that time. Later this mild disease changed to a more severe form, and there were devastating death-dealing epidemics in Europe in the eighteenth century. Early in the nineteenth century the disease reverted abruptly to the mild form, and remained so for nearly a generation. In 1830 there was another reversion to the virulent type, and this state of affairs continued until about 1870, since when the disease has gradually become milder until, at the present time, the death rate is very low indeed. We do not fully understand the reason for this extraordinary variation, and we cannot be sure that the disease will not reappear in a more severe form in the future. The position is complicated by the fact that only a small minority of those who are infected with the organism develop Scarlet Fever. Many people carry the germ without developing symptoms at all; it has been estimated that from four per cent to eight per cent of apparently normal persons are "carriers". Most of those who develop symptoms will have only a sore throat, without the rash, and only a small number will develop typical Scarlet Fever.

*Cerebro-spinal Meningitis.*—Forty-five cases were reported, of which 35 were children under five years of age.

*Acute Anterior Poliomyelitis.*—In my last report I wrote that, if the experience of the past is any guide, the incidence of Poliomyelitis should be low for several years. Unfortunately, events belied this prophecy, and 202 cases were notified during the year, compared with 13 in 1951-52 and 206 in 1950-51. Sporadic cases occurred until October, when nine cases were reported. Figures rose to a peak of 51 in January, and then began to decline again.

The Poliomyelitis Standing Committee discussed the advice that should be given to the public in the early stages of a Poliomyelitis outbreak. The most important decision reached was that no good purpose would be served by isolating contacts. As this decision is contrary to the opinion usually held by the lay public, it is worth while explaining the reason for it. For years every community has been trying to protect itself against Poliomyelitis by isolating contacts. Any dispassionate observer cannot fail to be struck by the fact that, during the last fifty years, Poliomyelitis has changed from being almost entirely a disease of infants to one of adolescents and young adults. It is now known that the virus of Poliomyelitis is extremely widely spread in the average "civilised" community. It is probable that repeated exposure to the virus early in life gives rise to a high degree of immunity. The effect of a policy of segregation and isolation has been to postpone the development of this immunity, hence there has been an increasing number of susceptible individuals of school age and older. Sir Macfarlane Burnet, who is recognised throughout the world as an authority on virus diseases, has pointed out that least harm results to those who meet the disease in infancy, and the most severe cases occur in young adults. For this reason it seemed desirable to the Committee that panic measures likely to lead to the complete segregation of young children should be avoided.



**Hydatids.**—During 1951-52 only one case of Hydatids was notified. There was ample evidence that this figure presented an entirely false picture of the situation, being due to a low incidence of notifications and not necessarily a low incidence of the disease. Early in the year 1952-53 a circular letter was sent to medical practitioners, stressing the need for accurate notification; probably as a result of this, 19 cases were notified during the year. The disease will remain prevalent as long as the habit of feeding uncooked sheep offal to dogs persists. In view of the general indifference to this simple matter of hygiene among the

farming community, it is surprising that more cases do not occur. It is possible, of course, that the notifications still do not present an accurate picture of the real state of affairs.

**Bacillary Dysentery.**—The increase in the number of notifications of Bacillary Dysentery is largely due to an outbreak of a mild form of the disease among the staff and patients of the Launceston General Hospital. Unfortunately, it is obvious, in retrospect, that the earliest cases were not diagnosed at the time; hence, the exact origin of the outbreak remains unknown.

understand the reason for this extraordinary variation, and we cannot be sure that the disease will not reappear in a more severe form in the future. The position is complicated by the fact that only a small minority of those who are infected with the organism develop Scarlet Fever. Many people carry the germ without developing it at all; it has been estimated that from four per cent to eight per cent of apparently normal persons are "carriers". Most of those

in some cases for several hours in bitter weather. It is most regrettable before receiving attention. It is most regrettable that owing to shortage of medical staff, this Department was not able to assist the Medical Officer of Health in his difficulty. In my report last year I pointed out that there was reason to believe that some children in the lower age groups had not been immunised, their parents apparently leaving this until reminded by the Health Service after the children had begun to

**TABLE A.**  
**RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1952-53.**

Month	Diphtheria	Typhoid Fever	Scarlet Fever	Tubercu- losis (All Forms)	Cerebro- Spinal Meningitis	Acute An- terior Pol- iomyelitis	Lethargic Encephal- itis	Bacillary Dysentery	Infantile Diarrhoea	Hydatids	Malaria	Leprosy	Total
July	..	..	61	15	6	2	..	..	1	4	..	1	89
August	..	..	19	20	3	..	..	..	..	..	..	..	42
September	2	..	22	27	3	4	..	..	9	..	..	..	77
October	4	..	16	24	5	9	..	..	9	..	..	..	69
November	1	..	6	13	5	38	..	..	1	..	..	..	65
December	..	..	3	15	3	39	..	..	..	..	..	..	60
January	4	..	5	23	4	51	..	..	2	..	..	..	89
February	3	1	3	16	3	32	1	..	2	2	..	..	63
March	1	..	4	14	4	14	1	1	4	1	..	..	43
April	..	..	2	17	3	3	1	..	..	..	..	..	26
May	..	..	6	15	4	9	..	..	..	..	..	..	36
June	7	..	5	17	6	1	1	33	..	2	4	..	78
<b>Total</b>	<b>27</b>	<b>1</b>	<b>162</b>	<b>216</b>	<b>45</b>	<b>202</b>	<b>3</b>	<b>36</b>	<b>21</b>	<b>19</b>	<b>4</b>	<b>1</b>	<b>737</b>

the early stages of a Polomyelitis outbreak. The most important decision reached was that no good purpose would be served by isolating contacts. As this decision is contrary to the opinion usually held by the lay public, it is worth while explaining the reason for it. For years every com- munity has been trying to protect itself against Polomyelitis by isolating contacts. Any dispa- sionate observer cannot fail to be struck by the fact that during the last fifty years Polomyelitis has changed from being almost entirely a disease of infants to one of adolescents and young adults. It is now known that the virus of Polomyelitis is extremely widely spread in the average "civilised" community. It is probable that repeated exposure to the virus early in life gives rise to a high degree of immunity. The effect of a policy of segregation and isolation has been to postpone the development of this immunity. Hence there has been an increasing number of susceptible individuals of school age and older. Sir MacLachlan Burnet, who is recognised through- out the world as an authority on virus diseases, has pointed out that least harm results to those who meet the disease in infancy, and the most severe cases occur in young adults. For this reason it seemed desirable to the Committee that sane measures likely to lead to the complete segregation of young children should be avoided.

of evidence that the incidence and the severity of Diphtheria throughout the world has been declining since the early years of this century, and probably it would have continued to do so in the absence of immunisation. There is no doubt that immunisation has accelerated the decline, but it is possible that other factors have been at work also. The success of active immunisation is at best relative, depending on the balance between the resistance of the individual on the one hand and the virulence of the invading organism and the size of the dose on the other. The best immunisation in the world cannot guarantee complete immunity for an individual if he is attacked by an organism of sufficient virulence in massive dosage. However, it does offer reason- able protection against average doses of average virulence.

**Typhoid Fever.**—One case from the munic- ipality of Launceston was notified during the year.  
**Scarlet Fever.**—The disease was prevalent dur- ing the months of July to October, a total of 128 cases being reported during this time. Notifica- tions then decreased, the total for the whole year being 162.  
**Scarlet Fever** at present is a mild disease. It has varied greatly in intensity. The term



TABLE B.

RETURN Showing Age and Sex Groupings of Cases of Notifiable Infectious Diseases Notified During the Year 1952-53.  
 RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities, During the Year 1952-53.

Municipalities	1952		1953		1952		1953		1952		1953		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Beaconsfield			25	3	3	8		1	1				41
Bothwell					1								1
Brighton			1	4	1	1							8
Bruny													
Burnie			10	19		2							31
Campbell Tn.					1	2							4
Circular Hd.					1	1	1						4
Clarence	3		4	3	2	17							30
Deloraine				3		3		1					7
Devonport			16	8	2	2							28
Esperance						2					1		3
Evandale			1			2		1					4
Fingal			1	5					1				7
Flinders	1			1		1							3
George Tn.	1			1	1			1					4
Glamorgan													
Glenorchy			13	20	9	26						1	69
Gormanston				1									1
Green Ponds				1		1							2
Hamilton			2	3	1	5					2		13
Hobart	1		31	49	8	41					2		132
Huon				2	3	2					1		8
Kentish			4	1		4					1		10
Kingborough			3	7	1	5							16
King Is.				1		1							2
Latrobe		1	1	4		3							9
Launceston	16		10	33	4	27	1	25	11	1	4		122
Lilydale	1		9		2	4		3					19
Longford			2	5		6		1					14
N. Norfolk	1			6	1	2							10
Oatlands				2		2				1			5
Penguin			1	3		1							5
Pt. Cygnet			1			5							6
Portland										1			1
Queenstown			6	5	1				17	2			31
Richmond			2			2							4
Ringarooma			1	4	1			2					8
Ross				2						1			3
Scottsdale			4	3		2		1	1				11
Sorell			1			5							6
Spring Bay					1								1
St. Leonards	3		4	3		6	1			1			18
Strahan													
Tasman													
Ulverstone				5	1	2							8
Waratah													
Westbury			2	1		4				1			8
Wynyard			7	3		4							14
Zeehan				5		1							6
<b>TOTAL</b>	<b>27</b>	<b>1</b>	<b>162</b>	<b>216</b>	<b>45</b>	<b>202</b>	<b>3</b>	<b>36</b>	<b>21</b>	<b>19</b>	<b>4</b>	<b>1</b>	<b>737</b>



TABLE C.  
RETURN Showing Age and Sex Groupings of Cases of Notifiable Infectious Diseases Notified During the Year 1952-53.

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														
August														
September					2								2	
October	2			1				1					2	2
November	1	1						2					3	1
December														
January		2						1	1				1	3
February	1			1	1								2	1
March								1						1
April														
May	1					1							1	1
June		1	2			2		1	1				3	4
TOTAL	5	4	2	2	3	3	4	4					14	13

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	7	5	13	17	6	7	3	2	1				30	31
August	3	1	4	4	4	2	1						12	7
September	1	1	7	10	4	8			1				13	19
October	6	1	5		1	1		2					12	4
November	3			2	1								4	2
December		1		2										3
January				4	1								1	4
February			2			1							2	1
March	1	1	2										3	1
April	1		1										2	
May	1		1	2		1		1					2	4
June	1	1	1	1		1							2	3
TOTAL	24	11	36	42	17	21	4	5	2				83	79

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	4	1							1				5	1
August	1				1								2	
September		3												3
October	2	2				1							2	3
November	2												2	
December		3												3
January		1	1		1		1						3	1
February	3												3	
March		3	1										1	3
April	2		1										3	
May	2	1						1					2	2
June	2	3						1					2	4
TOTAL	18	17	3		2	1	1	2	1				25	20

ACUTE ANTERIOR POLIOMYELITIS.

Month.	Under 1 year		1 yr. & under 5		5 yrs. & under 10		10 yrs. & under 15		15 yrs. & under 20		20 yrs. & under 25		25 yrs. & under 30		30 yrs. & under 35		35 yrs. & under 40		40 yrs. & under 45		45 yrs. & over		TOTALS						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
July	1		1																				1		1				
August				1																						2			
September	1		1	2	1	2																			2		4		
October				4	3	3																				5		4	
November	2	1	9	4	8	3																				28	10	10	
December	2		8	6	4	2																				23	16	16	
January	2		7	5	8	2																				26	25	25	
February	1		2	7	5	2																				14	18	18	
March	1		3		1	1																				11	3	3	
April					1																					2	1	1	
May			2	1																						7	2	2	
June			1																							1		1	
TOTALS	11	1	35	26	29	7	14	17	31	14	2	9	9	22	13	5	5	2	2	2	2	2	3	1	120	82	202		
TOTAL M & F	12		61		36		16		18		18		22		10		10		2		2		4						

VENEREAL DISEASES.

TABLE D.

RETURN Showing Notifications of Venereal Diseases During the Year 1952-53.

	Males	Females	Total
Gonorrhoea	31	1	32
Primary Syphilis			
Secondary Syphilis			
Tertiary, Congenital, and Sero-positive Syphilis	4	5	9
	<u>35</u>	<u>6</u>	<u>41</u>

Sources of Notification.

	Males	Females	Total
Notified by Hospital Clinics	23	5	28
Notified by Private Practitioners	12	1	13
	<u>35</u>	<u>6</u>	<u>41</u>







TABLE F.  
TABLE Showing Number of Births, Classified According to Age of Mother, in Tasmania During the Year 1952.

Usual Residence of Mother	AGE GROUP OF MOTHERS												Total Live Births				
	15-19		20-24		25-29		30-34		35-39		40-44			45 and over		All ages	
	M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F
Hobart and Suburbs (a)	90	62	325	331	392	357	239	238	111	106	25	30	1	6	1183	1130	2313
Launceston and Suburbs	(d) 40	34	156	162	172	185	122	93	74	58	16	23	3	3	583	558	1141
<b>TOTAL URBAN DIVISION</b>	(d) 130	96	481	493	564	542	361	331	185	164	41	53	4	9	1766	1688	3454
North-Western Division	78	76	298	269	312	268	191	169	94	89	23	23	1	1	997	895	1892
North-Eastern Division (b)	13	22	89	82	83	92	61	57	30	28	10	6	...	...	286	287	573
North-Midland Division (b)	7	6	46	34	47	43	34	16	15	13	1	3	1	1	151	116	267
Midland Division	13	12	71	51	63	56	39	28	24	30	...	4	...	...	210	182	392
South-Eastern Division (c)	20	8	64	33	52	42	25	22	24	9	3	3	...	...	188	117	305
Southern Division (c)	(e) 34	32	121	115	114	107	64	86	44	40	15	7	3	2	395	389	784
Western Division	9	9	45	41	35	33	23	14	16	16	5	3	...	...	133	116	249
<b>TOTAL RURAL DIVISIONS</b>	(e) 174	165	734	625	706	641	437	392	247	225	57	49	5	5	2360	2102	4462
<b>TASMANIA</b>	304	261	1215	1118	1270	1183	798	723	432	389	98	102	9	14	4126	3790	7916

(a) Glenorchy Municipality, Bellerive, Lindisfarne, Kingston, and Tarcoona.  
 (b) Excluding areas in these Divisions which form part of Suburban Launceston.  
 (c) Excluding areas in these Divisions which form part of Suburban Hobart.  
 (d) Includes one mother aged 10-14.  
 (e) Includes two mothers aged 10-14.



TABLE G.  
INFANTILE MORTALITY.

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

	Year.									
	1943.	1944.	1945.	1946.	1947.	1948. <sup>a</sup>	1949.	1950.	1951.	1952.
Deaths.....	226	199	159	207	195	193	170	172	196	172

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queens-land.	South Australia.	Western Australia.	New Zealand.	North. Terry.	Aust. Cap. Ter.	Aust.
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
1952.....	21.7	24.5	22.3	24.9	23.1	25.0	(a)	31.3	23.6	23.8

\* Excludes New Zealand

(a) Not available.

TABLE H.

TABLE Showing Causes of Death of Children under One Year of Age in Tasmania.  
from 1950 to 1952.

Cause.	1950	1951	1952
Whooping Cough .....	1	2	3
Meningococcal Infections .....	1	3	4
Other General Diseases .....	6	2	5
Meningitis .....	3	1	2
Other Diseases of the Nervous System .....	1	2	2
Diseases of the Circulatory System .....	1	.....	.....
Influenza .....	2	.....	1
Pneumonia (except of new-born) .....	13	21	15
Bronchitis .....	.....	3	.....
Other Diseases of the Respiratory System .....	.....	1	2
Gastro-Enteritis .....	2	5	3
Other Diseases of the Digestive System .....	2	3	6
Nephritis and Nephrosis .....	1	.....	.....
Other Diseases of the Genito-Urinary System .....	1	.....	1
Diseases of the Skin .....	1	.....	.....
Diseases of Bones and Organs of Movement .....	.....	1	.....
Congenital Malformations .....	27	20	18
Birth Injuries, Asphyxia, and Infections of New-born .....	57	75	60
Other Diseases of Early Infancy .....	48	53	44
Ill-defined Conditions .....	1	1	1
External Causes .....	4	3	5
<b>TOTAL .....</b>	<b>172</b>	<b>196</b>	<b>172</b>



TABLE I.

TABLE Showing Ages and Causes of Death under One Year—1952.

Causes of Death	Total under 1 year.				
	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.
Septicaemia			1		1
Whooping Cough			1	1	2
Meningococcal Infections			3	1	4
Acute Anterior Poliomyelitis				2	2
Asthma			1		1
Disease of Thymus Gland			1		1
Cerebral Haemorrhage				1	1
Other Diseases of Nervous Syst.	1			2	3
Influenza		1			1
Pneumonia			6	6	12
Other Diseases of Respiratory System			1	1	2
Diseases of Digestive System	1	1	1	3	6
Gastro-Enteritis			1		1
Pyelonephritis			1		1
Congenital Malformations	5	5	3	3	16
Injury at Birth	22				22
Asphyxia, Atelectasis	23	3			26
Pneumonia of New-born	4	4			8
Maternal Toxaemias	4				4
Other Diseases of Early Infancy	9		1		10
Immaturity	32	1	1		34
Ill-defined Causes	1				1
Accidents			2	3	5
<b>TOTAL</b>	<b>101</b>	<b>15</b>	<b>18</b>	<b>24</b>	<b>172</b>

#### SCHOOL HEALTH SERVICE.

Details of the actual work of the School Health Service will be found in the reports of the School Medical Officer (Appendix III.) and the Senior School Dental Officer (Appendix IV.).

