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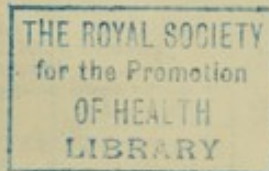
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PARLIAMENT OF TASMANIA.

# DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30th JUNE, 1958.

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



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# TABLE OF CONTENTS

	PAGE
Introduction .....	5
Departmental Revenue .....	5
Departmental Expenditure .....	5
Building Programme .....	5
Official Openings .....	6
Visitors .....	6
Health Education Council .....	6
National Fitness Council .....	7
Registration of Foetal and Neo-natal Deaths .....	7
Handicapped Children's Advisory Council .....	7
Dental Mechanics' Registration Board .....	7
State Executive Safety Committee .....	8
International Classification of Diseases, Injuries and Causes of Death .....	8
Establishment of an Eye Bank .....	8
Staphylococcal Infection Investigation Committee .....	8
Public Hospital Statistics (excluding Chest and Mental Hospitals) .....	13
Recruitment of Nursing Staff .....	14
Resident Medical Officers for North-West Coast Hospitals .....	14
Revision and Standardisation of Hospital By-laws .....	14
Hospital Boards .....	16
Mersey General Hospital .....	16
Certificates of Merit .....	16
Hospitals Auxiliaries Conference .....	16
Migrant Medical Practitioners .....	16
Government Medical Service .....	16
Government Nursing Service .....	16
Tourist Nursing Division .....	18
Legislation .....	18
Staff .....	18
Director of Pathology .....	18
Nurses' Registration Board .....	19
St. John's Park .....	20
Technical Division (Chemistry) .....	21
Vital Statistics supplied by the Deputy Commonwealth Statistician .....	23
Division of Public Health, including—	
Health Inspectors .....	24
Sanitation and Hygiene .....	24
Places of Public Entertainment .....	25
Food and Drugs .....	25
Mutton Bird Industry .....	25
School Health Service .....	25
Child Health Service .....	28
School Dental Service .....	31
Nutrition Service .....	32
Infectious Diseases .....	32
Division of Tuberculosis, including—	
General Statistics .....	37
Tasmanian Chest Hospital .....	41
Northern Chest Hospital .....	41
Chest Clinics .....	42
Epidemiological Surveys .....	42
Mass X-ray .....	43
General .....	43
Staff .....	44
Division of Mental Health, including—	
Structure of the Division .....	44
Functions of the Division .....	44
Personnel .....	44
Activities .....	45
Accommodation .....	45
Planning .....	46
Senior Psychologist .....	47
Psychiatric Social Work Section .....	47
Lachlan Park Hospital .....	48
Millbrook Psychopathic Home .....	54
TABLES	
1- 2 Public Hospitals .....	9-11
3 Hospitals for Care of Aged and Invalids .....	13
4 Private Hospitals .....	14
5 Government Medical Service .....	15
6 Government Nursing Service .....	17
7- 8 Technical Division (Chemistry) .....	21
9 Child Health Service .....	29
10-14 Infectious Diseases .....	34, 25, 36
15 Venereal Diseases .....	37
16-25 Tuberculosis .....	37, 38, 39, 42, 43
26-37 Lachlan Park Hospital and Millbrook Psychopathic Home .....	49, 50, 51, 52, 53, 54



TABLE OF CONTENTS



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## Report of the Department of Health Services for the Year Ended 30th June, 1958

Department of Health Services,  
Hobart, 3rd October, 1958.

The Hon. the Minister for Health.

SIR,

I HAVE the honour to present the Report of the Department of Health Services for the period 1st July, 1957, to 30th June, 1958.

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.—Division of Public Health.
- Section II.—Division of Tuberculosis.
- Section III.—Division of Mental Health.

### DEPARTMENTAL REVENUE

The revenue for the year amounted to £380,586, which was £4,588 more than that for 1956-57. The items of revenue were:—

<i>Department of Health Services</i>	1956-57 £	1957-58 £
Health Rates .....	15,338	7,646
Mothercraft Home .....	4,696	5,176
District Nursing .....	10,599	10,760
Government Analyst .....	535	551
Nurses' Registration Fees .....	667	685
Pharmaceutical Benefits .....	52,054	50,028
District Medical Service .....	272	75
Nelumie Home .....	1,212	1,262
Other Fees and Licences .....	1,754	2,057
Red Cross Blood Transfusion .....	3,938	4,971
Poliomyelitis Injections .....	.....	1,689
	<b>£91,065</b>	<b>£84,900</b>
Rent of Government Property .....	2,329	3,722
Sale of Government Property .....	150	848
Other Sources .....	261	339
Refund of Bursaries .....	5,066	2,178
	<b>£7,806</b>	<b>£7,087</b>
Lachlan Park Hospital .....	11,911	10,003
Millbrook Psychopathic Home .....	15,588	14,316
Government Institution for Defectives .....	2,421	2,423
St. John's Park .....	71,207	74,857
Chest Hospitals .....	176,000	187,000
	<b>£277,127</b>	<b>£288,599</b>
	<b>£375,998</b>	<b>£380,586</b>

### DEPARTMENTAL EXPENDITURE

The expenditure for the year from the Appropriation Act amounted to £2,946,376, which was an increase of £104,655 over that for 1956-57. The

following table shows the cost of the services operated by the Department over the past two years:—

	1956-57 £	1957-58 £
Hospital and Medical Services,		
Public Health and Mental Health .....	168,274	169,933
District Nursing Service .....	66,911	71,401
District Medical Service .....	70,755	45,485
St. John's Park .....	223,728	240,004
Grants to Hospitals .....	1,488,984	1,569,620
Child Health Service .....	63,672	58,326
School Medical and Dental Service .....	73,263	79,967
Government Analyst .....	17,248	17,784
Tuberculosis Division .....	55,238	56,196
Tasmanian Chest Hospital .....	96,082	93,953
Northern Chest Hospital .....	58,949	62,704
Nelumie Home .....	7,506	7,032
Lachlan Park .....	382,428	400,647
Millbrook Rise .....	25,237	25,908
Other Grants .....	43,446	47,416
	<b>£2,841,721</b>	<b>£2,946,376</b>

### BUILDING PROGRAMME

*Works Completed during the Financial Year:—*

- Royal Hobart Hospital.—New X-Ray and sterilising equipment.
- Launceston General Hospital.—Building for cobalt unit and completion of installation. Additional staff accommodation.
- Mersey General Hospital.—Out-patients Division at Devonport.
- Rosebery District Hospital.—Residence for medical officer.
- Toosey Memorial Hospital.—Board room and secretary's office.
- King Island District Hospital.—Nurses' home.
- Cosgrove Park.—Construction of physiotherapy centre and additional twilight cottages.
- District Medical Service.—Rebuilding of Derby residence and surgery after fire.
- District Nursing Service.—New dispensary at Koonya Centre.
- Child Health Service.—Construction of centre at Kingston.

*Works in Progress at the end of Year:—*

- Mersey General Hospital.—Construction of new hospital at Latrobe.
- Spencer Hospital.—Conversion of old maternity block to old folks' home.
- King Island District Hospital.—Construction of maternity wing.
- Whitemark District Hospital.—Construction of new hospital.



St. Helens Private Hospital.—Extensive re-building and re-equipping.

Lachlan Park Hospital.—Construction of five new chronic and epileptic blocks.

St. John's Park.—Extension of engineering shop.

District Medical Service—

Construction of consulting rooms at Colebrook.

Addition of surgery to residence at Kingston.

Erection of centre at Pioneer by voluntary labour.

Child Health Service.—Construction of centres at East Devonport and Trevallyn.

*Purchase of Properties:—*

Launceston.—Land at Rocherlea from Education Department.

Devonport.—Residence for use of secretary at Mersey General Hospital.

New Norfolk.—Two dwellings from Housing Department for staff at Lachlan Park.

#### OFFICIAL OPENINGS

During the year the following constructions were officially opened:—

New Town Park Nurses' Home.

Cobalt 60 Unit Building, Launceston.

Cosgrove Park Physiotherapy Centre, Launceston.

Devonport Medical Centre.

King Island District Hospital Nurses' Home.

The opening in May of last year of the New Town Park Nurses' Home by Lady Cross, the wife of His Excellency the Governor, marked the beginning of another large medical project. This is the provision of a maternity hospital and mothercraft home and eventually, it is hoped, a women's hospital. The Home is being put to the very greatest use by the Royal Hobart Hospital, and its very modern and spacious accommodation is more than appreciated by its inhabitants. It is indeed one of the finest, if not the finest, nurses' home in the Commonwealth, and I am confident it expresses the objective of the Department, which is to provide the most modern medical institutional accommodation possible, both for patients and staff.

The completion of the building for, and the installation of, the Cobalt 60 Unit at the Peter MacCallum Clinic at the Launceston General Hospital is recognised as a milestone in the treatment of cancer in this State. The unit has already proved to be a great asset in this treatment, and its purchase and installation is considered to be money very well spent.

Construction is nearing completion of the so-called Physiotherapy Centre at Cosgrove Park. This centre is more than this, in that it is in addition a very fine modern club house to the bowling club. I hope to be able to give you detailed information on this project in my next Annual Report.

The Devonport Medical Centre, now the Out-patients Division of the newly formed Mersey General Hospital, has created a great deal of interest. Its design is very modern and it affords every facility that such a centre should provide. The building has been designed to provide adequate accommodation for such facilities both in the present and the future. Already increasing use is being made of the centre by the people of Devonport, and it is confidently expected that,

as the years go by, it will be of more and more service to the people of that area and that, due to forward planning, the building will meet all requirements for many years to come.

On the 10th December, 1957, the Hon. the Premier opened the new Nurses' Home at the King Island District Hospital. This Home, which provides accommodation for eight Sisters and a self-contained flat for the Matron, was equipped throughout with new and comfortable furnishings. Certain rooms were sound-proofed so that night staff would not be disturbed during the daylight hours. The old nurses' home will be modified and used as a geriatric wing, to provide a service which has been badly needed on King Island.

#### VISITORS

We were honoured during the year by the visits of Sir Eric Pridie, Drs. Ralston and Edith Paterson and Dr. Keun Soo Lee.

Sir Eric Pridie is the Retiring Chief Medical Officer of the Colonial Medical Service and was visiting Australia and New Guinea on a private tour. We were delighted to hear him speak and were pleased to be able to afford him the opportunity of seeing as much of the State as possible during his limited visit.

Drs. Ralston and Edith Paterson, the eminent radio-therapists from Manchester, stimulated the already very active interest being taken in the State in the treatment of cancer. We were especially gratified to hear them both on the subject of health education in cancer, a subject for which they are world renowned. We were very pleased indeed to have them present at the opening ceremony of the Cobalt 60 Unit mentioned above. This indeed was an occasion.

Dr. Keun Soo Lee, a World Health Organisation Fellow from Korea, favoured us with a visit, and we were pleased to be able to put the facilities of the Division of Public Health at his disposal.

#### HEALTH EDUCATION COUNCIL

During the year 1957-58, the Health Education Council has been carrying on its usual programme of health education with several innovations. It is well known that the aim of the Health Education Council is to raise the standard of personal and community hygiene in the State. To assist it in its work, the Council has received the support of all divisions of the Department of Health Services, local authorities, the Press and the community in general.

The Council commenced its year by taking educational films and aids to the general public. Educational films were shown at some 47 schools throughout the State and to some 29 Parents and Friends Association Groups, with a great deal of success. The film "Let's Keep Our Teeth" was shown free of charge for a full week, at the Hobart and Launceston Tatler Theatrettes.

The Council called together members of the Food Handlers' Trade in Southern Tasmania and showed them films on modern food handling. As a result, it is felt that an active Food Handlers' Association will be formed in Hobart. Films on food handling were also shown in Department Stores in Hobart.



Other educational films were shown at the Launceston National Show and the Smithton Exhibition.

The Council has worked in close harmony with the Department of Agriculture on a hydatids campaign.

Numerous articles dealing with health were published in the Women's Weekly, the Mercury, Country Women's Journal, the Saturday Evening Mercury, the Examiner and the Advocate, and the Derwent Valley Gazette. As a result of articles on home accidents published in these papers, the Council received requests from the townships of Strahan, Swansea and Burnie to meet representatives of the Council, with a view to embarking on Home Accident Campaigns in these various towns.

The township of Swansea asked that their campaign be not confined to Home Accidents but include Industrial Accidents as well. To assist in this section of the campaign, the Council called in the assistance of officers of the Department of Labour and Industry, who have been most helpful. Although no campaigns have actually begun as yet, a great deal of groundwork has been commenced in educating the public in safe practices. These campaigns should commence during the next financial year.

A new pamphlet on Dental Health was printed during the year. This new design proved extremely successful, and it was necessary to obtain a reprint. We have had requests from as far afield as the U.S.A. for copies of this pamphlet.

The excellent publication "Motherhood" was favourably received, and it was necessary to have a reprint of this publication also. A pamphlet on Millbrook Rise Psychopathic Home was also designed during the year and should be going to press early in the new financial year.

An officer from the Council attended the Health Education Co-ordination Committee meeting in Perth during February, 1958. This meeting was particularly notable, as it was the first occasion on which the Commonwealth took part. The Committee, which can be classified as an annual seminar for officers working in the field of health education, is designed to co-ordinate health education activities on a national basis. Its main objective is the exchange of information and the production of health education material in the most useful and economic form.

The Council feels that the education of the community in health matters is an extremely important activity of the Department of Health Services, and that health education can be used to relieve the financial burden born by the Government in providing and maintaining public health services.

#### NATIONAL FITNESS COUNCIL

At the beginning of the financial year it was decided that the activities of the National Fitness Council should be transferred from the Minister for Education to yourself. This was effected and I have been in constant contact with officers and members of the Council on a great variety of matters. I feel sure that both the Council and the Department are pleased to be able to work together.

