

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

### **Contributors**

Tasmania. Department of Public Health.

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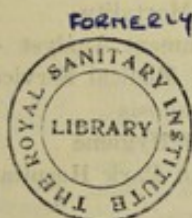
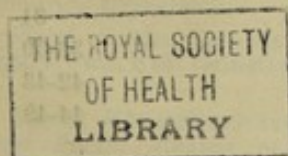
1954.

PARLIAMENT OF TASMANIA.

# DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1954.

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



L. G. SHEA, GOVERNMENT PRINTER,  
TASMANIA.

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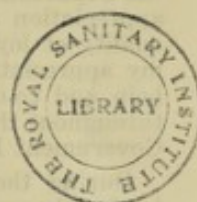
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## Report of the Department of Public Health for the Year ended 30th June, 1954.

Department of Public Health,  
Hobart,

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, 1953, to 30th June, 1954.

I desire to acknowledge with appreciation the co-operation of the Directorate whose reports are submitted separately under the various sections, set out as under:—

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

Section II.—Report of Division of Public Health.

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 VISITORS.

This Department had the honour during the year of being visited by a number of very eminent medical men, both from abroad and from the mainland States. Among those from abroad were—

Sir James Learmouth, Professor of Surgery of the Edinburgh University;

Dr. Terence Ward, Senior Surgeon of the Plastic Surgery Unit, East Grinstead, England; and

Mr. Lynford Keyes, Education Advisor for the Western Pacific Region of World Health Organisation.

From the mainland States we were visited by—

Dr. D. S. Fraser, Inspector-General of Mental Hospitals, New South Wales;

Professor Arthur Amies, Dean of the Faculty of Dental Science, University of Melbourne; and

Dr. Claudia Burton-Bradley, Medical Director, Spastic Centre, New South Wales.

### 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.

	1951-52.	1952-53.	1953-54.
	£	£	£
Public Health (including Tuberculosis Branch, Tasmanian and North. Chest Hospitals) .....	1,486,923	1,634,186	1,746,217
Lachlan Park Hospital .....	279,774	307,126	323,925
St. John's Park .....	122,601	141,891	155,206
Home for Invalids .....	7,554	8,366	8,981
	<u>£1,896,852</u>	<u>£2,091,569</u>	<u>£2,234,329</u>

It will be noted that the respective increases are £194,717 and £142,760, and are summarised as under:—

	1952-53.	1953-54.
	£	£
Administration—Salaries, Travelling Allowances, Cost of Living, &c. ....	7,161	13,080
Bush Nursing Services .....	8,757	3,458
Medical Services, Schools and Country Districts .....	5,291	10,298
Subsidies to Hospitals .....	104,973	62,523
Tuberculosis Division .....	21,081	22,672
Government Institutions .....	47,454	30,729
	<u>£194,717</u>	<u>£142,760</u>

### STAFF.

This year has seen a further organisation and modification of staff within the Department. This was a natural consequence of the original re-organisation, whereby Medical Directorates were centred under a Director-General. These latter modifications consisted of the appointment of a Sub-Accountant, two Assistant Executive Officers and an Administrative Officer. During the year a position of Director of Pathology was created. This position has been filled by the appointment of Dr. C. A. Duncan.

The work of the Department shows a steady increase in volume and complication and, although for a considerable time the Department has been very understaffed, this increase in volume of work has been successfully dealt with, due to the conscientiousness and loyalty of the whole staff of



the Department. I wish to express my very great appreciation of the staff's services and for this quality of loyalty. I should also like to express my appreciation and thanks for the very ready help and co-operation which has been extended throughout the year to this Department by other Government Departments.

During the year we were very fortunate in having the services of Mr. V. D. Bernard, Manager of the Royal Melbourne Group Laundry and Central Linen Service, secured by the Government by his appointment as Consultant in Hospital Laundry Services in this State. The future proposal regarding these services is for the construction of two very big group laundries, one

for the north and one for the south. These laundries will be of such size that very expert advice and experience will be necessary to ensure their success. In having secured Mr. Bernard's services, the Department has overcome what would quite possibly have been an impossible hurdle.

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.—HOSPITALS

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

*Number of Patients.*—The number of general cases this year was 253 greater than last year, whilst the infectious cases were 262 less. Maternity patients were 132 less than last year and the births 148 less.

*Maintenance Costs.*—The costs increased by £146,238 to £1,706,808, being 9.3 per cent of last year's amount. The average daily cost for the year was £3 6s. 1d., being an increase of 7s. 7d. on the previous year's cost.

The allocation of cost for out-patients increased from 8s. 3d. to 8s. 9d. per visit.

The comparisons for four years as set out in Table "A" show the increases and percentages of cost under the principle classifications of expenditure.

*Receipts.*—Commonwealth aid for the year was £3,843 greater than the previous year. Although the amount from Hospital Benefits was less on account of the reduced number of bed-days, the

pharmaceutical benefits increased from £18,501 to £37,494. This is accounted for by benefits being extended to in-patients, whereas the previous year the benefits were available only in respect of out-patients.

The hospital fees collected by the hospitals represented 86.7 per cent of the year's charges.

*Hospital Fees.*—As from 1.10.53, being 12 months after the reintroduction of the charging of fees to the patients in public hospitals the scale of charges was increased as follows:—

#### *Patients qualified for Commonwealth Hospital Benefits.—*

Children not over 12 years of age, from 18s. to 22s. per day.

Other patients, excluding pensioners, from 21s. to 25s. per day.

#### *Patients not qualified for Hospital Benefits.—*

from 21s. to £3 per day.

TABLE A.

Public Hospitals—Summary of Receipts and Payments, Costs, &amp;c., for Year Ended 30th June, 1954.

HOSPITALS AND INSTITUTIONS IN THE UNITED KINGDOM, 1954. (Continued)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
No.	Hospital	Daily Average of Occupied Beds.	Balance at 1st July 1953.		MAINTENANCE RECEIPTS.										MAINTENANCE PAYMENTS (DEBT).										Balance at 30th June, 1954.		In-Patients Costs				Out-Patients Costs				No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
			Debit.	Credit.	Commonwealth Aid.			State Aid.	Patients' Fees.	Donations, &c.	Interest from Deposits.	Misc. Receipts.	Total Receipts.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.	Debit.	Credit.	Per Daily Occupied Bed.	Per Patient.	Per Attendant.	Per Patient.	Per Attendant.	Per Patient.	Per Attendant.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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1	Base General Hospitals:		£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£



No.	Hospital	Average of Grouped Data	Total	Balance for 1953
1	Base General Hospital:	211.8		
2	General Hospital	211.8		
	TOTAL	211.8		
3	Regional Hospitals:			
4	Home	17.0		
5	General Hospital	17.0		
6	General Hospital	17.0		
7	General Hospital	17.0		
8	General Hospital	17.0		
	TOTAL	68.0		
9	Maternity Hospitals:			
10	Queen Alexandra Hospital	10.0		
11	Queen Victoria Hospital	10.0		
	TOTAL	20.0		
12	Rural Hospitals:			
13	Beaconsfield	17.0		
14	Beaconsfield	17.0		
15	Beaconsfield	17.0		
16	Beaconsfield	17.0		
17	Beaconsfield	17.0		
18	Beaconsfield	17.0		
19	Beaconsfield	17.0		
20	Beaconsfield	17.0		
21	Beaconsfield	17.0		
22	Beaconsfield	17.0		
	TOTAL	170.0		
23	Rural Hospitals (12)	170.0		
24	Miscellaneous:			
25	Lady Clark Hospital	17.0		
26	Millbrook Home Psychiatric Home	17.0		
27	Millbrook Home	17.0		
28	Millbrook Home	17.0		
29	Millbrook Home	17.0		
30	Millbrook Home	17.0		
31	Millbrook Home	17.0		
32	Millbrook Home	17.0		
	TOTAL	102.0		
33	Hospitals for Care of Aged:			
34	Home for Invalids to 10.0.54	10.0		
35	Home for Invalids to 10.0.54	10.0		
36	Home for Invalids to 10.0.54	10.0		
37	Home for Invalids to 10.0.54	10.0		
38	Home for Invalids to 10.0.54	10.0		
39	Home for Invalids to 10.0.54	10.0		
40	Home for Invalids to 10.0.54	10.0		
41	Home for Invalids to 10.0.54	10.0		
	TOTAL	100.0		
	GRAND TOTAL	1,200.0		

Year	Commonwealth Aid	State Aid	Patient's Fees
1950-51	252,452	182,452	41,507
1951-52	257,047	186,047	41,510
1952-53	254,045	186,045	41,510
1953-54	254,045	186,045	41,510

4

No.		Hospital	Adm. Sec.	Adm. Only	IN-PATIENTS																									Out-Patients																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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GENERAL	Bay County Hospital	100	5	100	40	10	100	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	47	5,500	1,200	4



No.	Hospital	Av. Daily No.	Av. Daily Cost.	Non-Tuberc.	
				General	Mat.
1	Barre General Hospital	241.0	50.7		
2	Lawrence (General) Royal Hotel (including Wagon Road Home for Orphan Children)	210.0	70.4		
	TOTAL	451.1	121.1		
3	General Hospital	27.0	70.2		
4	Barre	22.0	101.2		
5	Green Lake	20.0	72.1		
6	Green Lake Green Lake Green Lake	20.0	71.10		
	TOTAL	129.0	70.0		
7	Marquette Hospital	20.0	81.2		
8	Queen Victoria Hospital Queen Victoria Hospital	17.0	67.11		
	TOTAL	37.0	148.31		
9	Barre Hospital	27.0	42.0		
10	Barre Hospital	20.0	51.2		
11	Barre Hospital	18.0	42.1		
12	Barre Hospital	10.0	32.0		
13	Barre Hospital	10.0	32.0		
14	Barre Hospital	10.0	32.0		
15	Barre Hospital	10.0	32.0		
16	Barre Hospital	10.0	32.0		
17	Barre Hospital	10.0	32.0		
18	Barre Hospital	10.0	32.0		
19	Barre Hospital	10.0	32.0		
20	Barre Hospital	10.0	32.0		
21	Barre Hospital	10.0	32.0		
22	Barre Hospital	10.0	32.0		
	TOTAL	147.0	71.10		
23	Barre Hospital (10)	12.0	100.1		
24	Marquette Hospital	24.0	50.2		
25	Barre Hospital	21.0	40.2		
26	Barre Hospital	18.0	30.2		
27	Barre Hospital	15.0	25.2		
28	Barre Hospital	12.0	20.2		
	TOTAL	102.0	17.2		
29	Barre Hospital	20.0	70.7		
30	Barre Hospital	20.0	70.0		
31	Barre Hospital	101.0	10.0		
	TOTAL	141.0	80.7		
	GRAND TOTAL	1007.0	60.1		
	COMPARISON				
	Year 1911-12	1011.0	60.1		
	Year 1912-13	1011.0	60.1		
	Year 1913-14	1011.0	60.1		



*Buildings.*—Works completed during the year were as follows:—

- Launceston General Hospital—Extensions to Laundry;
- Cosgrove Park, Launceston—Home for Aged People;
- Royal Hobart Hospital: Peter McCallum Clinic—Additional floor for nurses;
- Toosey Memorial Hospital—Addition of maternity wing and extra bedrooms in Nurses' Quarters;
- Queen Victoria Maternity Hospital—New Nursery;
- North-Eastern Soldiers' Memorial Hospital—Accommodation for Matron and remodeling Nurses' Quarters;
- Devon Hospital, Latrobe—Conversion of old Nurses' Home to the central Preliminary Training School for Northern Tasmania;
- George Town—Construction of 5-bed Bush Nursing Hospital;
- St. John's Park—New electric bed-lift in women's hospital section.

Works remaining in progress were as follows:—

- Devon Hospital, Latrobe—Re-modelling and additions to kitchen, re-wiring for electric power throughout, and new sewing room;
- Queen Victoria Maternity Hospital—Installation of cool-room;
- New Town Maternity Hospital—Construction of Nurses' Home;
- Cosgrove Park—Construction of Twilight Homes;
- Queen Alexandra Maternity Hospital—Installation of lift, Administration Block;
- St. John's Park—Construction of new wing for male division; alterations and extensions to laundry, new boiler, engineer's workshop and dry cleaning plant;
- Scottsdale Hospital—New Maternity Wing.

*Hospital Catering.*—The second Catering Conference was held during the year, and was a great success. The establishment of this annual conference has led to a vast change for the better in hospital catering and purchasing. Two Standing Sub-Committees have been established by the conference, one to act as an advisory body to the Department concerning hospital kitchens and hospital stores. This Committee has been very active during the year, and has reviewed all new construction of this nature, and provided the Department and the Architectural Branch of the Public Works Department with most valuable suggestions. The second sub-committee is a recently appointed one, and is established for the purpose of defining standards for all hospital equipment to be used in hospitals in this State. It is considered that, if all articles used in hospital have a defined standard, this will add to the efficiency of hospitals, and also be of great assistance to the purchasing authorities. The very successful nature of the activities arising from the Catering Conference is mainly due to the enthusiasm and ability shown by Miss M. Shoobridge, Advisory Dietitian to the Department.

*Institutions for Aged and Infirm; Cosgrove Park.*—This very fine institution was opened by His Excellency the Governor in March of this year. It provides for the accommodation of over 120 elderly folk in the institution, and the work has progressed with the completion of four of the 20 cottages proposed, which are being built in the grounds for the use of elderly married couples who can look after themselves. This Home for the aged has been placed under the control of the Board of Management of the Launceston General Hospital, and has got off to a very successful start under the guidance of this very capable body.

*Specialist Services.*—It is the endeavour and the objective of the Department to provide, as soon as practicable, enhanced Specialist Services to the communities along the North-West Coast. These very rapidly growing communities are at present dependent upon visiting specialists from Launceston, which arrangement is not considered to be adequate. Launceston specialists have as much as they can cope with, without having to undertake long tours. We are therefore encouraging the settlement on the North-West Coast of one Gynaecologist; one Ear, Nose and Throat Specialist; and one Eye Specialist. The services of physicians are also needed, and these we hope to supply by means of the appointment of Deputy Superintendents at the Burnie Public Hospital and the Devon Public Hospital. We hope that these positions will be filled by medical practitioners with a higher medical qualification, and that they will also act as medical specialists. In turn, by these appointments, it is intended that the present Surgeon Superintendents of these two hospitals will be able to devote practically all their time to the practice of surgery, leaving the administration largely to the Deputy.

*Migrant Medical Practitioners.*—Of the five medical practitioners having foreign degrees, who were undergoing training last year under the provisions of the Amending Medical Act 1951, four were successful in their examinations. These four doctors were granted licences by the Medical Council and are working in the Government Medical Service. A total of five doctors so far have been licensed to practice in accordance with the scheme.

The original scheme lapsed in 1953 but was re-enacted early in 1954 to provide for the granting of two original licences in each of the years from 1955 to 1959. Therefore it will be possible under the scheme for ten more doctors to be licensed by 1959 in addition to the present five.

Arrangements are in train for two doctors to commence 12 months' training at the Launceston General Hospital by September, 1954.

*Training School for Nurses, Launceston General Hospital.*—March of this year saw the opening of the new Training School for Nurses at the Launceston General Hospital. This project was brought to a successful conclusion by the rehabilitation of a very fine old house adjacent to the hospital, with new construction added. Launceston is thus provided with a very fine, up-to-date and adequate training school for nurses.

*Toosey Memorial Hospital, Longford.*—Another project which came to successful fruition, and which is worthy of mention, is the opening of the Maternity Wing of the Toosey Memorial Hospital at Longford. The construction of this



wing was the outcome of a decision by the Board that its private funds should be devoted to this purpose. The Board is to be congratulated on its enterprise, which has been so successfully demonstrated.

*Central Preliminary Training School.*—During the year the original Nurses' Home at the Devon Hospital at Latrobe was modified and reconstructed to form the abovementioned school. The alterations and additions have been most successfully carried out and the result is a school of which to be proud. All nurses' training schools north of and including Latrobe will send their nursing recruits to this school before carrying out their training.

*Spastic Diseases.*—During the year we had the great benefit of a visit by Dr. Claudia Burton Bradley, Director of the Spastic Child Centre, Mosman, New South Wales. Dr. Burton Bradley is a renowned specialist in the treatment of spastic diseases and, with the help of charitable bodies, a survey of spastic diseases was undertaken. Dr. Burton Bradley's subsequent report was most helpful and, as a result, it is intended to appoint a medical officer for the care and treatment of these diseases. This officer will receive initial training at the Mosman Clinic, and both the medical officer and his/her work will be under the supervision of Dr. Burton Bradley.

*Detection and Treatment of Cancer; Hallstrom Clinics.*—The Hallstrom Clinics retained their popularity, and obviously are serving a very useful function. We continue to receive the very generous help of Sir Edward Hallstrom in this regard, for which we are very grateful. The clinics continue to uncover a large amount of sickness other than Cancer, and it is considered that their value has been proved, and they have established the necessity of their existence in the community.

*Peter MacCallum Clinics.*—During the year a new Peter MacCallum Clinic for the treatment of Cancer by deep radio therapy was opened at the Royal Hobart Hospital. We had the honour of having this clinic opened by the Hon. W. P. Barry, Minister for Health, Victoria, in addition to having the pleasure of a visit by a number of eminent members of the Cancer Institute Board of Victoria. This new clinic supplies deep radio therapy for Cancer cases in the south of the State. Prior to its establishment all such cases had to attend the clinic in Launceston, as only superficial radio therapy was undertaken at Hobart. It is now proposed to build a new Peter MacCallum Clinic at the Launceston General Hospital, and in anticipation of this a 250 K.V. tube has been purchased through the good offices of the Cancer Institute Board of Victoria. Arrangements are already in hand for the preliminary sketch plans to be drawn, and it is hoped that next year Loan funds will be made available for the commencement of this work.

*General; Vehicles.*—Two new vehicles have been designed by the Departmental Transport Officer (Mr. Bruce Fraser), and the first batch of these new vehicles is already in use. One is a mobile dental unit, which has been constructed on an all-metal trailer. This unit incorporates very many novel features, which are already proving of the utmost value. Most of these new features are original designs of Mr. Fraser's. The other

vehicle is a new type ambulance for supply to municipalities. The internal arrangements of this ambulance are also to Mr. Fraser's design, and are likewise proving a great success.

## APPENDIX I.

### REPORT ON ORTHOPAEDIC SERVICES.

The work at the various centres in the State has been carried on satisfactorily during the past year.

#### Traumatic Work.

There is no doubt that since the war there has been a steady increase in numbers treated. This applies particularly to traumatic work. The cause I consider is due to:—

- (1) A steady increase in population.
- (2) The high incidence of road accidents.

These latter cases present definite problems which are:—

#### (a) Hospital accommodation.

These types of cases are generally in hospital for some considerable time. A strain is placed upon the hospital accommodation, particularly the Male surgical beds, up to the present the admissions have been able to be met adequately.

At the Royal Hobart Hospital the use of Claremont Rehabilitation Centre as a Convalescent Depot has saved the day.

#### (b) Treatment.

The general adoption of open reduction and internal fixation of fractures in the more difficult cases has reduced the time spent in hospital considerably and thus lessened the pressure on bed accommodation. In addition, I consider that the results obtained are superior to other methods of treatment.

#### (c) Rehabilitation.

Many of these accident cases have severe injuries and prolonged Physiotherapy and Occupational Therapy is required to restore full function. This type of treatment is being excellently catered for at the Claremont Rehabilitation Centre. The State is fortunate to have the accommodation and facilities afforded here. It is doing magnificent work.

#### (d) Replacement back in employment.

Close liaison is kept with the Rehabilitation Branch of the Commonwealth Department of the Social Services with the result that those who have been incapacitated are placed again in suitable employment where possible with minimum delay.

I can only stress the problem of the road accident. To my mind it is of greater importance to the community than that of Poliomyelitis and one which is more easily controlled. The motor bicycle is responsible for an undue proportion of these accidents and the patients are generally the young male adult with his life in front of him.

#### Surgical Tuberculosis.

I am glad to report that there is a steady decline in the incidence of this disease which reflects the decline of Pulmonary Tuberculosis in the community generally. There is an unduly high proportion of cases from the West Coast. This has been discussed with Sir Henry Wunderly and Dr. Phillips, Acting Director for Tuberculosis.

The response to antibiotic treatment combined with surgery has been excellent. Practically all cases have been restored in due course to employment.

It is significant that all cases of children affected have parents with Pulmonary Tuberculosis. I feel confident that with the passage of time and the control of Pulmonary Tuberculosis bone and joint Tuberculosis will disappear.

#### Poliomyelitis.

There has not been an out-break of this disease during the past year. The cases from the previous epidemic have now largely been discharged from hospital and are now being followed up in the after-care clinics.

A feature of the last epidemic was the high proportion of children affected under the age of three years. They will require supervision during the growth period for some time to come.



*Spastic Paralysis.**(a) Treatment.*

The recommendations of Dr. Burton-Bradley for future treatment of these cases have been acted upon and negotiations are now under way for the employment of a Medical Officer to undertake the treatment and supervision of these cases after a period of preliminary training under Dr. Burton-Bradley at the Mosman Spastic Centre.