Apparently, it is not generally realised that the function of the School Health Service is to ensure that children passing through the schools remain healthy. This is achieved, not by occasional examination of children by a medical officer, but by the regular, systematic contact between parents and members of the staff, particularly the school sisters. Since I have been Director of Public Health I have tried to stress the importance of regular contact also between school medical officers and parents. Last year there was a notable increase in the number of parents attending at medical examinations, and this enabled the medical officer to take part in the important task of health education of parents. There is no place in any school medical service for the type of medical officer who discourages parents from attending "because they slow up medical examinations". In actual fact they do, but the time is well spent,

The School Dental Service is still not achieving the proper objective of having a dentist visiting each school every year. An immense amount of work has yet to be done in this field, and there is need for a considerably larger staff than we have at present.

#### NUTRITION SECTION.

The Nutrition Section is firmly established as an integral part, not only of the Division of Public Health, but of the whole Department. The section has rendered assistance to the Mental Hygiene Division during the year, and the help that has been given to various hospitals, details of which are set out in the Dietitian's Report (Appendix V.) must have been of great value to the Division of Hospital and Medical Services.

The resignation of the Nutrition Officer, Miss Osmond, who has taken up work in another sphere in Canberra, severely restricted the work of the Section in the latter part of the year. Great credit is due to the Advisory Dietitian, Miss Shoobridge, for carrying on for some months much of the work formerly done by her colleague. There is a limit to the extent to which one person can do the work of two, and it is hoped that shortly it will be possible to fill the vacant position of Nutrition Officer. Several applications have been received, including two from very well-qualified applicants overseas.

#### GENERAL SANITATION.

There is very little for me to add to the report of the Chief Health Inspector, which appears as Appendix VI. The activity of the inspectorial staff had to be curtailed during the last three months of the year in order to cut down expenditure. I cannot stress too strongly that "economy" of this type can be very dearly bought. The efficiency of a health inspector depends on his ability to visit his district frequently and consistently. Local sanitary conditions in many parts of the State are of a deplorably low standard and require frequent inspection. There is a tendency on the part of some local authorities to push sanitation into the background and act on the assumption that, because it is out of sight, it can be put out of mind. The visit of a Departmental inspector to the district acts to some extent as a counter to local indifference, and his report will enable pressure to be brought to bear on the more recalcitrant local authorities.

The shortage of qualified health inspectors for appointment by municipal councils continues to be a matter for concern, and the practice on the part of some councils of expecting a qualified man to devote most of his time to the collecting of dog licence fees or the destruction of noxious weeds does not attract a good type of applicant. There is much to be said for the amalgamation of a number of adjoining municipalities into "Health Districts", each of which would employ a full-time inspector, and it is probable that such a plan will have to be considered in the future.

#### GOVERNMENT ANALYST'S BRANCH.

A short study of the report of the Government Analyst (Appendix VII.) will indicate the immense variety of work carried out in this branch of the Department. It will be noted that there has been a small net increase in the total number of samples examined, despite the fact that last year, for the first time, the Commonwealth Department of Trade and Customs undertook some of its own laboratory work.



It is a very happy arrangement for the Division of Public Health that the Government Analyst's Branch should be constituted as part of the division. The advice of the Analyst, and his technical knowledge and that of his staff, is of the utmost value to the Director, particularly in connection with the work of the Food Standards Committee and the Interdepartmental Pesticides Committee. Nowadays any work connected with Food and Drugs legislation requires a technical knowledge of Organic Chemistry that goes far beyond the bounds of an ordinary medical training, even with some post-graduate training in Public Health. In these matters the Analyst has been my right-hand man, and I cannot stress too strongly the importance of continuing the association between his branch and the remainder of the division.

The resignation of the Nutrition Officer, Miss Diamond, who has taken up work in another sphere of the work of the Division of Public Health, is due to the fact that she has been appointed to the position of Nutrition Officer, Great Britain. Several applications have been received for carrying on for some months in the position of Nutrition Officer, but none have been successful. It is hoped that it will be possible to fill the vacant position of Nutrition Officer. Several applications have been received, including two from very well-qualified applicants.

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

GENERAL SANITATION

There is very little for me to add to the report of the Chief Health Inspector, which appears in Appendix VI. The activity of the Inspectorial staff had to be curtailed during the last three months of the year, due to the "economy" plan. I cannot stress too strongly the "economy" of this type can be very costly.

APPENDIX I.

REPORT OF SUPERVISORY SISTER, CHILD HEALTH SERVICE, FOR THE YEAR ENDED 30TH JUNE, 1953.

**Local Sanitation.** Local sanitation standards in parts of the State are of a deplorably low standard and require frequent attention. There is a general extension of the local authority area, and the report will contain proposals to be brought to bear on the more technical local authorities.

**Visits.** There was an increase of 10,384 in the number of home visits for the year; the total being 80,893. There was also an increase in both pre-natal and post-natal indoor and outdoor visits. This gives much satisfaction to the Sisters, who have worked so well, and I am sure is gratifying to members of the Association.

Staff.

At the end of the year there were 50 members on the staff—44 Sisters and one Mothercraft doing full-time duty, and five Sisters doing part-time work.

Sister O. M. Green retired on the 29th November, 1952, after 28 years' service, and is greatly missed.

Centres.

There are 92 centres in Tasmania, including eight mobile units. The following changes occurred:—New centres were opened at Blackman's Bay, Brighton Junction and Don Road; Cressy and Ralph's Bay were made mobile units; Strahan and Avoca were transferred to the Bush Nursing Service; and visiting at Barton ceased in December, 1952.

GOVERNMENT ANALYST'S BRANCH

Cars.

There are eight Government cars and 14 private cars in use. New cars were delivered to Burnie and Huonville Centres during the year. With so many cars available for district work, Sisters are able to visit the more isolated areas and spend extra time in the centres.

Infant Births and Mortality Rates.

Year	Number of Births	Infant Mortality Rate %
1948	6970	27.7
1949	7110	23.9
1950	7242	23.8
1951	7357	26.6
1952	7916	21.7

The infant mortality rate for 1952 is the lowest ever recorded for Tasmania.

Infant Feeding Survey.

A survey was made of 945 babies born between the 1st January and 31st March, 1952, to determine the length of time they were breast-fed or partially breast-fed, and to find causes of early weaning. The following is the analysis:—

Fully breast-fed—

- 16 per cent for eight months;
- 25 per cent for six months;
- 44 per cent for three months;
- 62 per cent for one month;
- 24 per cent fully weaned at two weeks of age.

Thirty-one per cent were weaned early on account of the mothers being over-worked, tired or ill, and a further seven per cent through poor housing. These results indicate that more supervision is needed in the pre-natal and first two weeks of post-natal periods, also that more help in the homes and better housing should be provided if we are to have the babies breast-fed.

Immunisation.

Immunisation against Diphtheria and Whooping Cough is being carried out at the Moonah Centre. This was discontinued during the summer months, because of Polio-myelitis. In spite of this break, 773 individual babies were immunised, as compared with 514 in the preceding year. Vaccinations for Smallpox numbered 36.

Mothercraft Lectures for Schoolgirls.

This subject is not compulsory, and is only given in some schools. It is an important branch of our work, and we feel that much good is derived from these lectures. Senior girls from 43 schools were lectured last year, and 469 mothercraft certificates issued to successful candidates.

Correspondence and Wireless Talks.

Letters from various parts of the State, relating to feeding and management problems, were received and answered. Wireless talks on all branches of mothercraft have been given at Queenstown.

Pre-School Children.

In this section a lot of ground seems to be lost. The Sisters advise the mothers re diet and care, and give goitre tablets to those who will accept them, but it is difficult to keep a check on the weight and progress of the pre-school child.

Student Nurses.

Thirty-seven trainee nurses completed their post-graduate course at the Mothercraft Home or Calvary Hospital. These students each do three weeks' district work and are tutored by the Child Health Staff.

Mothercraft Nurses.

Mothercraft nurses receive one year's training at the Mothercraft Home or Calvary Hospital, and the waiting list of applicants is still lengthy.

Consulting Doctors.

Dr. M. G. Edison, of Burnie, has been replaced by Dr. Diana Starr. Our thanks are due to both these doctors, also to Dr. R. Wall, of Launceston, and Dr. J. Millar, of Hobart, for valuable help and co-operation.

Conclusion.

The Sisters take this opportunity of recording their appreciation of the loyal support and co-operation of the various Child Welfare Committee members throughout the State.

The loyalty of, and the conscientious service given by, the Child Health Staff has greatly helped me in the position of Supervisory Sister.

Department of Trade and Customs undertook some of its own laboratory work.

In actual fact they do, but the time is well spent.



**SUMMARY of Work Performed by Child Health Sisters During the Year 1952-53.**

No. of Centres (92, including 8 Mobile Units)	Visits to individual new-born 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.	3,155	33,230	3,380	39,765	11,173	52,054	8,608	7,020	626	68,308
Northern Tas.	3,220	36,737	1,171	41,128	12,206	59,062	11,875	2,560	733	74,230
Total	6,375	69,967	4,551	80,893	23,379	111,116	20,483	9,580	1,359	142,538

E. O. FOSTER, S.R.N.,  
Supervisory Sister.

**APPENDIX II.**

**REPORT OF MOTHERCRAFT HOME, NEW TOWN, FOR THE YEAR ENDED 30TH JUNE, 1953.**

Sixty-one mothers with their babes, including one set of triplets and three sets of twins, have availed themselves of our services for the adjustment of problems and the establishment of breast-feeding.

In addition, 25 mothers with normal babes spent all the night hours with us for 24-hour periods during a breast-feeding survey conducted by Miss Osmond last July and August.

One hundred and nine babes, without their mothers, were treated for dietetic problems or establishment of artificial feeding. We had very few premature babes, but quite a large number under 6 lbs., giving our mothercraft trainees good experience in the care of the tiny babe.

One infant death was recorded, that of a non-thriving spastic of 5/12 year. Another, a cretin, transferred to the Children's Hospital, died there eight hours after transfer.

Thirty-two trained nurses secured their Child Welfare Certificate during the year, and eight mothercraft trainees qualified for theirs, one completing her course but failing to qualify. Three other mothercraft trainees commenced, but did not complete the course. There are 11 Child Welfare and 10 Mothercraft students in course of training.

The sewing circle has been in recess since November, owing to increasing age of members and there being no young members forthcoming. Our sincere thanks are due to them for their services over a period of many years. Members of our own nursing staff assist the part-time seamstress whenever time permits. The members of Sandy Bay, Channel and Adventure Bay Branches of the Country Women's Association have generously knitted vests (donating a small part of the wool) and assisted with some sewing, which has made it possible for us to carry on without more paid assistance.

No donations have been forthcoming since the introduction of fees for mothers and babes, except one parcel of baby clothing from Sister Barber's schoolgirls at Penguin.

Reduction of mothercraft students' salaries so far shows no suggestion that we shall have insufficient applications, as bookings are made well into 1954.

A deposit is now requested from trainees in both groups, upon definite dates being allotted, and it is proving very successful. We have one mothercraft trainee's deposit as far ahead as July, 1954, and most deposits have been received from the next two schools of Child Welfare trainees. Deposit is forfeited if cancellation is made without justification. Since adopting this procedure we established a record by having the June, 1953, Child Welfare class complete one month before commencement.

Since inception of fees for mothers and babes, there has been no appreciable difference in the number of babes admitted for establishment of artificial feeding. There is, however, an alarming decrease in the numbers of mothers and babes admitted for breast-feeding adjustments. We have frequent enquiries, but, when it is known that mother and babe (or, worse still, babes) are charged as separate patients, mother "manages" at home, the result too often being a weaned babe.

For the second year in succession, a relieving domestic has been engaged for the periods of annual leave. For the first time, in recent years at least, all our domestics have qualified for full annual recreational leave.

During my own annual leave I again visited the Queen Elizabeth Mothercraft Training School in Melbourne—Victoria's most up-to-date centre.

We wish to place on record the splendid work of Sister O. M. Green, who retired in November. Her serene and happy personality has been an inspiration to us all.

E. M. LOCKE, Matron.

**APPENDIX III.**

**REPORT OF SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED 30TH JUNE, 1953.**

Although it is felt that the result of the year's work can be regarded with some satisfaction, a complete service has not been possible, owing to the lack of a full-time medical officer in one large centre.

**Medical Staff.**

I have examined children in the schools of Hobart and districts south of Ouse and Ross, with Drs. Gwen Nash and Mary Young doing part-time work in some city schools. Dr. Diah Starr continued her full-time duties on the North-West Coast, where she has finished her first circuit of schools and re-visited many. In addition, Government Medical Officers have examined children at Scottsdale, George Town, Cygnet and Dover.

In Launceston, we depended on part-time sessional work by Drs. Calvert-Smith and M. Blackburn. This was far from satisfactory, as neither was able to spare enough time to make much impression on the serious lag there. It was felt that the expense incurred by these short sessions was hardly justified and they were discontinued in March.

**Statistics of School Medical Examinations.**

The number of children examined was 24,544, nearly 4000 above any previous year's total.

Thirteen thousand eight hundred and fifty-six, i.e., 56.49 per cent, were found to have physical defects.

Teeth	10,046
Tonsils, adenoids and cervical glands	1,690
Posture	1,337
Flat feet and knock knees	1,152
Eye defects (683 vision; 119 squint)	1,076
Underweight	942
Skin conditions	618
Goitre	487
Overweight	352



Ear Defects .....	340
Anaemia .....	281
Lungs .....	123
Defective Speech .....	109
Heart .....	98
Hernia .....	64
Mental Stability .....	41
Others .....	123
	<hr/>
	18,879

Of these defects, 5780 are known to have been treated already, and a further 3097 notified in the previous year have also received attention.

Once again we have asked mothers of entrants to attend the medical inspections, and 1982 have done so.

#### School Sisters.

The full staff has been maintained. All Sisters have worked with enthusiasm, and their co-operation has been greatly appreciated. A further extension into country areas has been possible so that schools on the east coast, and also King and Flinders Islands have been visited after several years' lapse.

Routine work has continued. Eighty thousand two hundred and eighty-two contacts with children were made at school visits, in preparation for and in follow-up after medical examination, immunisation and during cleanliness inspections; 2381 minor casualties were treated; 2289 parents visited the Sisters at the schools; and 4216 home visits were made—2871 in follow-up of medical examinations, and 1345 for routine matters.

An innovation this year has been the School Sisters' Examination. Where there has been no immediate prospect of a doctor's visit being arranged, Sisters have conducted limited medical examinations and the defects have been notified to parents. It is hoped that, in this way, delay in seeking treatment may be avoided in many cases. In addition, the information should help in selecting the most urgent cases when medical opinion becomes available.

#### Statistical Details of School Sisters' Examinations During Year Ended 30th June, 1953.

Total number examined .....	5534
With physical defects .....	2875—51.7%
Normal .....	2659—48.3%
	<hr/>
	Defects
Teeth .....	1143
Tonsils .....	940
Underweight .....	147
Skin conditions .....	107
Eyes .....	97
Posture .....	93
Flat feet and knock knees .....	68
Goitre .....	56
Overweight .....	39
Speech .....	31
Anaemia .....	27
Ear defects .....	19
Others .....	209
	<hr/>
TOTAL .....	2976

#### General.

The *Goitre Prophylaxis* plan has now been in operation for four years. There seems little doubt that the incidence of goitre has fallen considerably in most parts of the State. There will be great interest in the result of the 5-year survey in 1954.

Immunisation against diphtheria has continued, school Sisters assisting in both city and country schools when required.

*B.C.G. Vaccination* of school leavers has been introduced in co-operation with the Division of Tuberculosis. In secondary schools in Hobart, 780 children have been vaccinated, a further 114 having been Mantoux tested and found positive.

*Nutrition.*—Reports on canteens on King and Flinders Islands Area Schools were presented by Sister McDermott after her visit there. On the West Coast, the possibility of dietary lack in children has been investigated by Miss Shoobridge and Sister Kent and, after discussion with teachers and parent groups, a plan of supplementing some children's diets with Vitamin C has been started. Distribution of free milk appears to have had a beneficial effect on many underweight children.

*Sunshine Home.*—The selection of children requiring holidays at the Sunshine Home has been carried out by School Medical Officers and sisters. The considerable amount of clerical work has been done by Miss Young.

*Mental Health.*—I have represented the School Medical Service on the Advisory Committee for the Talire Child Centre.

Many children have been examined at the request of school psychologists, and referred to the Division of Mental Hygiene for psychiatric investigations.

*Specialist Reports.*—A good liaison now exists with the Commonwealth Acoustic Laboratory and some special clinics, so that reports on children referred for treatment are received regularly.

*Health Education.*—The interest of mothers in their children's health has been shown by the increasing numbers who take advantage of the chance to consult with school doctors at medical inspections.

In addition, by visits to homes, talks with teachers, parents and children, and by the display of posters and films in schools, the sisters have made a valuable contribution to the general scheme for Health Education.

H. GIBSON,

School Medical Officer.

#### APPENDIX IV.

#### REPORT OF SENIOR DENTAL OFFICER FOR THE YEAR ENDED 30TH JUNE, 1953.

The total amount of work done shows an increase on that of the previous year. It is also pleasing to note the improvement in the number of fillings compared with extractions. Last year there was a difference of only 1452 extractions over fillings, compared with 4695 the previous year, and 6730 in the year 1950-51. The above figures show that conservative work is gaining rapidly on extractions, but a big percentage of extractions must be expected whilst there is a lag in the work owing to insufficient coverage.

The Queenstown Clinic is ready to receive equipment, and arrangements have been made to have it installed as soon as it comes to hand.

Four new dentists joined the Service during the year. Mr. Childs and Mr. Hiscock from Adelaide and Mr. Brothers from Melbourne commenced in February, and Mr. McGregor from Sydney in March.

Children attending schools in the following districts have been afforded treatment during the year:—Llandaff, Triabunna, Ravensdale, Orford, Wooddale, Buckland, Hobart, Launceston, Forest, Stanley, Lileah, Trowutta, Roger River, Edith Creek, Detention, Wynyard, Sisters' Creek, Perth, Cormiston, Myalla, Boat Harbour, Lefroy, George Town, Pipers River, Hillwood, Westbury, Hagley, Sorell, Ross, Tunbridge, Fingal, Mathinna, Avoca, Snug, Margate, Sandfly, Collinsvale, Devonport, Mole Creek, Meander, Ulverstone, Bruny Island, King Island, Flinders Island, Sprent, Yolla, Bracknell, Bishopsbourne, White-more, Cressy, Dunalley, Nubeena, Bream Creek, Swansea, Cranbrook.