#### REGISTRATION OF FOETAL AND NEO-NATAL DEATHS

This matter, which has been in abeyance for some time, was revived by the Department and discussed once more with the National Health and Medical Research Council of the Commonwealth Department of Health. As a result of these negotiations, the National Health Council decided that, as this State was the only one in which unanimity had been achieved by all interested parties, it should run a pilot scheme. With the expert help of Dr. C. E. Cook of the Commonwealth Department of Health, a form of registration was evolved, and it was proposed to put this into practice for a period of six months before revision. However, the medical profession felt that it could devise a form which would be more permanent. This is being carried out and I hope to be able to report to you next year that the registration of foetal and neo-natal deaths, in accordance with the requirements of the World Health Organisation, is being carried out in Australia for the first time in this State.

#### HANDICAPPED CHILDREN'S ADVISORY COUNCIL

During the year the above-mentioned Council came into being, composed of representatives of the Crippled Children's Societies, the Spastic Children's Fund Committee and the Retarded Children's Association, under my chairmanship. The purpose of the Council, you will remember, was to ensure that there be no overlapping of work or expenses by the various bodies interested in children suffering from various handicaps. Several meetings have been held and forward progress made. I feel sure that, as time progresses and we meet more frequently, the utmost co-operation will be achieved.

#### DENTAL MECHANICS' REGISTRATION BOARD

During the year 1957-58, an amendment was made to the Dentists Act, 1919, which provided for the setting-up of a Dental Mechanics' Registration Board. Prior to the commencement of the Act, it was necessary for the Board to be set up in order to lay down a curriculum and conduct an examination for the registration of dental mechanics, to enable them to practise legally when the Act came into force.

The Board was fortunate in obtaining the services of Mr. W. D. Dwyer, a Master of Dentistry, Melbourne, to conduct tutorial classes for some fifty dental mechanics prior to the examination and, on the recommendation of the Dean of the Faculty of Dentistry of Melbourne University, Professor Sir Arthur Amies, Dr. A. R. T. Greenwood was appointed as the Board's examiner. The examinations were conducted in two parts and commenced in Launceston with a written paper for all candidates on Sunday, 1st June. Of the 43 who made application to sit for the examination 28 passed and 13 failed. The Dental Mechanics' Registration Board has now decided to conduct a further examination. Dr. Greenwood has accepted the position of examiner, and the examinations have been set down to commence on 25th January, 1959. It is expected that approximately nineteen candidates will be applying to sit for the examination.



## STATE EXECUTIVE SAFETY COMMITTEE

In November, 1957, the Department of Labour and Industry established an Executive Safety Committee, composed of a representative from each Government Department and Commission. The objects of the Committee finally became—

- (a) To establish and maintain a Central Accident Recording System on all accidents occurring to State Government employees;
- (b) To review the incidents of accidents among State Government employees and to assess their effect both physically and economically on the employee and on the economy of the State Departments; and
- (c) To recommend methods of accident prevention.

The Committee devised, as a preliminary measure, a new form of accident report which would be applicable to all Departments, and established a system of classifying and recording the information contained in the reports.

It was generally agreed that a valuable technical contribution from the Department of Health Services would be the provision of expert information on the assessment of the extent and significance, both physically and economically, of the various types of injuries sustained, so that a lead could be given to the Committee for the purpose of deciding on priorities of approach by the Committee towards its main object, i.e. the introduction of practical methods of accident prevention.

Significant progress was made and the scheme should be ready in 1958-59.

## INTERNATIONAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH

In 1948 the World Health Organisation published a manual on the International Classification of Morbidity and Mortality. The classification was adopted forthwith by the National Health Service in the United Kingdom, and immediately afterwards by other member nations.

The Commonwealth of Australia accepted the classification on behalf of all States, and in turn the State authorities were requested to introduce and maintain a record of the incidence of morbidity and mortality in accordance with the international code.

For a few years the four major hospitals in Tasmania alone have maintained a classified medical record on all their inpatients, in accordance with the four digit code list. It would be impracticable, however, to expect the remaining smaller public hospitals to maintain the full code, because of the small secretarial staff on their establishment. For this reason, the Department completed, during the year, a modified scheme for obtaining statistical information, and this scheme is planned to begin with effect from the 1st July, 1958.

The World Health Organisation Manual contains an alternative abbreviated list of code numbers, and it is with these broader groups that it is proposed to carry out a classification in Tasmania for at least the first year.

The essential feature of the definitive classification is that it would provide statistics on which some clinical evaluation could be made. In Tas-

mania, the total number of diseases occurring in each of the definitive groups would be relatively small and would therefore be of little value as the basis for conducting a clinical survey. On the other hand, the broader groups, which are contained in the abbreviated list of 150 causes of morbidity and mortality, will enable all the information that is required to be classified in such a way that the Department will be provided with an adequate picture of the incidence of disease and injury in this State. One important advantage of maintaining this picture will be its contribution to hospital planning.

## ESTABLISHMENT OF AN EYE BANK

Following amendments to the Anatomy Act, arrangements were finalised during the year for the establishment of registers of volunteer donors of corneae. Citizens were invited to volunteer to contribute their eye corneae immediately after death. Advice was given to interested persons on the procedure they should adopt to ensure that the hospitals concerned were informed of their wishes. The corneae will be utilised at ophthalmic surgical grafting operations to replace defective corneae in living persons.

Registers were established and are maintained at the Mersey General, the Launceston General and the Royal Hobart Hospitals. A duplicate central register is maintained at the Department of Health Services.

An ophthalmological surgeon was appointed to be in clinical charge of the scheme at each hospital.

By the 30th June, 1958, the following numbers of persons had volunteered to bequeath their eyes after death:—

Royal Hobart Hospital	27
Launceston General Hospital	9
Mersey General Hospital	6
	—
	42
	—

## STAPHYLOCOCCAL INFECTION INVESTIGATING COMMITTEE

Antibiotic and sulpha drug resistant staphylococci have made their appearance throughout the Tasmanian community and in hospitals, as they have appeared in other communities throughout the world. The prevention and treatment of infection with this organisation is causing universal concern. The Department has been aware of this problem for some time and, as a preliminary step towards the control of staphylococcal infection, methods of sterilising hospital blankets were investigated.

The work of Leonard Colebrook of the Birmingham Accident Unit, among others, has proved conclusively, by extensive investigations during the war and early post war years, that blankets and dust from blankets as well as sheets were a potent source of cross infection in wards. Sheets can be sterilised by boiling but blankets cannot. The haemolytic streptococcus was the dangerous organism of the time. In the same way, many works have revealed that the new hazard, the resistant staphylococcus, could be conveyed in the same way. New methods of washing blankets, both with non-ionic detergents and with dry-cleaning fluids, have been carried out and















TABLE 3.  
General Statistics of Hospitals for Care of Aged and Invalids for Year Ended 30th June, 1958.

No.	Hospital	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed-days		
		General	Hospital	Total	General	Hospital	Total		Not qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1.	St. John's Park	185.16	227.91	413.07	244	253	497	653	67,583	83,188	150,771
2.	Cosgrove Park	44.35	80.00	124.35	40	90	130	216	16,188	29,200	45,388
	Total	229.51	307.91	537.42	284	343	627	869	83,771	112,388	196,159

followed by sterilisation of the blankets with Cirrasol O.D. Investigations into methods of cleaning blankets are being continued.

In order to obtain as complete a picture as possible of the cause and control of antibiotic and sulpha resistant staphylococcal infection throughout the community, a special investigating committee was established. It is composed of representatives from the Department, executive officers and pathologists of a major hospital, the Director in Tasmania of the Commonwealth Department of Health, representatives of the various Royal Colleges of Surgeons, Physicians, Obstetricians and Gynaecologists and from the B.M.A. The objects of this Committee are:—

- To determine the reason for the appearance of the resistant organisms and methods of eliminating them;
- To recommend simple methods for the identification of the organism and for the assessment of the distribution and extent of infection throughout the community; and
- To consider the possibility of the appearance of new strains of other resistant organisms and to anticipate steps which should be taken now to prevent the situation arising.

In addition to making recommendations to the medical profession as a whole towards a more discriminating use of antibiotics, the Committee recommended that certain steps should be taken by the major hospitals to review their aseptic techniques in the operating theatres, sterilising rooms and wards. These measures are being carried out.

#### PUBLIC HOSPITAL STATISTICS (EXCLUDING CHEST AND MENTAL HOSPITALS)

##### Number of Patients

During the financial year 1957-58, as compared with 1956-57, the number of general patients increased by 1,561, maternity patients by 357, aged and invalid patients by 18, while infectious disease patients decreased by 65.

The total number treated was 35,679, an overall increase of 1,871.

##### Bed Days

For the year under review, as compared with 1956-57, the number of bed-days for general patients increased by 16,118, aged and invalid patients by 5,356, maternity patients by 3,917, while infectious disease patients bed-days decreased by 1,662.

The total number of bed-days was 530,639, an overall increase of 23,729.

##### Births

Births for the year totalled 7,630, an increase of 358, compared with those for 1956-57.

##### Receipts

Hospital revenue for the year was £2,617,931 and including patients' fees, donations and miscellaneous receipts totalling £637,567.

Commonwealth contributions in the form of hospital benefits and pharmaceutical benefits amounted to £282,043, while State aid was £1,697,373, an increase of £79,505 over 1956-57.



*Payments.*

Total payments were £2,595,324, an increase of £140,336 over expenditure for 1956-57. £1,673,941, or 64.50% of the total expenditure, was attributable to salaries.

*Patients' Costs*

The average daily cost for in-patients for the 24 main hospitals, as listed in Table 1, was £4 16s. 4d., a decrease of 6d. compared with 1956-57. Outpatients' costs per visit increased from 11s. 8d. in 1956-57 to 12s. 8d. in 1957-58.

*Comparisons*

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications, are set out in Table 1.

Patients' statistics are given in Tables 2 and 3.

TABLE 4.

*Private Hospitals.*

		Beds	
		General	Maternity
Licences issued—			
Hobart .....	1	—	3
Launceston .....	1	—	4
Country .....	3	7	11
Hospitals exempt from Licence (section 54 (3))—			
Hobart .....	2	175	32
Launceston .....	2	82	—
	9	264	50

## RECRUITMENT OF NURSING STAFF.

There has been a chronic, though moderate, shortage of nursing staff available for appointment to most nursing services in Tasmania for many years. The organisation of the Tourist Nursing Division of the Government Nursing Service has done much to alleviate the situation, but the availability of nurses through this organisation is seasonal.

It was decided to "step up" advertising campaigns both in the United Kingdom and the Australian Commonwealth, in order to attract nurses to Tasmania.

In the first instance an attractive coloured brochure was designed and printed. The brochure contained a precis on the contents of the Information Book of the Tasmanian Nursing Service, which was produced last year. This brochure is to be made available to interested persons in Australia through this Department and to interested persons in the United Kingdom through the Office of the Agent-General for Tasmania in London.

Whilst these arrangements were proceeding, coloured slides of views of the various hospitals and district nursing centres in Tasmania were obtained and sent to London, so that the Agent-General could show them to applicants. To complete the arrangements for the campaign, two special advertisement blocks were prepared. One of these was for use in Australian magazines and one for use by the Agent-General when he placed advertisements in the United Kingdom nursing journals.

The advertising scheme should come into full effect during the year 1958-59.

## RESIDENT MEDICAL OFFICERS FOR NORTH-WEST COAST HOSPITALS

The volume of work in the two main hospitals on the North-West Coast has been increasing steadily. The Surgeon-Superintendents and their Deputies have been severely handicapped for several months at a time and on frequent occasions, because of the lack of resident medical officers available for appointment to their staff establishment.

In December, 1957, arrangements were finalised by the Department, through the Agent-General for Tasmania in London, with the United Kingdom Medical Manpower Committee to allow up to six "R" Group Resident Medical Officers to be recruited. Provided these resident medical officers remained in employment in Tasmania, as directed by the Director-General of Health Services, for a period of two years if they had completed their statutory one year's pre-registration hospital service in the United Kingdom before emigrating, or for a period of three years if they were to carry out their compulsory pre-registration hospital service in one of the approved Tasmanian hospitals, their National Service commitments in the United Kingdom would be indefinitely deferred.

The Mersey General, the Burnie General, the Launceston General and the Royal Hobart Hospitals are approved hospitals for pre-registration service purposes in Tasmania. The Medical Council of Tasmania and the General Medical Council in the United Kingdom have established reciprocal approval for hospitals recognised for pre-registration purposes.

At the end of the year 1957-58, arrangements were proceeding for recruiting four resident medical officers under this scheme for the North-West Coast hospitals.

## REVISION AND STANDARDISATION OF HOSPITAL BY-LAWS.

It had been apparent to the Department for some time that simplification and standardisation of hospital by-laws throughout the State was indicated. Many of the General and District Hospitals had been seeking guidance regarding the formation of by-laws.

From an administrative as well as an economic point of view, standardisation of by-laws was considered to have many advantages to offer. After studying the requirements of the various hospitals, it was found that, where differences among the hospitals appeared to make standardisation difficult, the differences concerned domestic matters, in particular such things as the duties of the intermediate and junior ranks of the staff. It was considered that this matter could easily be overcome by the hospital boards concerned producing "Standing Orders" for these duties, rather than by-laws. These duties were, therefore, omitted from the by-laws, which were prepared and distributed to all hospital boards for their comments.

The majority of the boards signified that they were in agreement with the proposed standard by-laws. A few were still considering the matter at the end of the year, but it is expected that finality will be reached during the year 1958-59.



TABLE 5.  
GOVERNMENT MEDICAL SERVICE  
Summary of Attendances to Patients for the Year 1957/58.