The treatment of these cases will be continued in Hobart and Launceston. Dr. Burton-Bradley, it is hoped, will visit the State towards the end of the year to review patients seen a year ago.

*(b) Accommodation.*

St. Giles, in Launceston, provides excellent accommodation for those cases in the north. Hobart requires accommodation for these cases. This has been provided for in the plans of the new Wingfield Hospital which the Crippled Children's Society hopes to construct. When this is built the accommodation should be adequate.

*Provision of Artificial Limbs.*

This has always been a vexed question in this State. Attempts have been made to induce the Repatriation Department to co-operate in supplying these. At present the position is that the Repatriation Department supplies these to individuals in Social Service benefits. All others must obtain these through Denyers Pty. Ltd., who send a representative to Tasmania two or three times yearly. Plaster casts of the limbs are sent to England where the limbs are made. This is I consider but a stop-gap method and open to difficulties in fitting from remote control. Should any situation arise which prevented this traffic we should be placed with difficulty of supplying these limbs. I still think it desirable that we should have some adequate local limb factory, if possible.

*Training of Assistants.**(a) Launceston.*

Mr. Hogg, of Launceston, will have been in Great Britain on study leave this year for over eight months. It should be a great professional stimulus to him and I feel sure he will derive great benefit from the visit.

The policy of the Department to send key personnel abroad for further post-graduate study is to be highly commended and will serve to promote a high standard of professional efficiency which will reflect in the results obtained from treatment. During this absence the routine work has been carried on by Dr. McIntyre, who has just returned from Great Britain. The work has been carried out very efficiently and he also has benefited by the experience and responsibility he has had to assume.

I have visited the hospital much more frequently during Mr. Hogg's absence and have kept a close scrutiny on the work done.

*(b) Hobart.*

After consultation with Dr. Drew of the Royal Hobart Hospital it has been decided to recommend the appointment of a Senior Resident to work in the Orthopaedic Unit. Part of his duties will be to oversee the routine and minor cases. There has been a steady growth of the fracture clinics and at present there is far too much for one Resident to deal with adequately. In addition, it will give excellent experience and training for the Resident.

Mr. A. Miller, the Hon. Assistant Orthopaedic Surgeon at the Royal Hobart Hospital, continues to give excellent and valuable service.

*North-West Coast.*

This has been visited at monthly intervals during Mr. Hogg's absence. The work has been dealt with adequately.

Excellent work is being done at the Devon Hospital, in spite of an antiquated building. It reflects great credit on Dr. Ferris and the nursing staff.

*Burnie and Spencer Hospitals.*

The proposed appointment of Dr. O'Brien to the Spencer Hospital will enable him to visit this hospital and continue the supervision of cases which he has commenced treatment of and later transferred to the Spencer Hospital. Continuity of treatment is essential and proper use can not be made of the Spencer Hospital unless this can

be carried out. This arrangement should enable the Spencer Hospital to take "long stay" accident cases and cases of Surgical Tuberculosis from Burnie Hospital. The conditions at the Spencer Hospital are more favourable for the treatment of these types of cases. The integration of these two hospitals is desirable from every aspect.

I should like to place on record my appreciation for the courtesy, willing co-operation and help afforded me by both medical and nursing staffs at these hospitals.

D. W. L. PARKER, M.B.Ch.M. (Syd.), M.Ch.Orth. (L'pool.), F.R.C.S., F.R.A.C.S.

Director of Orthopaedic Services.

*APPENDIX II.**PATHOLOGY DEPARTMENTS.*

During the last twelve months, the requests for Pathological tests have continued to increase enormously, and although staffs have been increased at both Hobart and Launceston, there is still difficulty in keeping up with routine tests and very little time to spare for original investigations. Not only has the number of tests risen but the scope has increased as well, particularly in Biochemistry. Several new pieces of apparatus were purchased to enable these tests to be performed, and it is certain that more apparatus and books will be needed in the future to keep pace with modern trends in Clinical Medicine.

For some time now the necessity for an adequate Pathological service for hospitals along the North-West Coast has become more and more acute. This has been recognised for some time, and at last it has been possible to provide such service by stipulating the Darwin Hospital for this purpose. Tenders are at present being called for the work to be carried out, and it is expected that we shall see an adequate Pathological service at Burnie before the end of the financial year.

*Launceston.*

Dr. Shoobridge has now returned to take charge of this laboratory and with his greatly increased knowledge we can look forward to some fine work from him.

*Hobart.*

Dr. Anderson has now left to visit England. Applications have been called to fill the vacant position and some excellent replies have been received.

*Hallstrom Clinics.*

As a result of a training I received in San Francisco earlier this year, Cytology Tests are now often used, and all females attending the Hobart Clinic are examined by this method. An offer has been made to test females at the Launceston Clinic if they start using this technique.

*Original Investigations.*

It is hoped that several problems may be examined next year. The only paper published this year was an analysis of Suicides in Tasmania.

I am pleased to report that the next Annual Meeting of the Australian Association of Clinical Pathologists is to be held in Launceston and Hobart. We regard this as a great honour and hope to justify the choice by presenting some good papers and entertaining our guests to the best of our ability.

CAMPBELL DUNCAN, Director of Pathology.

*Private Hospitals.*

The number licensed for the year was eleven, as delineated in Table C. The State ceased to act as Agent for the Commonwealth in respect of the payment of Hospital Benefits to private hospitals as from the 30th September, 1953, and therefore, the State has not the necessary information to provide the statistics as to benefit payments and the number of patients.



TABLE C.—PRIVATE HOSPITALS.  
Statement showing the Number of Private Hospital Licences issued and Exemptions Current for Years 1953 and 1954.

Locality	LICENCES ISSUED				EXEMPTIONS CURRENT			
	Medical, Surgical and Maternity		Surgical only		Medical and Surgical only		Maternity only	
	1953.	1954.	1953.	1954.	1953.	1954.	1953.	1954.
Hobart	2	2	1	1	1	1	1	2
Launceston	2	2	1	1	2	2	1	2
Country	2	2	4	4	3	3	1	1
TOTAL	6	6	6	6	6	6	3	5

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

Public Hospitals—	
Public ward beds:	
General	1,458
Maternity	315
Infectious	65
	1,838
Non-Public beds:	
General	50
Maternity	74
	124
Total Public Hospital beds	1,962
Private Hospitals—	
Non-Public beds:	
General	396
Maternity	51
	447
Total Private Hospital beds	447
TOTAL BEDS	2,409

Non-Public accommodation = 571 = 23·7 per cent of total.  
Public accommodation = 1838 = 76·3 per cent of total.

#### Classification of Beds.

General beds—	
Public hospitals	1,508
Private hospitals	396
Total	1,904 = 79·0%
Maternity beds—	
Public hospitals	389
Private hospitals	51
	440 = 18·3%
Infectious beds—	
Public hospitals	65 = 2·7%
GRAND TOTAL	2,409 = 100%

#### Ratio of Bed Availability per 1000 Population.

(Based on the estimated mean population at 30th June, 1953—313,196.)

General beds (including convalescent and chronic)	6·1
Maternity beds	1·4
Infectious beds	0·2
Total beds per 1000 population	7·7

#### Institutions for Aged and Infirm.

The remaining two State institutions for the accommodation for the aged and infirm, viz., St. John's Park, New Town, and Cosgrove Park Home, Launceston. The latter was opened on the 10th March, 1954, and the patients from the Old Home for Invalids were transferred there on this date.

#### APPENDIX III.

#### NURSES' REGISTRATION BOARD — ANNUAL REPORT FOR THE YEAR ENDING 30TH JUNE, 1954.

##### Personnel.

Dr. J. Edis, Chairman.  
Dr. C. Craig.  
Dr. L. W. Knight, Superintendent Royal Hobart Hospital until end of 1953.  
Dr. J. M. Drew, Superintendent of Royal Hobart Hospital from beginning of 1954.  
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 Private Hospital.  
 Miss L. M. Zwar, Matron, Queen Alexandra Hospital.

#### Meetings.

Six ordinary meetings have been held.

#### Legislation.

Legislation has been prepared to enable the Board to approve of certain country hospitals as training schools for auxiliary nurses, so that the training of these auxiliary nurses may be undertaken away from the general training schools. It is hoped that this will become law at an early date.

#### Training Schools.

During this year Burnie Public Hospital has been approved as a training school for midwives, and the full general training has been discontinued at the Lyell District Hospital. Number of training schools is as follows:—

General	10
Midwifery	6
Psychiatric	2
Child Welfare	2
Tuberculosis	1

#### Trainees.

##### 1. Applications for training = 368.

General	214
Midwifery	98
Psychiatric	18
Child Welfare	35
Tuberculosis	3

##### 2. Commenced training = 351.

General	194
Midwifery	98
Psychiatric	19
Child Welfare	36
Tuberculosis	4

##### 3. Completed training = 202.

General	76
Midwifery	85
Psychiatric	2
Child Welfare	36
Tuberculosis	3

##### 4. Resigned before completion of training = 199.

General	168
Midwifery	18
Psychiatric	10
Child Welfare	2
Tuberculosis	1

##### 5. Total number in training on 30th June, 1954 = 593.

General	467
Midwifery	80
Psychiatric	34
Child Welfare	11
Tuberculosis	1

#### Examinations.

##### 1. Educational examination for intending trainees: No candidates sat for this examination this year.

##### 2. Examinations for the registration of nurses.

Number held	3
Number of candidates	220
Number passed	204
Number failed	16

##### Details of results:

Subject.	No. of Cands.	Passed.	Failed.
General	84	78	6
Midwifery	89	86	3
Psychiatric	5	2	3
Child Welfare	39	36	3
Tuberculosis	3	2	1

#### Registration of Nurses.

##### 1. Applications approved = 606.

General	339
Midwifery	204
Psychiatric	3
Child Welfare	59
Tuberculosis	1

##### 2. Registrations renewed = 1467.

Number of persons who renewed registration = 969.

General	872
Midwifery	432
Psychiatric	50
Child Welfare	102
Tuberculosis	11

##### 3. Total number of registrations current in State = 2303.

General	1338
Midwifery	713
Psychiatric	61
Child Welfare	175
Tuberculosis	16

##### 4. Number of registered nurses on current register = 1534. As follows:

	Number of Persons.	Number of Registrations.
General only	727	727
General and midwifery	437	874
General, Midwifery, and Child Welfare	141	423
Midwifery only	122	122
Psychiatric only	51	51
General and Psychiatric	4	8
General and Child Welfare	15	30
General and Tuberculosis	7	14
General Midwifery and Psychiatric	2	6
Midwifery and Child Welfare	6	12
Tuberculosis	8	8
General Midwifery and Tuberculosis	1	3
General Midwifery, Psychiatric, and Child Welfare	4	16
Child Welfare	9	9
	1,534	2,303

NOTE.—Some nurses shown on register as Midwifery only, Child Welfare only, or Midwifery and Child Welfare have been registered as general nurses as well, but general registration has lapsed and not been renewed as they have left the State. The other registrations, having been effected later, have remained current after general registration has lapsed.

##### 5. Foreign trained nurses at present registered:

Dutch	2
Polish	2
German	1
Danish	1
Latvian	1
Austrian	1

##### 6. Tasmanian Auxiliary Nursing Service:

Number of registrations current .... 8

#### Post-Graduate Diplomas.

Sister Tutor Diploma	2
Nursing Administration Diploma	3
Ward Sister's Diploma	3

#### General.

*Procedure Book.*—During this year the Procedure Book has been reviewed and a number of alterations and additions made. These have been printed in such a way as to facilitate their being affixed on the blank sheets of the book so as to bring it up to date.

*Diet Manual.*—A hospital diet manual has been prepared for use in hospitals throughout the State. It is felt that this will be of assistance to the staff in all hospitals and also to trainee nurses and their tutors.



**Central Preliminary Training School.**—Preparations have been completed for the opening of a Central Preliminary Training School at Latrobe, and the first classes are to commence in August.

Trainees from all training schools outside Hobart and Launceston will spend the first eight weeks of their training at this school, and will obtain some practical experience during this time in the wards of the Devon Hospital.

**Tasmanian Auxiliary Nursing Service.**—Legislation has been prepared and plans made, to enable some of the country hospitals, which are not already training schools, to undertake the twelve months' training of auxiliary nurses, and it is expected that this will come before Parliament at an early date.

**Psychiatric Trainees at Lachlan Park.**—A new rule has been made this year for the training of psychiatric nurses. All trainees at Lachlan Park are now required

to spend at least three months of their training at Millbrook Psychopathic Home.

**Failures in Examinations for Registrations.**—Any candidate from the smaller training schools who fails twice in the Boards examinations for registration, is now required to spend six months at a major base hospital before being allowed to sit again. No candidate from any hospital is allowed to sit more than three times for examinations for registration, except in very exceptional circumstances, when the Board may grant special permission to do so.

JOHN EDIS, M.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), Chairman.

L. H. SIDEBOTTOM, Secretary, Nurses' Registration Board.

#### APPENDIX IV.

*Statistics.—St. John's Park, New Town, for the Year Ended 30th June, 1954.*

##### Number of Beds Available—

Female Division .....	162	Including 81 hospital beds
Male Division .....	273	Including 89 hospital beds
<b>TOTAL</b> .....	<b>435</b>	<b>170</b>

Year	PATIENTS.															
	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1952-53	243	140	383	186	83	269	98	30	128	77	48	125	254	145	399	398.02
1953-54	254	145	399	175	71	246	75	21	96	99	43	142	255	152	407	399.77

##### Summary.

	1952-53.	1953-54.
Number resident at commencement .....	383	399
Admitted during year .....	269	246
	652	645
Discharged during the year .....	128	96
Deaths during the year .....	125	253
	142	238
Number resident at close of year .....	399	407

##### Finance.

Revenue:	£	£
Commonwealth Hospital Benefits .....	21,301	22,465
State aid (net cost) .....	93,159	104,013
Invalid and old age pensions contributions .....	22,026	23,250
War Service pensions contributions .....	1,428	1,559
Private maintenance .....	3,132	3,003
Laundry services .....	529	482
Sundries .....	316	434
	£141,891	£155,206

##### Expenditure:

	£	£
Salaries .....	83,007	92,570
Provisions and medical comforts .....	36,193	37,537
Stores, fuel and light .....	6,267	7,486
Bedding and clothing .....	13,704	15,191
Repairs and renewals of buildings .....	1,691	1,348
Sundries .....	1,029	1,074
	£141,891	£155,206
	£ s. d.	£ s. d.
Gross daily cost per inmate .....	0 19 6	1 1 3
Net daily cost per inmate .....	0 12 9	0 14 3
Gross weekly cost per inmate .....	6 16 6	7 8 10
Net weekly cost per inmate .....	4 9 7	4 19 9

##### BUSH NURSING.

The bush nursing service still continues to render valuable service to the community in out-back areas; although considerably hampered by the difficulty in keeping centres staffed. Many centres have been able to function only by being staffed by widowed or married nursing sisters, and those who have reached retiring age.



An average of about 75 per cent come into this category. Use has also been made of the Tourist Nursing Service to fill vacancies and although this service is not in the best interests of the hospitals effected, it has been the only means of maintaining continuous hospital service and also served a very useful purpose in relieving for annual and sick leave.

With regard to domestics, staff has been more easily procurable this year, excepting perhaps in some fruitgrowing and processing districts, where labour is for the season attracted to those industries.

During the year extra amenities such as electric drying cupboards, auto claves, room heaters, refrigerators, are some of the items provided by the Department where required and are augmented by the Red Cross Trust Fund, Bush Nursing Auxiliaries, Northern Division of the Bush Nursing Association and their local committees, Medical Unions, Country Women's Association Branches and other honorary bodies. The Department is most grateful for the assistance rendered by these bodies in consistently providing equipment and amenities to the various Bush Nursing Hospitals.

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

**Cygnets.**—This hospital has been unfortunate in its many staff changes. This necessitates the closing of it to in-patients for several weeks during the Christmas period. Since the appointment of two sisters from our permanent staff, last May, we hope the hospital will now be able to function at full capacity. A child welfare sister continues visiting from Huonville fortnightly and is assisted by the resident sisters. Local women have decided to form a hospital auxiliary. It will be in addition to the existing Advisory Committee.

**Maydena.**—This quite new centre has proved its worth. It is situated in an isolated district with the nearest doctor resident 30 miles away. Sister supervises the health of, and renders first aid to, the Boyer Newsprint forestry employees and their families mainly. A Government Medical Officer, Child Welfare Sister and private Dentist make regular visits from New Norfolk.

**Ouse.**—This is the busiest by far, of our hospitals, in both in-patient and out-patient work. With help of the auxiliary improvements and extra equipment have been provided. There are plans now for new staff quarters, and increase of patient bed accommodation.

**Sorell.**—For three months at a time when no relieving sisters were procurable, this hospital had to be closed to in-patients. Some child welfare work is undertaken in co-operation with a child welfare sister, who visits regularly from Hobart.

**Rosebery.**—On 1.8.53 this hospital was transferred from Bush Nursing to control by a local hospital Board of Management.

**George Town.**—This is a new centre opened by the Public Health Department on 29th January, 1954. The centre has proved most successful and attendances are increasing as the hospital activities become known.

**Gladstone.**—A new Departmental Consulting Room and Clinic has been established at Herrick. A new Holden car has been provided by the Department.

**Lilydale.**—Building has been painted externally and interior of surgery waiting hall and kitchen have been redecorated. A new Holden car has been purchased during the year.

**Redpa.**—This centre was reopened in January, 1954. Repairs and painting and linking up with the electric supply extension are in progress.

**Cape Barren Island.**—This centre has been closed and a trained sister carries out surgery and clinic duties from school house which contains one emergency bed.

**Rossarden.**—With the rapid development of this mining town it has been necessary to appoint an additional sister to cope with the increased attendance at the Hospital.

**Whitemark; Flinders Island.**—A site for a modern hospital building has been selected and acquisition has been authorised by the Department.

12-5381 (Form 1) (Rev. 12-53-53)

Year	Total No. of House Calls	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of Total	Per Cent of 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TABLE E.

*Summary of Work Performed in Bush Nursing Service—July, 1933, to 30th June, 1954.*

Name of Centre	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
<b>Southern—</b>										
Alonnah (Bruny Island) .....	2	655	146	37	4	62	479	17	614	£ 58 1 0
Cygnnet .....	5	1,842	6	413	27	151	14	.....	215	393 5 11*
Koonya .....	5	850	46	335	25	9	137	.....	2,979	424 7 8
Maydena .....	Nil	1,856	215	.....	.....	69	1	.....	773	41 7 6
Oatlands .....	5	1,477	1	390	32	145	403	1	.....	370 10 0
Ouse .....	8	6,259	13	1,594	99	285	200	2	4,663	1,763 14 1
Sorell .....	4	2,120	15	243	26	235	118	.....	.....	244 5 6†
Southport .....	2	1,251	73	71	3	57	81	11	563	102 12 10
Strahan .....	Nil	.....	962	.....	.....	130	377	4	4,172	52 17 6
Swansea .....	4	1,892	18	97	12	64	342	1	269	107 0 5
Triabunna .....	3	1,449	144	74	4	50	266	5	699	200 3 9
No. of Centres	11 38	21,255	1,639	3,254	232	1,257	2,418	41	14,947	3,758 6 2
<b>Northern—</b>										
Avoca .....	Nil	1,194	235	.....	.....	8	273	.....	620	62 19 5
Cape Barren Is. ..	1	693	90	1	.....	22	70	2	115	.....‡
George Town .....	5	258	.....	60	8	40	33	.....	.....	39 9 8
Gladstone .....	Nil	847	934	.....	.....	205	385	8	5,967	100 3 5
Grassy (King Island) .....	Nil	4,689	215	.....	.....	74	1,026	13	7,197	207 3 9
Lilydale .....	Nil	608	978	.....	.....	58	586	1	7,995	304 3 0
Mole Creek .....	Nil	1,247	295	.....	.....	42	275	11	1,255	69 16 6
Redpa .....	Nil	823	183	.....	.....	14	167	4	1,008	35 13 4
Ringarooma .....	Nil	2,560	349	.....	.....	33	613	1	1,861	150 5 11
Rosebery .....	4	820	52	49	3	25	50	.....	249	.....
Rossarden .....	Nil	5,710	2,664	.....	.....	571	1,772	.....	7,071	114 15 10
St. Helens .....	4	231	3	456	24	122	545	.....	208	432 18 3
Storey's Creek ..	Nil	1,884	928	.....	.....	23	156	11	3,468	.....
Tullah .....	Nil	808	350	.....	.....	48	85	.....	485	.....§
Waratah .....	Nil	853	835	.....	.....	49	172	.....	5,920	.....
Whitemark, Flinders Is. ..	5	601	5	549	23	5	262	.....	8	374 13 0
No. of Centres	16 19	23,826	8,116	1,115	58	1,339	6,470	51	43,427	1,892 2 1
Grand Totals	27 57	45,081	9,755	4,369	290	2,596	8,888	92	58,374	5,650 8 3

TABLE:

\* closed to in-patients for two months.