The total number of visits paid to the clinics was 27,670, comprising 11,951 new visits and 15,719 repeat visits. Treatments afforded were as follows:—

Orthodontic treatments .....	61
X-ray treatments .....	36
Treatments .....	36,993
Fillings .....	17,642
Extractions .....	19,094
Cleanings .....	1,703
	<hr/>
TOTAL .....	75,529

A. W. SCOTT,

Senior Dental Officer.



## APPENDIX V.

## REPORT OF ADVISORY DIETITIAN, NUTRITION SECTION, FOR THE YEAR ENDED 30TH JUNE, 1953.

The nutrition work has suffered a great loss in the resignation, in February, of Miss Anita Osmond from the position of Nutrition Officer. She rendered outstanding service during her term of office. Her position has not yet been filled.

The activities carried out during the year included several new ventures.

*Lectures and Talks.*

Fifty lectures were given to students in training, three courses of eight lectures to Child Welfare and Mothercraft trainees at the Mothercraft Home and Calvary Hospital, 10 lectures to trainee nurses at the Royal Hobart Hospital, 12 lectures in hygiene and cooking methods to trainee cooks, and four lectures to University students taking Education 2A and 2B.

Refresher talks and conferences were held with Child Health Sisters in all parts of the State.

Talks were given to Mothers' Clubs, Parents' Groups and Voluntary Aid Detachments. A special tour was made of the schools on the West Coast, where school medical examinations had revealed the need for nutrition and health education. Films were shown and talks given to approximately 2200 children and 60 adults. This has since resulted in the Queenstown Technical School commencing an experiment to determine whether the standard of health of the scholars can be improved by the administration of Vitamin C supplements.

*Surveys.*

Two surveys were undertaken—

1. To determine the composition of mature human breast milk from healthy mothers and babies in southern Tasmania; the results of which were published in the Australian Medical Journal of June 6th, 1953. The information obtained from this investigation has been of value in the Child Welfare work of this State.
2. To determine the extent of breast feeding, the causes of early weaning and the nature of artificial feeding of babies born between January 1st and March 31st, 1952.

*School Canteens.*

Technical advice and assistance has continued to be given to new and established school canteens. Restricted finances during the year have hampered the expansion of the canteen service, and fewer demands have been made upon our time.

*Nutrition Publicity.*

Nutrition publicity for the Public Health Department and the Health Education Council has been continued. Newspaper and magazine articles, radio scripts and pamphlets have been prepared. Rose hip syrup pamphlets were distributed during the summer and autumn, and posters, pamphlets and other publicity material have been distributed.

*Text Books.*

A Diet Manual for trainee nurses and a Handbook for Child Welfare Staff are in course of preparation.

*Hospital Service.*

This work increased during the year. Miss Osmond continued to attend the Pre-natal Clinics at the Royal Hobart and Queen Alexandra Hospitals until the end of January.

The Dietitian's weekly Out-Patients' Clinic at the Royal Hobart Hospital was staffed from November, whilst the institution was without a dietitian.

An attempt was made to improve the catering methods of the Tasmanian hospitals, and to ensure a more uniform standard of service. A Hospital Catering Conference was called by the Director-General of Medical Services in July, and this resulted in the inauguration of a hospital food ration scale. This has proved of assistance in ensuring the purchase of adequate supplies of protective foods, and in assessing food requirements for

contracts. It has enabled extravagant and wasteful administration to be detected, and better buying and storekeeping methods to be introduced.

Most of the hospitals were visited, and assistance given in regard to catering, dietary and equipment problems. Advice was given in regard to the planning and equipping of new Hospital Dietary Departments. Assistance was given with the training of two cooks, who completed their training in January.

*Library.*

The supervision of the library has been undertaken by the Nutrition Staff.

MARGARET SHOBRIDGE,  
Advisory Dietitian.

## APPENDIX VI.

## REPORT OF CHIEF HEALTH INSPECTOR FOR THE YEAR ENDED 30TH JUNE, 1953.

*Staff.*

Several changes in the personnel of the staff have been effected during the year under review. Inspector K. M. Hickman, who has been in charge of the North-Western Districts for the past seven years and stationed at Devonport, has been transferred to Hobart. Applications have been called to fill the vacant position. It is proposed to locate the new inspector at Burnie, which is more centrally situated, and so effect a considerable saving in time and travelling expenses.

Part-time Inspectors at New Norfolk and Kingborough (which Municipalities are under the Government Medical Scheme) have reached the retiring age and have resigned. In future, inspections in these Municipalities will be carried out weekly by permanent officers from headquarters.

*Sanitary Surveys, General Enquiries and Follow-up Inspections.*

Sanitary Surveys, general enquiries and follow-up inspections were made in municipalities throughout the year. In the course of these visits, works of an educational and practical nature were undertaken with a view to increasing the knowledge of local inspectors, and safeguarding the health of the public generally. Particular attention was directed to the prevention and abatement of nuisances arising from domestic drainage, garbage and night-soil disposal, sites for the proposed installations of bacteriolytic tanks, infectious diseases, housing conditions, safety of schools, places of public entertainment and protection of water and food supplies from contamination. Conditions observed during these visits were recorded, local authorities advised, and measures adopted to remedy defects where necessary. Follow-up inspections are carried out as required.

Details of inspections and conditions found (which exclude those performed by part-time inspectors employed in municipal districts where health services are directly controlled by this 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	2,184	381
Bakehouses	138	48
Butchers' shops	247	60
Buildings and plans	65	63
Boarding and guesthouses	35	9
Dairying premises, including milk depots	96	18
Disinfections	9	.....
Domestic inspections	49	25
Drainage	102	61
Food premises	596	86
Fruit processing factories	9	.....
Garbage tips and sites	47	17
Hairdressing salons	10	3
Infectious diseases	6	.....



Licensed premises .....	209	27
Miscellaneous .....	39	15
Offensive trades .....	266	84
Mutton bird processing premises	70	10
Places of public entertainment	251	115
Reserves, beaches, show and recreation grounds .....	168	41
Sanitary depots and services ..	43	5
Schools .....	208	42
Spirit testing (alcoholic) .....	877	4
Saleyards .....	16	4
Subdivisions of land .....	8	1
Water supplies .....	26	3

One hundred and forty-three orders were served under the Public Health, Food and Drugs and Places of Public Entertainment Acts, requiring improvement in conditions. With one exception, these were given effect to without recourse to legal proceedings being necessary.

#### Health Inspectors.

In the last year's report attention was drawn to the difficulty being experienced by municipalities in securing the services of qualified health inspectors. The position temporarily improved with the holding of an examination for the Royal Sanitary Institute's Diploma in December. Of the nine candidates who presented themselves for examination, seven were successful, which enabled four councils to secure the services of qualified officers. Conditions in this respect have again become acute by the resignation of four qualified inspectors who reached the retiring age. However, classes of instruction are being continued at the Hobart Technical College, and are being attended by a dozen students, and an improvement on the present position is hoped for with the holding of another examination next year. In the meantime, when local authorities are unsuccessful in obtaining qualified inspectors, they have been advised to allow officers to visit headquarters for the purpose of obtaining instruction and practical experience in problems appertaining to health conditions in their respective municipalities.

#### Bacteriolytic Tank Installations.

One thousand four hundred and twenty-three new installations in practically every part of the State were approved, this being an increase of fifty over the previous year's figures.

Warnings were issued in several instances, in connection with the construction of tanks without first submitting applications and obtaining approval from this Department before commencing the work. Sewerage schemes by this method of night-soil disposal have been completed by the Scottsdale Local Authority and are well under way in the Beaconsfield and Kentish Municipalities. Other councils are considering similar projects, depending on inspections of the proposed areas by Departmental officers and the approval of the Director of Public Health.

#### Housing Accommodation.

Despite the increased number of new dwellings completed and in course of construction, little improvement has been evident in satisfying the demand for better housing conditions. Inspectors are continually engaged in investigating complaints regarding overcrowding and poor structural conditions present in many sub-standard houses. With greater production, the recent lifting of controls on building materials and the easing of financial restrictions, there should be an early improvement in respect of this important factor, which is required for greater contentment and more healthy communities.

#### Food and Drugs Act.

**Food Sampling.**—Three hundred and sixty-two samples of food, including 225 samples of milk, were procured for analysis. Of this number, eight milks and twenty other foods did not comply with the standards required by the Food and Drugs Regulations.

Legal proceedings were instituted in nine instances. Defendants who were found guilty were fined with costs £72 12s. 6d. Fifteen warnings were issued for minor breaches of the regulations. Food seized and condemned as being unfit for human consumption consisted of wheat 1 ton 8 cwt.; beef, 312 lbs.; mutton, 20 lbs.; pineapples, 16 7-lb. tins; plums, 53 tins; prunes, 86 tins; raspberries, 1 7-lb. tin; and peaches, 1 7-lb. tin.

The weekly inspection of milk depots and procuring of milk samples in Hobart has had the desired effect of improving the milk supply. No samples were found adulterated, and only six slightly under standard. One supplier was prosecuted for failing to seal milk cans; he was found guilty and fined with costs £5. Other suppliers were warned, resulting in cans being sealed.

**Eating Houses.**—These premises were regularly subject to inspection, in order to ascertain if the regulations requiring the cleanliness of utensils and buildings, protection of food from contamination by flies, vermin, dust, and other sources were being complied with. A marked improvement has been shown in the general standard of these premises since amended legislation came into force, requiring these establishments to be registered, as provided by the Food and Drugs Regulations.

**Wrapping of Meat.**—During the year an inspection of all butchers' premises in Hobart was carried out for the purpose of determining to what extent the regulations requiring the wrapping of meat in clean unprinted paper were being observed. In the majority of cases, it was found that butchers generally were giving this matter very indifferent attention.

Warnings were then issued that, if this practice continued, legal proceedings would follow. From a check up of these premises, shortly afterwards, it was observed that the warnings had achieved the desired object, and a definite improvement effected.

#### Places of Public Entertainment Act.

The Special 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 in this work, and has examined and reported on sixty-three plans.

The proposed new consolidated regulations under the Places of Public Entertainment Act, which were drafted by this Committee, are still under consideration, after being subjected to minor modifications.

Frequent visits have been made to public buildings and places of public entertainment, with the object of enforcing the regulations in respect of sanitary and seating accommodation, ventilation, overcrowding, fire appliances and general safety of the public.

#### Conclusion.

In conclusion, I desire to thank the staff, council clerks, and local health inspectors for their co-operation and assistance during the year.

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

#### APPENDIX VII.

#### REPORT OF GOVERNMENT ANALYST FOR THE YEAR ENDED 30TH JUNE, 1953.

During the year the laboratory was approved for registration in chemical testing by the National Association of Testing Authorities of Australia. The acceptance of the laboratory for registration in a wide field of chemical testing should be a source of gratification, whilst the maintenance of certain required standards will be conducive to greater efficiency, and useful in both normal times and national emergency.

#### Work of the Branch.

There was a further increase in the work over that in the previous year as gauged by the number of samples examined. The total, 2583 samples, was twenty more than those registered in the previous year, although there was a fall of between three and four hundred samples examined for the Commonwealth Department of Trade and Customs, as this work is now done in that department's own laboratory.

The main increases were, soils (103), foods (98), waters (71), animal toxicology (44), criminal investigations (42), human toxicology (39), and plant nutrition (27). However, a considerable amount of time has also been taken up in advisory and investigational work by myself and other officers, and this is a large and increasing item in the activities of the Branch.



The percentage of samples which failed to comply with the Food and Drugs Regulations (26.1 per cent) showed a considerable increase over the proportion in the previous year (16.5 per cent). As usual, milk and sausages were the most commonly adulterated foods.

**Human Milks.**—The number of these examined for infant health clinics and hospitals was thirty-four (34). In view of the variation in figures given by different workers for the proximate chemical constituents of normal human milk, and the lack of local figures for the guidance of welfare nurses, a series of analyses of mature human milk from healthy nursing mothers with healthy babies in southern Tasmania was made for the Nutrition Officer (Miss A. Osmond). The investigation was confined to mothers with infants aged between eight and twenty-four weeks. Special precautions, outlined in the account of the work, which has been published elsewhere (A. Osmond, *Med. Jour. Aus.* 23, 811 (1953)), were taken to ensure representative sampling. The results, showing composition of milk from twenty-four nursing mothers, which are significantly different from the Truby King standards for protein and fat previously accepted as normal in this State, are shown in the following table:—

*Milk from twenty-four mothers—24 hr. samples.*

Nutrient	Minimum	Maximum	Mean
Protein % wt. ....	0.92	1.43	1.12
Fat % wt. ....	3.25	5.95	4.52
Carbohydrate % wt. (by difference) ....	6.82	7.36	7.15
Ash mg/100 g. ....	179	217	198
Calcium (CaO) mg/100 g. ....	25.0	43.0	33.4
Phosphorus (P <sub>2</sub> O <sub>5</sub> ) mg/100 g. ....	23.0	38.0	30.3

#### *Agricultural Chemistry.*

Soils (157) examined for the Agronomy Division included twenty-nine (29) samples for organic carbon content in connection with soil structure studies at Cressy. The remainder were concerned with field and pot trials conducted by officers of that division.

**Plant nutrition analyses** (221).—The majority of these comprised one hundred and forty-seven (147) samples of apricot fruit and leaves submitted by the Plant Pathologist in connection with brown rot studies. Thirty (30) samples of apple leaves were examined for total nitrogen in connection with studies of red mite infection by the Entomology Division. Fifteen (15) samples of fodder plants were examined for major trace element content in connection with trials by the Agronomy Division. Other work included thistles (4) for nitrate content, miscellaneous plants (20) from the Plant Pathologist, plants (5) for suspected deliberate poisoning.

**Veterinary analyses** (160).—These comprised animal nutrition specimens (87) for the determination of copper and cobalt, and animal toxicology specimens (73) in connection with cases of alleged animal poisoning.

#### *Water Samples and Investigations.*

The number of water samples examined (339) showed a considerable increase on the previous year (268). This was mainly due to a larger number examined for the Public Works Department. Most of these were in connection with investigations for the Rossarden water supply which were made by myself and an engineer of the Department. The Storey's Creek water, which was being used as a supply for the township of Rossadden, was found to be considerably polluted by water pumped from the Storey's Creek tin mine.

A large number of waters was examined for C.S.I.R.O. Fisheries Division in connection with fisheries investigations, trout acclimatisation and fish culture. Samples of mud and water weeds were also analysed in the same connection. Determinations included mineral salt ions, phosphate, biological oxygen demand and plant nutrients.

Farmers' and other country water supplies accounted for the usual large number of samples. A considerable amount of advice was given as to suitability of supplies for domestic, farming and horticultural purposes, and recommendations were made in numerous cases for softening and anti-corrosion measures.

#### *Toxicology and Police Investigations.*

Human poisoning and suspected poisoning cases showed a large increase over the previous year. Eighty-eight (88) specimens and exhibits were examined in connection with thirty-five cases. In ten cases positive results were obtained, the poisons being—arsenic (2), alcohol (2), barbiturate (1), nitrobenzene (1), strychnine (1), carbon monoxide (1), parathion (1), and tetraethylpyrophosphate (1). The last two were domestic poisoning cases resulting from the careless handling and storage of these highly toxic agricultural pesticides.

In cases of deaths under anaesthetics, the anaesthetics are usually tested by order of the coroners for purity. Ten (10) samples tested in connection with five deaths were found to be pure.

Due to increased criminal activities and a growing tendency on the part of the police to call in the aid of the Branch, the number of materials examined in connection with crimes (73) was a large increase over the previous year (12).

#### *Miscellaneous.*

Various commercial goods were examined for sea water and other damage, the laboratory being frequently called in to certify in connection with insurance claims; a number of lubricating oils and sump deposits were reported on in connection with alleged mis-use or damage; miscellaneous industrial materials (12) were examined for identity or purity, and an investigation was made into the damage by corrosion of aircraft engine parts following cleaning and degreasing operations.

#### *Vitamin Content of Black Currants.*

During the seasons 1949-53 Mr. J. W. Wishart has made determinations of the ascorbic acid (vitamin C) content of the varieties of black currants grown in Tasmania, at the time of picking. The results have now been collated and will shortly be published. Considerable differences are revealed between the amounts of the vitamin in different varieties, and these appear to be fairly constant and independent of locality. Nine varieties and a number of strains cultivated at the Summerleas Experimental Station of the Department of Agriculture have been tested. There is a surprising difference between the ascorbic acid content of two widely cultivated varieties, White Bud and Goliath, which range from 260-330 and 150-180 mg. per 100 grams respectively.

#### *Information, Committees, &c.*

As in the past the Branch has been a source of information and advice on a wide range of chemical matters to other departments and members of the public. Members of the staff and myself have been called upon to give evidence in court in a number of civil and criminal cases, and I have attended meetings as a member of the Food Standards Committee, and the Fertilisers, Stock Medicines, and Pesticides Boards.

#### *Acknowledgments.*

I wish to express my great appreciation of the complete co-operation and industry of all members of the staff during a busy year.

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

Government Analyst.



## Section II.—Report of Division of Hospital and Medical Services for the Year ended 30th June, 1953.

### HOSPITALS.

#### Public Hospitals (excluding Chest and Mental Hospitals).

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

#### Increase—

General cases .....	319
Maternity cases .....	193
Infectious .....	204
	<hr/>
	716
	<hr/>

The number of births increased by 253 for the year also.

*Maintenance Costs.*—The cost increased by £194,205 to £1,560,570, being 14·21 per cent on last year's amount. The average daily cost for the treatment of inpatients during the year was £2 18s. 6d., being an increase of 4s. 7d. on the previous year's cost.

Outpatient cost also increased from 7s. to 8s. 3d. per visit.