District Medical Officer	Total No. of Patients Attended	SEX		DIAGNOSIS			Public	Private	Workers' Compensation Cases	Old Age Pensioners	TIME OF EXAMINATION		PLACE OF EXAMINATION			MILEAGE		X-Rays	Patients Admitted to Hospital	Patients Referred to Specialist	REMARKS
		M	F	Medical	Surgical	Ante-Natal					In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Dom-iliary Visits	In Hours to be charged to Dept.				
Brny Is.	815	494	381	788	22	5	812	3	..	196	802	13	..	211	95	509	8,500	..	2	1	*
Cygnat	6,038	2,866	3,172	4,773	1,015	250	4,819	1,219	407	20	5,210	785	43	3,749	..	2,289	10,029	114	35	20	
Esperance	6,174	2,797	3,377	4,150	1,724	300	5,735	439	135	573	5,726	400	48	3,295	537	2,342	11,576	..	72	61	
Evandale	8,386	3,875	4,511	7,236	1,122	28	7,746	640	41	80	7,663	680	43	4,801	658	2,927	10,152	353	11	4	
Flinders Is.	3,185	1,527	1,658	2,115	860	210	2,604	581	161	68	2,724	414	47	2,061	93	1,031	10,841	76	32	1	
George Town	9,147	5,375	3,772	6,099	2,383	665	8,160	987	713	117	8,549	545	53	6,153	1,514	1,480	6,445	159	45	32	
Glamorgan	2,650	1,094	1,556	1,735	734	181	2,600	50	19	60	2,598	52	..	1,160	695	795	10,074	..	2	4	
Hamilton	2,490	1,119	1,371	1,336	884	270	2,038	452	135	9	2,149	341	..	1,259	775	456	4,981	..	..	..	†
Snug ..	8,952	4,302	4,650	6,411	2,494	47	7,672	1,280	135	755	7,564	1,027	361	4,832	1,949	2,171	10,479	..	42	30	
Kingston B.	3,998	1,866	2,132	3,739	242	17	3,338	660	99	151	3,409	456	133	1,903	1,179	916	7,090	..	5	22	
King Island	8,244	3,952	4,292	4,940	2,443	861	7,791	453	305	15	7,651	409	184	5,784	1,963	497	10,451	..	274	47	*
New Norfolk	5,956	3,183	2,773	3,585	2,167	204	5,837	119	50	40	5,865	66	25	4,285	787	884	10,606	..	102	23	
Maydena	2,956	1,608	1,348	1,324	1,557	75	2,317	639	343	26	2,660	238	58	2,048	214	694	4,136	..	..	..	‡
Penguin	8,525	4,002	4,523	7,232	1,242	51	7,589	936	63	1,033	7,625	709	191	7,165	217	1,143	7,115	169	49	41	
Portland	6,883	3,275	3,608	4,833	1,597	453	6,429	454	99	1,414	6,312	546	25	3,603	249	3,031	8,471	16	100	84	
Richmond	4,569	2,265	2,304	3,893	620	56	4,412	157	4	186	4,331	203	35	2,276	828	1,465	10,440	10	6	4	
Ringarooma	5,216	2,372	2,844	3,364	1,552	300	5,046	170	91	540	5,108	106	2	1,740	2,291	1,185	13,513	88	17	20	
Scottsdale	10,454	5,017	5,437	8,426	1,129	899	9,995	459	57	554	9,808	586	..	7,585	643	2,226	8,711	60	145	48	
Scorrell ..	1,081	497	584	889	183	9	1,046	35	4	16	973	91	17	687	176	218	1,889	..	9	..	
Thaman	2,281	969	1,312	1,651	437	183	2,200	81	53	75	2,241	39	1	1,119	744	418	9,362	..	12	31	
TOTAL	108,000	52,395	55,605	17,989	24,407	5,604	98,186	9,814	2,914	5,928	99,028	7,706	1,266	65,716	15,607	26,677	174,761	1,045	934	428	

\* Departmental Car

† From 1st July to 30th November only.

‡ From 1st December, 1957.

§ July and August only.



### HOSPITAL BOARDS.

Appointments have been renewed for a further two years, expiring on the 30th June, 1960, in accordance with the provisions of the Hospitals Act. No additional Boards were formed during the year. However, the orders for two Boards, viz. the Devon and the Meercroft, were revoked and one new Board, the Mersey Hospitals Board, appointed in their stead. The Mersey Hospitals District is comprised of the Municipalities of Devonport, Latrobe, Kentish and Deloraine.

#### MERSEY GENERAL HOSPITAL.

With the formation of the Mersey Hospitals District and the new Board, it became necessary to amend the terminology of the hospital and its divisions throughout the district. The Mersey General Hospital is comprised now of three divisions, as follows:—

General Division, Latrobe (formerly Devon General Hospital);

Maternity Division, Devonport (formerly Meercroft Hospital); and

Outpatients Division, Devonport (formerly Devonport Medical Centre).

#### CERTIFICATES OF MERIT.

The Minister for Health, Dr. R. J. David Turnbull, initiated a scheme for giving recognition to members and officers of Boards for long and faithful service. Finally, it was decided that this would be done by means of a Certificate of Merit and effect is now being given to the scheme.

#### HOSPITALS AUXILIARIES CONFERENCE.

The Auxiliaries Conference was held in Launceston on the 18th and 19th September. All Hospitals and Nursing Centres Auxiliaries again were represented.

#### MIGRANT MEDICAL PRACTITIONERS.

An amendment to the Medical Act, 1955, No. 87 of 1957, has made it possible for the Medical Council to grant in the future not more than two original special licences in any one year. Two migrant practitioners were undergoing training at the beginning of the year, and both passed their examinations held at the end of September. They have been licensed to practise in the Government Medical Service. One migrant practitioner only was accepted for training to begin on the 1st October, 1957. He will sit for his examination at the end of September, 1958.

#### GOVERNMENT MEDICAL SERVICE.

The Agreements with the Municipalities expired on the 28th February, 1957, and were allowed to run on until the 30th June, 1957. With the exception of Sorell and Hamilton, the municipalities decided to continue in the scheme and renew the agreements.

Owing to the decision of the Government, requiring the municipalities to bear the total cost of their commitments under the Public Health Act, it became necessary for a new form of agreement to be drafted. Because of the terms of the relevant provision in the Local Government Act, the form of agreement has had to provide for each municipality to pay its contribution to the cost

of the scheme to the District Medical Officer, as a retainer. The balance of the District Medical Officer's salary is paid from the Department.

Seventeen municipalities remained in the scheme under the new form of agreement, operative from the 1st July, 1957. Scottsdale Municipality afterwards gave notice of withdrawal from the 30th June, 1958, and has withdrawn, leaving sixteen in the scheme.

#### GOVERNMENT NURSING SERVICE.

##### *District Nursing Centres Division.*

The District Nursing Centres Division, now operating under its new name, continues to provide nursing and welfare care for the more remote districts and places where general hospitals are not established. There were 26 centres in operation at the beginning of the year, including 14 with inpatient beds and 12 without beds. The inpatient bed capacity has been maintained at 54. The Maydena Centre was closed on 1st December, 1957, when a resident District Medical Officer was appointed to the district, so that at the 30th June, 1958, there remained 14 centres with beds and 11 without beds, totalling in all 25 centres. A summary of work performed for the year under review, together with comparative figures for the last five years, is tabled hereunder.

The activities of this Division of the Government Nursing Service continue with home nursing, first aid and the treatment of patients attending the centres, in addition to the caring for inpatients. The welfare work comprises assistance given to medical officers with immunisations and with school and child health preventive work. Where practicable, lectures were given to school children on hygiene, home nursing, mothercraft and first aid.

Building extensions have been completed at St. Helens, increasing the inpatient bed capacity to six. A new 12-bed hospital is being built at Whitemark, Flinders Island, and should be ready for occupation shortly. The old bush nursing hospital is to be converted for use as staff quarters. On completion, the hospital will pass over to Hospital Board control, as did the hospital at Ouse in July, 1956. Centres at Sheffield and Waratah have had some smaller extensions and renovations carried out, whilst painting and repairs have been done at the other centres.

Due to the consistently generous help of voluntary bodies mentioned later in this report, the Department has been able to provide more of the centres with X-ray equipment, autoclaves, extra sterilisers, electric drying cupboards and many other modern appliances and amenities. The most recent innovation is the supply of Porta Cots to the main maternity hospitals throughout the State. This enables a centre to send a premature infant to the maternity hospital under ideal conditions, by asking that a Porta Cot be sent with the ambulance.

New cars and ambulances have replaced older models in use at Grassy, King Island; Koonya, Tasman Peninsula; Mole Creek and Rossarden.

Local Committees continue to function at Avoca, Lilydale, Rossarden, Storeys Creek and Waratah.

Westbury Centre remained closed all the year, whilst those at Cape Barren Island, Mole Creek, Redpa, Southport, Storeys Creek and Tullah were closed for short periods, as shown in the summary



of work, because of nursing staff shortages. Generally, however, the nursing staff position has been rather more settled because of the availability of more married Sisters in some districts. The domestic staff situation has remained satisfactory throughout the year, with no vacancies.

We are indebted to the Northern Division of the Bush Nursing Association, Local Committees,

Auxiliaries, Country Women's Association Branches, Medical Unions and other bodies of people, as well as to individuals, who have given generously and devoted valuable time to the assisting of the Department at their local centres. Grateful thanks go out to all these people, our good friends of the District Nursing Centres Division.

TABLE 6.

*Summary of Work Performed in the District Nursing Centres Division, during the Year Ended 30th June, 1958.*

Name of Centre	No. of Hospital Beds	Visits to Centre	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned		
Southern—												
Alonnah, Bruny										£	s.	d.
Island	2	1,593	194	71	4	44	538	9	863	17	15	6
Cygnets	5	1,519	31	379	22	37	313			675	17	3
Dover	5	184	2	495	24	220	90	11	9	631	1	6
Koonya, Tas.												
Peninsula	5	922		353	16	17	411		3,584	606	17	5
Maydena	Nil	1,140	164			54	173		105	42	19	0*
Oatlands	5	4,923	1,425	337	16	123	486	7	16	677	4	6
Southport	2	375	12	6		6	101		10	0	19	6†
Strahan	Nil	2,492	1,242			213	214	1	6,040	20	12	0
Swansea	4	3,597	287	154	21	107	339	3	54	258	3	3
Triabunna	3	2,215	120	154	15	152	633	1	519	287	15	2
Totals (10)	31	18,960	3,477	1,949	118	973	3,298	32	11,200	3,219	5	1
Northern—												
Avoca	Nil	1,113	659			3	524	2	1,048	72	11	11
Cape Barren Is.	1	947	273	152	1	20	73	5	425	18	0	0‡
George Town	5	1,116		493	60	204	103	1	2	925	1	0
Gladstone	Nil	1,641	2,208			269	508		6,738	75	3	0
Grassy, King Is.	Nil	6,325	366			281	1,221		4,400	59	0	0
Lilydale	Nil	1,286	1,581			27	717	11	6,777	271	11	9
Mole Creek	Nil	1,247	479			66	553	25	6,285	44	6	0§
Redpa	Nil	1,995	1,283			44	618	13	7,043	92	15	6¶
Ringarooma	Nil	2,508	74			92	363		682	14	1	1
Rossarden	Nil	5,122	2,242			637	1,283		5,388	57	17	8
St. Helens	6	104		719	33	168	309	6		1,078	10	9
Sheffield	5	22		630	54					1,048	15	5
Storeys Creek	Nil	1,866	1,569			33	163	4	2,531			‡
Tullah	1	521	105	48	2	13	24	9	73	110	8	6¶
Waratah	Nil	791	480			2	129	2	3,455			
Whitmark, Flinders Is.	5	1,313	187	724	24	24	313	10	70	1,359	5	8
Totals (16)	23	27,917	11,506	2,766	174	1,883	6,901	88	44,927	5,227	8	3
Grand Tls. (26)	54	46,877	14,983	4,715	292	2,856	10,199	120	56,127	8,446	13	4

\* Closed 1st December, 1957.

† Closed for five months.

‡ Closed for four weeks.

§ Closed for five weeks.

¶ Closed for seven weeks.

*Comparative Figures for Five Years, 1953-54 to 1957-58.*

Year	Total No. of Centres	No. of Beds	Visits to Centre	Visits to Patients	Hospital Bed-days	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned		
											£	s.	d.
1953-54	27	57	45,081	9755	4369	290	2596	8888	92	58,374	5,650	8	3
1954-55	26	53	49,075	10,056	4828	311	3453	9519	132	56,285	5,946	2	8
1955-56	29	70	51,952	8565	5940	371	3565	9282	104	49,804	8,572	19	4
1956-57	29	70	53,338	10,616	4211	268	2788	9810	100	54,748	7,488	11	1
1957-58	26	54	46,877	14,983	4715	292	2856	10,199	120	56,127	8,446	13	4



## TOURIST NURSING DIVISION

The Tourist Nursing Division of the Government Nursing Service functions for the purpose of supplementing country hospitals and district nursing centres temporarily during their staff shortages, at the request of Hospital Boards of Management. Even some of the city hospitals receive help from this source when it can be made available, and in some instances it has been the means of maintaining entire staffs of small country hospitals temporarily. Although this may not be an ideal situation, it nevertheless has prevented the closure of these smaller institutions, pending appointment of more settled applicants.

This Division of the Nursing Service has, in fact, become so well established that it is now indispensable.

Appointments during the year under review have been 34, resignations 22, and the number remaining at 30th June, 1958, was 14. It is estimated that at least 20 is the establishment to be properly effective, for the demand still very much exceeds the supply.

The Department has advertised widely, and attractive literature has been compiled and printed describing nursing opportunities with travel in Tasmania. In this way it is hoped to attract many qualified nurses from the United Kingdom, as well as from other Australian States.

The length of service given by these appointees has averaged six months, with a few exceptions. It is on record that two English Nursing Sisters each gave twelve months' service during the year. One has now resigned, but the other has resumed duty following annual leave.

In addition to the temporary help lent to hospitals from the Tourist Nursing Division, the Department has quite often been able to assist them further by corresponding with and interviewing other more settled applicants. Subsequently we have arranged the appointment of such applicants to the hospital of their choice, on behalf of those Hospital Boards who have requested our help.

## LEGISLATION

*Dangerous Drug Bill*—During the year, Cabinet instructed the Department to proceed with the preparation of a Dangerous Drug Bill for Tasmania. The Commonwealth of Australia has been a signatory for some years now to a World Health Organisation Agreement to standardise the methods of control of drugs which can cause addiction. The main groups of drugs concerned are narcotic drugs. Apart from certain controls which exist through the provisions of the Poisons Act in Tasmania and the provisions for import restrictions imposed by Commonwealth legislation, no proper control of the manufacture, storage and distribution of dangerous drugs exists in Tasmania at the present time. Work on the preparation of this Bill proceeded throughout the latter part of the year.