‡ closed for one month.

† closed to in-patients for three months.

§ closed for seven weeks.

*Comparative Figures for Five Years, 1949-50 to 1953-54.*

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Patients	Pre-Natal Visits	Child Welfare Visits	School Visits	Mileage	Fees Earned
											£ s. d.
1949-50 .....	26	51	24,650	6221	5025	323	1701	7804	140	39,845	699 1 3
1950-51 .....	25	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	54	45,825	9191	4920	330	2812	7799	114	51,484	3,636 14 8
1953-54 .....	27	57	45,081	9755	4369	290	2596	8888	92	58,374	5,650 8 3



## TOURIST NURSING SERVICE.

The average number on this staff has been maintained most of the year at between 12 and 15.

Hospitals throughout Tasmania have been grateful to have the help of this staff; but as demand exceeds supply great discretion has had to be exercised with the apportioning of it and as Bush Nursing Vacancies mean the closing of hospitals, consideration and priority has been given this section and has been instrumental in avoiding any closures except for short temporary instances.

Experience has proved that the Department's Tourist Nursing Service is an indispensable addition to the Public Health Nursing Service.

## GOVERNMENT MEDICAL SERVICE.

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

TABLE F.  
SUMMARY of the Work Performed by Government Medical Officers during the Year Ended  
30th June, 1954.

District.	Population.	Date of Commence- ment of Service in District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).				Number of Workers' Compensation Cases	Number of Midwifery Cases	Total of all Attend- ances	Mileage Covered
			Resi- dence.	Surgery.	Hospital	Total				
Bruny ... ..	790	1.3.38	940	292	48	1,280	...	1	1,281	5,864
Esperance ...	3,190	11.3.38	1,756	3,235	250	5,241	15	4	5,260	9,572
Evandale ... ..	1,790	1.7.47	2,883	3,135	2	6,020	70	...	6,090	6,947
Flinders ... ..	1,000	1.5.38	1,149	1,683	261	3,093	25	10	3,128	7,568
Glamorgan- Spring Bay	2,160	18.5.38	674	1,360	42	2,076	11	10	2,097	9,485
George Town...	2,600	5.1.40	1,048	3,793	31	4,872	255	6	5,133	7,972
Hamilton ... ..	5,870	1.5.38	1,729	6,135	487	8,351	41	59	8,451	10,923
Kingborough ...	7,970	1.3.38	1,938	4,148	1	6,087	13	...	6,100	13,199
King Island ...	2,100	1.9.38	509	6,248	620	7,377	72	18	7,467	9,982
New Norfolk...	9,230	9.8.46	2,737	10,440	1,146	14,323	1	2	14,326	17,009
Penguin ... ..	4,190	13.7.38	999	5,696	140	6,835	67	...	6,902	13,492
Port Cygnet...	2,760	1.7.40	925	3,064	...	3,989	45	7	4,041	5,343
Portland ... ..	1,550	14.6.39	3,224	2,193	165	6,582	138	12	6,732	6,787
Richmond ... ..	1,630	6.8.52	3,051	2,201	34	5,286	33	2	5,321	9,595
Ringarooma ...	3,530	1.1.40	1,002	3,366	59	4,427	101	...	4,528	9,549
Scottsdale ... ..	3,570	5.8.39	1,650	8,991	1,631	12,272	252	7	12,531	6,254
Sorell ... ..	2,230	1.12.38	1,709	7,392	4	9,105	1	...	9,106	10,146
Tasman ... ..	1,060	21.4.38	1,977	2,297	142	4,416	54	12	4,482	12,526
Totals ... ..	...	...	29,900	76,699	5,063	111,632	1,194	150	112,976	172,213

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



## Section II.—Report of the Director of Public Health for the year ended 30th June, 1954.

The preparation of an annual report affords an opportunity for taking stock of the achievements of the past; and there is little profit in such a stock-taking unless it is used as a guide to the aims of the future. Some of my predecessors—notably Dr. Elkington, who expressed himself with considerable vigour—made use of the annual report, not only to give an account of work accomplished, but to draw the moral from that work, and to set out the needs for the immediate future. It is to be regretted that, in later years, the report degenerated into a mere statistical record; and in doing so, it lost much of its value.

The business of the Public Health Division is to keep people well. In a Commonwealth in which the Federal Government spends enormous sums of money on various schemes devoted to the treatment of established disease, and in which the various hospital authorities, in every State, are constantly in the public eye, it is an uphill and thankless task, to bear the banner of Preventive Medicine. Unfortunately, not only the general public but also the vast majority of the medical profession, have signally lost sight of the fact that, in the field of public health, prevention is not only better, but also very much cheaper, than cure.

### ORGANISATION.

The outstanding defect in the organisation of the Public Health Division is an inheritance from the past, in which administration was over-centralised. It seems to have been the custom to refer all matters, however trivial, to the Director himself for decision. In consequence, he has been overwhelmed by the minute detail of the day-to-day administration of the Division, and has had neither time nor opportunity to concentrate on his proper function, of planning in broad outline for the future. The reasons for this state of affairs are two. The first, and less important, reason is that, until this year, no provision was made in any of the legislation administered by the Director of Public Health, for the delegation of any portion of his legal power to any other officer, except to a very limited extent in the case of measures designed to prevent the spread of a "dangerous infectious disease". This situation has now been changed by an amendment of the Public Health Act.

But it is no use having legal power of delegation in the absence of trained staff. Although provision has been made for an establishment which, in theory, consists of four "medical officers" and two "school medical officers", in practice the majority of these positions have either been left unfilled, or have been used for the employment of temporary part-time school medical officers, which is a most expensive and inefficient way of attempting to carry on the work. Under these circumstances there has been no encouragement for young medical officers to join the staff of the Division with the intention of making a career of public health work. This work is highly specialised, and like other specialised branches of Medicine, calls for special training. It is pleasing to be able to record that,

shortly after the end of the year to which this report refers, Cabinet approved of a proposal for recruiting staff of medical officers sufficient to cope with the amount of work that can be foreseen during the next decade, owing to the rising birth rate since the war. Each medical officer is to be sent, in turn, to undertake a course of training in Public Health, on the understanding that he is to return to the service of the Department.

### PUBLIC HEALTH ADMINISTRATION.

The responsibility for carrying out the provisions of the Public Health Act, and acts incorporated with it, rests in the first instance, with the local authorities. Unfortunately, it is a responsibility that was, in many instances, taken very lightly in the past; and in some cases, it still rests lightly on those responsible. Throughout the State there is a singular lack of appreciation of the need for local sanitation, and of the part played, for example, by flies, in the contamination of food. During the year, the medical officer of health at St. Helens drew attention to the fact that summer diarrhoea is a very prevalent complaint in this popular seaside resort. His report leaves very little doubt that the cause is to be found in the fact that much of the town is unsewered and consequently is in a generally unsanitary state. The obstacle to sewerage the town is the lack of funds; but there is little doubt that, in the long run, it is poor economy to allow unsanitary conditions to persist.

The same thing is true of many other towns; and it is probable that whole community pays a high price, in inconvenience and minor disability, for the lack of vision in the past, when costs were much lower. In this connection it is interesting to speculate on the cost to the taxpayer of the expenditure by the Commonwealth Government on antibiotics and other expensive drugs, used in the treatment of diarrhoea. It would be far more profitable, in the long run, to spend an equal sum on improved sanitation, with a view to preventing diseases of intestinal origin.

The present position about the appointment of medical officers of health is most unsatisfactory. Every local authority is supposed to appoint a medical officer; but the population of municipalities, with few exceptions, is too small to justify a full-time appointment. Even in the cases of Hobart and Launceston, where a whole-time medical officer of health would be very fully occupied if he were entrusted with all health duties, part-time general practitioners are appointed. The individual members of local councils seem to be completely unaware of the fact that, nowadays, the practice of Public Health is a highly specialised branch of medicine. In general, medical practitioners who have not had special training are not fully qualified in this branch, neither (with a few exceptions such as that mentioned above) are they likely to be interested. By appointing general practitioners, untrained in Public Health, as medical officers of health, the local authorities have shown quite plainly that they are content with amateur advice from semi-trained officers.



In Great Britain a similar state of affairs was common, thirty years ago. It has been remedied, in the intervening period, by a system of sharing a trained health officer between the county council (which administers many of the services controlled in Australia by State governments) and one or more local authorities. The adoption of a similar plan here is now overdue.

#### LEGISLATION.

The Public Health Act was amended during the year. A new section was added to permit the Director, with the approval of the Minister, to delegate any or all of his powers and functions to a health officer. A clause was also added to Section 112, to permit the making of regulations to control the ventilation, lighting, and sanitation of premises used for dangerous occupations and to prescribe the precautions to be taken to prevent danger to the public health arising from dangerous occupations.

I regret to report that finality has not yet been reached with the revision of regulations under the Places of Public Entertainment Act. In the meantime, the assistance of the committee set up, some years ago, to advise on plans of places of public entertainment, has been most valuable.

There were several minor amendments to regulations under the Food and Drugs Act.

#### ENDEMIC GOITRE.

One of the biggest problems to be faced in the future is the occurrence of endemic goitre in this State; and I make no apology for placing it under a separate heading. It has been stated, probably quite accurately, that there is more goitre in children in Tasmania than in the whole of the rest of Australia. The usual cause of endemic goitre is a deficiency in iodine. Five years ago the Commonwealth Government lent the services of Dr. F. W. Clements, to carry out a survey of goitre in Tasmanian school-children. After his survey, Dr. Clements recommended that a tablet, containing 10 mgm. of potassium iodide, should be given to each child each week, to supply the necessary iodine. A supply of tablets was arranged through the Commonwealth Health Department; and they have been distributed through schools and child health centres.

This year, the services of Dr. Clements were again made available; and, in March, 1954, he carried out another survey to ascertain the effect of five years of preventive treatment. The result, in one respect, is somewhat disappointing. It indicates that, although there has been considerable benefit from the distribution of iodide tablets, the problem is not completely solved. It seems likely that, in addition to iodine deficiency, there is some additional factor, at present unknown, in the causation of some cases of endemic goitre here. Dr. Clements has suggested a line of research, which is now being followed, in the search for this unknown factor; but it is evident that we have embarked on a quest, the end of which may not be attained for some years, and then only after much slow and patient research.

There is evidence that the iodide has prevented an increase in size of the goitre in those cases in which it has not prevented its occurrence; and for this reason it is proposed to continue the prophylaxis.

I must express the most profound gratitude to the Commonwealth Director-General of Health for making Dr. Clements available; and to Dr. Clements himself for his most valuable co-operation in the survey. His enthusiasm, thoroughness, patience, and meticulous care have been an inspiration to all who worked with him. More than a word of praise is also due to Dr. Heather Gibson, who undertook the detailed organisation of the survey, with conspicuous success; and to her staff of school sisters, whose assistance made the whole thing possible.

#### NOTIFIABLE INFECTIOUS DISEASE.

The number of cases of infectious disease notified to the Department was 363, of which 202 were cases of tuberculosis. The figure, 161, representing notifications of all other infectious diseases, is the lowest for at least 30 years, and probably the lowest on record. In recent years, poliomyelitis has contributed the highest figures in 1952-53 and 1950-51; figures before 1950 are not strictly comparable with those since, owing to the changeover from presenting the report for calendar years, to presenting it for financial years. No doubt, the low figure for all infectious disease for 1953-54 is partly due to the fact that it was an "interval" year for poliomyelitis, only four cases being notified. There is no occasion for complacency on this score. If the behaviour of poliomyelitis in the immediate past is any guide, next year or the year after may be a "peak" year.

Analysis of the experience in recent epidemics shows that in such years, there is a well-marked variation in the seasonal incidence of poliomyelitis. The number of cases begins to increase in October or November, rises to a peak in January, and then begins to decline. This seasonal pattern has been described elsewhere; but it does not seem to be obvious in other Australian States. It seems likely that this behaviour of the disease in Tasmania, in contrast to elsewhere in Australia might be a profitable field for research, if staff were available.

It may be a matter of some interest that there were no deaths from scarlet fever during the year.

#### GENERAL SANITATION.

Full details are contained in the report of the Chief Health Inspector, which appears as Appendix 6; there is very little for me to add to this.

The shortage of qualified health inspectors for appointment with municipal councils continues to be a matter for concern. It is apparent that many municipalities are too small to attract the better type of health inspector. The obvious solution of this problem is that two or more local authorities should join together to share the services of a qualified inspector.

Drainage continues to be one of the major problems, particularly in unsewered suburban districts. There are many places in which, owing to the nature of the soil, the absorption of ordinary household sullage is quite impossible within the



area of an ordinary suburban building block. In such circumstances, to add bacteriolytic tank effluent to household sullage is to increase the problem many times. For many closely settled areas there is no real alternative to a properly planned sewage disposal scheme; and it is to be regretted that, in the past when costs were lower, many local authorities omitted to make provision for such a scheme.

#### CHILD HEALTH SERVICE.

Despite some changes, there are still 92 centres. New centres were opened at Upper Burnie, Boat Harbour, and George Town. Cressy was closed as there was insufficient work to justify its existence; and this enabled staff to be made available for George Town. Redpa and Marrawah, previously staffed from Smithton, are now conducted by the Bush Nursing Service.

The work of the service would have been quite impossible without the co-operation of the many local committees of the Child Welfare Association, members of which have taken a keen and active interest in all that goes on in the centres. This assistance has been invaluable.

By the courtesy and assistance of the Karitane Products Society, the Supervisory Sister visited New Zealand, and was able to make a complete survey of the work carried on there by the Plunket Society. This experience will be most valuable.

During the year a mothercraft wing was planned, to form part of the proposed maternity hospital at New Town. It is intended that, when erected, this will take the place of the Mothercraft Home, an institution housed in an old building, inconvenient to run and expensive to maintain. The new plan, when carried out, will enable mothers to spend a few days in the mothercraft wing before returning home from the maternity hospital. This will be a very real advantage particularly to mothers with a first baby.

#### SCHOOL HEALTH SERVICE.

The report of the School Medical Officer (Appendix 7) gives complete details of the work carried on by this important service. There has been some lack of continuity, owing to changes in the medical staff. I cannot too strongly stress the importance of having a stable staff, so that the medical officer gets to know the children in his district, and the parents know that there will be some continuity in the advice that they receive.

Once again, parents have been encouraged to attend at school medical examinations, and there has been a gratifying response. The discussion between school medical officer and parent affords one of the best opportunities for practical health education open to any section of the Division. The work of the school nursing staff, in visiting parents to keep them informed about minor defects in the health of their children also affords an opportunity for education, of which full advantage is taken.

The Senior School Dental Officer (Mr. A. W. Scott) reports that, for the first time in the history of the School Dental Service, the number of fillings done has exceeded the number of extractions. It is gratifying that conservative work has gained pride of place; and every effort must be made to maintain the position.

Two new mobile clinics were ordered during the year; but there was serious delay in construction, and they were not finally delivered until June. They are much more robust than the old type, and it is hoped that they will give better service. The earlier mobile clinics were very lightly built and have not proved satisfactory; they are now becoming very expensive to maintain, owing to the necessity for frequent minor repairs. The static clinic at Queenstown opened in August, and has filled a real need. The officer stationed here pays periodical visits to other towns in the area with a portable hand unit.

A total number of 35,039 visits to school dental clinics were paid during the year, of which 14,021 were first visits and the remainder were for subsequent treatment. Treatments afforded included:—

Fillings .....	25,017
Extractions .....	19,151
Cleanings .....	2,009
Orthodontic .....	226
X-Ray .....	137

Some investigations during the year showed that the average amount of work per dentist per working day is:—

Fillings .....	13½
Extractions .....	9½
Treatments .....	25
Cleaning .....	1

#### GOVERNMENT ANALYST.

The report of the Government Analyst (Appendix 5) gives some idea of the immense variety of work carried out in this important branch of the division.

Once again, the advice of the Analyst, and his technical knowledge and that of his staff, has been of the utmost value to the division, and has been absolutely essential to the work of the Foods Standards Committee.

#### NUTRITION SECTION.

The appointment of Miss J. H. Howeler as Nutrition Officer has filled the vacancy resulting from the resignation of Miss A. Osmond, and has enabled the section to fulfill its proper function again. The following activities were carried on during the year:—

- (1) Dietary surveys of school children in King Island and the Derwent Valley to get information upon which nutrition education in these areas can be based.
- (2) Testing to improve and simplify recipes for home-made rosehip syrup and blackcurrant syrup, which are both excellent sources of Vitamin C.
- (3) The Dietitian visited most hospitals in the State, giving assistance on catering and dietary problems. Particular attention was paid to the standardisation of equipment.
- (4) Routine broadcasts on nutrition topics were made, health films shown to school children, and illustrated talks were given to parents' groups, mothers' clubs, and branches of the Child Welfare Association.



- (5) The "Hospital Diet Manual" and the "Handbook for Child Health Staff" were completed and various nutrition leaflets were revised.

*Still Births.*—There were 141 still-births registered during the year, the percentage to the total of births and still-births combined being 1.79.

#### STAFF.

There have been a number of changes of staff during the year. Dr. Long worked as whole-time school medical officer in Launceston during the second half of 1953; after an interval of some months, Dr. Margaret Wilson took her place, but left six weeks later to accept a position in New South Wales. It was not possible to fill this vacancy during the remainder of the financial year. Dr. Diana Starr, who had been school medical officer in the North-West, resigned in March, 1954; this vacancy was advertised, but no applications were received.

Dr. M. Hatherley joined the staff as part-time school medical officer in the Circular Head district; and Dr. Joyce Park rejoined and is working on the East Coast.

It is gratifying to report that, despite some changes in personnel, there has been a full staff of school dentists during the year. There were a number of changes in the staff of other sections of the Division.

I take this opportunity to thank all members of the staff, whose co-operation has enabled us to carry on the work of the Division during the year.

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.

#### 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 1953 was 322,812, of whom 168,471 were males and 154,341 were females. The natural increase was 5185.

*Births.*—The number of births registered during the year was 7,736, representing a rate of 24.70 per 1000 of population.

*Deaths.*—Registered deaths numbered 2551. The rate per 1000 of mean population was 8.15.

*Infant Mortality.*—The table below shows the infant mortality in urban and rural districts, and for the whole State. The rate, though not quite as low as last year, would have been considered exceedingly satisfactory a few years ago.

	Infant		Rate per 100 Births	
	Births	Deaths	1952	1953
Hobart—	1953	1953		
City .....	1152	28	18.71	24
Suburbs .....	1149	22	24.91	19
Hobart and				
suburbs .....	2301	50	21.62	22
Launceston and suburbs	994	32	30.67	32
Total urban .....	3295	82	24.61	25
Rural .....	4441	95	19.50	21
Total Tasmania	7736	177	21.73	22.9

TABLE G.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year 1953-54.

Month	Pollomyl- itis	Bacillary Dysentery	Hydatids	Measles	Scarlet Fever	Malaria	Infantile Diarrhoea	Diphtheria	Amoebic Dysentery	Typhoid Fever	Lethargic Encephal- itis	Glandular Fever	Tubercu- losis	Veneral Disease	Total
July .. ..	1	7	1	4	6	..	..	2	..	2	..	..	23	3	46
August .. ..	..	1	..	2	5	..	2	2	..	..	..	..	24	5	39
September ..	..	10	2	4	3	2	..	1	..	..	..	..	18	1	40
October .. ..	1	..	1	6	3	2	..	..	..	5	..	..	15	1	33
November ..	..	..	..	1	1	1	..	1	..	1	..	..	23	6	28
December ..	..	1	..	1	2	..	..	..	..	2	..	..	11	..	17
January .. ..	..	..	..	3	1	..	..	..	..	1	..	..	14	1	19
February ..	..	22	..	1	3	..	2	..	..	..	..	1	20	5	49
March .. ..	1	3	2	..	1	..	..	..	..	..	..	..	17	2	24
April .. ..	1	..	..	4	3	..	..	..	1	..	..	..	11	1	20
May .. ..	..	8	1	3	1	..	..	..	..	1	..	..	13	3	27
June .. ..	..	..	..	1	5	..	..	1	..	1	..	..	13	2	21
Total	4	52	7	30	24	5	5	7	1	13	2	1	202	30	393



TABLE H.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities, During the Year 1953-54.