The comparisons for four years, as set out in Table J, show the increases and percentages of costs under the principal classifications of expenditure.

*Receipts.*—The amount of revenue from the Commonwealth under the provisions of the Hospital Benefits Act and the Pharmaceutical Benefits Act was less than for the previous year, owing to the Pharmaceutical Benefits, as from 1st October, 1952, having been paid direct to the State Treasury.

The public has responded reasonably well to cover themselves against bills for hospitalisation under the scheme of Hospital Benefits Insurance, as sponsored by the Commonwealth Government, and the fees collected for the nine months of the financial year approximated 70 per cent of the charges.

*Hospital Benefits Insurance Scheme.*—On the 21st February, 1951, the Commonwealth Government gave 18 months' notice of its intention not to renew the existing Hospital Benefits Agreement made with this State. The agreement therefore expired on the 20th August, 1952. A new agreement was made on the 21st August, 1952, under authority of the new Commonwealth Hospital Benefits Act of 1951, to be in force for a period of five years, commencing on that date.

The new agreement makes it obligatory for the State to increase its hospital revenues and provides for the continuance of the financial assistance to the State by way of hospital benefits.

In order to provide the additional hospital revenues, the State introduced the charging of fees to patients in public wards of public hospitals

as from the 1st October, 1952. The scale of charges, excluding charges under any other State or Commonwealth law, was fixed as follows:—

Pensioners (uninsured) .....	12s. per day
Children not over 12 years of age .....	18s. per day
Other patients .....	21s. per day

*Voluntary Hospital Insurance Schemes.*—A Voluntary Health Insurance expert, Mr. William S. McNary, the executive member of the Blue Cross Organisation of America and Canada, was invited to tour Australia by the Commonwealth Government to discuss with interested persons and organisations various aspects of the National Health Plan. A discussion with Health Department and Tasmanian Government Insurance Officers took place at this Department on 29th April, 1953, and Mr. McNary's information was of great interest.

*Plan for development of Hospital Services.*—As a result of a survey of the functions of public hospitals in the State, an overall scheme for the allotment and development of hospital services has been planned. The scheme has been based on a six or seven year plan, and was the subject of a detailed report made to the Hon. the Minister for Health during the year.

The hospital services will be developed in divisions as follows:—

1. Base General Hospitals;
2. Regional Hospitals;
3. Rural Hospitals;
4. Bush Nursing Hospitals.

Building projects for which a start is contemplated in the near future are—

- Latrobe and Devonport Base Hospital;
- Sheffield Bush Nursing Hospital;
- Rosebery Rural Hospital;
- Flinders Island Rural Hospital;
- New Town Maternity Hospital;
- Lachlan Park Hospital—Medical Officer's Residence;
- Millbrook Rise Hospital—Nurses' Home;
- Remodelling kitchen at Devon Public Hospital;
- Re-wiring and installation of new switchboards throughout the Devon Public Hospital;
- Northern Chest Hospital—Nurses' Home and additions.

Works already in hand include—

- George Town Bush Nursing Hospital;
- Extensions to Nurses' Home at Scottsdale;
- Cosgrove Park Home for the Aged;
- Cosgrove Park Twilight Homes;
- Lachlan Park Hospital—New Block and Alterations;
- Launceston General Hospital—Extensions to Laundry, installation of new equipment, and Nurses' Training School;
- Tasmanian Chest Hospital—Addition of New Ward, Nurses' Quarters, and Recreation Hall;
- Queen Alexandra Hospital—Installation of New Lift;
- St. John's Park—New Wing, and Additions to Laundry.



TABLE J. Public Hospitals—Summary of Receipts and Payments, Costs &c., for Year Ended 30th June, 1953.

Main table with columns: Hospital, Daily Average of Occupied Beds, Balance at 1st July, 1952, Commonwealth Aid, State Aid, Patients' Fees, Donations, Interest from Deposits, Misc. Receipts, Total Receipts, Salaries and Wages, Provisions, Domestic, Dispensary and Surgical, Adms. and Misc., Repairs, Total Payments, Balance at 30th June, 1953, In-Patients Costs, Out-Patients Costs, No.

Comparison.

Summary table with columns: Year, Commonwealth Aid, State Aid, Patients' Fees, Donations, Interest from Deposits, Miscellaneous Receipts, Total Receipts, Salaries and Wages, Provisions, Domestic, Dispensary and Surgical, Adms. and Misc., Repairs, Total Payments, Yearly Increase, Cost per Daily Occupied Bed, Cost per Patient Attendance.



No.	Hospital	Daily Average of Occupied Beds
1	Base General Hospital	200.0
2	Lawson General Royal Hotel Totals	249.1 912.7
3	Regional Hospitals:	50.1
4	Barrie	14.0
5	Brantford	17.0
6	London	19.1
7	St. Mary's	10.0
8	Totals	100.2
9	Maternity Hospitals:	30.1
10	Queen Alexandra, Hobart	10.1
11	Queen Victoria, Lunenburg	20.0
12	Totals	50.1
13	Rural Hospitals:	10.2
14	Amherst	5.0
15	Beaconsfield	5.2
16	Cambridge	10.0
17	King Island	5.0
18	Lawson, Lunenburg	10.0
19	St. Mary's, Lunenburg	10.0
20	St. Mary's, Lunenburg	10.0
21	St. Mary's, Lunenburg	10.0
22	St. Mary's, Lunenburg	10.0
23	St. Mary's, Lunenburg	10.0
24	St. Mary's, Lunenburg	10.0
25	St. Mary's, Lunenburg	10.0
26	St. Mary's, Lunenburg	10.0
27	St. Mary's, Lunenburg	10.0
28	St. Mary's, Lunenburg	10.0
29	St. Mary's, Lunenburg	10.0
30	St. Mary's, Lunenburg	10.0
31	St. Mary's, Lunenburg	10.0
32	Totals	100.1
33	Base Nursing Hospitals (15)	10.1
34	Miscellaneous:	10.1
35	Lady Clark Orthopaedic Centre	10.1
36	Mildred Elie Psychiatric Home	10.1
37	St. Mary's Home	10.1
38	St. Mary's Home	10.1
39	St. Mary's Home for Crippled Children	10.1
40	Totals	100.2
41	Hospitals for Care of Aged:	10.1
42	Home for Incurable Lunatics	10.1
43	St. John's Care, Lunenburg	10.1
44	Totals	100.2
GRAND TOTAL		1330.6

Year	Commonwealth Aid	State Aid
1952-53	221,012 = 14.10	1,190,000 = 74.80
1951-52	221,012 = 14.10	1,190,000 = 74.80
1950-51	221,012 = 14.10	1,190,000 = 74.80
1949-50	221,012 = 14.10	1,190,000 = 74.80







Year	COMPARISON		Hospital	No.
	1952	1951		
1952	40.11	125.5	Year 1950-51	
1951	53.11	121.5	Year 1949-50	
1950	52.8	120.0	Year 1948-49	
GRAND TOTAL				
	120.3	36.11	TOTAL	
	141.9	17.8	Hospitals for Care of Adults	
			St. John's Day Hospital	28
			Hospitals for Care of Adults	29
	102.3	41.5	TOTAL	
			St. John's Home for crippled Children	21
			Home for Crippled Children	22
			St. John's Home for Crippled Children	23
			St. John's Home for Crippled Children	24
			St. John's Home for Crippled Children	25
			St. John's Home for Crippled Children	26
			St. John's Home for Crippled Children	27
			St. John's Home for Crippled Children	28
			St. John's Home for Crippled Children	29
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			St. John's Home for Crippled Children	66
			St. John's Home for Crippled Children	67
			St. John's Home for Crippled Children	68
			St. John's Home for Crippled Children	69
			St. John's Home for Crippled Children	70
			St. John's Home for Crippled Children	71
			St. John's Home for Crippled Children	72
			St. John's Home for Crippled Children	73
			St. John's Home for Crippled Children	74
			St. John's Home for Crippled Children	75
			St. John's Home for Crippled Children	76
			St. John's Home for Crippled Children	77
			St. John's Home for Crippled Children	78
			St. John's Home for Crippled Children	79
			St. John's Home for Crippled Children	80
			St. John's Home for Crippled Children	81
			St. John's Home for Crippled Children	82
			St. John's Home for Crippled Children	83
			St. John's Home for Crippled Children	84
			St. John's Home for Crippled Children	85
			St. John's Home for Crippled Children	86
			St. John's Home for Crippled Children	87
			St. John's Home for Crippled Children	88
			St. John's Home for Crippled Children	89
			St. John's Home for Crippled Children	90
			St. John's Home for Crippled Children	91
			St. John's Home for Crippled Children	92
			St. John's Home for Crippled Children	93
			St. John's Home for Crippled Children	94
			St. John's Home for Crippled Children	95
			St. John's Home for Crippled Children	96
			St. John's Home for Crippled Children	97
			St. John's Home for Crippled Children	98
			St. John's Home for Crippled Children	99
			St. John's Home for Crippled Children	100



Various other works in the nature of both major and minor repairs to hospitals are in hand.

The new Home for nurses at the Devon Public Hospital was completed and occupied in January, 1953. The old Home is being converted into a Preliminary Training School for the North-West and West Coast Districts.

*Legislation.*—The Queen Victoria Maternity Hospital Act of 1952 was enacted. The Act provides for the repeal of the "Queen Victoria Hospital and Baby Health Association Incorporation Act 1928", the incorporation of a Hospital Board of Management numbering seven, and administration provisions similar to other hospitals, and the formation of the Queen Victoria Maternity Hospital Association.

An amendment, No. 4 of 1953, was made to the Hospitals Act of 1918, empowering the Governor to declare that part of the area of a local authority shall form a hospitals district. Minor machinery provisions, including the procedure for disposal of unclaimed property, also are in the amendment.

*Hospital Systems.*—With the approval of the Government arrangements were made with Mr. J. L. B. Forster, c/o Royal Newcastle Hospital, New South Wales, to visit Tasmania and report on the organisation and administration of hospitals in this State. Mr. Forster visited the Royal Hobart Hospital, Launceston General Hospital, Devon Public Hospital and Burnie Public Hospital, and submitted to the Hon. the Minister for Health a report of his investigations.

*Hospital Catering.*—A catering conference was held in July to consider food ration scales and catering services. The results of the conference are reported in the report of the Nutrition Officer under the Division of Public Health.

*New Australian Doctors.*—The scheme for training and registration of alien migrant medical practitioners under the provisions of the amending Medical Act of 1951 was put into effect. At the end of the first year of training, of the three trainees, one passed the examinations and entered into the Government Medical Service.

For the second and final year of training, as permitted by the Act, five medical practitioners are undergoing training, of whom three have been placed at the Launceston General Hospital and two at the Royal Hobart Hospital.

After the expiration of the current year of training, the provisions of the Act will lapse, and it will not, therefore, be possible to take any more trainees.

#### *Detection and Treatment of Cancer—*

*Hallstrom Clinics.*—On July 1st, 1952, Cancer Detection Clinics commenced operation at Hobart and Launceston. These Clinics are known as the "Hallstrom Clinics", in honour of the Sydney philanthropist, Sir Edward Hallstrom, who very generously

donated the money to have them established. The Department desires to place on record its deep appreciation of the generous action of Sir Edward Hallstrom.

The responsibility for the control of the Hallstrom Clinics is vested in the Tasmanian Cancer Committee, a statutory body, at present working under the chairmanship of Dr. C. Craig, C.M.G., M.D., M.S., F.R.A.C.S.

*Peter MacCallum Clinics.*—As a result of an agreement signed by the Governments of Victoria and Tasmania in January, 1952, the Cancer Institute Board of Victoria will make available to the people of Tasmania all the facilities of its Cancer Institute. A Peter MacCallum Clinic, named after Professor Sir Peter MacCallum, who has done an enormous amount of work to further cancer research and treatment, has been established at the Launceston General Hospital, and plans are well advanced for the establishment of a further clinic at the Royal Hobart Hospital. The agreement also stipulates that the Board shall provide for full-time service in Tasmania of a medical officer trained in the treatment by radiation of cancer and allied conditions, and Dr. F. M. Ramsay, M.B., Ch.B. (N.Z.) has been appointed to this position.

*General.*—All specialist services have been maintained and include visits by the Plastic Surgeon and Neurologist from Melbourne, the Departmental specialists in Orthopaedics, Psychiatry and Ear, Nose and Throat Services.

Arrangements with the consultant specialists in Obstetrics, Gynaecology and Ophthalmology for visits to the regional hospitals in the West and North have been maintained also.

With a view to placing proposed works and requests for equipment into some systematic order, a system of priorities has been instituted, and all proposals will be considered only in the categories as follows:—

- Priority I.—Vital.
- Priority II.—Essential.
- Priority III.—Desirable.

In January this year, the Commonwealth Health Laboratory vacated the Royal Hobart Hospital premises at 24 Campbell Street, Hobart. A Pathological Department of the Royal Hobart Hospital, under the direction of the newly-appointed Director of Pathology, Dr. Campbell Duncan, was immediately set up in these premises, and is to be known as the "Bruce Carruthers Institute of Pathology" in memory of the late Dr. B. M. Carruthers, who was Chairman of the Royal Hobart Hospital Board of Management at the time of his death, and who did such an immense amount of work on behalf of the Hospital, the Public Health Department and the State.



Private Hospitals.

The number licensed for the year was eleven, and in addition three 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 L.

TABLE L.—PRIVATE HOSPITALS.  
Statement showing the Number of Private Hospital Licences issued and Exemptions Current for Years 1952 and 1953.

Locality	LICENCES ISSUED				EXEMPTIONS CURRENT					
	Medical, Surgical and Maternity		Maternity only		Medical, Surgical and Maternity		Maternity only		Total	
	1952.	1953.	1952.	1953.	1952.	1953.	1952.	1953.	1952.	1953.
Hobart	1	1	1	1	1	1	1	1	2	2
Launceston	1	1	1	1	2	2	2	2	2	2
Country	2	2	2	2	4	4	3	3	4	4
TOTAL	2	2	4	4	7	7	3	3	4	4

Commonwealth Private Hospital Benefit Payments and Statistics relating to "Qualified" In-patients for the Year ended 30th June, 1953.

Acute Hospitals	Beds Available		In-patients		Bed-days		Average Daily No.		Av. Length of Stay (Days)		Births	Payments at 8s. per day			
	General	Maternity	General	Maternity	General	Maternity	General	Maternity	General	Maternity					
	No.	Total	No.	Total	No.	Total	No.	Total	No.	Total	£	s.	d.		
No. T 1	112	30	2,555	716	3,271	26,427	8,961	35,388	72.4	24.6	97.0	14,155	4	0	
4	26	3	374	34	408	4,300	463	4,763	11.2	1.2	1.2	185	4	0	
5	65	26	1,627	1,627	3,254	14,623	4,300	18,923	40.1	11.2	11.5	1,720	0	0	
6	7	7	142	42	184	478	443	921	1.3	1.2	9.0	5,849	4	0	
11	5	5	23	23	28	71	241	241	0.7	0.7	3.3	368	8	0	
12	2	2	19	19	19	71	233	233	0.6	0.6	12.3	93	4	0	
15	1	1	71	71	71	71	71	71	0.2	0.2	1.0	28	8	0	
17	1	1	33	33	33	552	552	552	1.5	1.5	17.0	220	16	0	
22	41	4	1,077	33	1,110	11,227	552	11,779	30.8	1.5	10.4	4,490	16	0	
23	41	4	1,121	1,121	2,242	11,013	11,013	30.2	30.2	30.2	4,405	4	0		
29	41	4	1,121	1,121	2,242	11,013	11,013	30.2	30.2	30.2	4,405	4	0		
"Acute" Total	293	51	6,967	867	7,834	68,139	10,893	79,032	186.2	29.8	216.0	871	31,612	16	0
Chronic—															
No. T30	49	49	44	44	88	11,790	11,790	11,790	32.3	32.3	32.3	4,716	0	0	
31	40	40	40	40	80	6,509	6,509	6,509	17.9	17.9	162.7	2,603	12	0	
32	14	14	35	35	49	3,658	3,658	3,658	10.0	10.0	104.5	1,463	4	0	
"Chronic" Total	103	103	119	119	222	21,957	21,957	21,957	60.2	60.2	184.5	8,782	16	0	
GRAND TOTAL	396	51	7,086	867	7,953	90,096	10,893	100,989	246.4	29.8	276.2	871	40,395	12	0



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

<b>Public Hospitals—</b>		
Public ward beds:		
General .....	1,426	
Maternity .....	305	
Infectious .....	79	
		1,810
<b>Non-Public beds—</b>		
General .....	50	
Maternity .....	71	
		121
<b>Total Public Hospital beds</b> .....		1,931
<b>Private Hospitals—</b>		
Non-Public beds:		
General .....	396	
Maternity .....	51	
<b>Total Private Hospital beds</b> .....		447
<b>TOTAL BEDS</b> .....		2,378

Non-Public accommodation=568=23.9 per cent of total.  
Public accommodation=1,810=76.1 per cent of total.

*Classification of Beds.*

<b>General beds—</b>		
Public hospitals .....	1,476	
Private hospitals .....	396	
<b>Total</b> .....		1,872 = 78.7%
<b>Maternity beds—</b>		
Public hospitals .....	376	
Private hospitals .....	51	
<b>Total</b> .....		427 = 18.0%
<b>Infectious beds—</b>		
Public hospitals .....	79	3.3%
<b>GRAND TOTAL</b> .....	2,378	100%

*Statistics.—St. John's Park, New Town, for the Year Ended 30th June, 1953.*

**Number of Beds Available—**

Female division .....	156	Including 75 hospital beds
Male division .....	272	including 87 hospital beds
<b>TOTAL</b> .....	428	162

*Ratio of Bed Availability per 1000 Population.*

(Population at 30th June, 1953, being shown as 311,060.)

General beds (including convalescent and chronic) .....	6.0
Maternity beds .....	1.4
Infectious beds .....	0.2
<b>Total beds per 1000 population</b> .....	7.6

*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.