## STAFF

Finally, once more it is my great privilege to acknowledge with sincere gratitude the conscientious work, loyalty and friendship of all officers

of the Department. These qualities so strongly evidenced have made my work easy and pleasant, and I am most grateful.

I have, &c.,

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

Director-General of Health Services.

## REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30th JUNE, 1958.

During the past twelve months the demand for pathology tests in Tasmania has shown the usual steady increase. Gone for ever are the days when the diagnosis of disease was made by the clinical acumen of the experienced physician using all his senses—even his sense of smell. These days, a difficult case is put through a barrage of tests and examinations and the right diagnosis usually emerges at the end. In some ways it is regrettable that the old type of diagnostician has been replaced by machine methods but it has to be admitted that the latter are more accurate in the long run—even if rather expensive to the patient and the State. Multiple laboratory investigations have come to stay and we must expect to see them increased in number and scope each year. This means more laboratories and more technicians. However the financial outlay is largely recouped by more accurate and quicker diagnoses lessening the period of treatment.

*Burnie*

Dr. Quinlan reports that his laboratory carried out over 10,000 investigations in the last year as well as 82 autopsy examinations. He is reasonably satisfied with the facilities available but considers the mortuaries at Wynyard and Smithton should have some improvements made.

The Mersey Hospital at Devonport will soon have a laboratory and a technician and these will function under Dr. Quinlan's guidance.

*Launceston*

Dr. Manoim, the pathologist at the laboratory in the Launceston General Hospital, has found the last year a very busy one and, as he sets a very high standard of efficiency, it has meant a lot of extra work for all members of the staff.

*Hobart*

Dr. Parsons has been in charge of this laboratory and has made several changes, the most sweeping being in the staff. Originally this laboratory had a trained biochemist and bacteriologist but now these duties are done by trainee technicians under the supervision of an experienced officer. The trainees rotate at regular intervals and so gain experiences in all branches of pathology. After some five years of experience and study they could become fully trained technicians. There are certain advantages and disadvantages with this system and it will take time to arrive at a conclusion as to which scheme is the better.

*Medico-Legal Work*

The Burnie, Launceston and Hobart centres cope satisfactorily with coroners' autopsies and police work generally. There is always some difficulty during leave and sick periods as no relieving pathologist can be provided in a small service such as exists here. No easy answer to this problem presents itself as trained pathologists are scarce throughout Australia.

*Motor Vehicle Accidents*

Motor vehicle accidents remain as common as ever but one reduction has been noted. Some years ago cases of motor cyclists being killed by colliding with the tray of a lorry or truck were not infrequent. This type of accident is now rare—probably due to legislation introduced with the purpose of preventing it. Tractor accidents still take their toll and will continue until the recently developed means for preventing roll over is adopted.

*Research*

Quite a lot of work has been done in connection with coronary occlusion. Several hundred coronary arteries have been examined and many facts have been collected



and presented at meetings for discussion. In the writer's opinion, premature coronary occlusion here is closely related to our mode of life and is one of the penalties we pay for living in this mechanical age with its abundance of rich food which can be obtained without the necessity of hard physical work.

In combination with the Government Analyst's Department, a series of blood alcohol tests was done on persons whose death had been reported to the Coroner. The findings were presented as a paper at the Medical Congress. The figures agreed with those published in Victoria and West Australia and prove that a big percentage of car drivers, and pedestrians, killed in motor vehicle accidents are dangerously under the influence of alcohol at the time. It also showed that any person who becomes greatly intoxicated is in very real danger of sudden death by choking.

#### Cancer Detection

In August, 1958, it is intended to introduce a service whereby all practitioners in Tasmania may take smears from their patients and have them examined free of charge for cancer cells. A technician is being trained for this purpose at the Royal Hobart Hospital. It is hoped that cases of cancer peculiar to women will be detected at an early stage and thus make cure more likely.

CAMPBELL DUNCAN,

Director of Pathology.

### REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30th JUNE, 1958.

#### Personnel

Dr. J. Edis, Chairman; Mr. J. M. Drew, Mr. C. Craig, Dr. C. Petrovsky, Miss J. O. Brown, Miss C. I. Skirving (until March, 1958), Miss B. L. Campbell, Miss N. Winwood, Miss L. M. Zwar.

#### Meetings

Six ordinary meetings were held, and in addition two meetings were held with Matrons and tutors from some of the major training schools to discuss revision of the curriculum and the period of training.

#### Legislation

- (1) During this period the Nurses' Registration Act was amended to reduce the period of general training from four to three years.
- (2) The curriculum was thoroughly revised and arranged to suit a three year training.
- (3) The curriculum for Child Health training was revised.

#### Training Schools

The number of training schools is as follows:—

General	10
Midwifery	5
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary nurses—General section	4
Auxiliary nurses—Geriatric section	1

#### Students

1. Applications for training approved: 410.

General	225
Midwifery	118
Psychiatric	11
Child Health	11
Tuberculosis	5
Auxiliary—General	23
Auxiliary—Geriatric	17

2. Commenced training: 363.

General	204
Midwifery	106
Psychiatric	4
Child Health	9
Tuberculosis	3
Auxiliary—General	20
Auxiliary—Geriatric	17

3. Completed training: 218.

General	73
Midwifery	86
Psychiatric	3
Child Health	13
Tuberculosis	3
Auxiliary—General	14
Auxiliary—Geriatric	26

4. Resigned before completion of training: 150.

General	114
Midwifery	10
Psychiatric	7
Child Health	2
Tuberculosis	.....
Auxiliary—General	9
Auxiliary—Geriatric	8

5. Total number in training on the 30.6.58: 711.

General	530
Midwifery	98
Psychiatric	36
Child Health	3
Tuberculosis	3
Auxiliary—General	24
Auxiliary—Geriatric	17

#### Examinations

1. No educational examinations for intending trainees have been held this year.

2. Examinations for registration:—

Number held	3
Number of candidates	245
Number passed	226
Number failed	19

Details of results:—

Subject	Candidates	Passed	Failed
General	88	80	8
Midwifery	88	87	1
Psychiatric	8	3	5
Child Health	14	13	1
Tuberculosis	2	2	.....
Aux. General	19	16	3
Aux. Geriatric	26	25	1

#### Registration

1. Applications approved: 618.

General	364
Midwifery	188
Psychiatric	5
Child Health	38
Tuberculosis	3
Auxiliary General	20
Auxiliary Geriatric	.....

2. Registration renewed: 1,909.

Number of persons who renewed registration: 1,252  
Auxiliary: 29  
Total: 1,279

3. Number of registrations current 30.6.58: 2,746.

General	1,652
Midwifery	770
Psychiatric	74
Child Health	181
Tuberculosis	20
Auxiliary	49

4. Number of persons on current register: 1,879. As follows:—

	Persons	Registrations
General only	970	970
General and Midwifery	485	970
General, Midwifery and Child Health	161	483
Midwifery only	107	107
Psychiatric only	59	59
General and Psychiatric	7	14
Tuberculosis	7	7
General Midwifery, Child Health and Psychiatric	3	12
General, Midwifery, Child Health and Tb.	1	4
General, Midwifery, Psychiatric and Tb.	1	4
General, Midwifery, Psychiatric, Child Health and Tb.	1	5
Midwifery and Child Health	5	10
General and Tb.	7	14
General & Child Health	10	20
General, Midwifery and Tuberculosis	3	9
General, Midwifery and Psychiatric	3	9
Auxiliary	49	49
<b>TOTAL</b>	<b>1,879</b>	<b>2,746</b>



Note: Some nurses registered as Midwifery only or Midwifery and Child Health have been registered as general nurses as well, but general registration, having been effected earlier, has lapsed and not been renewed, while those registrations effected later are still current.

#### Post-graduate Diplomas

There are 15 nurses in the State who hold post-graduate diplomas:—

Nursing Administration .....	4
Sister Tutor .....	3
Midwife Tutor .....	2
Ward Sister .....	4
Theatre Management and Teaching .....	2

#### Central Preliminary Training School

*Preliminary Blocks.*—Forty-two nurses have attended preliminary blocks this year; 20 passed, 8 failed, one did not complete block, and 13 were still in training on the 30.6.58.

*Second year blocks.*—Three second year blocks have been held and 28 nurses attended; 23 passed and 5 failed in examinations at completion of block.

#### Reduced Training Period

During the year a conference was convened by the Chairman for the purpose of investigating the possibility of reducing the nursing training period from 4 years to three years. This conference set up an expert sub-committee to examine and redraft the curriculum. This was done, and the modified curriculum accepted by the conference, which reported to the Nurses' Registration Board that it was feasible and desirable to reduce the period of training to 3 years.

#### Statistics.—St. John's Park Hospital, New Town, for the Year Ended 30th June, 1958.

##### Number of Beds available—

Female Division .....	162	including 82 hospital beds
Male Division .....	335	including 171 hospital beds
<b>Total .....</b>	<b>497</b>	<b>253</b>

#### PATIENTS

Year	No. Resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year.			Average Daily Number
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1956-57 .....	276	148	424	187	43	230	99	15	114	90	25	115	274	151	425	422.79
1957-58 .....	274	151	425	176	52	228	83	25	108	99	28	127	268	150	418	413.07

	Summary	1956-57	1957-58.	Expenditure:	1956-57	1957-58
Number resident at commencement of year .....		424	425		£	£
Admitted during year .....		230	228	Salaries .....	140,447	154,343
		654	653	Fuel and light .....	6,250	8,588
Discharged during year .....	114	108		Provisions and medical comforts .....	43,017	40,077
Deaths during year .....	115	127	235	Bedding, clothing, stores .....	18,408	19,034
Number resident at close of year .....		425	418	Repairs and renewals of buildings .....	6,869	7,975
				Sundries .....	8,738	9,987
					£223,729	£240,004
Revenue:		£	£			
Commonwealth Hospital Benefits .....		30,686	33,311			
State Aid (net cost) .....		152,522	165,146			
Invalid and old age pensions contributions .....		23,229	22,301			
War service pensions contributions .....		2,421	1,922		£ s. d.	£ s. d.
Private maintenance .....		13,093	13,454	Gross daily cost per inmate ..	1 8 11	1 11 10
Laundry services .....		1,346	3,514	Net daily cost per inmate .....	0 19 9	1 1 11
Sundries .....		427	356	Gross weekly cost per inmate ..	10 2 11	11 2 10
		£223,729	£240,004	Net weekly cost per inmate .....	6 18 4	7 13 4

This was accepted by the Nurses' Registration Board and by the Hon. the Minister for Health. As a result necessary legislation was prepared and the Nurses' Registration Act amended on the 26th June, 1958. There has, of course, been no opportunity as yet to estimate the impact of this legislation, but it is confidently expected that it will have many advantageous effects so far as nursing recruitment and training are concerned.

#### Student Nurses.

The term "trainee" has been discontinued and nurses undergoing their first course of training are now referred to as "student nurses". Registered general nurses undergoing post-graduate courses in midwifery, psychiatric, tuberculosis and child health nursing are known as "student sisters".

#### Auxiliary Nurses

Reciprocal registration or enrolment of Auxiliary Nurses has been arranged with the Western Australian Nurses' Registration Board and the Victorian Hospitals and Charities Commission.

#### Geriatric Training.

The first Auxiliary nurses, Geriatric section, have completed their course. The Board was very pleased with the standard of training they received at St. John's Park and very impressed with the results of their examinations. Twenty-five nurses, male and female, completed the course and passed the examinations. As plans are being made for other institutions for the aged in other parts of the State, it is to be hoped that the lead thus given will encourage other institutions to implement similar training schemes.

JOHN EDIS, Chairman.

L. H. SIDEBOTTOM, Registrar.



REPORT OF THE TECHNICAL DIVISION  
(CHEMISTRY) FOR THE YEAR ENDED

30th JUNE, 1958.

*Work of the Division*

During the year the Branch, previously the Government Analyst's Branch of the Division of Public Health, was constituted as a separate Technical Division of the Department. The activities, as before, have consisted of chemical and analytical work for most government departments, with a considerable amount of advisory or consulting work. The total number of samples and materials tested, examined or reported on was 3325, an increase of 696 on the previous year, and an all-time record, except for the year 1944 when the number was swollen by over two thousand clinical thermometers for routine testing.

Agricultural samples have now attained numerical preponderancy in the summation of the work of the Division, although this is not necessarily a true indication of the relative volume of the work. The tests done on many soils, for example, take little time; on the other hand, the work done on some foods, toxicology specimens and other materials is very lengthy. However, there has been a trend towards much more consulting and advisory work not necessarily involving analyses, especially in agricultural and police work.

Other sections of the work that have shown increases over previous years are water analyses, criminal investigation work, and toxicological specimens.

The following tables show the variety and numbers of materials submitted to the laboratory, and the sources whence they came.

Table 7—Materials examined

Soils	916
Plant nutrition	867
Foods	410
Waters	340
Toxicology specimens (human)	171
Fertilisers	113
Criminal investigation	106
Alcohol (inebriation tests)	90
Feeding stuffs	69
Miscellaneous industrial and commercial materials	56
Fuel and lubricating oils	32
Animal poisoning specimens	27
Paints and building materials	27
Sewage and wastes	22
Pesticides	15
Drugs and medicines	14
Soaps, cleaning materials and disinfectants	12
Animal nutrition	10
Human milks	6
Paper and textiles	6
Pathology specimens	5
Air and gases	4
Corrosion products	3
Minerals, &c.	2
Hydrometers and thermometers	2
	<u>3,325</u>

Table 8—Source of Samples

State Departments:	
Agriculture	1,748
Police	294
Health Services	225
Forestry	33
Hydro-Electric Commission	30
Public Works	19
Transport	12
Supply and Tender	6
Agricultural Bank	4
Labour and Industry	3
Registrar-General	2
Tasmanian Grain Elevators	1
Commonwealth Departments:	
Works	10
Army	6
Postmaster-General's	4
C.S.I.R.O.	3
Navy	2
Health	1
Private firms and persons	571
Local Authorities	241
Hospitals and Institutions (including Child Health)	109
Marine Board	1
	<u>3,325</u>

*Food Chemistry*

Systematic official sampling of foodstuffs has never been practised here as in some countries, notably in England, where large numbers of samples are regularly and frequently taken. In England the rate of sampling was around three samples per 1,000 head of population for many years, but recent figures are not readily available. The rates in Tasmania have been as follows—1945 (0.9), 1950 (1.7), 1955 (1.7), 1956 (1.7), 1957 (1.3), 1958 (0.84). Figures for the other States are not easy to obtain, but some information shows that for New South Wales and Queensland the figures are considerably higher than ours, at least two or more per 1,000 head.