Municipalities	Scarlet Fever	Typhoid Fever	Hydatids	Meningitis	Polio-myelitis	Infantile Diarrhoea	Bacillary Dysentery	Lethargic Encephalitis	Amoebic Dysentery	Diphtheria	Glandular Fever	Tuberculosis	Malaria	Total
Beaconsfield	1		2	1	1							5		10
Bothwell												2		2
Brighton				2								1		3
Bruny														
Burnie					1							18		19
Campbell Tn.	1											1	1	3
Circular Hd.				1								3		4
Clarence	1				1							7		9
Deloraine							1							1
Devonport				3								9		12
Esperance														
Evandale					1							1		2
Fingal	2		1			1				1		6	2	13
Flinders							1							1
George Tn.									1			2		3
Glamorgan														
Glenorchy	1	1	1	3								14		20
Gormanston												1		1
Green Ponds														
Hamilton	1											3		4
Hobart	9	3	2	4						2		41	1	62
Huon												2		2
Kentish				2								3		5
Kingborough	1			2								1		4
King Island	5											1		6
Latrobe				2								2		4
Launceston	2	2		6			45	1		3		29	1	89
Lilydale		2					1					2		3
Longford	1											2		3
New Norfolk												6		6
Oatlands														
Penguin				1								3		4
Port Cygnet	2		1									2		5
Portland	1					1				1		3		6
Queenstown						3								
Richmond														
Ringarooma	1						1							2
Ross												1		1
Scottsdale														
Sorell												2		2
Spring Bay												3		3
St. Leonards	3			1			1					1		6
Strahan														
Tasman												1		1
Ulverstone				2						1		12		15
Waratah														
Westbury	1						1	1				2		5
Wynyard	1						1					4		6
Zeehan		5										8		13
TOTAL	34	13	7	30	4	5	52	2	1	7	1	202	5	363







## DIPHTHERIA.

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

## 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	3									1			3	1
August	1	1											1	1
September	2	1	1										3	1
October		1			1		2	1		1			3	3
November								1						1
December		1											1	1
January	1	1			1								2	
February	1												1	
March														
April	1	1		1			1						2	2
May	1	1		1									1	2
June				1										1
TOTAL	10	7	1	3	2		3	2		2			16	14

## 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	1		2		1			2					4	2
August			1	3		1							1	4
September		1		1		1								3
October		1		1		1							1	3
November					1									
December				1		1							2	1
January		1											1	
February	1		1			1							2	1
March			1										1	
April			2			1							2	1
May				1										1
June	1	1	2				1						4	1
TOTAL	3	4	9	7	2	6	1	2					15	19

## VENEREAL DISEASES.

TABLE J.

RETURN Showing Notifications of Venereal Diseases During the Year 1953-54.

	Males	Females	Total
Gonorrhoea	23	1	24
Tertiary Syphilis	4	2	6
	27	3	30

## Sources of Notification.

	Males	Females	Total
Notified by Hospital Clinics	22	2	24
Notified by Private Practitioners	5	1	6
	27	3	30



TABLE K.  
RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1953-54.

	Under 1 Year		1-5		5-10		10-15		15-20		20-25		25-30		30-35		35-40		40-45		45-50		50-55		55-60		60-65		65-70 and over		Age not stated		Total		Grand total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Gonorrhoea	...	...	...	...	...	...	...	...	2	1	6	...	2	...	4	...	3	...	2	...	2	...	...	...	...	...	...	...	...	...	2	...	23	1	24
Tertiary Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	4	2	6	
Totals .....	...	...	...	...	...	...	...	...	2	1	6	...	2	...	5	...	3	1	2	...	2	...	...	...	1	...	1	...	...	2	...	27	3	30	

TABLE L.  
TABLE Showing Number of Births, Classified According to Age of Mother, in Tasmania During the Year 1953.

Usual Residence of Mother	AGE GROUP OF MOTHERS																All ages		Total Live Births
	15-19		20-24		25-29		30-34		35-39		40-44		45 and over						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Hobart and Suburbs	60	(a) 74	324	312	368	377	251	235	119	116	35	27	1	(b) 2	1158	1143	2301		
Launceston and Suburbs	33	(a) 36	144	138	150	173	98	90	47	54	18	13	.....	.....	490	504	994		
TOTAL URBAN DIVISION	93	110	468	450	518	559	349	325	166	170	53	40	1	2	1648	1647	3295		
North-Western Division	68	69	301	290	261	285	198	185	101	93	32	34	3	2	964	958	1922		
North-Eastern Division	22	(a) 23	98	85	90	84	52	79	31	31	8	15	1	1	302	318	620		
North-Midland Division	8	7	40	39	29	36	31	23	15	15	4	1	.....	.....	127	121	248		
Midland Division	12	7	46	58	52	43	40	30	20	30	4	3	.....	.....	174	171	345		
South-Eastern Division	13	8	62	40	42	45	29	35	13	9	8	2	1	.....	168	139	307		
Southern Division	41	28	113	119	106	119	74	63	34	41	13	10	.....	1	381	381	762		
Western Division	7	6	39	38	31	24	31	24	16	12	5	4	.....	.....	129	108	237		
TOTAL RURAL DIVISIONS	171	148	699	669	611	636	455	439	230	231	74	69	5	4	2245	2196	4441		
TASMANIA	264	258	1167	1119	1129	1186	804	764	396	401	127	109	6	6	3893	3843	7736		

(a) Includes one mother aged 10-14.

(b) Includes two mothers, age not stated.



TABLE M.

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queens- land.	South Australia.	Western Australia.	New Zealand.	North. T'tory	Aust. Cap. Ter.	Aust.
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
1953.....	22.88	24.64	21.15	24.98	20.65	23.83	(a)	39.13	21.57	23.30

\* Excludes New Zealand

TABLE N.

TABLE Showing Causes of Death of Children under One Year of Age in Tasmania, from 1950 to 1953.

Cause.	1951	1952	1953
Whooping Cough.....	2	3	2
Meningococcal Infections.....	3	4	6
Other General Diseases.....	2	5	4
Meningitis.....	1	2	1
Other Diseases of the Nervous System.....	2	2	3
Diseases of the Circulatory System.....			
Influenza.....		1	1
Pneumonia (except of new-born).....	21	15	20
Bronchitis.....	3		1
Other Diseases of the Respiratory System.....	1	2	
Gastro-Enteritis.....	5	3	4
Other Diseases of the Digestive System.....	3	6	4
Nephritis and Nephrosis.....			
Other Diseases of the Genito-Urinary System.....		1	
Diseases of the Skin.....			
Diseases of Bones and Organs of Movement.....	1		
Congenital Malformations.....	20	18	21
Birth Injuries, Asphyxia, and Infections of New-born.....	75	60	47
Other Diseases of Early Infancy.....	53	44	57
Ill-defined Conditions.....	1	1	
External Causes.....	3	5	6
<b>TOTAL.....</b>	<b>196</b>	<b>172</b>	<b>177</b>

## APPENDIX V.

REPORT OF THE GOVERNMENT ANALYST FOR  
THE YEAR ENDED 30TH JUNE, 1954.

*Staff.*—The staff remained relatively unchanged during the year, with the exception of the appointment of Mr. G. J. Joy as a temporary technical assistant. Mr. J. H. Taylor, chemist, is taking some further chemical studies at the University of Tasmania, and Mr. Joy is completing a diploma course in applied chemistry at the Hobart Technical College, both with the aid of some time off duties.

It was proposed during the year to provide a new building to house the laboratory. A good deal of time was spent with the architects in planning new labora-

tories, and the result, a very satisfactory plan, would have given us a detached building in suitable grounds, which would have completely solved all our space problems. Unfortunately this particular proposal has now been dropped, and at the time of writing other plans are afoot.

*Work of the Branch.*—There was a small drop in the number of samples (2439) submitted to the Branch compared with the previous year, when the total was 2583. The fall was registered in the numbers of foods, soils and waters, but plant nutrition and plant analyses, human toxicology, pesticides, agricultural liming materials and drugs all showed increases.

Mere numbers however, are not a true reflection of the work of the Branch, as advisory and consulting work is a considerable item in the activities.



The following tables show the relative numbers and sources of the samples examined—

Table O—I.—Materials Examined.

Foods	752
Soils	518
Plant nutrition analyses	328
Waters	273
Human toxicology	129
Animal nutrition analyses	82
Drugs and medicines	59
Pesticides	44
Criminal investigations	42
Animal toxicology	41
Liming materials	31
Soaps and disinfectants	28
Human milks	15
Petroleum products	14
Miscellaneous industrial materials	14
Fertilisers	13
Minerals, metals and sediments	11
Sewage and trade wastes	10
Biochemical tests	10
Fodder	9
Textiles and paper	6
Paints	4
Building materials	4
Industrial hygiene	2
	<hr/> 2439

Table O—II.—Sources of Samples.

State Departments:	
Agriculture	730
Health	450
Police	163
Hydro-Electric Commission	64
Supply and Tender	26
Forestry	22
Public Works	20
Agricultural Bank	8
Transport	4
Labour and Industry	2
Prices Branch	2
Commonwealth Departments:	
C.S.I.R.O.	67
Trade and Customs	7
Lighthouses and Navigation	3
Navy	1
Pharmacy Board	30
City Councils and Local Authorities	226
Hospitals and Institutions	70
Child Welfare Centres	13
Private Persons and Firms	531
	<hr/> 2439

Table O—III.—Food and Drug Act Analyses.

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

Foodstuff	No. received	No. below standard
Baking powder	1	1
Beer	1	1
Beverage foods	1	1
Bread	5	4
Butter	7	2
Flour	9	1
Food colours	6	2
Cereals and farinaceous foods	4	1
Confectionery	6	1
Cocconut	2	1
Cordials and soft drinks	9	1
Cream	5	1
Essences	20	4
Fish (tinned and smoked)	4	1
Fruit	3	1
Ice cream mix	2	1
Jams and jellies	2	1
Lard	1	1
Margarine	6	3
Meat paste	1	1
Milk (fresh)	331	71
Milk (evaporated)	5	1

Foodstuff	No. received	No. below standard
Sauces, spices and condiments	10	1
Sausages and saveloys, &c.	32	16
Spreads	3	1
Tripe	8	6
Vinegar	2	1
Wines and spirits	9	9
	<hr/> 495	<hr/> 126

The percentage of samples which failed to comply with the standards of the Food and Drug Regulations (25.5 per cent) is again high, the proportion in the previous year being 26.1 per cent. This of course is not a complete overall picture of the State's food supplies, as the sampling, with the exception of milks, is not altogether random sampling. In many cases samples are taken where there are grounds for suspicion, or sampling is concentrated more on articles that are subject to adulteration. Also, a number of the infringements are failures to comply with labelling requirements.

Milk and sausages were again the articles most found wanting. The former will be dealt with below. There was continued sausage sampling activity by inspectors, and half of the samples were found deficient in meat content, with occasionally excess of preservative, compared with two-thirds below standard in 1952-3. Too many sausages in this State to-day contain excess of added water and cereal filler, which dilute the meat content, while the meat itself is often of inferior grade. A frequent complaint by consumers is excessive shrinkage in cooking. Both water and high fat content contribute to this. Amendments to the regulations, designed to limit the proportion of fat in the meat used, may help to save the once succulent sausage from complete spoilage.

The undesirable practice of using strongly alkaline perborate solutions for bleaching tripe, banned in most States over twenty years ago, raised its head again. The use of peroxide removes the unattractive dark colour of tripe, but used in the form of the strongly alkaline perborate it leaves behind a residue of boric acid and in addition the alkali causes the absorption by the tripe of much extra water, with consequent prejudice to the consumer. The examination of samples of tripe resulted in warnings to various butchers, and the adoption of suitable regulations to safeguard the position.

Two samples of butter contained more than the permitted amount of water, and two samples of margarine contained artificial colour. A survey of the icing sugars on the local market revealed no undue dilution with starch or farinaceous material. Four samples of flavouring essence were deficient in lemon oil or citral respectively. Imported smoked fish was examined for the prohibited harmful colouring matter "Butter yellow", with negative results. Nine samples of spirits, previously tested by the inspectors, proved to be considerably watered.

Some attention was given during the year to the examination of certain foods liable in processing and handling to acquire dirt or filth. This type of contamination, which is found mainly in flour, oatmeal and other cereal products, and certain other packaged foods, is probably a greater menace to health than some forms of adulteration. It consists usually of rodent excreta and accompanying hairs and various unclassified dirt. Nothing alarming was discovered in the few samples examined in the course of routine testing, but a systematic survey would be well warranted. For the expeditious handling of many samples some special equipment is required.

**Milk.**—A summary of the results of analyses of milk samples taken throughout the State under the Food and Drugs Act is given in the following table:—

Chemical tests	No. of samples	Per cent of total
Conform to standards	208	75.9
Deficient in fat only	6	2.2
Sub-standard in non-fatty solids and/or total solids, not watered	59	21.5
Watered	1	0.4
	<hr/> 274	<hr/> 100.0
Reductase test (4 hrs.)—		
Conformed	52	
Failed	2	
Other tests (dirt, &c.)	3	



The figures for chemical testing give cause for mixed feelings. Whilst it is very satisfactory that only one deliberately watered milk was detected, the proportion of sub-standard unwatered milk, i.e., milk below standard as it comes from the cow, has increased. The trend during recent years is as follows:—

Year	Per cent of total samples
1946	2.9
1947	11.1
1948	9.6
1949 (first 6 months)	12.9
1949-50	9.9
1950-51	5.5
1951-52	8.9
1952-53	14.1
1953-54	21.5

Several factors appear to be responsible, but the main one is the increased practice in the dairying industry to make use of breeds of cow, notably Friesians and mixed breeds, which yield milk of relatively low solids content albeit often in large quantity. This is not surprising when payment is for quantity with no regard to quality. There is a seasonal trend in the composition of milk, resulting in higher or lower solids at certain times of the year. Investigations by the Dairy Branch of the Department of Agriculture have shown that the fall is very marked in Tasmania in late summer and late winter, when the natural pastures have a low nutrient value. The result of this is that the milk of many cows in the low quality yield class may fall below the standard at these times, particularly in non-fatty solids. How far this can be remedied by the feeding of concentrates or improved animal husbandry practices generally is not clear, and the whole matter is the subject of much thought by all concerned.

It is noteworthy that the great majority of the official samples which have been found to be sub-standard in this way have been from small herds and from cans sampled on delivery, i.e., before bulking, at depots. When the milk has been bulked in large volume, the proportion of better quality milk outweighs the rest, and the deficiency is ironed out. This may point to a temporary solution of the problem until a permanent remedy is found.

Several actions were instituted by local authorities against vendors of this sub-standard milk. In one case it was necessary for me to give evidence in court to defend the legal chemical standard for milk which, it was contended, should be lowered. Although a conviction was recorded in the test case, the position is one for grave concern from the aspects of both child nutrition and the status of the legal standard for composition of milk.

It is desirable that the milk supplies of the State should be more widely covered by sampling, especially by the taking of samples regularly by local authorities in the smaller towns.

#### Agricultural Chemistry.

**Soils.**—This branch of the work continued to be fairly heavy, a total of five hundred and eighteen (518) samples being dealt with compared with 573 the previous year. This number was made up of farm and orchard soils submitted by officers of the Extension Service of the Department of Agriculture and farmers (324), glasshouse soils (103) mainly from the Horticultural Division of the Department, soils from the Agronomy Division (58), Plant Pathology (11), and Forestry Department (22).

There is a close liaison between chemists of this Branch and officers of the various divisions of the Department of Agriculture, so that advice and information on soil fertility and treatment are usually given to farmers, orchardists and other members of the public only after all sides of the problem have been examined. The study of soil analysis as a help to farmers and horticulturists is being continued by Mr. K. M. Stackhouse. Only field trials and experimental plots provide the final verdict on the requirements of a particular soil. These are not often undertaken by the farmer (although an increasing tendency to do so has been noted) and our knowledge of field responses from comparable soils is often limited. Nevertheless it is hoped to build up a fund of information relating soil analyses with known field responses to fertilisers.

Many of the soils examined were tested for lime status. The modern view is that pH is not the sole criterion of this, but the available calcium must be taken into consideration. The number of soil samples examined over the past few years is beginning to give a fair picture of the overall calcium status of most of the cultivated parts of the State.

A considerable amount of work has been done again this year on glasshouse soils in the laboratory and in the field with the Horticultural Division. This comprised nitrogen and potash nutrient balance in connection with yield of tomatoes, water-soluble salts in heavily manured soils and general advisory work for nurserymen.

At certain times of the year there is an almost regular stream of members of the farming and orchardist community, and home gardeners seeking advice and information at the laboratory.

**Plant Chemistry.**—This section of the work showed a considerable increase in the number of samples compared with the previous year, three hundred and twenty-eight (328) specimens compared with 221. The majority were again apricot leaves and fruit examined for the Plant Pathologist in connection with brown rot investigations. Potash has been shown to be a factor in this disease, and the availability of a flame photometer to make the large number of determinations required has greatly reduced the labour and time involved in the work.

**Animal Nutrition and Toxicological Analyses.**—The total number of specimens examined during the year under this head was one hundred and twenty-three (123). Of these eighty (80) were livers and bloods from cattle and sheep, submitted by the Veterinary Branch of the Department of Agriculture, for determination of copper and/or cobalt in connection with trace element deficiency work. A considerable amount of time has been devoted in this laboratory to improving the accuracy and speed of copper determinations with the aid of more specific reagents and isolation of interfering elements.

The other forty-three (43) specimens were connected with real or supposed poisoning of a variety of farm animals and domestic pets. These were submitted by veterinary officers, police and members of the public. In five cases arsenic was detected, strychnine in three, and in two cases abnormal concentration of nitrate in thistles was responsible.

Determinations of the concentration of nitrate in fodder plants and weeds suspected of poisoning animals have revealed some interesting figures. Amounts ranging from 2.7 to 8.6 per cent of the dry matter (calculated as potassium nitrate) have been found in samples of variegated thistle, 1.4 per cent in oats, and much as 17.3 per cent in one sample of slender thistle. The actual cause of this abnormal accumulation appears to be obscure. The slender thistle was growing in a cattle yard, and the oats had been damaged by a hormone weed killer.

**Forensic Chemistry.**—There was an increase in the number of specimens and exhibits examined in connection with coroners enquiries, thirty-seven (37) cases involving a hundred and seventeen (117) specimens compared with 35 and 88 in the previous year.

In eighteen cases positive results for poisons were obtained, the poisons being strychnine (3), barbiturates (2), cresol and phenolic preparations (2), benzedrine and barbiturate (1), chloral (1) and cyanide (1).

There were eight cases in which the examination of body fluids for alcohol was required. These were all in connection with fatal accidents with motor vehicles. This work is now better recognised in this State in determining whether a person has consumed alcohol and if so, how much. In seven out of the eight cases mentioned, the tests showed that the deceased persons, who were the victims of road accidents, had taken considerable amounts, which would cause them to be "under the influence".

There has been a revival of interest lately, both in Australia and England, on the part of those concerned with road safety, in the blood and urine tests for inebriation in drivers of motor vehicles. It seems likely that legal presumptive standards may have to be adopted. This Branch is keeping touch with all the chemical developments.

The number of articles examined in connection with criminal investigations by the police (53) showed a decrease compared with the previous year (73). Cases of suspected malicious poisoning, damage to goods, shooting incendiarism and 'hit and run' accidents necessitated the examination of a variety of materials, chiefly paint and duco, textiles, fibres, soil and clothing. The work and the subsequent giving of evidence took up a considerable amount of the time of Mr. M. H. R. Shipp and myself.

#### Water Samples and Investigations.

A total number of two hundred and seventy-three (273) waters were examined. These came mainly from private persons, local authorities and government departments.



Farmers' and other country water supplies accounted for most of the first, and in many cases advice regarding remedial measures to correct turbidity, colour, hardness, corrosion and other faults was given. A number of samples from proposed new towns' supplies were tested for suitability for drinking purposes. The Fisheries Division of the Council for Scientific and Industrial Research submitted a number of samples in connection with their work on the culture of trout and other fish in streams and lakes.

A card index of the existing analyses of natural waters from all parts of the State has been compiled. This will be useful for reference by this Branch and the Public Works Hydraulic Engineer's Branch. Some gaps remain to be filled in for information on the water supplies of some of the smaller towns.

During the year the Beaconsfield Council commenced dosing its water supply with fluorine in the form of sodium silico fluoride. The concentration aimed at is 0.9 to 1.1 parts of fluorine per million. After an inspection of the plant, where the addition and testing are well controlled, it was arranged that regular weekly and later, monthly, checks should be made in this laboratory. This has been done except during breaks when the Council could not obtain silico fluoride supplies or the plant was shut down for repairs.

A good deal of attention has been given during the year to tests for the presence of sewage in ground water. Samples of drainage water are frequently brought to the laboratory in connection with complaints of seepage from adjacent drains, sewers and septic tank effluents. The use of extremely delicate tests for the organic constituents of sewage has proved satisfactory.

This Branch has been able to assist the Hydro-Electric Commission in several ways during the year with analyses and advice in connection with problems arising from its activities.

In connection with the growth of aquatic mosses which impedes the flow in the canals and races of the works in the central highlands, it was arranged to make regular tests of the water at a number of points over a period of at least twelve months. The opportunity was availed of during cleaning operations to inspect the growth of mosses at various points, and also of corrosion in steel mains.

Analyses have been made of rust tubercles from pipelines at Tarrareah. One of these, from a 102 inch steel pipeline is of particular interest as a rust of unusual composition. The analysis was as follows:—

#### Air-dried rust—

Loss at 105°C (water &c.)	36.82
Loss on ignition	13.65
Manganese calculated as $Mn_2O_3$	32.85
Iron and aluminium oxides ( $Fe_2O_3$ , $Al_2O_3$ )	12.20
Calcium oxide ( $CaO$ )	0.57
Magnesium oxide ( $MgO$ )	0.45
Silica ( $SiO_2$ )	3.55

100.09

The high manganese content is very striking. In this connection, work done by the State Electricity of Victoria laboratories has shown a very high manganese content in the aquatic mosses which grow in the canals at high elevations. The surface water in the central highland districts of Tasmania is not unduly acid (pH 6.0-6.8) but carries small amounts of vegetable acidic material derived from button grass swamps, and this appears to hold traces of iron and manganese in solution. The formation of rust with so much manganese in its composition as the one described above seems remarkable.