The Cosgrove Park Home, Launceston, providing accommodation for 120 persons, is progressing well towards completion. It is hoped that the building can be completed and furnished to enable the official opening to take place towards the end of this year or early in 1954.

In addition to the Home, a start has been made on twenty twilight cottages, each consisting of two self-contained flats, to be erected on the Cosgrove Park site.

The management of the Home and the cottages has been placed with the Board of Management of the Launceston General Hospital.

The Home, when opened, will replace the Home for Invalids, Launceston, as a home for aged people.

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	
1951-52	241	145	386	138	83	221	84	45	129	52	43	95	243	140	383	382.94
1952-53	243	140	383	186	83	269	98	30	128	77	48	125	254	145	399	398.62

*Summary.*

	1951-52.	1952-53.
Number resident at commencement	386	383
Admitted during year	221	269
	607	652
Discharged during the year	129	128
Deaths during the year	95	125
	224	253
Number resident at close of year	383	399

*Finance.*

Revenue:—	£	£
Commonwealth Hospital Benefits .....	20,264	21,301
State aid (net cost) .....	79,489	93,159
Invalid and old-age pensions contributions .....	18,006	22,026
War Service pensions contributions .....	1,402	1,428
Private maintenance .....	2,551	3,132
Laundry services .....	450	529
Sundries .....	437	316
	£122,599	£141,891



Expenditure:—	£	£	Gross daily cost per in- mate	£ s. d.	£ s. d.
Salaries .....	68,666	83,007		0 17 5	0 19 6
Provisions and medical comforts .....	31,342	36,193	Net daily cost per inmate	0 11 4	0 12 9
Fuel and light .....	7,102	6,267	Gross weekly cost per in- mate .....	6 2 5	6 16 6
Bedding, clothing, and stores .....	12,206	13,704	Net weekly cost per in- mate .....	3 19 4	4 9 7
Repairs and renewals of buildings .....	1,541	1,691			
Sundries .....	1,742	1,029			
	<u>£122,599</u>	<u>£141,891</u>			

Statistics.—Home for Invalids, Launceston, for the Year Ended 30th June, 1953.

No. of beds available:—

Female division .....	19
Male division .....	15
	<u>34</u>

Year	PATIENTS.															Average daily No.
	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1951-52	14	16	30	10	14	24	7	8	15	2	4	6	15	18	33	33.2
1952-53	15	18	33	7	11	18	4	8	12	2	3	5	16	18	34	33.5

	Summary.	
	1951-52.	1952-53.
Number resident at commencement .....	30	33
Admitted during the year .....	24	18
	<u>54</u>	<u>51</u>
Discharged during the year .....	15	12
Deaths during the year .....	6	5
	<u>21</u>	<u>17</u>
Number resident at close of year .....	33	34

	Finance.	
	1951-52. £	1952-53. £
Revenue—		
Commonwealth Hospital		
Benefits .....	4,833	4,903
State aid .....	2,710	3,463
	<u>£7,543</u>	<u>£8,366</u>
	£ s. d.	£ s. d.
Expenditure—		
Average daily cost per patient .....	0 12 5	0 13 8
Average weekly cost per patient .....	4 6 9	4 15 9

BUSH NURSING.

Bush nursing continues to render valuable service to the community. The work done is steadily expanding, as shown by figure increases in Table N. Apart from actual nursing duties the staff carry out ante-natal, child welfare, and a limited amount of school work, in most centres. The last mentioned includes instruction to school children on mothercraft and first aid.

There are 25 centres in operation, all of which have been functioning full time during the year, except for minor interruptions, when several were closed for short periods through lack of nursing staff. However, the staffing position this year shows improvement. Hospital accommodation is provided at 12 centres with bed capacity ranging between two and eight. The remaining 13 centres have consulting and treatment rooms. Six centres are managed by local committees, and the other nineteen are controlled by the Department.

From 1.10.52 charges have been re-introduced for occupied beds in Bush Nursing Hospitals, in line with other public hospitals. Out-patients continue to be treated free of charge at the surgeries.

The northern division of the Bush Nursing Association has maintained contributions towards the upkeep of seven northern centres, and held its usual annual appeal in Launceston to raise funds.

Generous support has been continued by local committees, auxiliaries, Country Women's Association Branches, Apex Club, Red Cross Trust Fund and Medical Unions, in providing extra equipment and valuable amenities.

Outlined hereunder are brief notes about some of the centres:—

*Maydena.*—A resident Sister was established here last August, although for some time before that a Doctor and Child Welfare Sister visited at regular intervals from New Norfolk, and saw out-patients at the new surgery and clinic rooms.

*Koonya.*—Extensions and alterations to the staff quarters have been completed.

*Ouse.*—Work here is increasing. This hospital is our largest and busiest. Staff has been increased by a third Sister, which enables one to accompany and assist the Government Medical Officer



on his regular visits to outlying districts. New nurses' quarters are planned for the near future, to increase the hospital bed capacity beyond the present eight.

**Oatlands.**—Installation of electric bells and a rinse and dryer for the laundry have been added to the equipment. The Council, supported by the Auxiliary, has opened an Ambulance Fund.

**Rosebery.**—Preparations have been made to transfer this hospital to one controlled by a Board of Management.

**Whitmark, Flinders Island.**—A new water and hot water system has been installed

at the hospital. Further improvements and extra equipment are in view for the near future.

**Rossarden.**—Out-patients and Child Welfare attendances at this centre have increased tremendously, and extra domestic help has been engaged. A new, nicely equipped waiting room has been added to the former building.

**George Town.**—New premises are in course of erection here, to provide for five in-patients. This is expected to be completed by the end of the year.

TABLE N.

ANNUAL SUMMARY of Work Performed in Bush Nursing Service—July, 1952, to June, 1953.

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
Southern—										
Alonnah (Bruny Island) .....	2	728	203	41	2	28	484	21	618	£ 9 15 1
Cygnat .....	5	2,309	33	740	25	198	23	7	467	150 1 6
Koonya .....	5	888	50	212	19	36	105	.....	2,710	130 11 3
Maydena .....	Nil	1,420	132	.....	1	25	1	.....	517	40 5 0*
Oatlands .....	5	1,322	.....	588	41	131	435	.....	.....	277 14 9
Ouse .....	8	5,845	7	1,408	103	310	202	8	1,788	928 18 11
Sorell .....	4	2,206	18	368	23	201	183	9	.....	167 12 3
Southport .....	1	659	85	41	2	45	84	11	267	48 15 0
Strahan .....	Nil	822	630	.....	.....	109	195	4	3,031	91 18 7
Swansea .....	4	1,262	31	254	29	142	466	1	.....	205 12 11
Triabunna .....	3	1,000	102	135	12	75	201	9	984	190 16 7
<b>Total Centres 11</b>	<b>37</b>	<b>18,461</b>	<b>1,291</b>	<b>3,787</b>	<b>257</b>	<b>1,300</b>	<b>2,379</b>	<b>70</b>	<b>10,382</b>	<b>2,242 1 10</b>
Northern—										
Avoca .....	Nil	1,582	374	.....	10	147	344	.....	2,237	165 10 5
Cape Barren Is. .....	1	1,054	98	11	.....	28	108	2	43	.....
Gladstone .....	Nil	836	939	.....	.....	68	219	4	6,567	70 11 9†
Grassy (King Island) .....	Nil	4,563	213	.....	.....	32	842	.....	4,428	163 13 0
Lilydale .....	Nil	309	904	.....	.....	67	477	24	7,288	277 5 7
Mole Creek .....	Nil	1,050	188	.....	.....	40	242	2	1,267	59 8 0
Ringarooma .....	Nil	2,461	476	.....	.....	98	491	.....	3,240	203 11 9
Rosebery .....	4	7,620	1,132	69	5	303	463	1	1,976	81 14 7
Rossarden .....	Nil	4,024	1,813	.....	.....	521	1,160	.....	3,952	88 14 3
St. Helens .....	4	221	14	336	30	125	551	.....	44	87 17 6
Storeys Creek .....	Nil	1,496	844	.....	.....	27	117	9	1,966	.....
Tullah .....	Nil	652	251	.....	.....	25	52	.....	438	.....
Waratah .....	Nil	922	654	.....	.....	12	193	.....	7,656	.....
Whitmark, Flinders Is. .....	5	574	.....	717	28	19	161	2	.....	196 6 0
<b>Total Centres 14</b>	<b>14</b>	<b>27,364</b>	<b>7,900</b>	<b>1,133</b>	<b>73</b>	<b>1,512</b>	<b>5,420</b>	<b>44</b>	<b>41,102</b>	<b>1,394 12 10</b>
<b>Grand Totals 25</b>	<b>51</b>	<b>45,825</b>	<b>9,191</b>	<b>4,920</b>	<b>330</b>	<b>2,812</b>	<b>7,799</b>	<b>114</b>	<b>51,484</b>	<b>3,636 14 8</b>

\* Opened for work, August, 1952.

† Closed during Sister's annual and special leave, 19.3.53 to 28.4.53 (Birding season).

‡ Closed during Sister's annual leave, balance 4.11.52 to 24.11.52. Deaconess Beale took emergencies honorarily.

§ Closed during Sister's annual and sick leave, 20.8.52 to 17.9.52, 22.12.52 to 4.1.53, and 3.4.53 to 16.4.53. Rossarden took emergencies.

¶ Closed during Sister's annual leave, 3.10.52 to 8.10.52 and 30.1.53 to 22.2.53.

|| Closed 1.7.52 to 28.7.52 during Sister's sick leave.

Comparative Figures for Five Years, 1948-49 to 1952-53.

Year	Total No. of Hospitals and Centres	% 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
1948-49 .....	25	45	18,934	5994	3675	253	1414	6875	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
1952-53 .....	25	51	45,825	9191	4920	330	2812	7799	114	51,484	3,636 14 8

\* Includes "after-hour fees".



## TOURIST NURSING SERVICE.

Nurses engaged under this scheme are employed on a temporary basis, their usual length of service given being between six months and a year, and the turnover has been big.

The average number employed throughout the year has been nine. All have to be State Registered Nurses. They have served a very useful purpose, in cases of emergency, or for relieving for annual and sick leave in country Public Hospitals and the Bush Nursing Service.

## GOVERNMENT MEDICAL SERVICE.

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

District.	Population.	Date of Commencement of Service in District.	Number of Attendances upon Patients, showing Location of Attendance and Midwifery Cases which are shown separately.				Total	Number of Workers' Compensation Cases	Number of Midwifery Cases	Total of all Attendances	Mileage Covered
			Residence.	Surgery.	Hospital.	Total					
Brny	790	1.3.38	807	240	72	1,119	...	...	1,119	6,056	
Esperance	3,150	11.3.38	1,343	1,646	37	3,026	2	...	3,028	6,918	
Evandale	1,740	1.7.47	2,157	2,982	...	5,139	41	...	5,180	8,028	
Flinders	910	1.5.38	1,623	1,931	252	3,786	24	17	3,827	8,891	
Glamorgan-Spring Bay	2,100	18.5.38	640	1,000	123	1,763	6	36	1,805	10,088	
George Town	2,600	5.1.40	1,589	1,732	...	3,321	186	...	3,507	8,926	
Hamilton	5,480	1.5.38	1,988	5,245	317	7,500	37	72	7,609	13,989	
Kingborough	7,560	1.3.38	1,357	2,722	...	4,079	58	1	4,138	12,448	
King Island	1,860	1.9.38	341	4,143	242	4,726	96	14	4,886	11,335	
New Norfolk	9,230	9.8.46	2,084	9,091	653	11,828	213	...	12,041	21,804	
Penguin	3,990	13.7.38	1,336	5,359	215	6,910	60	...	6,970	13,945	
Port Cygnet	2,750	1.7.40	977	2,480	...	3,466	10	3	3,479	8,109	
Portland	1,050	14.6.39	2,804	2,875	105	5,784	60	8	5,852	10,066	
Richmond	1,600	6.8.52	2,159	2,225	6	4,390	12	...	4,402	8,459	
Ringarooma	3,530	1.1.40	1,141	2,662	46	3,849	63	...	3,912	11,932	
Scottsdale	3,380	5.8.39	1,811	10,148	1,732	13,691	155	15	13,861	10,946	
Sorell	2,180	1.12.38	1,806	8,173	...	9,979	...	...	9,979	11,640	
Tasman	1,040	21.4.38	1,072	839	61	1,972	12	9	1,993	8,736	
Totals	55,540	...	26,985	65,502	3,841	96,328	1035	175	97,538	192,936	

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

TABLE O.  
SUMMARY of the Work Performed by Government Medical Officers during the Year Ended  
30th June, 1953.



## APPENDIX VIII.

REPORT OF NURSES' REGISTRATION BOARD  
FOR THE YEAR ENDED 30TH JUNE, 1953.*Personnel of Board.*

- Dr. J. Edis, Chairman.  
 Dr. C. Craig.  
 Dr. L. W. Knight, Superintendent, Royal Hobart Hospital.  
 Dr. C. C. Petrovsky, Superintendent, Launceston General Hospital.  
 Miss J. O. Brown, Lady Superintendent of Nursing, Royal Hobart Hospital.  
 Miss C. I. Skirving, Lady Superintendent of Nursing, Launceston General Hospital.  
 Miss B. L. Campbell, Matron, Devon Public Hospital.  
 Miss N. Winwood, Matron, St. Luke's Hospital.  
 Miss M. G. Muldoon, Matron, Lyell District Hospital, until April, 1953.  
 Miss L. M. Zwar, Matron, Queen Alexandra Hospital, from April, 1953.

*Meetings.*

Six ordinary meetings have been held during the year.

*Legislation.*

*Regulations.*—Regulation 10 was amended to provide for the holding of a Nurses' Entrance Examination once a year instead of four times a year.

*Training Schools.*

## Number of registered training schools—

General	11
Midwifery	6
Psychiatric	2
Child Welfare	2
Tuberculosis	1

*Trainees.*

1. Applications for training, 424.	
General	244
Midwifery	118
Psychiatric	18
Child Welfare	40
Tuberculosis	4
2. Commenced training, 409.	
General	254
Midwifery	98
Psychiatric	16
Child Welfare	36
Tuberculosis	5
3. Completed training, 192.	
General	68
Midwifery	83
Psychiatric	4
Child Welfare	35
Tuberculosis	2
4. Resigned before completion of training, 157.	
General	135
Midwifery	12
Psychiatric	8
Child Welfare	Nil
Tuberculosis	2
5. Total number in training, 30,653, 680.	
General	542
Midwifery	93
Psychiatric	29
Child Welfare	14
Tuberculosis	2

*Examinations.*

1. Educational examinations for intending trainees—	
Number held	3
Number of candidates	8
Results:	
Number passed	4
Number failed	4
2. Examinations for registration of nurses	
Number held	3
Number of candidates	208
Results:	
Number passed	188
Number failed	20

*Details of Results.*

	No. of Candidates	Passed	Failed
General	81	65	16
Midwifery	83	80	3
Psychiatric	4	4	
Child Welfare	38	37	1
Tuberculosis	2	2	

*Registration of Nurses.*

- Applications approved, 524, as follows:—
 

General	302
Midwifery	171
Psychiatric	2
Child Welfare	45
Tuberculosis	4
- Registrations renewed, 1373, as follows:—
 

Number of persons	919
General	821
Midwifery	402
Psychiatric	47
Child Welfare	92
Tuberculosis	11
- Total number of registrations in State, 2120, as follows:—
 

Number of persons registered (includes 8 male nurses)	1,416
General	1,223
Midwifery	662
Psychiatric	57
Child Welfare	164
Tuberculosis	14
- Number of registered nurses on current register, 1416, as follows:—

	No. of Persons	No. of Certificates
General only	651	651
General and midwifery	420	840
Midwifery only	115	115
General, Midwifery, and Child Welfare	115	345
Psychiatric only	47	47
General and Child Welfare	20	40
Tuberculosis only	7	7
Child Welfare only	17	17
General and Psychiatric	4	8
Midwifery and Child Welfare	7	14
General and Tuberculosis	7	14
General, Psychiatric and Child Welfare	1	3
General, Midwifery, and Psychiatric	1	3
General, Midwifery, Psychiatric and Child Welfare	4	16
	<u>1,416</u>	<u>2,120</u>

- Foreign trained nurses—
 

At present registered	9
Polish training	2
Swiss training	1
Dutch training	2
Danish training	1
Latvian training	1
Austrian training	1
German training	1
- Tasmanian Auxiliary Nursing Service—
 

Number registered	7
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*Post-Graduate Diplomas.*

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

*General.*

*Reciprocity.*—Since the period of midwifery training has been increased to 12 months, the Nurses' and Midwives' Board of New Zealand has granted unconditional reciprocity to midwives trained in this State, and the Central Midwives' Board of England has reduced the period to be spent doing District Midwifery Nursing, before registration, from three months to one month, providing the required number of anaesthetics has been administered.



**Procedure Book.**—During the year, all sections of the Procedure Book have been reviewed, and a copy of the amendments and additions is now ready for printing. This has been prepared in a form which can be pasted on the blank interleaves of the book, and thus bring it up to date.

**Diet Manual.**—Work is at present proceeding on a Diet Manual for use in hospitals throughout the State. It is hoped to have this Manual completed and ready for distribution at an early date.

**Modern Schools Advisory Board.**—At the invitation of the Education Department, representatives of the Nurses' Registration Board have met with the Modern Schools Advisory Board on two occasions, and matters concerning the pre-vocational training of nurses, and also the nature of the Nurses' Entrance Examination, have been discussed. Much valuable information has been gained from these meetings, and it is felt that members of the Advisory

Board have also gained a better insight into nursing requirements.

**Tasmanian Auxiliary Nursing Service.**—A great deal of thought has been given to the training for the Tasmanian Auxiliary Nursing Service, and members of the Board feel that the present Act does not provide a satisfactory ancillary nursing service. Consideration has been given to separating the training entirely from ordinary training of nurses, and the establishment of separate training schools, probably in the country hospitals. As the year ends, reports from certain country hospitals, regarding the practicability of this, are awaited. It is hoped that, in the coming year, this service will be put on a more satisfactory working basis, and extended.