The total number of samples taken officially by inspectors in the year under review was 269, a considerable falling off from the two previous years, when the numbers were 421 and 530 respectively.

The number below standard was 81. This high proportion, however, is due to selective, and not to random sampling. Many of the defective samples were suspect prior to sampling, and some lines were sampled several times.

The most flagrant case of adulteration that was encountered was the widespread sale of so-called almond meal which on analysis proved to be wheat meal flavoured with almond essence, and quite devoid of almond meal. This product, purchased for four shillings a pound, was retailed for the Christmas cake ingredient trade at eighteen shillings. Prosecutions resulted in a fine in one case, but legal technical ramifications appear to have clouded the issue in others. The use of this substitute extended to almond icing and almond marzipan, but the makers of these have so far been able to maintain successfully that such products need only be merely flavoured with almond essence. Of 20 samples of almond meal from various parts of the State, mainly Hobart, nine were spurious, and stocks had to be disposed of by retailers as substitute almond meal. The matter of standards for marzipan and almond icing is receiving attention.

Other breaches of the Food and Drug Regulations were—cordials improperly labelled (5), and black-currant cordial (syrup) deficient in ascorbic acid (vitamin C). Ten (10) cases of foreign matter or filth in foods, namely bread (4), meat pies (3), milk (2), and cordial (1) were encountered.

Much of the work of the official food analyst today consists in the checking of claims made in the labels of packaged foods. In these days of high pressure advertising and sometimes tricky labelling, designed to catch the shopper in a moment of "impulse buying", this aspect has become very important, more so perhaps than the detection of deliberate adulteration and "watering down". No one can seriously quarrel with the proposition that the buyer of a packaged foodstuff is entitled to be told plainly by the label what he is getting, with no half truths or misleading inferences.

With regard to this, the British Food and Drugs Act is better designed to safeguard the purchaser than our own, inasmuch as it provides, not only that a label must not be "false or misleading" as to the "nature, substance and quality" of the contents, as also does the Tasmanian law, but it must not be "calculated to mislead" the "ordinary man". Such a provision is much better designed to protect the buyer.

Of the 174 official samples of milk, 44 were below standard. Of these, 31 were substandard in fat and/or non-fatty solids, but not watered. Two of the samples were watered, and two contained dirt. The total number of samples received was much less than in the two previous years, 284 and 356 respectively.

It is apparent that the milk position is not being adequately covered, but no doubt local authorities have plenty of other matters to contend with today.

*Agricultural Chemistry*

A very close liaison is maintained between officers of this Division and those of the Extension and Technical Divisions of the Department of Agriculture. The latter are receiving a quick and efficient service to guide them in their advisory work and assistance to primary producers.

*Soils.*—Most of the 960 soils tested may be broadly classified as shown in the following table:—

Submitted by	Purpose	
	Departmental investigations	On behalf of farmers and orchardists
District Agricultural Officers	200	207
Agronomy Division	260	
Horticultural Division		91
Plant Pathology Division	89	



Departmental investigations cover such projects as the residual effects of potassium chloride dressings (99 samples) and various other field trials with fertilisers and trace elements. Soils examined on behalf of farmers and orchardists entail mainly fertility tests such as rapid phosphate, potash, and lime requirement determinations. The large number of such samples which come to the laboratory shows that these tests, interpreted with the assistance of the soils chemist, together with the local knowledge and history known to the field officers, have the confidence of the latter and assist them materially in their work.

*Plant nutrition.*—Allied to the soils work is the chemical work connected with plant productivity and health. To the long realised importance of the trace elements copper, cobalt and molybdenum, there has been added recently the interest in possible deficiencies of zinc, magnesium and manganese, or toxicities due thereto. The agricultural scientist also encounters the symptoms of deficiencies of other nutrients such as calcium, potash and nitrogen. These are followed up by chemical tests on leaves, which may or may not confirm the preliminary diagnosis or suspicion. It is a great advantage for the agricultural expert to have his provisional diagnoses and surmises checked by accurate analyses, and much credit is due to Mr. K. M. Stackhouse for organising this service.

The work in this field falls mainly under the following heads:—

Material	No. of samples	Investigation
Grass & clover	451	Potash, lime and molybdenum trials
Apples	145	Calcium, magnesium and zinc deficiency
Apricots	131	Brown rot (potash deficiency) and copper
Hops	59	Zinc deficiency and yield
Berry fruits	51	Control of spur blight
Miscellaneous	11	Potash and manganese deficiency and salt damage

*Fertilisers and Feeding Stuffs.*—A total of 113 fertilisers was examined, 70 of them being taken by inspectors under the Fertilisers Act. Of 50 samples examined, 18 were faulty in some respect such as deficiency in the declared (registered) amount of active ingredient, or substandard in composition or fineness. Shortcomings were considered by the Fertilisers Board.

Following the discovery of substandard agricultural quick-lime, I visited and took samples at a lime works to ascertain whether the standard could be met by this product, using the limestone available. As a result, the requirement was reduced from 80 to 70 per cent of calcium oxide calculated on the ignited sample.

*Miscellaneous Materials.*—A large number of animal feeding stuffs (69) was examined, including 38 hays and silage in connection with fodder competitions. Chemical analysis has been found to be a very useful adjunct in the judging of silage quality and fodder generally. Mr. Stackhouse attended a Department of Agriculture Extensions Services conference at Cressy, and addressed officers on soil and fodder analysis.

Animal poisonings, real and suspected, contributed 27 samples; of the 20 cases involved, six being positive. Other materials examined were, pesticide formulations (15), and animal nutrition specimens (9).

#### FORENSIC CHEMISTRY

Another heavy year was experienced in this section of the work. The main items were toxicological analysis (171), criminal investigation exhibits (106), and alcohol (under the influence) tests (90). Of 22 cases submitted by coroners, barbiturates were found in 3, arsenic 3, strychnine 2, and glutethimide, lindane, parathion, sedormid, and sodium borate 1 each. Nine (9) were negative. In addition 57 stomach washouts from poisoning cases, accidental or suicidal, involving hospital treatment but not necessarily police action were received. Barbiturate overdosage was responsible for 9. Other positive cases involved petroleum products 6, phenolphthalein 2 and other miscellaneous materials. Eighteen were negative and fourteen not proceeded with.

A number of articles examined for the police in connection with various crimes included paint flakes from clothing and cars, fibres and clothing, glass, dust, &c. Two fires and two explosions were investigated and evidence given in subsequent court proceedings by Messrs. Shipp, Wishart and myself.

In one case, in which I gave evidence and was subjected to lengthy cross examination, an electrician was killed

by an explosion in an oil-fired central heating furnace. The oil fuel in use was contaminated with about 2 per cent of petrol, thus reducing the flash point from 150°F to 96°F. The exact source of the contamination was not ascertained at the inquiry but the occurrence strongly underlines the need for the checking of the supplies delivered by oil companies, to prevent mishaps.

Police work comes in waves, and there are times when as many as three officers are engaged upon forensic chemistry of this kind. There is good reason to believe that the police are finding this Division a great help in bringing wrongdoers to justice.

Blood and urine alcohol tests to ascertain whether persons were "under the influence" provided 90 specimens. A summary of these, showing the distribution over various concentration ranges of the body fluids of persons accused of driving under the influence, and the tests on accident post mortem victims, follows:—

Concentration mg. per 100 ml. blood	Driving under the influence	Cases Accident post mortems
0—49	1	3
50—149	6	4
150—199	8	2
200—249	15	4
250—299	5	2

One hundred and fifty milligrams per 100 millilitres of blood is equivalent, in an 11 stone man, to two and three-quarter fluid ounces of pure alcohol in circulation, or seven whiskies, or 9½ seven ounce beers. This is the *minimum* amount consumed because considerably more must be imbibed for a person to attain that concentration in the blood.

The greater part of this work has been done by Mr. M. H. R. Shipp, whose appearances in court have done much to establish the test.

Unfortunately the projected legislation for voluntary blood alcohol tests has not yet been passed. Consequently the analyst's certificate is not accepted in court and he has to appear in person. This entails much time and expense. Every charge of driving under the influence which is heard at any distance from Hobart, particularly in Launceston, where the test is much availed of, costs the government an average £5 to £6 and one to one and a half days of an analyst's time.

*Water and Related Matters.*—Of a total of 340 waters examined, 135 were public pay samples and 205 departmental. The former comprised mainly waters from farmers, local authorities and members of the public seeking information regarding suitability for stock, irrigation, dairy and household purposes. The samples for which no charge was made were mainly from government departments, chiefly the Departments of Agriculture, Public Works and Health Services. Advice on suitability and treatment for defects was given in many cases, and individuals and various bodies were assisted with corrosion and other problems. Among these were the Burnie and Zeehan public hospitals, the Education Department (schools water supplies and treatment), and several local authorities. Regular monthly checks of the flourine treatment of the Beaconsfield water supply have been continued. The tests are made monthly on a composite sample of daily portions from the reticulation, and on a sample taken at the plant to check the daily tests made there. The returns of daily tests and of the amount of silico-fluoride used, which are forwarded by the engineer, continue to show good agreement. A commencement has been made with the chemical study of pollution in the River Derwent. A preliminary survey has been made of a number of effluents entering the stream, and this will be followed up during the coming Summer.

#### Miscellaneous Activities

I have continued to act *ex-officio* on the Food Standards Committee, the Fertilisers, Stock Medicines, & Pesticides Committees, the Pesticides (Health) Committee, and the Fluoridation Committee. A number of enquiries about fluoridation from interested parties have been attended to.

During the year I have assisted in the conducting of examinations for health inspectors for the Royal Society of Health, and have assisted with comments the deliberations of the National Health and Medical Council's Food Standards Committee on uniform food standards.

The fees charged for work done in the laboratory have been revised. Two scales were fixed, one the full fees charged to private firms and persons not specially provided for—a class of work which is not sought by the Division and is only undertaken because there are no public



analysts, or because of our special facilities—and the other providing reduced fees for primary producers, generally at one-third of the full rates. The latter follow fairly closely the rates advocated by the Royal Australian Chemical Institute.

Towards the end of the year the matter of new laboratories for the Division was revived. Up to the time of writing, no suitable site has been obtained. The requirement is one-third to half an acre situated in a clean locality within convenient reach of other departments, and easy of access by the public. There is very much to be said, on the grounds of economies in construction, services and other facilities, and opportunities for consultation, for a combined block of laboratories to serve chemical, biological, pathological and mechanical laboratory activities. It is hoped that a start will be made soon, as these laboratories are hopelessly over-crowded, a state of affairs that is neither wholly safe nor conducive to good working efficiency.

*Staff*

There were no major staff changes during the year. We now have two junior technical assistants who are continuing their diploma courses with the aid of generous time off, a system which in my opinion introduces very useful recruits.

I would again like to express my appreciation of the entire co-operation of all members of the staff during a busy year.

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

VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

*Statistical and General*

Population: Estimated on 31st December, 1957—

Males .....	175,887
Females .....	164,979
	<hr/>
	340,866

Mean Population: Year ended 31st December, 1957—

Males .....	170,093
Females .....	160,107
	<hr/>
	330,200

*Australian Birth-rates per 1000 of Mean Population*

	1954	1955	1956	1957
Tasmania .....	24.97	25.59	25.15	25.55
New South Wales .....	21.33	21.31	21.39	21.93
Victoria .....	22.28	22.30	22.42	22.61
Queensland .....	23.74	24.16	23.72	24.25
South Australia .....	22.89	22.55	22.35	22.35
Western Australia .....	24.88	25.23	24.98	24.47
Northern Territory .....	31.64	30.22	31.07	34.49
Australian Capital Territory .....	28.21	26.56	31.04	30.13
	<hr/>	<hr/>	<hr/>	<hr/>
Australia .....	22.50	22.57	22.50	22.86

*Causes of Death in Tasmania: 1953-1957.*

International Classification Group No.	Code No.	Cause of Death.	1953	1954	1955	1956	1957
1	001-138	Infective and Parasitic diseases .....	74	53	56	68	37
2	140-239	Neoplasms .....	356	400	376	387	391
3	240-289	Allergic, Endocrine System, Metabolic and Nutritional Diseases .....	56	75	54	66	72
4	290-299	Diseases of the Blood and Blood forming Organs .....	18	12	12	8	12
5	300-326	Mental Psychoneurotic and Personality Disorders .....	5	18	19	15	26
6	330-398	Diseases of the Nervous System and Sense Organs .....	352	346	374	329	408
7	400-468	Diseases of the Circulatory System .....	972	987	845	919	943
8	470-527	Diseases of the Respiratory System .....	175	234	198	176	217
9	53-587	Diseases of the Digestive System .....	84	87	80	76	73
10	590-637	Diseases of the Genito Urinary System .....	89	75	94	66	93
11	640-689	Deliveries and Complications of Pregnancy, Childbirth and Puerperium .....	7	7	4	3	2
12	690-716	Diseases of the Skin and Cellular Tissue .....	4	2	4	7	1
13	720-744	Diseases of the Bones and Organs of Movement .....	4	11	9	14	13
14	750-759	Congenital Malformations .....	31	45	41	46	49
15	760-776	Certain Diseases of Early Infancy .....	104	104	115	98	93
16	780-795	Symptoms, Senility and Ill-defined conditions .....	34	25	30	28	22
17	800-999	Accidents, Poisoning and Violence .....	186	215	178	207	218
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			2,551	2,696	2,489	2,513	2,670

*Specific Diseases included in the above Groups.*

International Classification Group No.	Code No.	Cause of Death.	1953	1954	1955	1956	1957
1	001-009	Tuberculosis (all forms) .....	24	35	31	32	16
2	140-205	Malignant Neoplasms .....	346	393	368	376	386
3	260	Diabetes Mellitus .....	39	58	29	43	49
6	330-332	Cerebral Haemorrhage and Thrombosis .....	283	285	316	253	336
7	410-443	Heart Diseases .....	826	852	711	785	814
8	490-493	Pneumonia .....	109	136	108	89	126
8	500-502	Bronchitis .....	34	37	41	35	43
10	590-594	Nephritis and Nephrosis .....	57	33	42	35	43
17	810-825	Motor Vehicle Traffic Accidents .....	59	85	62	75	66
17	910-936	Other Accidents .....	55	57	52	54	57
17	970-979	Suicide .....	19	30	23	23	40



## Section I.—Report of the Work of the Division of Public Health for the Year Ended 30th June, 1958

The Director of Public Health returned to the State from his World Health Organisation tour of inspection of Public Health services in the United States of America and Europe at the end of December and resumed responsibilities for the Division.