Waters, rust deposits and anti-freeze mixtures have also been examined in connection with the corrosion of coolers in transformer stations and attack in the radiators and cooling systems of tractors in the highlands.

**Soaps, Cleaning Materials, &c.**—An analytical survey was made of soaps and cleaning materials which were on offer for use in government institutions. Twenty-four soaps of various kinds and two polishes were submitted to analysis and test. Several lines which have been favoured for a number of years in certain institutions were shown to be uneconomic, usually on account of the incorporation of much water. A list of recommended lines was made, but the most satisfactory outcome was the compilation of specifications for dish-washing, general

cleaning, and laundry soaps. As a result of consideration which has been given to the disinfectant specifications in this laboratory, it is expected that the disinfectant contracts for government supplies will be placed on a more satisfactory basis.

Several appliances for the destruction of household insects such as flies and cockroaches were tested. These depend on the slow vaporisation of lindane or gammexane, the gamma isomer of benzene hexachloride, with or without para dichlorobenzene, in a suitable apparatus containing a small heating element or light bulb, which can be placed in a closed room. In general, the claims of the makers were not unwarranted, but in one or two cases it was considered that there was insufficient warning on the directions for use, especially regarding the risks involved in the exposure of food to the vapours. Stress should be laid on the need to avoid undue exposure to the fumes on the part of the persons using the appliances, and the fact that they are fumigators and are not suitable for continuous use in living or working quarters.

**Information, Committees, &c.**—As usual the Branch has provided a wide range of information and advice on chemical matters to other departments and members of the public. Evidence has been given in court in a number of civil and criminal cases and inquests. I have attended meetings of the Food Standards Committee, the Fertilisers, Stock Medicines and Pesticides Boards, and Conferences on milk standards and berry fruits.

In conclusion, I wish to express my appreciation of the splendid co-operation of all members of the staff during the year.

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

## APPENDIX VI.

### REPORT OF CHIEF HEALTH INSPECTOR FOR THE YEAR ENDED 30TH JUNE, 1954.

Several changes in the personnel, and transfer of staff were effected.

Mr. D. C. Lovegrove formerly Health Inspector to the Burnie Council was appointed to replace Inspector K. M. Hickman who was transferred from Devonport to Hobart. Inspector Lovegrove is now stationed at the Town Hall, Burnie. Cadet Inspector P. L. Knott was transferred temporarily to the branch office in Launceston.

Owing to the difficulty in procuring the services of qualified officers, health inspections in the George Town, Scottsdale, New Norfolk and Kingborough Municipalities have been performed weekly by Inspectors of the permanent staff. With Richmond Municipality participating in the Government Medical scheme, Mr. T. P. Smith was appointed a part-time Health Inspector for the Municipality.

#### Sanitary Surveys, Special and Follow-up Inspections.

These were carried out in all Municipalities. In the course of the visits, advice was given to local Inspectors, and attention directed to the quality of domestic water supplies, protection from contamination of food in slaughterhouses, butchers' shops, bakehouses, restaurants, milk shops, hotels, eating houses, &c.

The disposal of nightsoil, refuse, and drainage was also inquired into, as well as housing conditions, the installation of bacteriolytic tanks, and sanitation at schools, halls, tourist resorts, recreation grounds, reserves and beaches. When necessary, Local Authorities were advised of matters requiring improvement, and later follow up inspections were made to ascertain if requirements had been complied with. Details of the inspections (which exclude those carried out by part-time Inspectors engaged in Municipal Districts where health services are directly controlled by this Department) are shown as follows:—

	No. of Inspections	Matters requiring attention
Bacteriolytic tank sewerage schemes	6	2
Bacteriolytic tanks including plans and sites	1801	189
Bakehouses	180	68
Butchers' shops	275	85
Public buildings and plans	53	45



	No. of Inspections	Matters requiring attention
Boarding houses	36	18
Dairying premises and milk depots	75	15
Domestic inspections	71	30
Drainage	144	66
Food premises	723	42
Fruit processing factories	10	1
Garbage tips and sites	74	18
Hairdressing establishments	30	3
Hospitals, inspection of utensils	6	2
Land subdivisions	9	
Licensed premises	211	38
Miscellaneous	145	42
Mutton bird premises	74	18
Offensive trades	334	102
Places of public Entertainment	314	111
Reserves, beaches, show and recreation grounds	175	42
Sale yards	10	1
Sanitary depots and services	76	17
Scallop sheds	34	6
Schools	210	46
Spirit (alcoholic) tests	1381	9
Stables	14	5
Water supplies	39	

One hundred and forty-two orders were served under the Public Health Food and Drugs, and Places of Public Entertainment Acts requiring improvement in conditions. These were complied with with two exceptions.

In one instance legal proceedings were instituted, and the defendant was found guilty and a fine amounting to £4 8s. 6d. was imposed. Action was also taken when a person failed to comply with the provisions of The Places of Public Entertainment Act.

#### Health Inspectors.

The shortage of qualified Health Inspectors still continues. At least four Municipal Councils require certificated officers, and further vacancies will occur in the coming year. Classes of instruction are being continued at the Hobart Technical College, for persons wishing to obtain health and food certificates.

It is expected that examinations will be held in December next, when it is hoped that the shortage of qualified persons will be relieved. Officers of the permanent staff at all times offer technical assistance to unqualified inspectors, and the Department has sanctioned the attendance of part-time inspectors at Headquarters to further increase the knowledge, and experience required in their duties.

#### Drainage.

Disposal of household sullage, and bacteriological tank effluent is still one of the major problems to be contended with in unsewered Southern suburban districts. With the increased number of dwellings constructed in recent years, on small allotments of land which are unsuitable for drainage absorption, the only outlet for wastes is either into earthen table drains when it lies stagnant, and causes a nuisance, or into open concrete stormwater channels where often the position is not much better owing to poor distribution. The present position is further likely to deteriorate unless Local Authorities in the near future realise their responsibilities, and provide adequate sewerage systems to deal with this urgent health problem.

#### Bacteriolytic Tanks.

One thousand five hundred and ninety-three bacteriolytic tanks were installed in the majority of Municipalities throughout the State. This number showed an increase of one hundred and seventy over last year's record. Three hundred and thirty-nine of the total installations were effected in the Municipality of Clarence.

A dry type of tank is now being marketed, and with careful supervision should prove of considerable value at premises when soil is unsuitable for absorption of a large quantity of tank effluent. In all cases it is necessary for application for the installation of bacteriolytic tanks to be submitted through local Councils for approval by the Director of Public Health before the construction or installation of tanks is commenced. Inspections have been made, and reports furnished on proposed bacteriolytic tanks sewerage schemes for the towns of St. Helens and Stanley.

#### Food and Drugs.

In July and August, enquiries into an outbreak of Typhoid Fever on the Mainland pointed to New Guinea desiccated coconut being the channels through which the disease was transmitted. Further information having

confirmed this, a thorough investigation was instituted throughout the State, and a considerable number of samples of this household commodity was obtained from various wholesalers, and stores, and submitted to bacteriological examination.

The result of such examination disclosed that most consignments of a particular brand of New Guinea coconut was infected with dangerous micro-organisms. Between five and six tons of the infected coconut were seized and condemned as being unfit for human consumption. Objection was raised to the seizures by several wholesale firms who resorted to legal action, in an attempt to have the food returned to them. However, the Court's decision was that the action taken by the Department was legal, so the seized coconut was destroyed by fire.

Food other than the above, seized, condemned and destroyed consisted of alcoholic spirits one gallon, bottled alcoholic spirits (13), scallops 350 lbs and mutton birds 2732. Twelve 40-gallons casks intended for use in the packing of mutton birds were considered unfit for this purpose and destroyed.

Four hundred and seven samples of food, including two hundred and fifty milks were procured for analysis. Of this number twenty milks were found under-standard and one contained added water. Warnings were issued in respect to under-standard samples, and legal proceedings instituted in the case of the adulterated sample. On conviction the vendor was fined with costs £15 13s. 6d. Regarding other foods, nineteen warnings were issued, and legal action in seven instances, resulting in fines and costs being awarded to the amount of £81 9s. The weekly inspection of milk depots, and the procuring of milk samples in Hobart depots has considerably improved the milk supply. The regulation providing for the sealing of containers conveying wholesale milk to depots has been rescinded.

#### Mutton Bird Industry.

An officer of this Department made the usual annual inspection of premises at the various Islands in the Furneaux Group where mutton birds, are processed for sale. From the inspections it was found that the ownership of a number of processing sheds had changed hands between seasons, particularly those on which orders had been served on owners for improvements or renewals, without the new owners being informed of the orders served, with the result that conditions were found similar to those prevailing during the previous season. In order to avoid a repetition of this practice in future years the co-operation of the Lands and Surveys' Department who issue and transfer occupation licences for the sheds, has been sought, and copies of this year's orders served made available in an effort to prevent the issue or transfer of licences before the orders are complied with.

#### Places of Public Entertainment Act.

The Committee of officers of the Hobart Fire Brigade, Hobart City Council, and this Department has considered and reported on forty-nine plans of Places of Public Entertainment.

The majority of these were in respect to Memorial Halls proposed to be erected in various Municipalities. Recommendations made by the Committee to the Director of Public Health are generally accepted and forwarded for the information of the Local Authorities concerned. On completion of the buildings, the halls are inspected by Departmental officers and if found to comply with regulations are then approved for a licence by the Director of Public Health (as required by an amendment to The Places of Public Entertainment effected during the year).

#### Conclusion.

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

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

## APPENDIX VII.

### School Medical Service.

The work of the School Medical Service has continued along the lines set out in earlier years. Few drastic changes in organisation have been thought necessary. More stress has perhaps been laid on the importance of personal contact with children, parents and teachers and there is little doubt that members of the staff are building up an excellent relationship with these groups.



**Staff.**—Dr. Diana Starr resigned in March, 1954 and has unfortunately not yet been replaced. During her two years service Dr. Starr examined children in all North-West Coast schools as well as conducting Child Welfare clinics at Burnie. An efficient and reliable medical officer Dr. Starr is greatly missed particularly by the sisters with whom she worked.

Dr. Dorothy Long held the position in Launceston for three months and Dr. Margaret Wilson worked in the North for a few weeks. Dr. Mary Young continued part-time duties in Hobart while Dr. Valerie Davenport visited several country districts. In addition I have continued routine inspections in city and country schools throughout the south of the state.

A full staff of thirteen school sisters has been maintained. Sisters O'Shea, Holmes and McDermott resigned and have been replaced by Sisters Hollingsworth, Nicholl and Hewitt. This year an attempt has been made to relieve school sisters of the burden of supervising scattered country districts by inviting the assistance of sisters holding positions at Bush Nursing and Child Welfare Centres. This has proved most satisfactory and in many isolated districts has saved school sisters much tiring travelling. As a result of this help it has been possible to extend the school health programme to every part of the state and we feel that a better service has been given to the whole community.

**Medical Examinations.**—Statistics indicate that the years work has been satisfactory, although the number of children examined by medical officers was less than in the previous record year when over 24,000 children were seen.

Of the 19,996 children examined this year, 10,222 (51 per cent) had defects while 9,774 were normal. 7,347 required dental treatment and there were 6,996 physical defects.

It is known that 1,234 have already received dental treatment and 1,258 of the non dental defects have been corrected. In addition 2,325 dental and 1,809 physical defects notified in the previous year have been treated.

**Summary of statistics of medical examinations:—**

Total children seen	19,996
Number defective	10,222
Number normal	9,774
Defects—	
A Dental	7,347
B Physical	6,996

The following table shows the relative incidence of physical defects discovered and notified to parents.

**TABLE P.**

Condition	Number
1. Orthopaedic	1978
Posture	1216
Knock knees and flat feet	692
Others	70
2. Nutrition	1231
Underweight	648
Overweight	332
Anaemia	251
3. Tonsils, Adenoids and Cervical Glands	1176
4. Eye Defects	863
Vision	587
Squint	114
Other	162
5. Skin Conditions	407
6. Goitre	330
7. Ear Defects	184
Hearing	112
Other	65
8. Lungs	102
9. Speech	58
10. Heart	47
11. Hernia	37
12. Mental Stability	23
13. Other	560
Total Physical	6996

The numbers of schools visited and the children examined by various medical officers were as follows:—

	Schools	Children
Dr. Heather Gibson	52	8367
Dr. Diana Starr	34	4104
Dr. Mary Young	41	2709
Dr. Dorothy Long	20	2478
Dr. Valerie Davenport	26	1520
Dr. Margaret Wilson	5	818
Totals	178	19,996

School sisters continued to carry out modified medical inspections in schools where no medical officer was available. They examined 1837 children of whom 900 were defective, 468 requiring dental attention. 822 physical defects were notified to parents and it is known that many of these have been corrected. In addition, 604 dental and 1014 non-dental defects notified by school sisters in the year 1952-53 have been treated.

In routine visits to the schools, sisters have made 85,832 contacts with children and treated 2571 minor casualties.

Home visiting has continued, 4159 visits being made to parents in their homes, 2377 in the follow-up after medical inspections and 1782 for other purposes.

Every encouragement has been given to parents to visit the school to interview the sister and medical officer. 1748 parents did so during the year, 1332 at the time of the medical inspection of entrant children. The value of this method of Health Education is becoming increasingly obvious and it is hoped to extend it to the parents of other age groups later.

**Immunisation.**—With the introduction of immunisation against Tetanus as well as Diphtheria, groups of children requiring inoculation were very large in most city schools. This entailed much extra work for members of the School Medical Service staff who have for some years, organised the immunisation programme in the schools. Dr. Audrey Officer was appointed by the Department to assist the City Health Officer in this work.

B.C.G. vaccination was again offered to school leavers in six Hobart schools. Dr. Margaret O'Brien conducted these sessions and assisted by staff from the Division of Tuberculosis and a team of school sisters, vaccinated 527 children, a further 67 having shown a positive reaction to Mantoux Testing.

**Goitre Survey.**—In March, 1954, Dr. F. W. Clements returned to Tasmania to assess the results of five years of goitre prophylaxis. Considerable time was devoted by school medical officers and sister to the organisation of this survey when over 20,000 school children throughout the State were examined in less than four weeks.

**Sunshine Home.**—School sisters have continued their activities in connection with the selection of children requiring holidays at the Sunshine Home. During the year 291 children enjoyed three weeks holiday on the recommendation of school medical officers and sisters. They came from 54 schools and in many cases all arrangements for their admission, including provision of suitable clothing were in our hands.

**Conclusion.**—Throughout the year every effort has been made to consolidate the friendly relationship already established between the school medical service and associated sections of other departments. Reports from special clinics have been helpful and interesting and it is hoped that in time more details will be made available to us. Mention should be made of the co-operation received from the Divisions of Mental Hygiene and Tuberculosis, the Visual Aids and Physical Education sections of the Education Department, the Commonwealth Acoustic Laboratory and the Tasmanian Society for the Care of Crippled Children.

H. B. GIBSON, M.B., B.S.,  
School Medical Officer.

## APPENDIX VIII.

### CHILD HEALTH SERVICE.

I have the honour to submit the following report on Infant Welfare Work in Tasmania for the year ending June 30th, 1954. The numbers, both indoor and outdoor visits, show a marked decrease. This is, no doubt, due to the following reasons. There were less babies born. The Circular Head Centres were closed for eleven weeks due to shortage of staff. We have had less staff in the bigger Centres, too.

**Staff.**—At the end of June, 1954, there were 48 members on the staff—44 doing full time duty and four part time.

**Centres.**—There are still 92 Centres including the travelling units. Changes are as follows. Redpa and Marawah are again being conducted by the Bush Nursing Sisters. New Centres started—Upper Burnie, Boat Harbour and George Town. There were so few babies at Cressy that it was felt that more help could be given at George Town and I think the George Town numbers for only nine months work is proof of this. With the staff



available and only one Departmental car it was impossible to do both places. Cressy babies can get to Longford or Launceston more easily. Franklin was made into a travelling unit and Wilnot started as a new one. Resident Sisters were placed at Deloraine and Wynyard during the year. New buildings opened were Bellerive and Dynnyrne in March, 1954. Dunalley is completed but not opened and the building at South Hobart is almost finished.

**Cars.**—Departmental cars number ten, of these nine are Holden Cars and one Bedford Utility. There were five new cars supplied this year—Replacements at Smithton, Launceston and Scottsdale, cars Deloraine and Devonport. The Utility at Ulverstone was replaced by a Holden car which was not new. Fourteen private cars are being used on district work for which the Health Department pays mileage.

#### Infant Births and Mortality Rates.

	Number of Births	Infant Mortality Rate %
1949	7110	23.90
1950	7242	23.75
1951	7357	26.14
1952	7916	21.7
1953	7733	22.9

Although there is a slight increase in the Infant Mortality rate for 1953—it is the second lowest on record for Tasmania.

**Immunisation.**—Triple antigen is now in use at the Moonah Centre. This combines Diphtheria, Whooping Cough and Tetanus. Vaccinations have also been done. There were 777 children immunised and 54 vaccinated for the year. This shows an increase of four in the immunisation and eighteen in the vaccination against Smallpox.

**Mothercraft Lectures to School Girls.**—These lectures were given to girls from 44 schools and 530 students were successful in the examinations and received certificates. Judging by the project books and the examination papers submitted, more girls seem to be showing greater interest in Infant Welfare.

**Correspondence.**—Letters relating to all branches of the work have been received and answered in all centres throughout the State.

**Pre-school Children.**—Goitre tablets are given to each child from one-year until school age—(It will be interesting to note the results when these children reach adult age)—The water in Tasmania is lacking in iodine and these tablets are given as a goitre prevention.

**Student Nurses.**—36 Trainee Nurses have completed their post graduate course for the year. Of these, 32 were from the Mothercraft Home and four from Calvary Hospital. Each student has three weeks on district work and is tutored by the Infant Welfare staff.

**Mothercraft Nurses** receive one year's training at the Mothercraft Home or Calvary Hospital. This year we have commenced practical cookery classes for these students as it was felt that the theoretical instructions given by the Dietitian was not sufficient to enable them to cope satisfactorily in the homes. There is a waiting list for entry to the training schools.

**Consulting Doctors.**—Dr. J. Millar, Hobart and Dr. R. Wall, Launceston, attend the Infant Welfare Centres at regular intervals. We thank them for their help and co-operation. Unfortunately Dr. Diana Starr moved from Wynyard and, so far, has not been replaced at the Burnie centre.

**Retirements.**—Sisters R. Marsh, R. Lade and H. Shoo-bridge retired from the staff during the year. They have given very useful service over a number of years. We wish them long life and happiness in their retirement.

The nursing staff record their thanks and appreciation of the help and co-operation of the Committee Members in the various Centres throughout the State.

May I be permitted to record my thanks to "The Karitane Products Society", New Zealand and our Health Department for making it possible for me to visit New Zealand for two months and observe the work of the Plunket Society there. I cannot speak too highly of the help and hospitality extended to me during my stay in the Dominion. It was my privilege to see different phases of this work in both the North and South Islands.

The nursing and members of the Public Health Department staff have, at all times, been helpful and co-operative.

The following is a list of Centres, showing the number of Child Welfare Sisters employed at 30th June, 1954, together with Country Centres visited during the year.

Centre and Out-Stations Visited by Sisters	Number of Sisters
Hobart—	
South Hobart	3
North Hobart—	
Lenah Valley, West Hobart	3
Moonah—	
Brighton	2
Glenorchy—	
Claremont, Collinsvale	2
Sandy Bay—	
Fern Tree, Dynnyrne, Kingston Beach, Snug, Tarooma, Blackmans Bay	2
Bellerive—	
Lindisfarne, Montagu Bay, Dunalley, Sorell, Seven Mile Beach	2
Huonville—	
Geeveston, Cygnet, Dover, Ranelagh, Franklin	2
New Norfolk—	
Norfolk North, Bushy Park, Lachlan, Maydena	1
Launceston—	
Invermay, Newstead, Perth, Sandhill, Mowbray, Trevallyn, Longford, Evandale, Beaconsfield, George Town	7 Full time 1 Part time 1 Mothercraft nurse
Deloraine—	
Westbury	1
Smithton—	
Stanley, Irishtown, Forest, South Forest	2
Wynyard—	
Boat Harbour, Somerset	1
Burnie—	
Coocoo, Wivenhoe, Ridgley, Upper Burnie, Highclere, Montello, Stowport	2 Full time 2 Part time
Queenstown—	
Gormanston	1
Scottsdale—	
Derby, Bransholme, Bridport, Winnaleah	1
St. Marys—	
Fingal, Mathinna, Cornwall, Bicheno	1
Devonport—	
Latrobe, Sheffield, Railton, East Devonport, Don Road, Port Sorell	5
Ulverstone	1 Full time 1 Part time
Campbell Town-Ross	1
Pre Natal	2

Also Travelling Clinics working from:—

St. Marys, Ulverstone, Smithton, Burnie, Campbell Town, New Norfolk, Bellerive, Launceston.