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

L. H. SIDEBOTTOM, Secretary.

**Section III.—Report of Division of Tuberculosis for the Year ended 30th June, 1953.**

**NOTIFICATIONS.**

During the twelve months ended 30th June, 1953, a total of 216 new cases were notified to the Tuberculosis Division. Of these, 185 were shown to be Pulmonary Tuberculosis, 31 of a non-Pulmonary nature, including five cases of Tuberculous Meningitis.

The total of 216 cases for the year shows an increase of 18 cases on the previous year, but is 18 less than for the year 1950-51. It is felt that the additional cases discovered last year can, to some extent, be attributed to the expansion of the compulsory X-ray campaign. This has probably been the means of bringing under notice of this Division some tuberculosis sufferers, who previously may have deliberately refrained from seeking medical advice, or attending for a chest X-ray examination. However, it is anticipated that future statistics will not only show a gradual reduction in the number of new cases discovered, but that among these the proportion of the minimal cases will have increased.

It is noted that this year 16 Pulmonary cases were found among persons in the age group 65-85 years, and that six, or 37.5, of these were quoted as advanced cases; eight, or 50 per cent, moderately advanced; and two, or 12.5 per cent, minimal. This figure of six advanced cases in this age group represents 24 per cent of the total advanced cases notified and would seem to justify the extension of the compulsory X-ray provisions to include persons over 65 years. It is among these elderly people that gradual deterioration in health, or other symptoms, which would, in younger persons arouse suspicion, may be overlooked and regarded as due to old age. These unsuspected and sometimes highly infectious cases might remain undetected.

The following is a summary of the total number of cases notified during each of the past three years, also a comparison of the Pulmonary and Non-Pulmonary cases. It is found that the percentage of Pulmonary cases which constitute the public health danger is approximately the same as last year, but still less than that of the year 1950-51.

Year Ended	Total Cases Notified	Pulmonary Cases	Percentage of Total	Non-Pulmonary Cases	Percentage of Total
30.6.51	236	210	88.9	26	11.1
30.6.52	198	169	85.4	29	14.6
30.6.53	216	185	85.6	31	14.4

**SEX OF CASES NOTIFIED.**

Division of the 216 cases notified shows that 118 were males and 98 females. This increased incidence among males has been maintained as shown by the figures for the two previous years. The percentage of males in the total notifications during the past three years is—

1950-51	53.8
1951-52	60.1
1952-53	54.6

**MARITAL STATUS.**

The marital status of cases notified during the year is given as—

Married persons	102
Widows or widowers	11
Separated persons	2
Divorced persons	2
Single persons	99
<b>TOTAL</b>	<b>216</b>

**AGE AT NOTIFICATION.**

The cases were classified under age groups as follows:—

Under 15 years	26
15 to 24 years	55
25 to 34 years	35
35 to 45 years	40
Over 45 years	60
<b>TOTAL</b>	<b>216</b>



*Stage of Disease.*

Investigation of the 185 cases of Pulmonary Tuberculosis shows that 62, or 33.5 per cent, were discovered in the minimal stage of the disease; 98, or 53 per cent, were Moderately Advanced; and 25, or 13.5 per cent, were Advanced cases. It is encouraging to note that the proportion of minimal cases still shows an upward trend, and it is hoped that, with the

periodical screening of the population by the Mass X-Ray Survey, this trend will continue.

The table below gives the comparative figures for the past three years:—

Year	Minimal	Moderately Advanced	Advanced	Total Pulmonary Cases
1950-51	69=32.8%	104=49.5%	37=17.6%	210
1951-52	51=30.2%	95=56.2%	23=13.6%	169
1952-53	62=33.5%	98=53.0%	25=13.5%	185

The following table gives a more detailed analysis of age, sex, and stage of disease of all cases notified during 1952-53.

TABLE P.

TABLE Showing Age, Sex, Form and Stage of Disease of Cases Notified during the Year 1952-53.

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	2	.....	7	13	5	5	.....	3	13	9	7	.....	10	26
15 to 24	9	8	1	1	19	19	15	2	.....	36	28	23	3	1	55
25 to 34	7	7	2	4	20	4	6	2	3	15	11	13	4	7	35
35 to 45	3	19	.....	2	24	3	8	4	1	16	6	27	4	3	40
Over 45	4	20	12	6	42	4	8	2	4	18	8	28	14	10	60
Totals	27	56	15	20	118	35	42	10	11	98	62	98	25	31	216

Among the male population it is found that a greater proportion of cases comes from the age group over 45 years, whereas for females the incidence still appears to be highest in the 15-24 group.

*Modes of Discovery.*

The notifications were received from the under-mentioned sources:—

Private physicians	29
Chest clinics (contacts)	15
Chest clinics	10
Public hospitals	102
Mass X-ray survey	60
<b>TOTAL</b>	<b>216</b>

The total of 60 cases discovered by the Mass X-ray survey represents 32.4 per cent, or nearly one-third of the Pulmonary cases notified. As these cases were mostly discovered among apparently healthy persons, who would not normally be seeking medical advice, the value of the Mass X-ray survey is emphasised.

*Sputum Examination at Time of Notification.*

Sputum examination carried out as part of original investigation showed a "positive" result in 63 cases, 98 cases were stated to be negative, this mainly being the result of "Direct Smear" only, and further tests were, in most cases, proceeding. In 74 cases no reference was made to sputum test, there being sufficient radiological and clinical evidence to make notification advisable.

*Family History.*

Information submitted with notifications shows that, in 57 cases, a definite family history of Tuberculosis was known, in 87 cases the family history of the patient was stated to be clear, and in 72 instances no information was given.

*Notifications from Municipalities.*

Table P gives the monthly notifications from each municipality during the year 1952-53.

From information supplied by local authorities a total of 300 home contacts were recorded, being 84 children and 216 adults. However, as the information was supplied for only about 45 per cent of the cases notified, it is assumed the full total of home contacts would be in the vicinity of 700 persons. In most of the cases notified the visiting sisters of the chest clinic supervised the management of contacts and in the remainder this is carried out by the private practitioner concerned.

17 cases were admitted to the Registration Hospital.  
5 cases were admitted to the Vaccine Hospital.  
1 case was admitted to Larches Park Hospital.  
6 cases treated in public hospital and later discharged to home under care of private physician or chest clinic.  
1 case died in public hospital before admission to chest hospital.



TABLE Q.

TABLE Showing Notifications Received Each Month from Each Municipality During the Year Ended 30th June, 1953.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield	2						1						3
Bothwell													4
Brighton			2				1	1					4
Bruny									1				1
Burnie	2	1	1	1	2	4	1	1		3	2		18
Campbell Town													3
Circular Head				2						1			3
Clarence							1						3
Deloraine		1	1										2
Devonport	1	3	1					1					6
Esperance													5
Evandale								1	1	1	1	1	5
Fingal							1						1
Flinders													1
George Town							1						1
Glamorgan													20
Glenorchy		2	4	1	3	1	3	1	1	3	1		19
Gormanston												1	1
Green Ponds				1									1
Hamilton	1									1		1	3
Hobart	2	4	4	8	5	1	4	5	3	3	6	4	49
Huon						1		1					2
Kentish			1										1
Kingborough		2		2		1	1		1				7
King Island							1					1	2
Latrobe			2										2
Launceston	1	5	5	1	3	4	4	1	4	3	2		33
Lilydale													5
Longford	2		1	1		1							5
New Norfolk				2				1		1	1	1	6
Oatlands	1		1										2
Penguin			1					1	1				3
Port Cygnet													5
Portland							2		1				3
Queenstown	2												2
Richmond												1	1
Ringarooma				2		1							3
Ross				2								2	4
Scottsdale							1						1
Sorell													2
Spring Bay										1			1
St. Leonards			1			1							2
Strahan													5
Tasman									1			2	3
Ulverstone		1		1									2
Waratah												1	1
Westbury			1								1		2
Wynyard	1	1											2
Zeehan			1					2			1		4
Total Cases	15	20	27	24	13	15	23	16	14	17	15	17	216
Pulmonary	9	20	24	20	12	11	20	15	12	13	14	15	185
Non-Pulmonary	6		3	4	1	4	3	1	2	4	1	2	31

#### Supervision and Hospitalisation.

Notifications in respect of the 185 Pulmonary cases showed that in 129 instances chest hospital treatment was required. Of these—

- 40 cases were admitted to the Tasmanian Chest Hospital.
- 49 cases were admitted to the Northern Chest Hospital.
- 17 cases were admitted to the Repatriation Hospital.
- 5 cases were admitted to the Vacluse Hospital.
- 1 case was admitted to Lachlan Park Hospital.
- 6 cases treated in public hospital and later discharged to home under care of private physician or chest clinic.
- 1 case died in public hospital before admission to chest hospital.

2 cases left the State.

2 cases admitted to chest hospital, later found not necessary.

6 cases on chest hospital waiting lists at 30th June, 1953.

129

#### Home Contacts.

From information supplied by local authorities, a total of 300 home contacts were recorded, being 84 children and 216 adults. However, as this information was supplied for only about 45 per cent of the cases notified, it is assumed the full total of home contacts would be in the vicinity of 700 persons. In most of the cases notified the visiting sisters of the chest clinics supervise the management of contacts, and in the remainder this is carried out by the private practitioner concerned.



*Home Conditions.*

From information available the home conditions of 72 of the cases notified were classified—

Good .....	50
Fair .....	19
Poor .....	1
Bad .....	2

*Occupations Generally.*

As in previous years, it is found that notified Tuberculosis sufferers are drawn from various occupations, and it is doubtful if any particular industry or occupation in Tasmania could be regarded as an "occupational hazard", as far as Tuberculosis is concerned. Among female sufferers it was found that persons occupied with home duties exceed any other single occupation.

A summary of various occupations is given hereunder:—

Home duties .....	50
School boy or girl .....	18
Farm or orchard worker .....	14
Pensioner .....	11
Salesman or saleswoman .....	11
Child under school age .....	9
Labourer (various) .....	8
Carpenter or joiner .....	7
Clerk—male .....	7
Clerk—female .....	4
School teacher .....	6
Retired .....	6
Miner .....	5
Transport driver .....	5
Linesman .....	4
Typist .....	4
Factory employee .....	3
Hospital attendant .....	3
Painter .....	3
Baker .....	2
Nurse or nurse assistant .....	2
Seaman .....	2
Waitress .....	2
Waterside worker .....	2
Other .....	28
	216

Occupations covered by "Other" above include: Watchman, Woodcutter, Female machinist, Wool store hand, Fetter, Fireman, Motor mechanic, Telephonist, Horse trainer, Pottery maker, Panel beater, Butcher, Barman, Electrician, Textile worker, Laundress, Quarry worker, Optical mechanic, Bricklayer, Railway employee, Aero-drome control officer.

*Deaths.*

The number of deaths attributable to Tuberculosis during the year totalled 36. This constitutes a dramatic drop in the death rate. In a population of 311,000 persons, this means a death rate per 100,000 of just over 11. Thirteen of the deaths recorded were among persons notified during the year, three being notified as a result of post-mortem examinations; three people were over 70 years of age, and four were Tuberculous Meningitis cases. It is pleasing to note that these latter are much fewer than in the previous year, when 11 deaths from Tuberculous Meningitis were recorded.

The following shows the age and sex of persons who died from Tuberculosis:—

Age Group	Male	Female	Total
Under 15 years .....	2	—	2
15 to 24 years .....	1	1	2
25 to 34 years .....	4	2	6
35 to 45 years .....	5	1	6
Over 45 years .....	11	9	20
	23	13	36

*TASMANIAN CHEST HOSPITAL, NEW TOWN.**Maintenance Expenditure for Financial Year Ended 30th June, 1953.*

	£	s.	d.
Salaries and wages .....	50,382	17	4
Medicines .....	2,883	15	0
Provisions .....	14,725	15	7
Domestic maintenance .....	4,202	4	0
Finance charges .....	106	18	6
Maintenance equipment .....	3,386	11	9
Maintenance buildings & grounds .....	2,275	9	8
Incidentals .....	1,085	18	1
Total Expenditure .....	£79,049	9	11
Daily average cost per bed .....	£2	5	2

*Treatments Carried Out.*

1. <i>Surgery</i> (at Royal Hobart Hospital)—	Cases.
Lobectomy .....	10
Pneumonectomy .....	1
Thoracoplasty .....	4
Thoracoplasty with Plombage .....	5
Adhesion Section .....	2
Phrenic Crush .....	2
Cavernostomy .....	1
Bronchoscopy .....	8
2. <i>Chemotherapy</i> —	
P.A.S. ....	86
Streptomycin .....	53
I.S.O.—Nicotinic Acid Hydrazide .....	113
3. <i>Collapse Therapy</i> —	
Artificial Pneumothorax .....	7
Pneumo-peritoneum .....	1
4. <i>Pathology</i> —	
Sputum Tests (direct smear) .....	950
Other smear tests .....	4
Sputum Concentrations .....	15
Gastric Lavages .....	71
B.S.R. ....	876
Blood counts (total and differential) .....	73
Urine Tests (microscopic examinations) .....	101
Gastric Test Meals .....	5
Cholecystography .....	1
Blood Group (determination) .....	3
Casoni Test .....	1
5. <i>Radiology</i> —	
X-Rays .....	1,146 films
Tomographs .....	66 series

*Admissions, Re-admissions ex Royal Hobart Hospital, Discharges and Deaths at the Tasmanian Chest Hospital During the Year 1952-53.*

	Males	Females	Total
In residence, 1st July, 1952	44	53	97
Admissions and re-admissions from Royal Hobart Hospital	50	78	128
Total in-patients treated	94	131	225
Discharges	52	73	125
Deaths	—	7	7
Total deaths and discharges	52	80	132
In residence, 30th June, 1953	42	51	93



Average daily number resident during year	44	51.7	95.7
Average length of residence of patients discharged	214.1 days	224.1 days	220.2 days
Average length of residence of patients who died		146 days	146 days

*Devotional.*

Thanks are due to the Ministers of the various denominations for their continued interest in the spiritual welfare of the patients.

*Auxiliaries.*

The Tasmanian Sanatoria After-Care Association continued to show its interest in the welfare of the patients in the hospital, and provided a large number of books which should form the nucleus of a very suitable library. The After-Care Association also continued to provide the usual entertainments at Christmas. This Association has, during the year, donated the stock of the Kiosk to the Tasmanian Chest Hospital Auxiliary, and this latter Auxiliary will in the future conduct this necessary amenity. The Tasmanian Chest Hospital Auxiliary continued its work of providing various amenities for the patients, important among these being the provision of a weekly cinema entertainment.

*Staff.*

Thanks are extended to the Medical and Nursing Staff and to all other officers who have worked to make the hospital carry on successfully during the year.

It has been possible to employ part-time officers to provide dental services to the patients and to carry on the work of a physiotherapist which is so important to the increasing number of patients receiving surgical treatment.

*Buildings.*

As mentioned in my last report, considerable building activity, which was planned when the proposed new hospital at Claremont had to be abandoned, has taken place during the last twelve months. The new Nurses' Home was completed and furnished and will be occupied in the near future. Additional accommodation of 24 beds for patients is nearing completion and it is hoped that they will be ready early in the next financial year.

My thanks are extended to the Commonwealth Department of Health for its sympathetic approach to my request for the construction of a Recreational Centre, which is now nearing completion.

*General.*

It is most pleasing to record that it has been possible to increase the amount of surgery, and my thanks are extended to Mr. Peter Braithwaite for his assistance during the year, in his duties as Thoracic Surgeon.

NORTHERN CHEST HOSPITAL, EVANDALE.

*Maintenance Expenditure for Financial Year Ended 30th June, 1953.*

	£	s.	d.
Salaries	28,372	1	8
Medicines	1,892	2	1
Provisions	9,285	1	5
Domestic maintenance	2,953	12	0
Finance charges	65	7	1
Maintenance equipment	2,861	17	0
Maintenance buildings & grounds	3,845	12	6
Incidentals	2,318	14	11
<b>Total Expenditure</b>	<b>£51,594</b>	<b>8</b>	<b>8</b>
Daily average cost per bed	£2	9	2

*Treatments Carried Out.*

	Patients.
<i>Surgery—</i>	
Cases transferred for major surgery	3
Thoracoscopy and Adhesion Section	2
Aspiration	3
<i>Chemotherapy—</i>	
Streptomycin	74
P.A.S.	122
Iso-Nicotinic Acid Hydrazide	63
Thiacetazone	3
<i>Collapse Therapy—</i>	
Artificial Pneumothorax (patients)	5
Refills	74
Pneumoperitoneum (patients)	3
Refills	48
Postural Retention (patients)	3
<i>Pathology—</i>	
B.S.R.	305
Gastric Lavages	81
Direct Smear and Culture Sputum	526
Full Blood Counts	49
Haemoglobin	70
Urine (Micro and Culture)	12
<i>Radiology—</i>	
X-Rays	605
Screenings	56

*Admissions, Discharges, Deaths at the Northern Chest Hospital During the Year 1952-53.*

	Males	Females	Total
In residence at 1st July, 1952	21	25	46
Admissions	42	49	91
<b>Total in-patients treated</b>	<b>63</b>	<b>74</b>	<b>137</b>
Discharges	22	44	66
Deaths	1	—	1
<b>Total deaths &amp; discharges</b>	<b>23</b>	<b>44</b>	<b>67</b>
Average daily number resident during year	26.5	31	57.5
Average length of residence of patients discharged	208.9 days	225.8 days	220.2 days
Length of residence of patient who died	102 days	—	102 days

*Amenities.*

The Northern Branch of the National Association for the Prevention of Tuberculosis (Tasmanian Division) was again very active in providing numerous concert evenings, regular picture evenings, and an excellent entertainment at Christmas.



To that Branch, on behalf of myself and the patients, I extend thanks and appreciation, and feel sure that the good work they are doing will be continued.