### HEALTH INSPECTORS.

One examination was held during the year under the auspices of the Royal Society for the Promotion of Health. Nine candidates sat for the certificate for Meat and Other Foods; seven were successful and two failed. Six of the seven successful candidates were already in employment as Health Inspectors, and the other has since left the State. A further examination of candidates for the Sanitary Inspector's Certificate will be held next year.

At present, classes for students are being held at the Hobart Technical College on Public Health Law and History and Survey of Local Government.

### SANITATION AND HYGIENE.

#### *Health Inspections.*

During the year Health Agreements made under the Public Health Act between certain Municipalities and the Minister for Health were terminated and the local authorities concerned became directly responsible for carrying out their commitments under the Public Health Act. The part-time health inspectors attached to these municipalities but paid by the Department became the employees of the local authorities for health purposes. Despite the fact that the strength of the Divisional Health Inspectors remained below optimum requirements, these senior inspectors continued to supervise the work of the municipal inspectors as best they could and practical recommendations were made to certain municipalities for means of training their unqualified inspectors. The senior inspectors in the Division endeavoured to provide a short curriculum of training in certain instances.

Special attention during the year was given to closing undesirable private slaughter houses. Two such slaughter houses were condemned in the Municipality of Clarence and one in the Municipality of Kingborough. Instead of the optimum 98 sanitary surveys, which the Divisional Health Inspectors consider should be carried out each year in order to ensure that good standards were being maintained in all municipalities, only 29 such surveys could be undertaken because of the pressure of work on the depleted staff.

The work entailed by Divisional Health Inspectors accompanying the Licensing Court Inspectors has been of considerable advantage to the Licensing Court, but this work was carried out in addition to the normal duties of the Health Inspectors and was a contributory factor towards the reduction in the total sanitary surveys. Altogether, of a selected group of important inspections from the total inspections conducted, 753 inspections were carried out of bakehouses, butchers' shops, food premises, offensive trades, garbage tips and sanitary depots. This represented a considerable reduction in the total number of inspections of the same kind of premises compared with 1956-57

and 1955-56 when 1,241 and 1,596 inspections were carried out respectively. The following are the details:—

	<i>No. of inspections.</i>	<i>Matters requiring attention.</i>
Aerodromes .....	9	
Bakehouses .....	77	29
Butchers' shops .....	160	51
Chemists' shops .....	11	
Dairying premises and milk depots .....	34	5
Domestic inspections .....	47	15
Drainage .....	162	86
Food premises (including eating houses) .....	329	46
Fruit processing factories .....	5	
Garbage tips and sites .....	49	18
Guest houses .....	67	6
Hairdressing establishments .....	25	3
Hospitals (utensils inspection) .....	8	
Land subdivisions .....	39	
Licensed premises .....	445	266
Miscellaneous .....	82	
Mutton bird premises .....	969	103
Offensive trades .....	108	38
Places of public entertainment .....	125	77
Reserves, beaches, show and recreation grounds .....	85	22
Saleyards .....	13	4
Sanitary depots and services .....	30	11
Schools .....	83	18
Scallop sheds .....	15	3
Septic tank sewerage schemes .....	14	
Septic tanks including plans and sites .....	1,349	177
Spirits (alcoholic tests) .....	658	15
Water supplies .....	21	
Totals .....	5,019	993
Last year .....	7,249	1,189

#### *Drainage.*

One hundred and sixty two drainage problems were investigated during the year compared with 168 for the previous year. A considerable amount of advice was provided on ways and means of abating nuisances arising from defective and improvised drains.

Several party drainage schemes were organised in Southern Tasmania during the year. These schemes were based on the costs of the common drainage scheme being shared by groups of householders and the septic tank effluent and sullage water from the properties of contributors were drained to approved points in the nearest tidal water.

Complete drainage schemes were recommended for six sub-divisions of land. Satisfactory plans were devised for the provision of large sewerage tanks constructed to receive the sewage from the sub-division.

#### *Septic Tanks.*

A record number of 1,643 applications was received for the installation of septic tanks, which was this year 143 more than last year. Installations numbering 1,556 were approved and 87 applications were rejected for various good reasons.

More strict control over the installation of septic tanks has resulted in a valuable reduction in the number of nuisances or potential nuisances which had been allowed to arise in the past. Because of the undesirability of the land, the installation of individual septic tanks was refused in 13 sub-divisions and sub-dividers and purchasers of land were encouraged to co-operate in planning for proper drainage schemes. Fortunately, the public is becoming aware of drainage problems and many



communications were received by the Health Inspectors from prospective purchasers of land and houses, seeking advice about drainage facilities on the properties before making purchases. It has been necessary to keep a watching brief on advertisements for the sale of blocks of land and sub-divisions produced by estate agents. Several cases of misrepresentation to the public were discovered and the necessary action was taken.

Sheffield and St. Helens availed themselves of the provisions under Section 59 of the Sewerage and Drains Act, 1954, and were declared septic tank districts. This will enable them to eliminate their obnoxious sanitary pan services in due course. Minimum standards where required for septic tanks were reviewed during the year and compared with standards required in other States and in the United States of America. The result of this review was to establish the requirement of a new minimum tank capacity of 240 gallons. This standard was accepted by the "Trade", which is producing the new standard tanks with effect from the 1st August, 1958.

#### PLACES OF PUBLIC ENTERTAINMENT

One hundred and twenty-five places of public entertainment were inspected during the year with the object of enforcing the Regulations in respect of sanitation, seating accommodation, ventilation, overcrowding, fire appliances, and the general safety of the public.

Fifty-two plans of proposed halls, with additions and alterations to existing buildings, were examined by the panel which assists the Director of Public Health, and its reports aim at attaining a high safety standard for the protection of the public.

The plans dealt with by the panel are enumerated in the following list:—

Public buildings .....	3
Public halls .....	9
Memorial halls .....	4
Grandstands .....	2
Places of public entertainment .....	6
Drive-in theatres .....	3
Theatres .....	4
Churches .....	11
Church halls .....	9
School halls .....	1
—	—
Total .....	52
—	—

#### FOOD AND DRUGS

Two hundred food samples were purchased for analysis. One warning was issued, and legal proceedings were instituted in four instances.

During the year officers of the Division detected large stocks of kernel meal being sold as almond meal at high prices to Christmas shoppers. Also imitation almond icing was being labelled as almond icing. In all cases immediate action resulted in the stocks being withdrawn, pending legal proceedings to protect the public. Four prosecutions followed, one successful, one reserved, and two were dismissed because of the absence of an official standard. This latter aspect will be referred to the Food Standards Committee for attention.

The labelling of foodstuffs still constitutes a vital aspect of the Division's work. This involves

examination of draft labels submitted by manufacturers, and regular checking of new lines appearing on the market. Special attention is being given to misleading or false claims made by manufacturers.

The survey and study of the frozen food trade has been continued, and to this has been added the problem of pre-packaged meat. This State has been the first in Australia to legislate for the sale of butchers' meat (pre-packaged) in other than butchers' shops. The trade has not commenced to operate, but preparations are being undertaken by some leading stores.

Officers of the Division have attended conferences and study courses in Sydney and Melbourne on refrigeration, low-temperature food storage and preservation, and food packaging, as part of the investigation into the pre-packaged meat and frozen food trade.

The Division sponsored the proposal for uniform legislation for frozen foods in Australia, and this proposal has been adopted by the Public Health Committee of the National Health and Medical Research Council. Draft regulations were prepared and submitted as requested by the Council.

During the year, surveys were conducted on the following items, which included analysis to check standards or manufacturing trends:—

- Coconut (desiccated).
- Cordials.
- Flour.
- Rabbit carcasses (re 1080 poison.)

#### MUTTON BIRD INDUSTRY

Three inspectors were again engaged on supervision of the seasonal mutton bird industry on the Bass Strait Islands. The work included extension of policy to improve premises and handling methods, to ensure that an improved product is available to the consumer.

Four new standard official design sheds were constructed during the year, which made a total of fourteen new processing sheds completed since the new policy was implemented. More sheds will be subject to renewal before next season.

The supervision work is now being extended to the Western Islands to improve the standard there, similar to that on the Furneaux Islands. The survey of the fresh mutton bird trade on the North West reveals need for early improvement, and already initial action has been taken in this matter.

A further step has been taken to provide living quarters for staff on the Islands. A small building has been purchased on Babel Island and negotiations are almost complete to lease a building on Great Dog Island, which are the main centres of production among the Furneaux Group of Islands.

The system of unified control, in conjunction with the Animals and Birds Protection Board and the Lands and Surveys Department, has been maintained, and this continues to assist the work of the Division in the mutton bird industry.

#### SCHOOL HEALTH SERVICE

##### *Administration*

There was a decline in some of the activities of the School Medical Service during the year because of the reduction in the medical staff. The



appointment of a Regional Medical Officer on the North West Coast was abandoned and there was substituted a part time school medical officer position. This post was, however, not filled, with the result that there was a marked decline in the number of medical examinations in that region.

A major advance during the year was the introduction of a new system of school medical records. Comprehensive information is entered on specially designed cards and then is transferred to punched cards on the Powers-Samas system. This new system will enable the details of the comprehensive clinical histories which will be maintained on each child throughout its school days to be readily available after statistical examination. In the course of time not only will clinical details be available for statistical analysis but information will be available for analysis concerning staff activities and the social environment of the child. It is anticipated that this system will facilitate a continuous evaluation of the work done within the school medical service. The new system has increased the clerical work required of the school medical sisters but endeavours are being made to transfer this clerical work to the office staff and thus free the sisters for their clinical function. It is expected that 8,000 new school children's records will be added to the system annually. The plan is to include all school children in state and convent schools throughout Tasmania by 1968.

#### SCHOOL MEDICAL EXAMINATION STATISTICS

It is apparent that over the past eight years there has been a gradual reduction in the number of children requiring notification of defects. There has been no marked change in the comparative incidence of these defects. For several years, the orthopaedic conditions, such as poor posture, have headed the list, with unhealthy tonsils, defective eyesight and squint, and disorders of nutrition comprising the majority of other defects.

A. Total number of children examined	22,989	
Number with defects requiring notification	8,776 (38.2%)	
Physical defects	5,004	
Dental defects	5,801	
	10,805	
B. Incidence of various types of physical defect—		
	Defect	Total.
1. Orthopaedic—		
Posture	765	
Flat feet and knock knees	712	
Others	73	
		1,550
2. Tonsils and Cervical Glands		894
3. Eye Defects—		
Vision	507	
Squint	237	
Others	117	
		861
4. Nutrition—		
Underweight	332	
Overweight	237	
Anaemia	44	
		613

5. Skin and Hair	396
6. Ears—	
Hearing	119
Otitis	29
Others	24
	172
7. Urogenital Defects	145
8. Goitre	82
9. Lungs	54
10. Heart	40
11. Speech	36
12. Hernia	33
13. Mental Stability	10
14. Other	118
	5,004
TOTAL	5,004

#### C. Examination by Individual Medical Officers—

Name	No. of Schools Visited	No. of Children Examined
Dr. Heather Gibson	42	7,503
Dr. Audrey Officer	38	4,387
Dr. Mona Hatherley	28	3,595
Dr. Mary Young	39	2,364
Dr. N. R. Paterson	9	1,790
Dr. G. T. H. Harris	5	1,632
Dr. J. B. Mackie	5	758
Dr. G. T. Gardiner	5	736
District Medical Officers	3	224
	169	22,989

School sisters continued their regular visits to schools and homes. In addition to their attendance at school medical examinations, they made the following contacts with children:—

Routine school visits	80,047
Minor casualties	3,448
Polio immunisation	51,413

They made 5146 home visits and interviewed 2829 parents at their schools, 1184 at the time of the medical inspection.

Reports have been received on the follow-up of a number of defects notified by school medical officers:

	Physical	Dental
1956-57, notifications	1,485	1,573
1957-58, notifications	256	221
TOTAL	1,741	1,794

Although this indicates a decrease in the amount of follow-up carried out, it is not viewed with alarm. It is anticipated that, as the sisters become more accustomed to the new card system, they will be able to devote more time to their follow-up work, which will also be recorded on the punch cards, making more accurate details of these visits available.

Preliminary "First Visit" reports were received concerning 3647 of the children born after 1st January, 1952, and now entrants at school. School sisters visited the homes of 1168 and interviewed at school the parents of 1305.

Records of immunisation revealed that many parents had accepted the opportunity to have their children protected before commencing school:

Diphtheria	3,264	(89.5%)
Tetanus	2,668	(72.6%)
Whooping cough	3,049	(83.8%)
Poliomyelitis	3,254	(89.2%)



Parents who had neglected this precaution were visited and most agreed to have the immunisation carried out as soon as possible.

Personal hygiene and, where possible, home conditions of the entrants were assessed. The codes used were A—Excellent; B—Good; C—Fair; and D—Poor. It is apparent that most children live under very satisfactory conditions, and are sent to school well clad and clean.