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

#### APPENDIX IX.

##### REPORT OF MOTHERCRAFT HOME AND TRAINING SCHOOL, 1st JULY, 1953 TO 30th JUNE, 1954.

Forty-nine (49) mothers with their babes, including four (4) sets of twins, availed themselves of our services in adjustment of feeding problems.

Ninety-six (96) babes, without their mothers, were admitted for treatment and establishment, including one (1) set of twins.

Seven (7) premature babes were admitted for establishment and management.

Five (5) deaths were recorded, including two (2) of the premature babes. Of the other three, one (1) suffered from a gross fibrocystic condition, two (2) were congenital heart condition, one of these also with cleft palate.

Since the inception of payments there has been a marked decrease in the numbers of mothers; to some extent in the numbers of babes without their mothers, except during the winter months when we are generally to capacity with a number of very sick babes.

Fewer mothers adjusting feeding difficulties in the earlier months is resulting in more babies being prematurely weaned, which is a matter for much regret.



Among the general nursery babes the fewer numbers has resulted in a higher percentage of abnormal babes as we always have a number of these, too difficult for their mothers to nurse at home.

Fourteen young girls commenced their Mothercraft training during the year, ten (10) of them still in training. Of the other four, one has postponed her training owing to illness of parent, one resigned because of her own illness, and two resigned through lack of interest.

Nine (9) Mothercraft students completed their years' course, two of these failing to qualify in examination. One other resigned through lack of interest. This year their curriculum has been adjusted to include 12 practical classes in cookery for the Pre-school Child, these classes being held at the Elizabeth Street Domestic Science School.

Thirty-two (32) Child Welfare Students completed training during the year, three of these failing to qualify until a second attempt, when they were successful.

Two others resigned before completion of their four months, one through sickness, one through lack of interest.

Eleven students commenced in the June, 1954 school, but one has resigned to care for her suddenly orphaned very young nephews.

The domestic situation has fluctuated to a greater degree this year, and having no accommodation available for them we are hampered in our choice. It is noticeable that staff with much distance to travel become overtired and less reliable in performance of their duties.

Apart from two months in January and February, we had a more stable year in regard to trained sisters, which means a great deal from the aspect of training the students. Unfortunately this is not a branch of nursing that attracts many people to accept permanent appointments, as this work is unspectacular and very exacting, without the excitement and varied interests of general nursing. This means an almost constant change in teaching personnel, which is not in the best interests of the students.

We took much pleasure in receiving a new carpet for the Mother's Living Room, which now looks cosy and bright.

A considerable number of repairs have had to be carried out in various parts of the building, some of these following the heavy rains in June.

We gratefully acknowledge the receipt of three perambulators, a new twin perambulator from our Sewing Circle, two second-hand ones from grateful parents. They will be of much use in the better weather when babies can be placed out on the lawns or taken for drives. On disbanding, the Sewing Circle donated their two sewing machines which had always been kept here—one of these having been available for use by us.

Two gifts of money—£5 donated by Mr. Clifton Davies, 109 Summerleas Road, Fern Tree; and £10 donated by Mr. and Mrs. M. J. Blake, 51A Mt. Stuart Road, West Hobart; were received. The former was to purchase something for the Home and the latter for Christmas Cheer for the Nursing Staff.

It is with regret we received the resignations of the members of our Sewing Circle—which has been in existence since 1927. As the Circle has not been functioning this year, we had already made other arrangements in regard to our baby sewing, but we wish to place on record our sincere appreciation of their voluntary efforts over many years.

Sincere thanks to Dr. John Millar and Dr. Newman for their unfailing interest in the babies, and for their lectures. We also wish to thank Miss Shoobridge and Miss Houvler for the time they have given to, and the interest they have shown, in their Nutrition Lectures to students.

E. M. LOCKE, Matron,  
Mothercraft Home.

### Section III.—Report of the Tuberculosis Division for the year ended 30th June, 1954

#### NOTIFICATION OF NEW CASES OF TUBERCULOSIS.

During the year under review, 203 new cases of tuberculosis were notified to this Division, of which 164 (81.2%) were pulmonary and 39 (18.8%) non-pulmonary. The pulmonary cases included 13 with pleural effusion and the non-pulmonary six with tuberculosis meningitis. It will be seen from Tables 1 and 2 that there has been little significant alteration in the incidence of tuberculosis in the past five years, nor in the age groups of those affected. It had been hoped that the majority of pulmonary cases notified would by now show only minimal disease, but reference to Table 3 reveals that this desirable state has so far not eventuated and that the majority of new cases of pulmonary tuberculosis have already moderately advanced disease. It is

emphasised that a significant number of new cases is still being found in the over 65-age group, particularly in males. There has been no significant change in the ratio of sexes or type of marital status of those affected.

TABLE Q—1.

Year Ended	Total Cases	Pulmonary	Per Cent of Total	Non-Pulmonary	Per Cent of Total
30.6.50	210	188	89.5	22	10.5
30.6.51	236	210	88.9	26	11.1
30.6.52	198	169	85.4	29	14.6
30.6.53	216	185	85.6	31	14.4
30.6.54	203	164	81.2	39	18.8

TABLE Q—2.

TABLE Showing Age, Sex, Form and Stage of Disease of Cases Notified during the Year 1953-54.

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 ..	5	3	1	5	13	4	2	....	5	11	9	5	1	10	25
15 to 24 ....	4	7	1	3	15	13	10	....	4	27	17	17	1	7	42
25 to 34 ....	5	8	1	4	18	7	9	1	5	22	12	17	2	9	40
35 to 45 ....	3	9	4	1	17	5	6	2	4	17	8	15	6	5	34
46 to 55 ....	2	11	3	3	19	3	4	....	3	10	5	15	3	6	29
56 to 65 ....	....	8	....	1	9	....	2	1	....	3	....	10	1	1	12
Over 65 ....	....	8	6	....	14	1	3	2	1	7	1	11	8	1	21



TABLE Q-3.

Year	Minimal Cases	Moderately Advanced	Advanced	Total
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
1953-54	52=31.7%	90=54.9%	22=13.4%	164

TABLE Q-4.

Sex ratio of new cases, per cent males—	Marital status—	
1950-51—53.8%	Married persons	120
1951-52—60.1%	Single	75
1952-53—54.6%	Widow or widower	5
1953-54—52.0%	Married (separated)	3
	<b>TOTAL</b>	<b>203</b>

*Modes of Discovery.*

The notifications were received from the following sources:—

Private Physician	39
Chest Clinics	18
Public Hospitals (including Repatriation Hospital)	80
Mass X-Ray Survey	66
	<b>203</b>

It will be seen that the Mass X-Ray survey continues to be responsible for the notification of a large proportion of cases, the percentage being 40 per cent of all pulmonary cases as against 32.4 per cent in the previous year. As a new Mass Survey unit has been installed in the Royal Hobart Hospital and begun covering all in- and out-patients in April, 1954, it is probably that this service will, in future, be responsible for an even higher percentage of new notifications.

*Information obtained at Notification.*

As usual, many persons were notified with rather scant medical history, but from the information obtained, it was seen that in 73 cases the sputum was positive on smear or culture for tubercle bacilli and that a familial history of tuberculosis was given in 66 cases. Home conditions, where described, were good or fair in the vast majority of cases.

*Disposal of Notified Cases.*

Of the 164 new pulmonary cases notified, 120 were stated to require hospitalization; of this number, 114 were actually admitted to hospital as under:—

Tasmanian Chest Hospital	48
Northern Chest Hospital	50
Repatriation General Hospital	16

In two other cases, admission was pending, two patients refused Chest Hospital treatment, but agreed to domiciliary supervision by Chest Clinics and two patients were discharged home from general hospitals.

*Notification by Municipalities.*

As will be seen from Table Q-4A, the industrialized centres were responsible for the bulk of new notifications.

*Occupations of New Notifications.*

There was no occupation which appeared to be a definite hazard as regards the development of pulmonary tuberculosis.

*Tuberculosis Deaths during the Year.*

Twenty-nine deaths were attributed to tuberculosis which gives a rate of nine per 100,000, as compared with 11 per 100,000 in the previous year. Of the 29 deaths recorded, nine were from cases notified during the year. In three cases, the diagnosis and notification was as the result of post mortem examination. In three cases, the cause of deaths was reported as tuberculous meningitis. The continuing decline in mortality is gratifying, but a similar decline continues to take place in the other States of the Commonwealth and in countries overseas.

Table Q-5 gives the age group and sex of those who died from tuberculosis during the year.

TABLE Q-5.

Age Group	Males	Females	Total
Under 15 years	1	2	3
15-24 years	—	—	—
25-34 years	4	1	5
35-45 years	3	1	4
Over 45 years	13	4	17
<b>TOTALS</b>	<b>21</b>	<b>8</b>	<b>29</b>



TABLE Q—4A.

TABLE Showing Notifications Received Each Month from Each Municipality During the Year Ended 30th June, 1954.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield	1					1			1			2	5
Bothwell					2								2
Brighton													
Bruny										1			1
Burnie	1			2	4	2	3	1	2		1	2	18
Campbell Town							1						1
Circular Head		2	1										3
Clarence	2			1		1	1		1	1			7
Deloraine													
Devonport	1		3	2	1		1					1	9
Esperance													
Evandale		1											1
Fingal		2	2			1				1			6
Flinders													
George Town						1	1						2
Glamorgan													
Glenorchy	2	1		1	2			1	1	2	4		14
Gormanston					1								1
Green Ponds													
Hamilton			1		1					1			3
Hobart	5	7	3	3	4	2	1	6	8			3	42
Huon	1					1							2
Kentish						1				1		1	3
Kingborough				1									1
King Island												1	1
Latrobe		1					1						2
Launceston	5	3	3	1	3		1	3	1	2	5	2	29
Lilydale													
Longford					1						1		2
New Norfolk	1						1	3					5
Oatlands													
Penguin			2					1					3
Port Cygnet				1	1								2
Portland													
Queenstown		1									1	1	3
Richmond													
Ringarooma													
Ross				1									1
Scottsdale													
Sorell								1	1				2
Spring Bay		2			1								3
St. Leonards	1												1
Strahan													
Table Cape (Wynyard)		2	1	1									4
Tasman								1					1
Ulverstone (Leven)	1	1	1	1			2	3	2	1			12
Waratah													
Westbury	1										1		2
Zeehan	1	1	1		2	1	1			1		1	9
Total Cases	23	24	18	15	23	11	14	20	17	11	13	13	203
Pulmonary	17	22	15	10	22	8	11	16	14	11	9	9	164
Non-Pulmonary	6	2	3	5	1	3	3	4	3		4	5	39

## Migrants Notified with Tuberculosis.

Table Q6 shows the incidence of various types of tuberculosis disease amongst the sixteen migrants who were notified during the year. Their countries of origin were as follows:—

England 5; Scotland 1; Canada 1; Italy 2;  
Polish Ukraine 1; Ukraine 1; Germany 1;  
Latvia 1; Acland Island 1; Czechoslovakia 1;  
Poland 1.

TABLE Q—6.

	Males	Females	Total
Pulmonary	4	6	10
Pleurisy with Effusion	1	1	2
Non-Pulmonary	3		3
Tuberculosis Meningitis		1 (Died)	1
Total	8	8	16

## In-Patient Chest Hospitals.

At the beginning of the year, there was a total of 163 persons receiving in-patient treatment at the Tasmanian and Northern Chest Hospitals as follows:—

	Males	Females	Total
Tasmanian Chest Hospital	42	51	93
Northern Chest Hospital	40	30	70
Totals	82	81	163

At the close of the year, the totals for these two Hospitals were:—

	Males	Females	Total
Tasmanian Chest Hospital	36	44	80
Northern Chest Hospital	24	24	48
Totals	60	68	128



In addition to the above, accommodation was also provided for six surgical cases at the Royal Hobart Hospital, and additional beds were available at Vacluse Hospital for treatment of Primary cases and cases of Pleurisy with Effusion, 15 such cases being treated during the year.

At the close of the year 1953-54, there was accommodation available for a further 71 patients at the Tasmanian Chest Hospital and Northern Chest Hospital, viz:—

	Males	Females	Total
Tasmanian Chest Hospital	29	12	41
Northern Chest Hospital	23	7	30
Totals	52	19	71

It is perhaps the most significant feature of this report that, at the beginning of the year under review, there was a waiting list for beds at the Chest Hospitals, whereas at the end of the year, there were seventy-one empty beds. This situation is due to a combination of factors. Firstly, patients on an average do not now require such long hospitalization owing to the results of chemotherapy; secondly, the increasing number of patients who have been treated successfully by either surgery or chemotherapy has resulted in fewer persons being readmitted on account of re-activation of their disease and, thirdly, extra accommodation amounting to twenty-four beds has been completed at the Tasmanian Chest Hospital.

As a result of the number of beds available at the Chest Hospitals, the proposal has been made by the Honourable the Minister for Health to the Federal Minister for Health that the two chest hospitals should be integrated with the Royal Hobart and Launceston General Hospitals and that they should accommodate convalescents and cases of long term illness in addition to cases of pulmonary tuberculosis.

#### *Tuberculosis Allowance.*

Information supplied by the Commonwealth Social Services Department shows that there were 273 persons in receipt of the allowance at the beginning of the year. During the year, an additional 123 persons were granted the Allowance and 180 persons ceased to be eligible for it, so that at the end of the year, there were 228 persons remaining on the Allowance, a nett decrease of 45 for the year.

#### *TASMANIAN CHEST HOSPITAL, NEW TOWN.*

#### *Maintenance Expenditure for Financial Year Ended 30th June, 1954.*

	£	s.	d.
Salaries and wages	55,571	6	5
Medicines and provisions	16,964	6	11
Domestic maintenance	4,697	8	7
Financial charges	111	1	6
Maintenance equipment	4,422	7	3
Maintenance buildings & grounds	2,353	11	3
Incidentals	1,070	15	1
	£85,190	17	0
Daily average cost per bed	£2	13	3

#### *Admissions, Re-Admissions, Discharges and Deaths.*

	Males	Females	Total
Patients in Hospital on 1.7.53	42	51	93
Patients admitted during the year	62	67	129
Total treated	104	118	222
Patients discharged during the year	62	68	130
Deaths during the year	4	1	5
On transfer at Royal Hobart Hospital	2	5	7
Patients remaining in hospital on 30.6.54	36	44	80
Patients discharged against medical advice	3	4	7
Patients discharged for disciplinary reason			
Re-admissions for special treatment, i.e., surgical	17	26	43
Re-admission for relapse following inactivity of disease for longer than three months	1	1	2
Re-admission for similar relapse after more than three months inactivity amongst those discharged against medical advice		1	1
Daily average number resident during the year	42	46	88
Average length of residence of patients discharged	280	238	258

#### *Stage of Disease on Admission.*

Minimal	14
Moderately advanced	87
Advanced	21
Ex. Surgical	6
Diagnosis revoked	1
Total	129

#### *Clinical and Bacteriological Status on Discharge.*

Inactive	20	Sputum negative	120
Arrested	76	Sputum positive	5
Active	34	Result not available	5

#### *Treatment Carried Out.*

Lobectomy and Thoracoplasty	32
Thoracoplasty	4
Pneumonectomy	4
Plombage	2
Cavernostomy	1
Phrenic crush	2
Pneumolysis	1
Bronchoscopic Examination	4
<b>Pathology—</b>	
B.S.R.	862
Gastric Lavage	65
Gastric Culture	65
Sputum Test	417
Sputum concentration	90
Blood count, total and differential	100
Other smears	50
Urine tests	160
Gastric meals	2
<b>Radiography—</b>	
X-Rays	933
Tomography	65
<b>Physiotherapy—</b>	
Patients undergoing physiotherapy treatment during the year	55
<b>Dental—</b>	
Complete dentures	4
Fillings	150
Extractions	150
Minor operations (removal of cyst, roots, &c.)	15
Total Treatments	319



*General.*

The most gratifying advance in the above statistics is the great increase in the number of major thoracic operations carried out; these amounted to forty-three in the year under review as opposed to twenty-one in the year 1952-53. This advance has been made possible by the ever-willing co-operation of the Thoracic Surgeon Mr. Braithwaite, and it may now be said that just as there is no waiting time for admission to hospital, so there is virtually no waiting time for thoracic surgery. Statistics regarding treatment with antibiotics and chemotherapy have not been included as every case is given such treatment unless there is any specific contra-indication.

*Staff.*

Dr. Oaks resigned his position as Medical Superintendent in April, 1954, and Dr. Ciezar was appointed Acting Medical Superintendent in his place. So far it has not been possible to secure another medical officer to fill Dr. Ciezar's position and much credit is due to him for the able way in which he has single-handedly assumed his new responsibilities. Considerable economies have been effected in the male and female nursing staff by allowing the patients to do considerably more for themselves and by prescribing strict bed rest only for those patients who show evidence of toxicity from their disease and for those in the immediate post-operative period. In this way, it has been found possible to decrease the number of orderlies employed by seven and to avoid engaging extra female nursing staff which had previously been thought necessary. The whole staff of the hospital has worked hard and in harmony to achieve a most successful year, and I am much indebted to all of them for the help they have given me in the absence of the Director.

*Buildings.*

The extra accommodation of 24 beds and the recreational hall have now been completed and this has resulted in great benefits to the patients; it has also contributed towards economies effected in the nursing staff. The construction of roads throughout the hospital area is almost complete.

*Amenities.*

The Tasmanian Sanatoria After-care Association and the Tasmanian Chest Hospital Auxiliary, have continued their excellent work for the patients. There has been considerable expansion in Diversional Therapy work for which much better facilities are provided in the new buildings.

*NORTHERN CHEST HOSPITAL, EVANDALE.**Maintenance Expenditure for Financial Year Ended 30th June, 1954.*

	£	s.	d.
Salaries .....	36,700	6	9
Medicines, provisions .....	14,323	14	3
Domestic maintenance .....	4,071	2	3
Finance charges .....	82	1	6
Maintenance and equipment .....	2,562	3	10
Maintenance, buildings and grounds .....	2,224	4	5
Incidentals .....	2,481	9	1
	£62,445	2	1
Daily average cost per bed .....	2	8	2

*Admissions, Re-admissions, Discharges and Deaths.*

	Males	Females	Total
Patients in hospital on 1.7.53	40	30	70
Patients admitted during the year	50	46	96
Total treated	90	76	166
Patients discharged during the year	65	49	114
Deaths during the year	1	3	4
Patients remaining in hospital on 30.6.54	24	24	48
Patients discharged against medical advice			4
Patients discharged for disciplinary reasons			
Re-admissions for special treatment, i.e., surgical transfers			11
Re-admissions for relapse following more than three months inactivity			45
Re-admissions for relapse among those discharged against advice			
Daily average number resident during the year	39	32	71
Average length of residence of patients discharged	247	265	256

*Stage of Disease on Admission.*

Minimal	4
Moderately advanced	52
Far advanced	40
Total	96

*Clinical and Bacteriological Status on Discharge.*

Arrested	111	Sputum negative	115
Active	7	Sputum positive	3

*Treatment Carried Out.*

Transferred to Tasmanian Chest Hospital for surgery	10
Artificial pneumothorax	4 (3 abandoned)
Pneumo peritoneum	5 (4 abandoned)

*Radiography—*

X-Rays	819
Screenings	175

*General.*

It will be observed that the number of re-admissions for re-activation of disease which had remained inactive for longer than three months, is very markedly higher than at the Tasmanian Chest Hospital. There appears to be in the northern part of the State, a considerable number of persons who have had chronic fibro-caseous disease for many years and who are in a state of delicate balance with their disease; most of these are in the middle or older age groups and, having undergone much lung destruction are, as a class, least likely to provide the most suitable cases for surgical treatment; on the other hand, they are as a class, the very cases in which some radical therapy is most important and I have no doubt that many of these cases will prove suitable for surgery in the fairly near future as the surgical field is growing ever wider and cases are now being operated upon who would have been regarded as quite unsuitable for surgery two years ago. It is interesting to note, in connection with this subject that there is a far greater prevalence of old calcified disease in the Mass Survey films of the population of the northern part of the State as compared with the south.



**Staff.**

Dr. Langman resigned as Resident Medical Officer in February, 1954, and we were fortunate to secure Dr. G. N. Hanks in his place, who has proved himself to be a great asset to the Medical Staff of the Division. The appointment of Sister Tucker as Assistant Matron has proved of great assistance to the hospital, especially as the position generally as regards trained sisters, has been most unsatisfactory, it having been impossible to secure sufficient of these to ensure adequate supervision of the nursing staff. As at the Tasmanian Chest Hospital, considerable economies have been effected in the numbers of the general nursing staff, particularly in male orderlies; however, the maintenance of an adequate staff is rather a hand to mouth affair. To the present time, it has been impossible to secure an occupational therapist; the possibility of having one part time from the Launceston General Hospital is being explored.