#### Buildings.

Several major projects mentioned in my previous report were completed, and several are now in the final stages of construction. Particulars of the progress made are shown hereunder:—

The erection of accommodation for an additional 26 beds, as extensions to both male and female sections, were completed at the 30th June, 1953. The total number of patients in hospital is shown as 70. It will be seen, therefore, that a large percentage of the additional beds are in use.

The new Nurses' Home was completed and furnished, and is now occupied. It would seem that further extensions may be necessary in the near future, to replace certain sections of the accommodation for nursing and domestic personnel, and to provide additional accommodation. This proposal is being kept under review and may be presented to the Commonwealth Department of Health for consideration as an approved Capital Expenditure.

A new residence for the Medical Officer is nearing completion.

#### Devotional.

Ministers of Religion continued to visit the hospital and look after the spiritual and general welfare of the patients.

#### Occupational Therapy.

Unfortunately, the Australian Red Cross Society was unable to continue its excellent work in the Occupational Therapy field, and I take this opportunity of offering the Society thanks on behalf

of the patients and all concerned, for the assistance given by the Society in the past. It is hoped to be able to arrange for a handcraft worker to be appointed in the near future to carry on this important therapy work.

#### COMPULSORY SEGREGATION, IN ACCORDANCE WITH SECTION 8 OF THE TUBERCULOSIS ACT 1949.

##### Northern Tuberculosis Board.

On the 26th September, 1952, Dr. J. L. Grove, Chairman, Dr. F. R. T. Stevens, and Dr. W. R. Moloney heard in Launceston an application under Section 8 (2) of the Tuberculosis Act 1949, lodged by the Director of Tuberculosis. It was unanimously resolved at this hearing that an order be issued by the Board for the continued detention of the patient referred to in the application.

##### Southern Tuberculosis Board.

No applications for the segregation of patients were required during the period covered by this report.

It is thought that, now that the public is conversant with the powers of the Board in respect to compulsory segregation, such applications to the Boards will decrease in number.

I again wish to record my appreciation to all members of the Northern and Southern Tuberculosis Boards for their co-operation and help during the year.

#### CHEST CLINICS.

Figures indicating the work of the Chest Clinics are shown in Table R.

TABLE R.

Table Showing Particulars of Work Performed by Chest Clinics During the Year 1952-53.

#### 1. EXAMINATIONS—

	Hobart	Launceston	Devonport	Burnie	Total
Persons registered at clinic for further investigation .....	540	499	129	172	1,340
Contacts examined for first time .....	282	372	110	139	903
Contacts re-examined .....	1,452	1,221	99	120	2,992
Clinic cases hospitalised .....	71	44	11	18	144

#### 2. CLINICAL TREATMENTS & INVESTIGATIONS—

Gastric lavages .....	119	30	7	4	160
B.S.R. examinations .....	646	784	113	88	1,631
Artificial Pneumothorax Refills .....	327	195	197	46	765
Pneumoperitoneum Refills .....	89	.....	11	25	125
X-ray examinations, 17 x 14 films .....	2,597	2,351	430	306	7,207
X-ray examinations, 35 mm. ....	1,523	.....	.....	.....	.....
Screenings .....	48	205	110	41	404
Sputum examinations .....	1,152	423	100	56	1,731
Domiciliary visits—Medical Officer .....	.....	16	3	.....	19
Domiciliary visits—Clinic Sisters .....	858	479	92	133	1,563

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.



## B.C.G. VACCINATION.

Details of the work carried out in this Section of the work are shown in Table S.

TABLE S.

Table Showing B.C.G. Vaccinations Carried Out During the Year 1952-53.

<i>Hobart—B.C.G. Clinic—</i>	
Voluntary attendances, including contacts, nurses	277
National Service Trainees	986
School leavers	788
Institutions	8
<i>Launceston Chest Clinic—</i>	
Contacts and nurses	410
<i>Devonport Chest Clinic—</i>	
Contacts and nurses	35
<i>Burnie Chest Clinic—</i>	
Contacts and nurses	85
<b>TOTAL</b>	<b>2,589</b>

## MASS RADIOGRAPHY.

Table T gives the figures for each year since the inception of the Mass X-ray Survey in 1945 up to the present time.

TABLE T.

Table Showing Number of Persons X-Rayed Annually Since the Inception of the Mass X-Ray Survey in 1945 until 30th June, 1953.

Year.	Hobart X-ray Unit	Mobile X-ray Unit	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
1953	42,404	43,015	25,873	111,292
	215,449	211,654	48,133	475,236

## Large Films.

As a result of the miniature X-ray survey carried out during the year, it was found that in 1760 instances further examination by 17 x 14 film was required. Details of the various units are given hereunder:—

*Hobart Unit.*

Number of large films required	1,760
An analysis of which shows—	
Active tuberculosis	26
Inactive tuberculosis	29
Still under observation	125
Other abnormalities—	
Abnormal Cardiac Shadow	13
Bronchitis	4
Adenoma	2
Old Pleurisy	4
Pneumonia	11
Congenital Cystic Lung	1
Hydatid	4
Eventration of Diaphragm	7
Enlarged Thyroid	4
Carcinoma of Lung—Primary	1

Carcinoma of Lung—Secondary	1
Silicosis	1
Sarcoidosis	1
No abnormality disclosed	1,437
Persons who have not yet reported	89
	<b>1,760</b>

*Mobile Unit.*

Number of large films required	1,864
An analysis of which shows—	
Active Tuberculosis	17
Inactive Tuberculosis	17
Still under observation	134
Other abnormalities—	
Abnormal Cardiac Shadow	22
Carcinoma of Lung—Primary	1
Bronchitis	6
Hydatid	4
Pneumonia	1
Old Pleurisy	11
Old Rib Resection	3
Eventration of Diaphragm	11
Silicosis	9
Enlarged Thyroid	7
Sarcoidosis	3
Scoliosis	1
Fracture of Rib	1
No abnormality disclosed	1,413
Persons who have not yet reported	203
	<b>1,864</b>

*Transportable Unit.*

Number of large films required	965
An analysis of which shows—	
Active Tuberculosis	8
Inactive Tuberculosis	32
Still under observation	78
Other abnormalities—	
Abnormal Cardiac Shadow	6
Bronchitis	7
Hydatid	2
Pneumonia	3
Enlarged Thyroid	3
Old Pleurisy	4
Eventration of Diaphragm	5
Congenital Cystic Lung	1
Spontaneous Pneumothorax	1
Pericardial Effusion	1
Silicosis	1
Old Rib Resection	2
No abnormality disclosed	745
Persons who have not yet reported	66
	<b>965</b>

## GENERAL.

An important advance made by the Division in the year was the opening of 26 additional beds at the Northern Chest Hospital. These extensions were officially opened by the Honourable the Minister for Health on the 16th November, 1952, in the presence of a gathering of distinguished visitors, including the Mayor of Launceston, Members of Parliament, and members of the Northern Sanatorium Auxiliary Committee. On this occasion also an opportunity was taken of opening the Handcraft Centre donated by the M.U.O.I.F. and which will be an interest to the Northern Sanatorium Committee.

The activities of the Division at 75 Cameron Street, Launceston, have continued most satisfactorily and, following the vacation of the remaining two rooms by a former tenant, work has commenced to convert this section of the building into a B.C.G. clinic for the Launceston area.



### *Vaucluse Hospital.*

Appreciation is again expressed for the help of the Board of Management, Royal Hobart Hospital, in making a number of beds available in Vaucluse Hospital for the treatment of cases of primary tuberculosis in children.

### *After-Care.*

During the year the After-Care Committee completed the conversion of "Largo" in Park Street, Hobart, as a Hostel. In January, 1953, the Hostel was officially opened by His Excellency the Governor in the presence of the Honourable the Minister for Health, Members of Parliament, members of the Association, and other interested persons.

In future, "Largo" will provide a Hostel for the after-care of male patients. The After-Care Committee has established "Narryna" in Hampden Road as an After-Care Hostel for female patients, and it is hoped that this Hostel will prove as advantageous to women patients as the After-Care Hostel has been for men patients.

Appreciation is expressed of the work done by the After-Care Association in this important avenue of anti-tuberculosis work.

### *Tuberculosis Allowances.*

In force, 30th June, 1952 .....	326
Granted during year .....	145
Transferred from other States .....	8
Cancelled during year .....	206
In force, 30th June, 1953 .....	273

### *Rehabilitation.*

The close liaison previously existing with the Rehabilitation Branch of the Commonwealth Department of Social Services has continued and increased during the year.

### *Additional Mobile Unit.*

The delivery of the additional Mobile X-Ray Unit has been further delayed. This has been mainly due to the difficulties in obtaining a Schonander Camera Unit from Sweden, and the need for certainty of its efficiency before placing it in routine operation. The Senior Radiographer of the Division will be made available to assist in the operation of a similar unit at Broken Hill early in the coming financial year. It is proposed that a survey will be conducted by the Commonwealth Government, assisted by personnel and equipment made available by the States of New South Wales and Tasmania. It is hoped that, with the delivery of the new Camera Unit, the experience gained by the Senior Radiographer will be valuable in a Radiological survey of the population of the Bass Strait Islands.

It is thought that, before the Unit is transported to the Islands, it would be advisable to perform a survey in a part of the Tasmanian mainland.

### *Projected Activities.*

Although it is felt that a milestone in the fight against Tuberculosis has been passed, when it is possible to state that the death rate from Tuberculosis has been reduced from a figure of 54 in 1942 to one of just over 11 per 100,000 persons, it must be stressed that the magnitude

of the problem is appreciated more fully when the rising number of cases discovered during the year is considered. It is thought that attention must continue to be given to this aspect of the problem, if Tuberculosis is to be finally eradicated from the community.

This opinion has lately been stressed by Dr. R. J. Anderson, Chief Medical Officer of the United States Health Department, when he states that sufficient personnel, equipment and facilities must continue to be made available to deal with this side of the problem, and the numbers of new cases occurring each year is a measure of the extent of the work to be done.

It is felt that, during the past year, a stage has been reached in this State where sufficient Medical and Nursing personnel and hospital beds are becoming available. In the past the work of the Division has been seriously hampered by shortages in all three of these departments.

With the marked improvement which has taken place in the past year, it can be said that our forces against Tuberculosis have been marshalled, and it is hoped they will progress to the eradication of the disease.

In this respect it is emphasised that most Tuberculosis authorities are convinced that the most effective way of securing this eradication is by the early discovery of every infectious case of Tuberculosis in the community, and the taking of measures to render such cases non-infectious, by hospitalisation and other means of really efficient treatment.

### **STAFF.**

On the 18th March, 1953, Dr. W. J. E. Phillips, M.B. (Camb.), M.R.C.P. (London), M.R.A.C.P., was appointed as Senior Medical Officer to this Division. An appointment to the position which Dr. Phillips now occupies has been the aim of this Division since 1947, when Dr. H. W. Wunderly, Commonwealth Director of Tuberculosis, recommended in the report he made, after a survey of all States of the Commonwealth, that the Director in this State should receive assistance in the clinical work of the Division in order that he might be able to devote more time to the efficient administration of the Anti-Tuberculosis Campaign as a whole. Previously this assistance was available to the Director for some eighteen months in 1949-50, when an Assistant Director was appointed for a period only. It is considered that a very great advantage has been achieved on behalf of the patients in securing, for the clinical and general work of the Division, a medical practitioner of Dr. Phillips' high qualifications.

Following the resignation of Dr. Gwenyth Sibthorpe from the position of Medical Superintendent of the Northern Chest Hospital in July, 1952, Dr. John S. Elliot was appointed to that position.

As Dr. Elliot's appointment was made during a period of expansion of the Hospital, the Mass X-Ray Survey and Chest Clinic work of the Division generally, his duties were of a most onerous nature, and thanks are due to Dr. Elliot for the way in which he carried out the work prior to the appointment of a Resident Medical Officer.



In June, 1953, Dr. Claud Langman was appointed to the position of Resident Medical Officer, Northern Chest Hospital. This appointment will be of advantage to the patients in the Northern Chest Hospital in providing immediate and continuous medical service at the Hospital, and will assist the Medical Superintendent in the duties as outlined above.

In January, 1953, Mr. J. A. Brown was appointed as Assistant Superintendent (Administrative), Northern Chest Hospital. It is considered that the Hospital has reached a stage of development when such an appointment is necessary for its efficient administration.

A welcome is extended to all these officers to their positions on the Senior Staff of the Division.

In conclusion, 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 Chest Clinics and their Staffs for their work and loyal assistance during the year.

To the officers of the Hobart and Launceston Mass X-ray Sections, Mobile X-Ray 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 Division of Mental Hygiene for the Year ended 30th June, 1953.

The year began with a very serious shortage of Medical Staff, which made it quite impossible to give adequate treatment to the patients of the Lachlan Park Hospital. Medical attention for the 800 patients at this hospital was provided by one Temporary Medical Officer, assisted by the Director of Mental Hygiene who continued to live at the hospital, but most of whose time was taken up by inescapable administrative duties.

The position was greatly relieved in October by the arrival of the present Medical Superintendent and shortly after by the arrival of the Senior Medical Officer, the hospital having been without a Senior Medical Officer for approximately three years. However, repeated advertisements for a Medical Officer to fill the fourth position have been without result. As the Temporary Medical Officer is to resign shortly, a further serious shortage is imminent. It is now nearing four years since the hospital had more than two permanent Medical Officers (including the Medical Superintendent). It is hoped to correct this position by the addition to the Medical Staff of one of the new Australian doctors, qualified under the terms of the amendment of the Medical Act.

The building of the new Mental Hospital at New Norfolk is progressing, but it seems unlikely that the first Ward will be ready for occupation for at least a year. The new buildings are being erected on the hospital farm, and will eventually alienate a large part of the farm. The transfer of the adjoining property, known as Turiff Lodge, which is already owned by the Government, has been urged for some years, in order to give the hospital an assured supply of milk.

Officers of the Division continue to provide Psychiatric Out-patient Clinics at the Royal Hobart Hospital, but it has long been realized that the lack of a special Child Guidance Clinic is one of the major deficiencies of the Mental Health Service in this State. Lack of space in which such a Clinic can function is the main obstacle to its creation. It is hoped that more space for the Division will become available in

the near future and that it will then be possible to appoint a Child Psychiatrist.

Out-patient Clinics in the north of the island are provided by the Psychiatrist to the Launceston General Hospital. This officer does not come under the control of this Division but has co-operated with officers of the Division in the administration of the Mental Deficiency Act and in the examination of boys placed in the Ashley Home.

The greater part of the work of this Division consists in the administration of the Mental Deficiency Act, including the provision of the State Psychological Clinic. This entails the psychological examination of all cases referred to the Clinic and much social casework in connection with defectives under the control of the Mental Deficiency Board. During the year we have lost the services of a Psychologist and of our Senior Psychiatric Social Worker. It is imperative that the vacancies be filled.

Special mention must be made of the retirement of Professor E. Morris Miller from the Mental Deficiency Board and the State Psychological Clinic of which he was Chairman and Director respectively. Professor Morris Miller was largely responsible for the passing of the Mental Deficiency Act in 1920 and its early implementation, making Tasmania the leader in this field in Australia by some thirty odd years. His valued services and advice have been greatly missed by those responsible for continuing his work.

It is understood that the Talire School for ineducable children is to be transferred from the Education Department to the Health Department in the coming year. This will enable plans for a residential school to be gone ahead with. The original plan to add to the present school has had to be abandoned and the recently formed Retarded Children's Welfare Association is taking an active part in raising funds for a Hostel for retarded children, which, I believe, could, with advantage, be amalgamated with a new residential school.



The work of professional officers of the Division is summarised in the following tables:—

*Psychiatric Social Work.*

<i>Psychiatric Examinations.</i>		Number of cases on which work undertaken	
Royal Hobart Hospital out-patients	791		286
Division of Mental Hygiene (approx.)	170		113
<i>Psychological Examinations.</i>		Number of Homes visited	
Hobart	483		243
Launceston	142		182
Devon Public Hospital	29		220
Spencer Public Hospital	8		
Burnie Public Hospital	11		177
New Norfolk	35		
Total	630	Number of cases on which relatives interviewed	175
		Number of cases on which outside agencies, &c., contacted	175
		Number of cases visited in Institutions	27

STATISTICS.—LACHLAN PARK HOSPITAL.

TABLE 1.

LACHLAN PARK HOSPITAL.

Table Showing Admissions, Re-Admissions, Discharges, and Deaths During the Year 1952-53.

	Males.	Females.	Total.	Males.	Females.	Total
In Hospital on 30th June, 1952.....	...	...	...	334	390	724
Admitted for first time .....	82	97	179			
Re-Admitted .....	9	10	19			
Returned from Trial Leave .....	53	55	108			
Total Admitted and Returned .....	...	...	...	144	162	306
Total under care during year .....	...	...	...	478	552	1030
Discharged from Hospital .....	5	8	13			
Proceeded on Trial Leave.....	97	97	194			
Escaped .....	1	1	2			
Died .....	32	39	71			
Total off Records .....	...	...	...	135	145	280
Remaining in Hospital on 30th June, 1952.....	...	...	...	343	407	750

TABLE 2.

LACHLAN PARK HOSPITAL.

Table Showing Numbers of Patients on, returning from and Discharged from, Trial Leave During the Year 1952-53.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1952 .....	...	...	...	93	105	198
Proceeding on Trial Leave during Year .....	...	...	...	97	97	194
Total on Trial Leave during Year.....	...	...	...	190	202	392
Returned to Hospital from Trial Leave during Year. ....	53	55	108	...	...	...
Discharged from Trial Leave during Year .....	33	21	54	...	...	...
Died whilst on Trial Leave during Year .....	2	...	2	...	...	...
Total Loss .....	...	...	...	88	76	164
Remaining on Trial Leave on 30th June, 1953 .....	...	...	...	102	126	228



TABLE 3.

## LACHLAN PARK HOSPITAL.

Table Showing Manner in which patients were Admitted During the Year 1952-53.