The home gradings were—

A	1,076
B	935
C	259
D	25
	<hr/>
	2,295

And hygiene assessment—

A	1,538
B	1,921
C	152
D	11
	<hr/>
	3,622

**GOITRE RESEARCH.**

Investigation into the actiology of endemic goitre continued. The results of surveys and observations made during the past four years were presented by Dr. F. W. Clements of the Institute of Child Health, Sydney, at the Medical Congress held in Hobart in March, 1958. Considerable assistance was given by officers of the Department of Agriculture in the preparation of charts and the cultivation of weeds for the exhibit.

Since the Congress, further studies have been made on milk consumption, and weed content of pastures in the goitrous districts of the Huon and Channel, in addition to regular surveys of school children.

As recommended by Dr. Clements, the distribution of potassium iodide tablets has continued.

**NUTRITION—SCHOOL CHILDREN.**

Surveys were made in several schools by the Nutrition Officer, assisted by school sisters.

**SUNSHINE HOME.**

During the year, 249 children from all parts of the State were selected by school sisters, and arrangements made for them to have three weeks' holiday at the Sunshine Home.

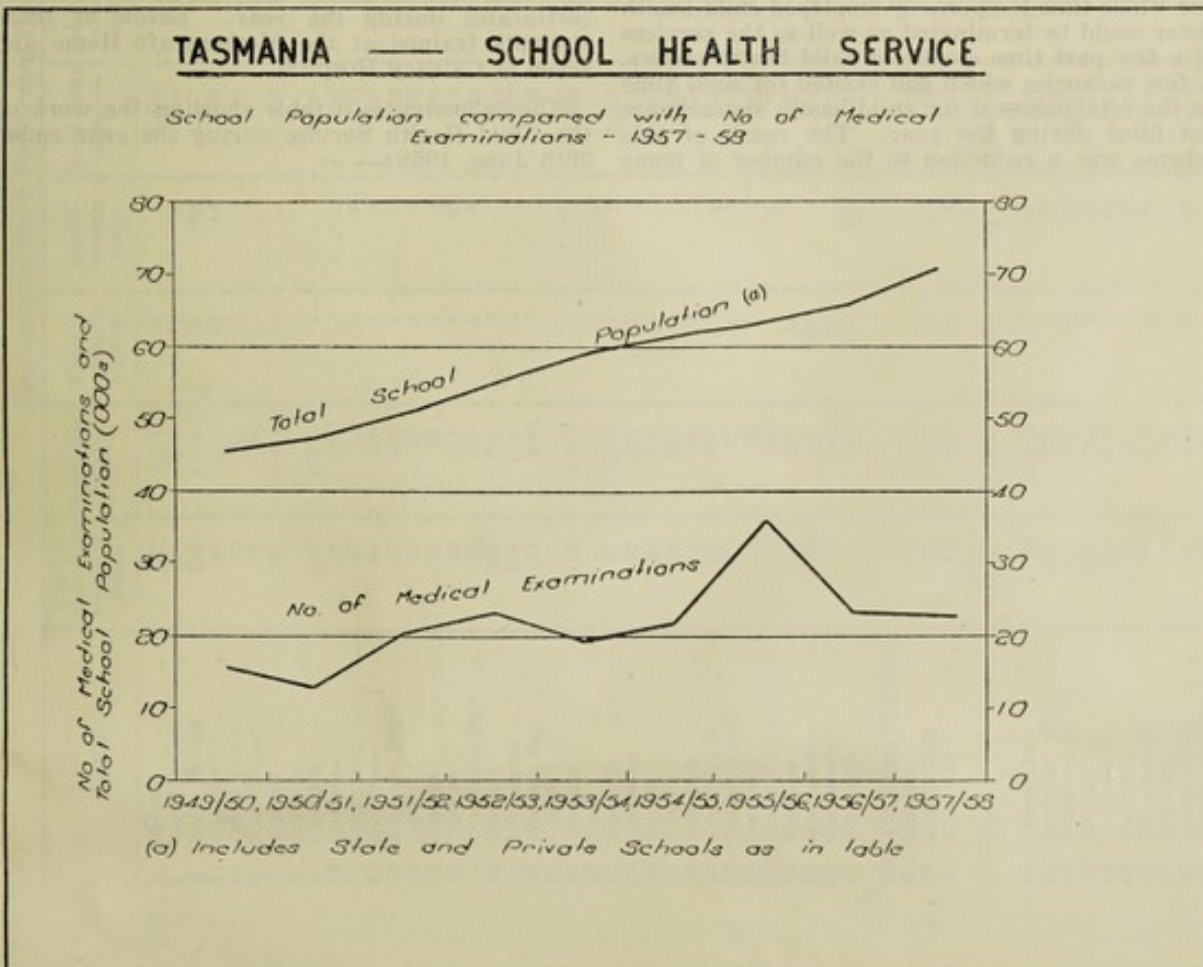
**MANTOUX SURVEYS.**

Assistance was given to the Tuberculosis Division in the organisation of Mantoux testing in a number of large city schools.

Total school population and number of medical examinations 1949-50 to 1957-58:—

Year	School Population (a)	Medical Examinations
1949-50	45,318	16,291
1950-51	47,980	13,249
1951-52	51,207	20,538
1952-53	55,061	24,544
1953-54	58,374	19,996
1954-55	61,540	22,140
1955-56	63,529	36,142
1956-57	66,335	23,613
1957-58	70,183	22,989

(a) Includes State and Private Schools. Figures for State Schools computed from average weekly attendances. Number of children enrolled at Private Schools at the 31st December each year added to State School figures to make total.





## CHILD HEALTH SERVICE.

*Administration.*

The following is a comparative table on the infant mortality rates for Tasmania from 1948-57:—

*Infant Mortality Rate per 1,000 Live Births, 1948-57.*

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
27.7	23.8	26.6	21.7	21.7	22.9	23.9	23.4	21.0	20.2

At the beginning of the financial year 1957-58, the Government had directed all Departments to review their services with a view to exercising a maximum economy during the ensuing year as the financial situation of the State demanded these stringent economies. The Division of Public Health's share in this review consisted of an examination of the expenditure on all its activities. The expenses of carrying out the responsibilities of Municipalities under the Public Health Act which had been borne by the Division were deleted and these expenses were transferred to the local authorities. A possible modification in the School Dental Service to reduce expenses was explored but no satisfactory way of doing this could be found. It was found, however, that some economies could be carried out in the cost of running the Child Health Service by integrating more efficiently the work of the Child Health and School Medical sisters which would enable most of the work conducted by the Child Health Service to continue. By arranging for certain school health sisters to carry out some child health work when they were visiting particular districts and for the child health sisters to conduct an occasional school medical examination when they were visiting particular districts in addition to their own work, it was found that the services of one whole time temporarily employed child health sister could be terminated as well as the services of a few part time employed child health sisters. A few vacancies which had existed for some time on the establishment for child health sisters were not filled during the year. The result of this scheme was a reduction in the number of home

visits conducted by the child health sisters during the year and of a reduction in the frequency with which some of the small country clinics were held. This measure produced a spate of protests from certain local child health committees and an endeavour was made to explain to them that, although the reorganisation might be a little less convenient for some of the mothers, there would be no deleterious effect on the health of the babies. New child health centres were constructed and opened at Kingston, Lenah Valley and Montagu Bay during the year.

*Immunisation Programme.*

The following triple antigen injections were provided at the centres shown:—

Bellerive .....	556
Warrane .....	692
Lindisfarne .....	544
Huonville .....	296
	2,088

*Child Health and Mothercraft Training.*

Senior girls at 40 schools received lectures on elementary mothercraft during the year, and 674 girls passed the examination required for the elementary mothercraft certificate.

Twenty-five student mothercraft nurses completed their course and qualified during the year. Thirteen of these were trained at the Mothercraft Home and 12 at Calvary Hospital.

Fourteen trained nurses completed a post graduate course and obtained their child health certificates during the year. Seven of these students trained at the Mothercraft Home and seven at Calvary Hospital.

The following is a table showing the work of the Child Health Service during the year ended 30th June, 1958:—



TABLE 9.  
TASMANIAN CHILD HEALTH SERVICE.  
Summary of Work Performed During the Year Ended 30th June, 1958.

Centre	ATTENDANCES AT CENTRES													
	Visits to Individual new-born babies	Subsequent visits	Visits to expectant mothers	Miscellaneous visits	Total visits to homes	Individual babies at centres	New baby cases at centres	Miscellaneous	Babies	Pre-School Children	Older Children	Expectant Mothers	Telephone Calls	Total
1 Hobart	137	2,673	4	..	2,814	1,144	522	250	6,453	136	8	6	1,188	8,041
2 South Hobart	107	491	10	..	608	149	71	..	995	92	9	6	..	1,102
3 North Hobart	278	2,801	110	168	3,357	821	295	87	5,613	1,275	149	130	414	7,668
4 Mt. Stuart	38	351	16	18	423	119	25	1	625	267	15	21	..	929
5 Lenah Valley	66	635	23	..	724	207	58	25	1,271	283	30	16	36	1,661
6 West Hobart	59	605	17	..	681	201	54	28	1,109	180	42	10	35	1,404
7 Moonah	293	4,024	132	..	4,449	1,095	317	60	6,217	897	52	110	225	7,562
8 Brighton	..	..	..	..	..	53	21	..	137	27	..	12	..	176
9 Glenorchy	374	1,550	4	..	1,928	650	298	79	3,933	286	25	17	314	4,654
10 Goodwood	..	157	..	..	159	117	41	6	474	65	57	..	..	602
11 Sandy Bay	45	182	8	8	239	174	72	14	885	163	11	9	167	1,249
12 Dunnyrne	60	229	4	4	301	161	73	16	918	110	10	8	..	1,062
13 Kingston Beach	40	183	4	9	236	145	47	24	749	108	6	20	16	923
14 Snug	15	79	3	..	99	49	17	5	188	22	3	1	5	224
15 Margate	14	86	1	1	104	36	11	..	103	15	..	2	..	120
16 Tarcoona	43	174	8	13	238	154	46	20	859	131	15	18	6	1,049
17 Blackmans Bay	23	110	5	5	143	72	24	3	350	43	15	7	1	419
18 Bellerve	103	286	2	..	391	575	109	74	2,612	525	49	35	203	3,498
19 Lindisfarne	119	939	15	..	1,073	399	151	45	2,892	337	11	22	219	3,526
20 Montagu Bay	21	395	2	..	418	6	26	6	567	104	1	1	..	679
21 Dunalley	..	..	..	..	..	15	5	1	24	21	..	..	..	46
22 Warrane	126	1,017	6	..	1,149	653	77	65	1,355	639	25	5	..	2,089
23 Sorell	..	..	..	..	..	91	20	14	250	75	17	..	..	356
24 Huonville	91	1,068	17	5	1,181	360	114	2	1,108	193	8	12	48	1,371
25 Geoveston	36	565	3	1	605	86	35	..	366	47	..	..	..	413
26 Cygnet	30	406	15	..	451	90	16	..	398	42	..	..	..	440
27 Dover	14	335	5	3	357	52	16	..	157	25	8	5	..	195
28 Ramelagh	18	141	1	..	160	43	13	..	178	33	2	6	..	219
29 New Norfolk	57	297	27	9	390	150	87	22	1,395	67	17	23	62	1,586
30 Norfolk North	17	72	6	6	101	88	30	9	689	84	..	..	..	794
31 Laeblan	5	56	3	4	68	16	6	..	41	19	..	..	..	60
32 Bushy Park	11	247	5	14	277	18	7	2	17	8	..	2	..	99
33 Maydena	22	233	35	3	293	40	17	2	154	1	..	..	..	157
34 Queenstown	140	1,247	107	..	1,494	440	128	..	3,424	1,285	215	112	123	5,159
35 Gormanston	22	645	55	322	722	81	18	..	738	298	71	54	..	1,161
36 Pre-Natal	..	60	758	..	1,140	..	..	..	..	..	..	..	..	..
TRAVELLING CLINICS	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37 Bellerve	51	742	16	..	809	..	..	..	..	..	..	..	..	..
38 New Norfolk	28	426	27	11	492	..	..	..	..	..	..	..	..	..
39 Huonville	27	837	20	1	905	..	..	..	..	..	..	..	..	..
Totals	2,572	24,364	1,476	607	29,019	8,642	2,891	860	47,544	7,903	871	682	3,063	60,623
40 Launceston	146	2,567	127	190	3,030	1,269	571	2,742	7,421	333	49	74	1,593	12,212
41 Invermay	106	299	6	27	438	241	80	34	1,576	318	24	31	..	1,983
42 Newstead	245	699	16	115	1,075	386	114	43	2,470	517	58	18	194	3,300
43 Sandhill	117	243	4	16	380	242	77	12	1,436	144	17	14	96	1,719
44 Mowbray	144	663	3	39	849	292	81	43	1,999	372	36	14	..	2,464
45 Trevallyn	75	317	6	25	423	30	30	61	567	220	30	7	..	885
46 Beauconsfield	62	226	5	26	319	142	52	7	746	152	19	3	..	926
47 Evandale	13	56	..	94	94	39	8	6	161	32	17	..	..	217
48 George Town	85	300	8	77	470	265	81	23	1,674	205	11	27	..	1,940
49 King's Meadows	80	186	9	12	296	137	45	15	649	186	6	15	..	871







*Mothercraft Home.*

Forty-three mothers with their babies were admitted to the home during the year for the purpose of correcting difficulties with breast feeding.

One hundred and four additional babies were admitted; 24 for general care and the remainder in order to adjust feeding problems.

The reduction in the fees charged with effect from October, 1957, was proving most valuable as it encouraged the attendance particularly of the less well to do mothers, who on the whole were the ones requiring the most assistance in dealing with their babies.

Although the number of students fluctuated throughout the year, complete courses of lectures were made available.

During the greater part of the year the staff establishment was maintained on a strength of four trained sisters.