**Buildings.**

No new building was done during the year. If the hospital is to be maintained at its full bed state, provision of extra accommodation for the

nursing staff and improvement of the domestic's living quarters is essential. New accommodation for the X-Ray plant and the establishment of a dental clinic are also desirable.

**Amentities.**

The Northern Auxiliary have continued to give most valuable service in providing amenities for patients. The acquisition by the hospital of the Red Cross Recreational Hall is under consideration; should this become the permanent property of the hospital, it will be possible to provide additional facilities for diversional therapy.

**Chest Clinics.**

Table Q7 below, shows the work of the various Chest Clinics throughout the year. The staffs at the Hobart and Launceston Clinics have each been reduced by one sister. Arrangements have been made with the Board of the Royal Hobart Hospital for the Hobart Chest Clinic to occupy temporary accommodation adjacent to the children's hospital whilst the new out-patient block, which will incorporate a chest clinic, is being built.

TABLE Q-7.

**EXAMINATIONS—**

	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance	29	24	11	20
Cases referred from Mass Survey for investigation	72	32	14	18
Cases referred by private medical practitioners	96	27	26	15
Contacts registered	183	209	97	75

Total new cases registered	380	292	148	128
Total attendances	3,402	2,294	1,302	1,091

**TREATMENT AND INVESTIGATIONS—**

X-Ray examination 17 x 14	1,813	2,126	501	317
X-Ray screening examinations	44	62	42	4
Sputum tests	861	350	91	41
Gastric lavages	98	15	10	3
Mantoux tests	965	1,256	267	307
B.C.G. vaccination	708	168	57	60
Blood Sedimentation Rates	291	563	89	90
Pneumothorax Refills	161	32	104	19
Pneumo-peritoneum refills	41	8	24	24
Domiliary Visits	590	401	132	179

**B.C.G. Vaccination.**

Statistics regarding B.C.G. vaccination carried out at the various Chest Clinics are given in Table Q8 below. The decision to offer routine vaccination to all new-born infants was reversed during the year because of the incidence of adenitis amongst infants so vaccinated. Although the incidence of adenitis was no higher than that

obtained in infants at special risk vaccinated in previous years, the larger number of infants being vaccinated naturally resulted in a larger and more noticeable number of cases of adenitis. Although of nuisance value only, the complication provoked hostility towards the procedure and B.C.G. vaccination has been limited as previously to those groups of the population at especial risk from pulmonary tuberculosis.

TABLE Q-8.

	Hobart	Launceston	Devonport and Burnie
Infants at special risk	17	9	9
Infants not at special risk	240	11	1

**CONTACTS AND NURSES—**

(i) Mantoux tested	566	356	195
(ii) Mantoux positive	260	120	71
(iii) Mantoux negative	306	236	124
(iv) Vaccinated	306	177	86

**SCHOOL LEAVERS—**

(i) Mantoux tested	594	...	...
(ii) Mantoux positive	67	...	...
(iii) Mantoux negative	527	...	...
(iv) Vaccinated	527	...	...

**NATIONAL SERVICE TRAINEES—**

(i) Mantoux tested	1,110	...	...
(ii) Mantoux positive	171	...	...
(iii) Mantoux negative	939	...	...
(iv) Vaccinated	939	...	...



TABLE Q—9.

## MASS X-RAY.

1. Total number of miniature films	113,773			
(a) Recalled for L.F.	2,796			
(b) Technical faults	1,292			
2. Total number of micro films	42,234	22,071	49,468	113,773
Total number of L.F. required	1,099	442	1,255	2,796
Total number of L.F. taken	933	427	1,133	2,493
(a) Normal	453	236	590	1,279
(b) Abnormal:				
(i) Probably tuberculous	260	107	293	1,214
(ii) Probably non-tuberculous	188	79	230	
(iii) Cardiac	32	5	20	
(c) Referred for further investigation to:				
(i) Chest Clinic	73	25	32	130
(ii) Private Practitioner	57	42	218	317
3. Diagnosis made:—				
(a) Active Tuberculosis:				
(i) Minimal	6	4	10	65
(ii) Moderately advanced	10	4	22	
(iii) Far advanced	2		7	
(b) Inactive Tuberculosis	137	61	139	337
(c) Still under observation	64	55	226	345
4. Other abnormalities discovered:—				
Pneumonitis Non-T.B.	18		3	21
Pneumothorax				
Silicosis	3	1	23	27
Bronchiectasis	3		1	4
Bronchitis	5	2	3	10
Emphysema			3	3
Bronchial Carcinoma	3			3
Secondary Carcinoma	2			2
Sarcoidosis	1		2	3
Cystic Disease	1		1	2
Atelectasis	6	1	1	8
Hydatid	4	1		5
Diaphragmatic	6	2	10	18
Pleural Thickening of Adhesions	40	17	37	94
Thyroid	3		3	6
Fibrosis? Cause	9	5	13	27
Calcification? Cause	2		3	5

## King Island Survey. (Population 2,100).

Total number of L.F. taken 1,346

1. Normal 1,283

2. Abnormal:

(a) Probably tuberculous	34	63
(b) Probably non-tuberculous	23	
(c) Cardiac	6	

TABLE Q—10.

Statement Showing the Number of Persons X-Rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston, and Royal Hobart Hospital X-Ray Units from the Date of Commencement until 30th June, 1954.

## Hobart X-Ray Unit—

In Age Group	Attending on Vol. Basis	Total
1945	11,955	11,955
1946	11,484	11,484
1947	10,970	10,970
1948	13,221	13,221
1949	17,916	17,916
1950	12,527	22,377
1951	21,115	41,476
1952	23,126	43,646
1953	19,573	42,404
1954	16,453	38,875
	92,794	254,324

## Mobile No. 1 Unit—

In Age Group	Attending on Vol. Basis	Total
1946	11,153	11,153
1947	22,597	22,597
1948	23,295	23,295
1949	20,978	20,978
1950	16,482	16,482
1951	26,088	36,783
1952	36,840	37,351
1953	42,574	43,015
1954	45,349	45,762
	135,458	257,416

## Mobile No. 2 Unit—

In Age Group	Attending on Vol. Basis	Total
1954	5,138	5,162
	5,138	5,162



*Royal Hobart Hospital Unit—*

	In Age Group	Attending on Vol. Basis	Total
1954 .....	3,149	210	3,359
<i>Hobart Units Combined Totals—</i>			
1954 .....	19,602	22,632	42,234

*Launceston X-Ray Unit—*

	In Age Group	Attending on Vol. Basis	Total
1947 .....		1,592	1,592
1952* .....	12,214	4,738	16,952
1952† .....	2,282	1,434	3,716
1953 .....	14,133	11,740	25,873
1954 .....	11,371	10,700	22,071
	40,000	30,204	70,204

	Total X-Rayed since Inception.	Total X-Rayed, 1953-54.
Hobart .....	254,324	38,875
Mobile No. 1 .....	257,416	45,762
Mobile No. 2 .....	5,162	5,162
Launceston .....	70,204	22,071
Royal Hobart Hospital .....	3,359	3,359
Grand Total X-Rays since inception .....	590,465	115,229

\* As transportable.

† As Launceston.

*Mass Radiography.*

The activities of the Mass X-Ray Survey Section of the Division have been increased with the arrival of the second Mobile Unit, which has a Schonander mirror camera, and with the establishment of a unit at the Royal Hobart Hospital where all in and out patients are now X-Rayed. Several members of the clerical staff of the Section have been trained by the Senior Radiographer to act as technicians capable of operating any of the various Mass X-Ray Units maintained by the Division.

A Mass X-Ray Survey was undertaken of King Island; owing to transport difficulties it was not possible to take over a mobile unit and the Survey was conducted on 17 x 14 films using the low power X-Ray Units already on the island. The excellent standard of the chest X-Rays taken is of great credit to the work of the senior Radiographer, Mr. Goninon. It had been hoped to conduct a similar survey of Flinders Island, but so far it has proved impossible to procure a portable X-Ray plant and generator which is necessary for Cape Barron Island; the Director of the Commonwealth X-Ray Laboratory is endeavouring to provide such equipment in the near future.

Statistics of the work done by the various Mass X-Ray units is given in Tables Q—9 and Q—10. It is gratifying that there has been a great reduction in the overall number of large films required (2,796 in 1953-54 as compared with 4,589 in 1952-53), with a corresponding decrease in the number of large films which prove to be normal; this is undoubtedly due to the introduction of a system of checking all new requests for large films with any previous 17 x 14 films taken of the individual in question.

*General.*

As I have pointed out earlier in this report, two very satisfactory events have come to pass during the year under review, namely, the marked reduction in the numbers of patients in the Chest

Hospitals and the doubling of the amount of major thoracic surgery performed. So far as one can forecast, it appears that the trend will be for numbers in hospital steadily to decrease and the amount of surgery required will presumably correspondingly decrease, but this latter decrease will not be evident until after an appreciable time lag. It also appears that the amount of investigational work at the Chest Clinics is diminishing as the chest abnormalities of the population are increasingly sifted by the Mass X-Ray Survey. Thus it seems that from the treatment point of view, the work of the Division will inevitably decrease. However, from the preventive aspect, which is by far the more important, it would seem that the work of the Division must surely increase. Although the number of new notifications remains approximately at the same level and is expected soon to show a decrease, every new case notified increases the prevalence of the disease in the community and this increase far outweighs the small decrease brought about by the death or departure of persons infected, and accordingly more and more people exist in the community who may experience reactivation of their disease and prove a source of infection to others. It is becoming increasingly less common to be able to attribute newly notified cases to infection by persons known to be a potential danger and, it seems to me, to be a rather frequent occurrence to find children infected by persons who have been considered to have long inactive disease and who are in no wise regarded as infectious. Reference to the statistics given at the beginning of this report will show that there is a steady incidence of morbidity in the industrialized and more urbanized centres and it is these centres which will have to be repeatedly screened by the Mass Survey units whilst the areas where little disease is known to exist, may safely be left for longer periods of time.

*Staff.*

The Director, Dr. James Tremayne, left the State in April, 1954, on a tour of tuberculosis institutions in North America, Great Britain and Europe; with the almost simultaneous resignation of Dr. Oaks, the Hobart medical staff of the Division was severely depleted and I am most grateful to all members of the Divisional staff for the help they have given to me in the absence of the Director. The administrative staff of the Division has also had to carry on under difficulty; in July, 1953, Mr. County resigned his position as Administrative Officer, from then Mr. Shirley ably took over the duties of Administrative Officer until Mr. C. C. Seager was appointed to this position in February, 1954. Mr. Seager had hardly any time to get used to the ropes of his new position before he was required to spend a large portion of his time deputising for one of the senior administrative officers at the Department of Public Health; the able way in which Mr. Seager has managed to fill both positions, deserves the greatest praise.

*Rehabilitation.*

I should like to record my appreciation of the help given to the Division and the patients under its care by the Commonwealth Department of Social Services, which, in addition to maintaining its usual close liaison, has arranged for a Rehabili-



tation Panel to visit each Chest Hospital at regular intervals. In spite of all their efforts, however, one of our great difficulties is in securing positions for the middle-aged unskilled patient who, after discharge from hospital, is unable to perform the heavier type of work; for such people, there is very real need for some kind of sheltered occupation.

#### *After-Care.*

The Division has much cause to appreciate the excellent work of the After-Care Committee in maintaining "Largo" as an after-care hostel for male patients; this hostel is proving to be of great value to many patients after their discharge from hospital. Unfortunately, the After-Care Committee was compelled to close down "Narryna" as a female after-care hostel as there were insufficient people who required to make use of it. In general, it may be said that the after-care of female patients presents few problems.

#### *Compulsory Provisions of the Tuberculosis Act.*

During the year, two persons were prosecuted for failing to comply with orders issued under Section 6 of the Tuberculosis Act. Convictions were recorded in both cases. It has proved rather difficult in actual fact to apply the compulsory provisions of the Act in the case of persons who

are suspected of having pulmonary tuberculosis; after discussions with the Honourable the Minister for Health, an amendment to the Tuberculosis Act is being introduced before Parliament which, if passed, will considerably strengthen the hand of the Director in dealing with recalcitrant cases.

One person was brought before the Northern Tuberculosis Board with a view to compulsory segregation; the case was adjourned *sine die*.

In conclusion, I would like, on behalf of the Director and myself, to thank the Medical Superintendents, Matrons and staff of the Tasmanian and Northern Chest Hospitals, the sisters of the Hobart, Launceston and Devonport Chest Clinics, the officers of the Head Office of the Division and the officers of the Hobart, Launceston and Mobile Mass Survey units for their co-operation and excellent work throughout the year.

I should also like to express my thanks to the part-time medical officers of the Division, Dr. Peter Braithwaite, the Thoracic Surgeon; Dr. Rose of Devonport and Dr. Pearson of Burnie and my appreciation of the very valuable work they have done on behalf of the Division.

W. J. E. PHILLIPS, T.D., M.A.,  
M.B., B.Ch. (Camb.), M.R.C.P.,  
M.R.A.C.P., M.R.C.S.

Acting Director of Tuberculosis.

### **Section IV.—Report of the Director of Mental Hygiene for the year ended 30th June, 1954**

#### *Accommodation.*

The most pressing problem of the divisional headquarters is that of accommodation. The Division is housed on the first floor of the Royal Autocar Club, and is approached via the verandah. The building has recently been sold and as the first floor is leased on an annual basis there is no security of tenure. Plans to establish a Child Guidance Clinic are deferred from year to year, because of lack of space.

The only way this problem can be overcome satisfactorily is for the Division to be housed in its own building, with provision for expansion. Such a building should be specially designed, as the Division functions largely as a Clinic to which patients come for examination and treatment, and if a Child Guidance Clinic is to be established special planning will be essential.

#### *Staff.*

The volume of work required of the staff is constantly growing, and can be expected to grow at a disproportionate rate in the near future; as the value of psychiatric and guidance work is becoming more widely known demands for greater services will be made.

During the year the services of a second psychologist were obtained, but this did no more than fill a vacancy which had existed for six months.

Provision has been made in the Estimates for a third psychologist, who is badly needed.

There is now sufficient psychological work in the north of the island for a full time psychologist to be employed at Launceston and to visit the

north-west and north-east of the State in conjunction with Dr. Meagher's psychiatric clinics. Such an officer should be promoted from this office rather than be a new appointee to the service.

In the early part of the year the Senior Psychiatric Social Worker tendered her resignation. Our only other Psychiatric Social Worker (Miss Lockley) was promoted to the vacancy and has since carried on unaided, but there is enough work to keep at least three Psychiatric Social Workers very busy. A third Psychiatric Social Worker has been provided for in the Estimates, but so far the vacancies have not been filled.

The administrative staff is also inadequate for the task imposed upon it, but new positions have been created which should make the position more satisfactory in the future.

When plans can be made for the inauguration of a Child Guidance Clinic it will be necessary to employ a Child Psychiatrist. When the Clinic becomes established, additional psychologists and social workers will be needed.

All these professional officers cost money. There is a large demand for them and they are in short supply. Only a proportion of those available have the temperaments essential for therapeutic work. Unless well qualified officers are attracted, only an inferior service can be given. Nevertheless the economic gain to the community from prevention and early treatment in the field of mental health must many times outweigh the cost of providing a competent and adequate service.



During the year the Talire Child Centre for ineducable children was transferred from the Education Department to the Health Department, coming under the control of this Division. An additional teacher has been employed and it is hoped that this service may be further expanded as the need arises.

Officers of the Division have given assistance to the Retarded Children's Welfare Association both in an advisory capacity and by assisting actively in the formation of new branches throughout the State. This organisation plans to build hostels for retarded children. Such hostels would provide accommodation for country children attending the Talire Centre, and the special schools of the Education Department.

The Director of Mental Hygiene in a small community such as this must of necessity be a "Jack of all trades". He is a clinician as well as an administrator. He functions as consultant, hospital psychiatrist, gaol psychiatrist, Court psychiatrist, and is frequently called upon by other Government Departments (e.g., the Children's Welfare Department) to give psychiatric opinions. The clinical work is often of an urgent nature and greater demands are being made each year. The time available for attending to matters of policy and administration is becoming less and less. The appointment of an additional psychiatrist to relieve the Director of some of the clinical work will soon become essential.

#### *Hospitals.*

Work on the new hospital at Lachlan Park is progressing, and it is hoped that one ward will be occupied within a year. This will help to relieve the overcrowding at the old hospital, which is rapidly becoming acute. It should be noted that the daily average number of patients has risen from 675 in 1950 to 770 in 1954, an increase of 14 per cent in four years.

A pleasing feature of the admissions is the rising proportion of Voluntary Boarders, indicating that the ancient prejudice against mental hospitals is lessening and that more people are willing to avail themselves of treatment without the stigma of certification, and, generally speaking, with better results because the illness is treated at an earlier stage.

The Millbrook Psychopathic Hospital or "Millbrook Rise" as it is more generally known, continues to perform a very valuable function. The number of patients has fallen off slightly in the past few years, but as it has been impossible to maintain a full staff this has been a blessing. The Medical Superintendent's report and statistical tables are given in the appendix.

#### *Mental Deficiency Board.*

The Mental Deficiency Act is administered through this Division.

There are two Government Institutions for Mental Defectives, both of which are full. An acute problem arises when a delinquent defective is committed by a Court to one of these institutions. The old Home for Invalids at Launceston (renamed "Nelumie") has been acquired for female defectives of the highest grade, but is not yet ready for occupation. A new institution is

planned for St. John's Park. The real solution of the problem must wait, however, until buildings become available at the Old Hospital at Lachlan Park. It will then be possible to transfer over a hundred mental defectives from the Benevolent Hospital at St. John's Park, where they are occupying beds much needed for other purposes.

The number of certified mental defectives under the control of the Board is approaching 300. Of these 150 are in Government Institutions and 70 in other charitable institutions and approximately 60 under guardianship in the community. In addition there are about 200 mental defectives at present in the mental hospital who should properly be in institutions for defectives.

#### *The State Psychological Clinic.*

The State Psychological Clinic, constituted under the Mental Deficiency Act, has its headquarters at this Division. Its primary function is the ascertainment of mental deficiency, but in practice all psychological examinations carried out by officers of this Division are regarded as being Clinic examinations. After nearly thirty-five years there are over 5000 case histories in the Clinic's records, many of which include more than one psychological examination. In recent years the number of examinations carried out has increased markedly, the total for the past year being 748.

#### *Other Activities.*

Officers from this Division provide the personnel for five sessions weekly of the Psychiatric Clinics of the Royal Hobart Hospital. The Senior Psychologist is a lecturer in Psychology at the University, and students do part of their training at the State Psychological Clinic. Frequent demands are made on the professional staff for lectures and talks to interested bodies.

#### *Reports and Tables.*

Tables summarising the work of the State Psychological Clinic and of the Senior Psychiatric Social Worker follow. Then the reports of the Medical Superintendent on the Lachlan Park Hospital and on the Millbrook Psychopathic Hospital with relevant statistical tables.

Yours faithfully,

J. R. V. FOXTON,  
Director of Mental Hygiene.

TABLE R—1.

#### *State Psychological Clinic.*

##### *Psychological Examinations.*

Place of Examination	Number Examined
Hobart	491
Launceston	62
Devon Hospital	27
Spencer Hospital	5
Burnie Hospital	34
New Norfolk	26
Ashley Home	74
Other	29
Total	748



TABLE R—2.

New Cases Only.

	Male	Female	Total
Personality Investigations	5	6	11
Normal or above normal intelligence	70	30	100
Below normal	69	25	94
Feeble-minded	43	28	71
Imbecile	19	10	29
	206	99	305

TABLE R—3.

State Psychological Clinic.

	Male	Female	Total
Cases referred by Courts, &c.	34	4	38

TABLE R—4.

Summary of work carried out by the Senior Psychiatric Social Worker Miss P. J. Lockley) 1.7.53-30.6.54.

Number of cases on which work undertaken	254
Number of homes visited	88
Number of patients visited in institutions	29
Number of home visits	134
Number of other visits in connection with cases	125
Number of office interviews with patients, relatives and others	327
Number of other interviews with patients, relatives and others	200
Number of cases on which contact was made with outside agencies, individuals, &c.	183
Number of cases on which one or more relatives interviewed	138
Number of visits paid outside Hobart	136

## APPENDIX X.

## REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK FOR YEAR ENDED 30TH JUNE, 1954.

I submit herewith my report on Lachlan Park Hospital for the year ending 30th June, 1954, and include appropriate tables.

During the year new admissions were increased by 33, making a total over the past two years of 59. The greatest increase lay in the age group 30 to 40 years of age, with a predominance of males. Increase of the male population over the past year in Tasmania was 2670, and there was a decrease in the female population over the same period of 274. There has been reduced immigration to Tasmania over the past year.

Schizophrenia remained the most prevalent mental disease, with an incidence approximately equivalent to mental deficiency.

## Buildings, &amp;c.

The maintenance of wards, especially on the female side, has taxed the artisan staff to the full over the past 12 months. The buildings require a considerable amount of attention if they are to be preserved in any sort of decent order and even an occasional extension to an existing building has proved to be necessary.