How Admitted.	Males.	Females.	Total.
Private Order.....	43	91	134
Justice's Order .....	12	1	13
Magistrate's Order .....	3	2	5
Voluntary Boarders.....	29	13	42
Governor's Warrant .....	4	..	4
Returned from trial leave .....	53	55	108
<b>Total Admitted and Returned 1952/53. ...</b>	<b>144</b>	<b>162</b>	<b>306</b>
First Admission.....	82	97	179
Second " .....	7	10	17
Third " .....	1	..	1
Fourth " .....	1	..	1
Fifth Admission and over.....	..	..	..
Returned from trial leave .....	53	55	108
	144	162	306

TABLE 4.

## LACHLAN PARK HOSPITAL.

Table Showing Form of Mental Disorder on Admission During 1952-53, and the form of Mental Disorder of Patients in Hospital on 30th June, 1953.

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
<b>A. Congenital Mental Deficiency:</b>						
1. With Epilepsy .....	3	5	8	18	22	40
2. Without Epilepsy .....	5	9	14	102	164	206
3. With Schizophrenia .....	1	..	1	18	10	28
<b>B. Dementias:</b>						
1. Senile .....	16	34	50	9	52	61
2. Presenile .....	2	1	3	4	3	7
3. Secondary or Terminal .....	..	..	..	10	4	14
4. Arteriosclerotic.....	1	..	1	2	..	2
<b>C. Organic Psychoses:</b>						
1. Gross Brain Lesion .....	1	3	4	..	..	..
2. Dementia Paralytica .....	1	..	1	8	1	9
3. Epileptic Psychosis .....	1	4	5	6	10	16
4. Alcoholic Psychosis.....	14	1	15	10	..	10
5. Toxic Confusional or Exhaustive Psychosis .....	3	2	5	..	4	4
6. Parkinsonism .....	..	..	..	..	..	..
7. Huntington's Chorea .....	..	..	..	2	..	2
<b>D. Psychogenic Psychoses:</b>						
1. Manic Depressive Psychosis.....	6	5	11	27	37	64
2. Involutional Melancholia .....	..	1	1	2	7	9
3. Schizophrenia (not including A (3)) .....	25	26	51	88	87	175
4. Paraphrenia and Paranoid States.....	2	4	6	26	45	71
5. Paranoia .....	..	..	..	6	5	11
6. Recurrent Melancholia .....	3	8	11	2	11	13
<b>E. Psycho-neuroses:</b>						
1. Psychopathic Personality .....	..	1	1	1	4	5
2. Anxiety States .....	5	4	9	2	..	2
3. Hysteria .....	1	..	1	..	1	1
<b>TOTAL .....</b>	<b>90</b>	<b>108</b>	<b>198</b>	<b>343</b>	<b>407</b>	<b>750</b>



**TABLE 5.**  
LACHLAN PARK HOSPITAL.  
*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.						Deaths, Including Deaths on Trial Leave.			Remaining in Hospital on 30th June.								
	Males.	Females.	Total.	Recovered.		Improved.		Unimproved.		Total.		Males.	Females.	Total.							
				Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.										
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	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	6	3	9	3	2	5	15	5	20	17	44	29	300	348	648
1948-49†	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	22	31	53	300	356	656
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	317	393	710
1952-53†	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	343	407	750

\* 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.**

LACHLAN PARK HOSPITAL.

*Table Showing the Number of Admissions to and Discharges from Certification, and Deaths for the Year 1952-53; 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.)*

First Admissions.	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.																			
	Males.	Females.	Total.	Recovered.		Improved.		Not Improved.		Total.		Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.																		
				Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.																										
82	97	179	9	10	19	26	14	40	5	4	9	51	30	81	32	39	71	21	98	11	21	16	16	56	05	28	04	40	91	339	76	937	58	9	4	9	8



TABLE 7.

LACHLAN PARK HOSPITAL.

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 1952-53.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.									Deaths.					
	Males.	Females.	Total.	Re-covered.			Re-lieved.			Unim-proved.			Total	Males.	Females.	Total.		
				Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
Under 5 years .....	2	5	7															
5 yrs. and under 10...	1	3	4															
10 " " 15...																		
15 " " 20...	4	3	7															
20 " " 25...	8	6	14	2	2	4	1	1	2	2	5	5						
25 " " 30...	9	6	15	1	2	3	4	1	5	1	1	6	3	9				
30 " " 35...	8	7	15	2	2	4	1	2	3	1	2	3	2	6	8			
35 " " 40...	7	9	16	5	2	7	3	3	6			8	5	13	1		1	
40 " " 45...	7	8	15	3	3	6	6	2	8			9	5	14	1	1	2	
45 " " 50...	9	9	18	4	4	8	4	1	5	1	2	5	1	6	2	3	5	
50 " " 55...	12	9	21	4	1	5	1	1	2	1	1	6	1	7	3	1	4	
55 " " 60...		5	5															
60 " " 65...	4	6	10	1	1	2	3	1	4			4	2	6	4	1	5	
65 " " 70...	4	4	8	1	1	2	3	2	5			3	3	6				
70 " " 75...	5	8	13			1	1	1	1	1	1	1	1	2	8	3	11	
75 " " 80...	4	11	15						1	1			1	1	2	11	13	
80 " " 85...	4	4	8												7	4	11	
85 " " 90...	2	3	5												4	3	7	
90 " " 95...	1	1	2															
95 " " 100...																		
Totals .....	91	107	198	20	12	32	26	14	40	5	4	9	51	30	81	35	38	73

TABLE 8.

LACHLAN PARK HOSPITAL.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the year 1952-53.

Causes of Deaths.	Males	Females	Total	Children under Age of 16			Grand Total
				Males	Females	Total	
Cerebral Softening including Senility and Cerebral Thrombosis .....	18	11	29				29
Cerebral Hæmorrhage.....		3	3				3
Huntington's Chorea .....	1		1				1
Meningitis .....		1	1				1
Status Epilepticus .....		1	1	1		1	2
Lobar-pneumonia .....	1	4	5		1	1	6
Pulmonary Embolism .....		1	1				1
Pulmonary Tuberculosis.....	1		1				1
Myocardial Degeneration .....	10	9	19				19
Coronary Occlusion.....	4		4				4
Carcinoma of the Breast .....		1	1				1
Carcinoma of Rectum .....	1		1				1
Carcinoma of Colon.....		1	1				1
Carcinoma of Pancreas .....	1		1				1
Hodgkin's Disease .....		1	1				1
Septicæmia.....		1	1				1
Accidental Death whilst on Trial Leave .....	1		1				1
Total Deaths .....	38	34	72	1	1	2	74



TABLE 9.

LACHLAN PARK HOSPITAL.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 30-6-53 .....	163,002	152,953	315,955
Proportion of Certified Insane per 1000 of population (including patients on trial leave) .....	2.736	3.485	3.095
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave) .....	5.583	6.996	6.267

TABLE 10.

LACHLAN PARK HOSPITAL.

Financial Statement.

	YEAR ENDED—				
	30.6.49.	30.6.50	30.6.51.	30.6.52.	30.6.53.
Average daily number of patients .....	660.16	674.63	680.27	712.35	737.58
Gross cost for year .....	£148,758	£176,236	£204,294	£257,503	£281,902
Fees received .....	£10,377	£9399	£11,451	£12,893	£13,406
Other revenue .....	£167	£277	£111	£439	£520
Gross cost per head per day .....	12/4.17d.	14/3.77d.	16/5.47d	19/10.87d.	20/11.31d.
Net cost per head per day .....	11/5.66d.	13/6.34d.	15/6.30d.	18/10.97d.	19/10.89d.

TABLE 11.

MILLBROOK PSYCHOPATHIC HOME.

Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1953.

Diagnosis—	Males.	Females.	Total.
Anxiety State .....	24	18	42
Melancholia and Depressive States .....	14	46	60
Hysteria .....	2	9	11
Schizophrenia and Schizoid States .....	11	28	39
Paraphrenic and Paranoid States .....	2	11	13
Manic Depressive Psychosis .....	1	1	2
Alcoholism .....	4	2	6
Obsessional States .....	...	2	2
Toxic Psychosis .....	1	1	2
Senile and Presenile Dementias .....	...	2	2
Gross Brain Lesion .....	1	1	2
Psychopaths .....	7	4	11
Not Diagnosed .....	...	...	...
Total Admissions during year ...	67	125	192

Due to staff shortage admissions had to be curtailed for prolonged periods during the year—hence the drop in numbers.

The work of the Clinic was carried out in Hobart, Launceston, Launceston, Burnie, and Wynyard. The Clinic continues to help in the training of University students in psychology and in certain medical work of the students in its work.

D. E. V. FOXTON, M.B., B.S., Director.

Work is proceeding on the new Millbrook Psychopathic Home which will be opened in 1954. The work of the Clinic will become available for Mental Hygiene. This will ease the overcrowding problem.

A report to Professor Murray Hillier, who resigned from the Board during the year, is appended. He was instrumental in the setting up of the Mental Hygiene Department in 1952. He was Chairman of the Board and its predecessor in 1952.



TABLE 12.  
MILLBROOK PSYCHOPATHIC HOME.  
*Financial Statement.*

	YEAR ENDED.				
	30.6.49	30.6.50	30.6.51	30.6.52	30.6.53
Average Daily No. of Patients .....	27.2	28.92	25.74	25.3	26.98
Gross Cost for Year .....	£11,287	£13,232	£14,580	£18,122	£21,335
Fees Received.....	£5,204	£6,318	£4,826	£5,254	£7,272
Other Revenue.....	—	—	£449	£248	—
Gross Cost per Head per Day .....	22/8.79d	25/0.87d	31/11.04d	42/7.56d	43/4.10d
Net Cost per Head per Day .....	13/3.10d	12/10.94d	21/11.25d	29/8.25d	28/6.83d

The reports of the Chairman of the Mental Deficiency Board and of the Director of the State Psychological Clinic are appended.

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

#### APPENDIX IX.

##### REPORT OF MENTAL DEFICIENCY BOARD FOR THE YEAR ENDED 30TH JUNE, 1953.

The number of Certified Mental Defectives under the control of the Board continues to grow, being 269 at the end of the year, compared with 245 a year previously. Thirty-two new cases were brought under control and eight orders were allowed to lapse.

The accommodation problem, which has, for years, been emphasised as acute, is becoming considerably more acute. The number of male defectives in Government Institutions has risen from 82 to 97. The Government Institution for Defectives at New Norfolk has been filled to capacity for some years and the increase has necessarily been borne by the only other Government Institution for Defectives, St. John's Park, where there are no adequate facilities for control of those who are troublesome. There are 43 female defectives at the Government Institution for Defectives at St. John's Park and 59 in Charitable Institutions. Chief among the latter is the Magdalen Home. Without its willing and generous co-operation in taking the most difficult behaviour problems, the administration of the Act would become impossible.

Forty-one males and twenty-two females are under guardianship and three of each sex are under supervision.

Great difficulty has been experienced in obtaining guardians for some defectives in institutions. As a result some have had to be detained when it should have been possible for them to live under less rigid control and to earn their livings. Continued detention in an institution without prospect of release breeds bitterness and resentment and precludes the possibility of reformation of criminal tendencies. Hostels for each sex in metropolitan areas are urgently needed to meet this problem.

It is hoped that the Home for Invalids in Launceston will be available as a Hostel for Female Defectives in the near future, and that it will not be too long before an institution for males is acquired or built.

There are no institutions suitable for the care of defective children and adolescents. This is a serious deficiency.

Work is proceeding on the new Mental Hospital at New Norfolk and, when new wards are opened, existing wards at Lachlan Park will become available for Mental Defectives. This will ease the accommodation problem, but not for a year or two yet.

A tribute to Professor Morris Miller, who resigned from the Board during the year, is appropriate. He was instrumental in the drawing up of the Mental Deficiency Act and its proclamation in 1920. He was Chairman of

the Board until recent years and again resumed the Chairmanship on Dr. Brothers' resignation. This Board is most grateful for his help and guidance in past years and extends its best wishes to him for the future.

Other changes in the composition of the Board were the replacement of Mr. Hughes on his retirement by Mr. Tribolet (Director of Education), and the appointment of Professor J. A. Cardno (University Representative), in place of Professor Morris Miller.

J. R. V. FOXTON, M.B., B.S., Chairman.

#### APPENDIX X.

##### REPORT OF STATE PSYCHOLOGICAL CLINIC FOR THE YEAR ENDED 30TH JUNE, 1953.

The work of the Clinic continues to grow, 378 new cases being tested as against 353 for the previous year. In addition, a number of old cases were re-tested. This was done in spite of the fact that the Clinic lost its Consulting Psychologist and former Director in October, 1952, and its Assistant Psychologist in February, 1953. The need for a permanent Psychologist to assist the Senior Psychologist in her work surely needs no further emphasis.

The following table gives the results of tests:—

	Males.	Females.
Normal intelligence .....	110	86
Dull intelligence .....	62	32
Feeble-minded .....	41	33
Imbecile .....	8	2
Vocational guidance tests .....	1	0
Personality tests .....	3	0
Total .....	225	153

Included in the above were 68 Psychological examinations carried out at the request of a Court, 59 being males and nine females.

The work of the Clinic was carried out in Hobart, Launceston, Latrobe, Burnie, and Wynyard.

The Clinic continues to help in the training of University students in psychology and in return makes some use of the students in its work.

J. R. V. FOXTON, M.B., B.S., Director.



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

*Statistical and General.*

## Population:

Estimated on the 31st December, 1952—

Males .....	163,002
Females .....	152,953
<b>Total .....</b>	<b>315,955</b>

Mean population, 1952—

Males .....	156,839
Females .....	147,333
<b>Total .....</b>	<b>304,172</b>

Mean population, 1951 .....

Increase for year .....

The mean population of the State, as shown by the figures, reveals an increase of 11,233.

*Australian Birth-rate for the year 1952 per 1000 Persons Living.*

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

	1933.	1951.	1952.
New South Wales .....	16.99	21.72	21.88
Victoria .....	15.60	22.28	23.02
Queensland .....	18.14	24.56	25.07
South Australia .....	15.32	24.25	24.18
Western Australia .....	17.95	25.44	25.60
Tasmania .....	19.93	25.11	26.02
Northern Territory .....	15.23	25.45	27.82
Australian Capital Territory .....	14.43	41.11	40.82
<b>Australia .....</b>	<b>16.78</b>	<b>22.93</b>	<b>23.32</b>

*Death Rate for 1952 per 1000 Persons Living.*

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

	1933.	1951.	1952.
New South Wales .....	8.58	9.62	9.45
Victoria .....	9.59	10.33	9.99
Queensland .....	8.84	9.20	9.05
South Australia .....	8.44	9.98	9.53
Western Australia .....	8.64	9.09	8.65
Tasmania .....	9.60	8.76	8.48
Northern Territory .....	12.55	7.32	5.53
Australian Capital Territory .....	4.19	6.11	5.15
<b>Australia .....</b>	<b>8.92</b>	<b>9.70</b>	<b>9.43</b>

*Deaths in Relation to Disease.*

The following return shows the number and causes of deaths during the year 1952, also the death-rate per 100,000 persons living (mean population 304,172), as contrasted with the previous year, 1951 (mean population estimated at 292,939).

Cause of Death.	1951		1952	
	No. of Deaths	Rate per 100,000 persons	No. of Deaths	Rate per 100,000 persons
<b>General Diseases—</b>				
Tuberculosis (all forms) .....	68	23.2	55	18.1
Syphilis and its sequelae .....	7	2.4	4	1.3
Diphtheria .....	...	...	...	...
Whooping Cough .....	2	0.7	4	1.3
Poliomyelitis .....	12	4.1	9	3.0
Measles .....	5	1.7	...	...
Malignant Neoplasms .....	362	123.6	359	118.0
Other Tumours .....	5	1.7	7	2.3
Diabetes .....	36	12.3	40	13.2
Tetanus .....	2	0.7	1	0.3
Other General Diseases .....	53	18.0	68	22.3
<b>Total .....</b>	<b>552</b>	<b>188.4</b>	<b>547</b>	<b>179.8</b>
<b>Local Diseases—</b>				
Diseases of Nervous System and Sense Organs .....	316	107.9	335	110.2
Diseases of Circulatory System	898	306.5	947	311.4
Diseases of Respiratory System .....	193	65.9	177	58.2
Diseases of Digestive System .....	99	33.8	84	27.6
Diseases of Genito-Urinary System .....	113	38.6	88	28.9
Diseases of Puerperal Origin .....	2	0.7	8	2.6
Diseases of the Skin and Cellular Tissue .....	2	0.7	1	0.3
Diseases of Bones and Organs of Movement .....	8	2.7	7	2.3
<b>Total .....</b>	<b>1631</b>	<b>556.8</b>	<b>1647</b>	<b>541.5</b>
Congenital Malformations .....	25	8.5	23	7.6
Diseases of Early Infancy .....	128	43.7	104	34.2
Senility .....	24	8.2	28	9.2
Ill-defined Conditions .....	8	2.7	5	1.6
Accidents .....	177	60.5	197	64.8
Homicide .....	5	1.7	3	1.0
Suicide .....	17	5.8	25	8.2
<b>Total Deaths, All Causes</b>	<b>2567</b>	<b>876.3</b>	<b>2579</b>	<b>847.9</b>



Section V-Vital Statistics supplied by Deputy Commonwealth Statisticians

DEATHS from Tuberculosis during the last Ten Years.

Tuberculosis of Respiratory System (No. 13)	Number.		Death Rate per 100,000 Persons living.	
	No.	Rate	No.	Rate
Tuberculosis of Respiratory System (No. 13)	93	81	38	38
Other forms of Tuberculosis (Nos. 14-22)	20	24	8	10
Totals	113	105	46	48

Scarlet Fever.

Year.	Cases.	Deaths	Cases per 100 persons liv- ing.	Deaths per 1000 Cases notified.
1943	92	1	·38	10·9
1944	149	...	·61	...
1945	260	...	1·04	...
1946	231	...	·92	...
1947	118	2	·46	17·0
1948	67	...	·25	...
1949	109	...	0·39	...
1950	123	...	0·44	...
1951	150	...	0·51	...
1952	273	2	0·90	7·3