The introduction of wood-burning stoves in the wards in order to economise on consumption of wood has proved a failure in many of the larger female wards. The wards have been too big and the ceilings too high.

The formation of the new insulin unit on the female side should prove more satisfactory than the present scattered system of treatment in the different wards. This unit should be in full operation within the next few weeks.

The new Mental Hospital is gradually taking shape. The kitchen, laundry and workshop are nearing completion and the power house is well under way. One infirmary block is almost completed with an adjacent isolation ward of eight individual rooms.

Foundations have been laid for a new medical officer's residence which should be completed in the fairly near future.

The male attendants' hostel has recently been completed and should prove very effective in relieving the present unsuitable accommodation which the Hospital has to offer those attendants who live in.

The milking shed on the farm is still very unsatisfactory and it is hoped that alternative arrangements can be made at the earliest possible opportunity after the taking over of "Turrit Lodge".

## Staff.

There has been less anxiety as in former years regarding female staff. Temporary staff come and go, but on the whole, there has not been the acute shortage of last year.

It is hoped that a junior medical officer may be leaving England in the near future to assume duties here, and so bring our medical strength to its proper quota.

## Telephone System.

Frequent break-downs in the present internal telephone system may one day lead to severe censure in the event of a patient's death being due to difficulty in notifying the medical officer on duty.

## Patient's Health.

The all-round general health of patients remains satisfactory. There have been no serious out-breaks of illness over the past year and the recent influenza epidemic did not seem to affect the larger majority of patients.

I feel it is desirable for patients to have more scope for occupational therapy than at present. The difficulty lies in the shortage of trained instructors. We hope that a trained instructor may be coming out from England some time in the near future, but this is not a certainty.

## The Farm.

The farm has shown a profit over the past year of £3,871 12s. 5d. Considering the amount of land which has been removed from the jurisdiction of the Farm Manager, I consider this to be an excellent profit, and almost entirely due to the efforts of the Farm Manager and his assistants.

At present there is only one farm tractor in use, with the exception of a very much smaller one which is only suitable for lighter forms of work. The provision of a second tractor is desirable if the work of the farm is to be carried out efficiently by the small number of staff employed there.

The greatest profit last year came from the vegetables. Poultry also contributed to the total figure.

## Fire Fighting Equipment.

The position in relation to fire fighting throughout the Hospital is far from satisfactory. The present hand-drawn fire truck should be replaced by a motor vehicle suitably equipped.

If fire were to break out in any of the cottages in Glebe Street in the Hospital grounds it would be well nigh impossible for the fire brigade to pull their heavily laden truck up the steep hill within a reasonably short space of time. There is at present no means of dealing with a serious outbreak of fire in these cottages, apart from hand extinguishers.

It is proposed that every member of the staff on the male side be given instructions in fire fighting. This will ensure that attendants on the spot will be able immediately to deal with any outbreak which may occur.

I feel that if one of the older female wards were to go on fire it would only be a question of minutes before the whole building whose floors, and in some cases walls, are constructed of very dry pine wood which has been waxed and polished over the years, would be completely enveloped in the fire. Under these conditions it would be quite useless to summon members of the present fire brigade from their homes in New Norfolk who would then have to assemble their equipment, &c. in order to deal with the outbreak.

Fire drill in these wards has been stressed in the past, with emphasis being placed on the immediate evacuation of patients as opposed to actual fire fighting.

On behalf of the patients and staff I would like to express my appreciation, as Medical Superintendent, of the work done by the Red Cross Society, Repatriation Department and Hospital Auxiliaries over the past year. They have been extremely helpful in providing additional comforts for the patients and their efforts have been much appreciated.

Yours faithfully,

D. M. ANDERSON,  
Medical Superintendent.



TABLE S—1.

Table Showing Admissions, Re-Admissions, Discharges and Deaths During the Year 1953-54.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1953				343	407	750
Admitted for first time	120	97	217			
Re-admitted	9	5	14			
Returned from Trial Leave	51	68	119			
Total Admitted and Returned				180	170	350
Total under care during year				523	577	1100
Discharged from Hospital	27	9	36			
Proceeded on Trial Leave	103	112	215			
Escaped	3		3			
Died	27	48	75			
Total off Records				160	169	329
Remaining in Hospital on 30.6.54				363	408	771

TABLE S—2.

Table Showing Numbers of Patients on, returning from and Discharged from, Trial Leave During the Year 1953-54.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1953				102	126	228
Proceeding on Trial Leave during year				103	112	215
Total on Trial Leave during year				205	238	443
Returned to Hospital from Trial Leave during year	51	68	119			
Discharged from Trial Leave during year	38	54	92			
Died whilst on Trial Leave during year	2		2			
Total Loss				91	122	213
Remaining on Trial Leave on 30.6.54				114	116	230



TABLE S—3.

## LACHLAN PARK HOSPITAL.

*Table Showing Manner in which patients were Admitted During the Year 1953-54.*

How Admitted.	Males.	Females.	Total.
Private Order.....	76	72	148
Justice's Order .....	5	3	8
Magistrate's Order .....	6	4	10
Voluntary Boarders.....	38	23	61
Governor's Warrant .....	3	..	3
Inebriates Hospital Act.....	1	...	1
Returned from trial leave .....	51	68	119
Total Admitted and Returned 1953/54. ...	180	170	350
First Admission.....	120	97	217
Second " .....	7	3	10
Third " .....	1	2	3
Fourth " .....	...	...	...
Fifth Admission and over.....	1	...	1
Returned from trial leave .....	51	68	119
	180	170	350

TABLE S—4.

## LACHLAN PARK HOSPITAL.

*Table Showing Form of Mental Disorder on Admission During 1953-54 and the form of Mental Disorder of Patients in Hospital on 30th June, 1954.*

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
A. Congenital Mental Deficiency:						
1. With Epilepsy .....	5	6	11	20	19	39
2. Without Epilepsy .....	8	12	20	110	98	208
3. With Schizophrenia .....	5	...	5	16	11	27
B. Dementias:						
1. Senile .....	20	34	54	10	45	55
2. Presenile .....	9	7	16	4	8	12
3. Secondary or Terminal .....	...	1	1	12	4	16
4. Arteriosclerotic.....	...	...	...	...	...	...
C. Organic Psychoses:						
1. Gross Brain Lesion .....	...	...	...	4	5	9
2. Dementia Paralytica .....	...	...	...	9	10	19
3. Epileptic Psychosis .....	4	7	11	8	8	16
4. Alcoholic Psychosis.....	10	1	11	8	1	9
5. Toxic Confusional or Exhaustive Psychosis .....	...	...	...	4	2	6
6. Parkinsonism .....	2	...	2	...	...	...
7. Huntington's Chorea .....	...	...	...	1	...	1
D. Psychogenic Psychoses:						
1. Manic Depressive Psychosis.....	10	3	13	26	38	64
2. Involutional Melancholia .....	2	3	5	1	5	6
3. Schizophrenia (not including A (3)) .....	40	20	60	90	94	184
4. Paraphrenia and Paranoid States.....	5	2	7	28	40	68
5. Paranoia .....	...	...	...	4	6	10
6. Recurrent Melancholia .....	2	4	6	6	10	16
E. Psycho-neuroses:						
1. Psychopathic Personality .....	...	...	...	1	2	3
2. Anxiety States .....	7	2	9	1	1	2
3. Hysteria .....	...	...	...	...	1	1
TOTAL ...	129	102	231	363	408	771



TABLE S—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.					
	Recovered.			Improved.			Unimproved.			Total														
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.						
1944-45	94	94	188	4	...	4	46	45	91	10	12	22	60	57	117	...	...	...	22	33	55	325	331	656
1945-46	79	96	175	4	2	6	36	48	84	11	12	23	51	62	113	...	...	...	35	27	62	318	338	656
1946-47	63	76	139	3	4	7	8	7	15	3	8	11	14	19	33	...	...	...	25	21	46	312	351	663
1947-48†	62	74	136	6	...	6	6	3	9	3	2	5	15	5	20	...	...	...	29	30	59	300	348	648
1948-49†	77	87	164	4	2	6	3	2	5	4	4	8	11	8	19	...	...	...	30	36	66	306	356	662
1949-50	75	88	163	17	19	36	9	9	18	3	1	4	29	29	58	...	...	...	17	36	53	321	365	686
1950-51	77	113	190	19	21	40	27	14	41	6	6	12	52	41	93	...	...	...	29	43	72	315	367	682
1951-52†	94	101	195	3	1	4	8	5	13	4	4	8	15	10	25	...	...	...	25	18	43	317	393	710
1952-53†	91	107	198	3	1	4	12	6	18	3	2	5	18	9	27	...	...	...	34	39	73	343	407	750
1953-54†	129	162	291	3	1	4	37	11	48	4	2	6	44	16	60	...	...	...	27	48	75	363	408	771

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

† Discharges from Hospital and from Trial Leave recorded separately.

TABLE S—6.

## LACHLAN PARK HOSPITAL.

Table Showing the Number of Admissions to and Discharges from Certification, and Deaths for the Year 1953-54; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident. (Patients discharged from Trial Leave are classed as recovered.)

Certifications.			Discharges from Certification												Deaths (Not including Deaths Whilst on Trial Leave).			Recoveries Per cent of New Admissions.			Total Discharges per cent of New Admissions.			Average Daily Number Resident			Percentage of Deaths to Average Daily Number Resident.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Treated Before.			Total New Admissions.			Recovered.			Improved.			Not Improved.			Total.			Males.			Females.			Total.			Males.			Females.			Total.			Males.			Females.			Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
First Admissions.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.		Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	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Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.



TABLE S—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 1953-54.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.									Deaths.		
				Re-covered.			Re-lieved.			Unim-proved.			Total		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 5 years .....	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...
5 yrs. and under 10...	3	3	6	...	...	...	...	...	...	1	...	1	1	2	2
10 " " 15...	2	...	2	...	...	...	2	...	2	...	...	...	2	1	1
15 " " 20...	4	2	6	...	...	...	1	2	3	...	1	2	3	...	...
20 " " 25...	10	5	15	3	3	6	3	5	8	1	1	2	7	9	16
25 " " 30...	10	4	14	2	4	6	7	6	13	...	1	1	9	11	20
30 " " 35...	13	9	22	...	4	4	3	5	8	1	...	1	4	9	13
35 " " 40...	16	11	27	5	10	15	9	3	12	...	...	...	14	13	27
40 " " 45...	9	4	13	4	4	8	11	4	15	...	...	...	15	8	23
45 " " 50...	9	4	13	3	2	5	3	3	6	...	...	...	6	5	11
50 " " 55...	15	13	28	5	2	7	8	4	12	1	...	1	14	6	20
55 " " 60...	5	7	12	...	...	...	...	...	...	...	...	...	1	...	2
60 " " 65...	6	7	13	2	3	5	4	2	6	...	...	...	6	5	11
65 " " 70...	8	6	14	...	1	1	2	1	3	...	...	...	2	2	4
70 " " 75...	4	6	10	...	...	...	...	...	...	...	...	...	6	2	8
75 " " 80...	4	7	11	...	...	...	...	...	...	...	...	...	8	12	20
80 " " 85...	3	6	9	...	...	...	...	...	...	...	...	...	4	4	8
85 " " 90...	5	5	10	...	...	...	...	...	...	...	...	...	2	3	5
90 " " 95...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95 " " 100...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Totals .....	129	102	231	24	33	57	54	35	89	4	2	6	82	70	152
													27	48	75

TABLE S—8.

## LACHLAN PARK HOSPITAL.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the year 1953-54.

Causes of Deaths.	Males	Females	Total	Children under Age of 16			Grand Total
				Males	Females	Total	
Cerebral Softening including Senility and Cerebral Thrombosis .....	2	11	13	...	...	...	13
Cerebral Haemorrhage .....	...	4	4	...	...	...	4
Status Epilepticus .....	...	4	4	...	...	...	4
Lobar-pneumonia .....	1	1	2	...	...	...	2
Broncho Pneumonia .....	9	9	18	...	...	...	18
Cirrhosis of the Liver .....	1	...	1	...	...	...	1
Acute Miliary Tuberculosis .....	1	...	1	...	...	...	1
Myocardial Degeneration .....	2	5	7	...	...	...	7
Coronary Occlusion .....	2	2	4	...	...	...	4
Cardio Vascular Degeneration .....	4	3	7	...	...	...	7
Auricular Fibrillation .....	1	...	1	...	...	...	1
Arteriosclerosis .....	2	3	5	...	...	...	5
Carcinoma of the Breast .....	...	1	1	...	...	...	1
Congenital Amentia .....	...	1	1	...	...	...	1
Paralytic Ileus .....	...	1	1	...	...	...	1
General Paralysis of Insane .....	...	1	1	...	...	...	1
Circulatory Collapse .....	...	1	1	...	1	1	2
Septic Absorption .....	1	...	1	...	...	...	1
Scurvy .....	...	...	...	1	...	1	1
Total Deaths .....	26	47	73	1	1	2	75



TABLE S—9.  
LACHLAN PARK HOSPITAL.  
*Statistical Record.*

	Males	Females	Total
Population of Tasmania as at 30-6-54 .....	165,672	152,079	317,751
Proportion of Certified Insane per 1000 of population (including patients on trial leave) .....	2·517	3·143	2·811
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave) .....	5·493	5·195	5·350
Note: Admissions not including Voluntary Boarders .....	91	79	170

TABLE S—10.  
LACHLAN PARK HOSPITAL.  
*Financial Statement.*

	YEAR ENDED—				
	30.6.50	30.6.51.	30.6.52.	30.6.53.	30.6.54.
Average daily number of patients .....	674·63	680·27	712·35	737·58	770·09
Gross cost for year .....	£176,236	£204,294	£257,503	£281,902	£296,015
Fees received .....	£9399	£11,451	£12,393	£13,406	£13,428
Other revenue .....	£277	£111	£439	£520	£835
Gross cost per head per day .....	14/3·77d.	16/5·47d.	19/10·87d.	20/11·31d.	21/0·75d.
Net cost per head per day .....	13/6·34d.	15/6·30d.	18/10·97d.	19/10·89d.	20/0·57d.

#### APPENDIX XI.

##### REPORT OF MILLBROOK PSYCHOPATHIC HOME FOR THE YEAR ENDED 30th JUNE, 1954.

I submit herewith my report on the Millbrook Psychopathic Home for the year ending 30th June, 1954, together with statistical tables.

Owing to shortage of trained staff, the number of patients admitted remained lower than in the preceding year. Practically all patients entering Millbrook Rise require active treatment and this means that the nursing standard must be high. It has proved difficult to obtain the services of suitably trained staff.

As a result of decreased numbers of patients, the cost per head (nett) has been slightly raised, as per Table 12, compared to the period 1952-53.

During the past year we were unfortunate to lose our former Matron's services, but were also fortunate in obtaining the services of another Matron.

The establishment of a modern fire fighting system at Millbrook Home is now practically completed. This will ensure adequate coverage in the event of fire.

The foundations for a new Nurses' Home have been laid in the grounds, and it is hoped that this will induce suitably trained staff to apply for positions in the Home.

The outside of the building urgently requires painting as does the interior also. Money has been set aside for this, and when the vote is passed it is hoped to start painting as soon as possible.

The water supply for domestic use in the Home and in the adjacent Medical Officer's residence was most unsatisfactory during last summer. No satisfactory solution to the problem appears at present as Millbrook Rise is outside the Council Water Area. An adequate supply from the Southern Regional Area will be made available for the new Mental Hospital and presumably it may be possible to supply Millbrook from this.

Yours faithfully,

D. M. ANDERSON,  
Medical Superintendent.

TABLE S—11.  
MILLBROOK PSYCHOPATHIC HOME.

*Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1954.*

Diagnosis—	Males.	Females.	Total.
Anxiety State .....	22	28	50
Melancholia and Depressive States .....	19	29	48
Hysteria .....	3	10	13
Schizophrenia and Schizoid States .....	17	15	32
Paraphrenic and Paranoid States .....	9	10	19
Manic Depressive Psychosis .....	1	6	7
Alcoholism .....	5	1	6
Obsessional States .....	...	1	1
Toxic Psychosis .....	...	1	1
Senile and Presenile Dementias .....	...	2	2
Gross Brain Lesion .....	3	2	5
Psychopaths .....	5	3	8
Not Diagnosed .....	...	...	...
Total Admissions during year ...	84	108	192

As last year, periodical shortages of staff restricted admissions during parts of the year.



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

	YEAR ENDED.				
	30.6.50	30.6.51	30.6.52	30.6.53	30.6.54
Average Daily No. of Patients .....	28.02	25.74	25.3	26.98	21.79
Gross Cost for Year .....	£13,232	£14,580	£18,122	£21,335	£23,134
Fees Received.....	£6,318	£4,826	£5,254	£7,272	£10,988
Other Revenue.....	—	£449	£248	—	—
Gross Cost per Head per Day .....	25/0.87d	31/11.04d	42/7.56d	43/4.10d	58/2.03d
Net Cost per Head per Day .....	12/10.94d	21/11.25d	20/8.25d	28/6.83d	30/6.49d

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

#### Statistical and General.

##### Population:

Estimated on the 31st December, 1953—

Males .....	168,471
Females .....	154,341
<b>Total .....</b>	<b>322,812</b>

Mean population, 1953—

Males .....	162,040
Females .....	151,156
<b>Total .....</b>	<b>313,196</b>

Mean population, 1952 .....

Increase for year .....

The mean population of the State, as shown by the figures, reveals an increase of 9,024.

#### Australian Birth-rate for the year 1953 per 1000 Persons Living.

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

	1933.	1952.	1953.
New South Wales .....	16.99	21.88	21.74
Victoria .....	15.60	23.02	22.46
Queensland .....	18.14	25.07	24.40
South Australia .....	15.32	24.18	23.96
Western Australia .....	17.95	25.60	25.47
Tasmania .....	19.93	26.02	24.70
Northern Territory .....	15.23	27.82	27.47
Australian Capital Territory .....	14.43	40.82	26.52
<b>Australia .....</b>	<b>16.78</b>	<b>23.32</b>	<b>—</b>

#### Death Rate for 1953 per 1000 Persons Living.

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

	1933.	1952.	1953.
New South Wales .....	8.58	9.45	9.20
Victoria .....	9.59	9.99	9.50
Queensland .....	8.84	9.05	8.72
South Australia .....	8.44	9.53	9.19
Western Australia .....	8.64	8.65	8.15
Tasmania .....	9.60	8.48	8.15
Northern Territory .....	12.55	5.53	6.93
Australian Capital Territory .....	4.19	5.15	4.17
<b>Australia .....</b>	<b>8.92</b>	<b>9.43</b>	<b>9.08</b>

#### Deaths in Relation to Disease.

The following return shows the number and causes of deaths during the year 1953, also the death-rate per 100,000 persons living (mean population 313,196), as contrasted with the previous year, 1952 (mean population estimated at 304,172).

Cause of Death.	1952		1953	
	No. of Deaths	Rate per 100,000 persons	No. of Deaths	Rate per 100,000 persons
<b>General Diseases—</b>				
Tuberculosis (all forms) .....	55	18.1	24	8.0
Syphilis and its sequelae .....	4	1.3	7	2.3
Diphtheria .....	—	—	1	0.3
Whooping Cough .....	4	1.3	2	0.6
Poliomyelitis .....	9	3.0	11	3.6
Measles .....	—	—	2	0.6
Malignant Neoplasms .....	359	118.0	346	110.0
Other Tumours .....	7	2.3	10	3.3
Diabetes .....	40	13.2	39	13.0
Tetanus .....	1	0.3	2	0.6
Other General Diseases.....	68	22.3	71	23.0
<b>Total .....</b>	<b>547</b>	<b>179.8</b>	<b>515</b>	<b>165.3</b>
<b>Local Diseases—</b>				
Diseases of Nervous System and Sense Organs .....	335	110.2	352	112.0
Diseases of Circulatory System .....	947	311.4	972	308.0
Diseases of Respiratory System .....	177	58.2	175	56.0
Diseases of Digestive System .....	84	27.6	84	27.0
Diseases of Genito-Urinary System .....	88	28.9	89	28.0
Diseases of Puerperal Origin .....	8	2.6	7	2.3
Diseases of the Skin and Cellular Tissue .....	1	0.3	4	1.3
Diseases of Bones and Organs of Movement .....	7	2.3	4	1.3
<b>Total .....</b>	<b>1647</b>	<b>541.5</b>	<b>1687</b>	<b>535.9</b>
<b>Congenital Malformations .....</b>	<b>23</b>	<b>7.6</b>	<b>31</b>	<b>10.0</b>
Diseases of Early Infancy .....	104	34.2	104	34.0
Senility .....	28	9.2	26	8.6
Ill-defined Conditions .....	5	1.6	2	0.6
Accidents .....	197	64.8	165	54.0
Homicide .....	3	1.0	2	0.6
Suicide .....	25	8.2	19	6.3
<b>Total Deaths, All Causes .....</b>	<b>2579</b>	<b>847.9</b>	<b>2551</b>	<b>815.3</b>