The question of the renovation of the Mothercraft Home building became acute during the year. Various methods of improving the situation were examined and, because of the considerable expense which would have been involved in renovating the Home completely, the possibility was examined of housing the staff and trainees at the New Town Park Nurses' Home. This suggestion raised certain administrative difficulties as well as being expensive, and eventually the scheme was modified. Renovations were carried out to the extent of enabling mothercraft trainees on day duty to continue to reside in the Mothercraft Home itself, while post graduate child health trainees and the permanent staff were accommodated at the New Town Park Nurses' Home. It was considered doubtful whether the enormous expense of completely renovating the Mothercraft Home was warranted and the conclusion was reached that the solution to the problem would have to be the construction of an entirely new Home in the future.

## SCHOOL DENTAL SERVICE.

*Administration.*

The Senior Dental Officer and dental officers of the School Dental Service held several discussions during the year on the possibility of modifying the organisation of the Service. It was finally concluded that no major changes were advisable.

*Flouridation of Water Supplies.*

The dental health survey, conducted in association with the Beaconsfield flouridation of

water supplies scheme, was continued during the year. Although no final figures are available, the preliminary survey of the results indicates that the flouridation scheme is having a valuable effect in reducing the dental caries rate in school children.

*Mobile Dental Clinics.*

Five new mobile dental clinics were added to the service during the year. Three of these were replacing three old caravans which were un-serviceable and two were utilised to supplement the school dental service in the country districts. The maintenance of these mobile clinics has continued to be of high order.

There are now sufficient clinics and enough equipment to enable the service to employ six more dental officers and dental attendants if they could be recruited.

*Dental Statistics.*

A total number of 47,052 visits was paid to the clinics, comprising 18,054 new visits and 28,998 repeat visits.

The following districts were afforded dental treatment:—Hobart, Launceston, Burnie, Devonport, Latrobe, Wesley Vale, George Town, Beaconsfield, Railton, Boat Harbour, Wynyard, Grassy and Currie (King Island), Whitemark, Cape Barren (Flinders Island), Ulverstone, Sprent, Upper Castra, Sheffield, Westerway, Ouse, Bronte Park, Allonah-Barnes Bay (Bruny Island), Smithton, Moogara, New Norfolk, Collinsvale, Parattah, Tunbridge, Ross, Woodbury, Oatlands, Sorell, Cambridge, South Arm, Sandford, Bream Creek, Dunalley, Nubeena, Bicheno, Swansea, Triabunna, Orford, Nabowla, Winnaleah, Scottsdale, Gladstone, Pioneer, Derby, Branxholm, Ringarooma, Westbury, Hagley, Redhills, Meander, Cygnet, Huonville, Zeehan, Queenstown, Gormanston, Tullah, Strahan, Avoca, Fingal, Rossarden, Storey's Creek and Rosebery.

Treatments were afforded as follows:—

X-ray treatments .....	13
Orthodontic treatment .....	35
Treatments .....	62,247
Fillings .....	40,073
Extraction .....	20,344
Cleaning .....	1,889

Total .....

124,600

Individual totals were as follows:—

	New Visits	Repeat Visits	Totals	Treatments	Fillings	Extractions	Cleaning	Totals
A. W. Scott .. .. .	1,598	1,017	2,615	3,443	1,210	1,706	72	6,431
L. B. Holmes .. .. .	2,181	2,440	4,621	7,004	2,483	1,624	109	11,220
D. MacDonald .. .. .	2,230	1,420	3,650	2,679	2,671	2,560	303	8,213
H. E. Brearley .. .. .	1,726	3,575	5,301	8,693	3,783	1,212	18	13,706
C. Chin .. .. .	808	1,816	2,624	2,182	2,382	1,695	351	6,610
E. Deas-Thomson .. .. .	943	1,578	2,521	2,824	1,830	1,970	157	6,781
L. L. Thomson .. .. .	828	2,026	2,854	4,532	2,053	854	487	7,926
P. C. Brothers .. .. .	1,181	1,952	3,133	5,793	4,093	1,121	20	11,027
P. Elias .. .. .	1,376	2,733	4,109	5,343	4,517	1,306	7	11,173
W. Thomas .. .. .	645	1,253	1,898	2,039	1,646	344	8	4,037
S. R. Piercey .. .. .	1,037	1,880	2,917	2,600	2,560	2,183	174	7,517
D. Scott .. .. .	684	672	1,356	1,913	1,137	282	2	3,334
A. T. Ellis .. .. .	830	461	1,291	1,098	482	392	9	1,981
J. Lewis .. .. .	449	658	1,107	8,894	1,204	756	11	2,865
K. Williams .. .. .	549	1,321	1,870	2,432	2,873	444	19	5,768
F. R. Jarrett .. .. .	218	317	535	673	398	234	3	1,308
P. D. Evans .. .. .	167	158	325	822	426	89	21	1,358
K. P. Lee .. .. .	259	1,293	1,552	3,431	1,481	546	1	5,459
E. A. Baja .. .. .	203	851	1,054	1,733	1,375	349	18	3,475
P. Chin .. .. .	84	1,055	1,139	1,932	1,085	271	95	3,383
H. Carter .. .. .	..	436	436	163	261	269	3	696
M. Fisher .. .. .	58	86	144	71	123	137	1	332
Total .. .. .	18,054	28,998	47,052	62,294	40,073	20,344	1,889	124,600



## NUTRITION SERVICE.

*Policy.*

The Nutrition Service continued to make a valuable contribution to the health of the community throughout the year. One of the main objects of the Nutrition Officer is to ensure that those students who will eventually become advisors in the community be provided with a sound education in nutrition so that they can in turn educate the community as a whole. The following is a list of the instructions provided with this in view:—

- (1) Student Teachers at the University of Tasmania:  
4 lectures of 1 hour—120 students.
- (2) Home Arts Teachers Training Course:  
12 lectures of  $\frac{1}{2}$  hour to first and second year students—50 students.
- (3) Kindergarten Teachers Training Course:  
12 lectures of 1 hour, in second year of training.
- (4) Child Health Certificate Training Course:  
8 lectures of 1 hour, two courses during this year.
- (5) Mothercraft Certificate Course:  
6 lectures of 45 minutes, three courses during this year.

*Dietary Surveys.*

The lecturing method in nutrition education is very general in its approach and is not satisfactory in dealing with different sections of the population. Therefore, five dietary surveys were conducted this year in different parts of Tasmania. Hereby a nutritional appraisal is made of the normal dietary intake of school children. This information suggests the scope of the problems with school children and the points of emphasis for the general population. Schools investigated were Lilydale, Beaconsfield, New Norfolk Area, Cambridge and Franklin schools. The food groups most represented in inadequate amounts in the children's diets were milk and milk products, green and yellow vegetables, and fruits. It was also noticed that children with a low fruit and vegetable intake ate more cakes, biscuits and confectionery than those who had an adequate fruit and vegetable intake.

Lunches bought in shops are mostly of very poor quality and some of the school tuckshops do not offer any food that is of benefit to the day's food intake. It seems inconsistent to sell lollies and soft drinks in tuckshops to swell school funds while at the same time at least £55,000 yearly is spent on school dental services by the State to keep children's teeth in reasonable order, and yearly 36,000 gallons of milk are distributed by the Commonwealth in Tasmania to discourage the "lolly eating habit" in schools and to promote the drinking of milk as a desirable food habit.

*Inadequacy of Food Intake of 13-15 Year old Children at the New Norfolk High School.*

Each row of asterisks represents the number of children out of ten who did not eat an adequate amount of that particular food.

Milk and milk products .....	+ + + + + + + +
Meat, fish, eggs .....	+ +
Citrus fruit .....	+ + + + + +
Other fruit (7% no fruit at all) .....	+ + + + + +
Green and yellow vegetables .....	+ +
Root vegetables .....	+ + + +
Bread .....	
Potatoes .....	

*Inadequacy of Food Intake of 10 Year old Children at Lilydale Area School.*

Each row of asterisks represents the number of children out of ten who did not eat an adequate amount of that particular food.

Milk and milk products .....	+ + + +
Meat, fish, eggs .....	+ +
Citrus fruit (oranges 5d.) .....	+ + + + +
Other fruit (25% no fruit at all) .....	+ + + + +
Green and yellow and root vegetables .....	+ + +
Bread .....	
Potatoes .....	

*Inadequacy of Food Intake of 10 Year old Children at Beaconsfield Area School.*

Each row of asterisks represents the number of children out of ten who did not eat an adequate amount of that particular food.

Milk and milk products .....	+ + + + + +
Meat, fish, eggs .....	+ +
Citrus fruit and other fruit (27% no fruit at all) .....	+ + + +
Green, yellow and root vegetables (27% no vegetables at all) .....	+ + + +
Bread .....	
Potatoes .....	

*Endemic Goitre Investigations.*

During the last year further progress has been made with the investigation of the theory put forward by Dr. F. W. Clements that there is a substance in milk capable of producing endemic goitre, provided the cows have been feeding on chow moellier. It now seems that a similar effect is produced by milk from cows fed on pastures which are contaminated with cruciferous weeds. In the areas where the enlargement of thyroid glands in school children was increasing rapidly, seventy pastures were investigated in order to assess the presence and quantity of these weeds. Moreover, information was collected to ascertain the milk consumption pattern of children whose thyroids were reduced in size between December, 1957 and March, 1958.

*Community Services.*

This year, assistance has continued to be given to our School Medical and Child Health Sisters if any problem connected with nutrition came up in their work. Talks have been prepared for Parents' groups and Women's Clubs. Three articles were written for publication.

## INFECTIOUS DISEASES.

*General.*

It is interesting to know that parents are becoming more aware of the necessity for having their children immunised against communicable diseases at an early age. Of the children entering school today, 89.5 per cent have been protected against diphtheria and 89.2 per cent against poliomyelitis. A considerable proportion of these children who are protected against diphtheria will also, of course, be protected against tetanus and whooping cough.

There was no significant outbreak of any dangerous and infectious disease during the year, and it is interesting to know that there were only 65 cases of infective hepatitis reported for the year, compared with 252 last year.

*Infantile Paralysis.*

The mass immunisation campaign proceeded during the year, but it was extended to include adults as was described in the last annual report.



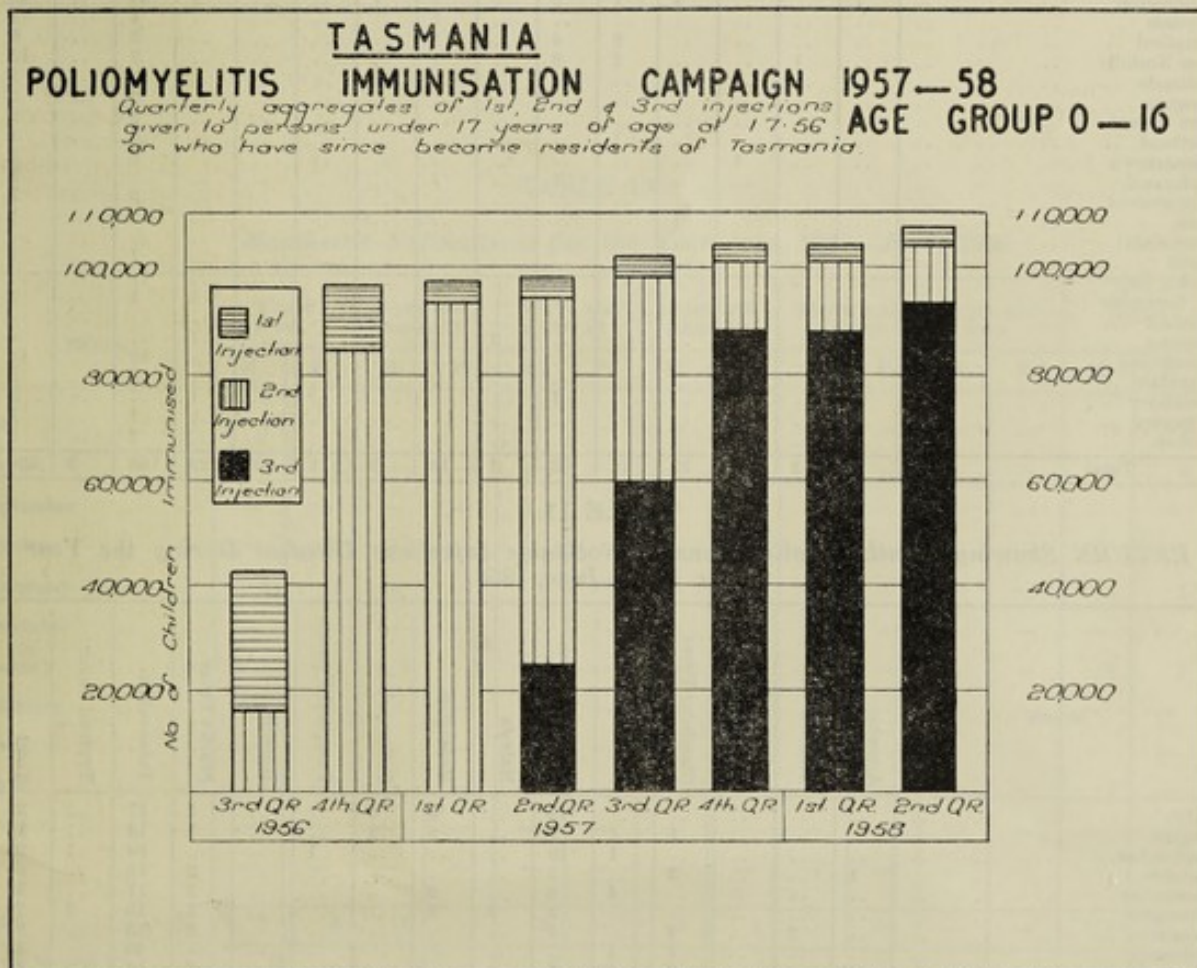
Briefly, the Commonwealth Government undertook to provide salk vaccine free to States, not only for school children but for any person up to the age of 45 years of age. This was an important step because, although the incidence of poliomyelitis in the older age groups is less than it is in the younger groups, the effect is more severe economically. When the State Government decided to extend the scheme to include adults, it was decided that a charge of 5s. would be made by the municipal authorities to each citizen from the age of 17 years. This would enable the municipal authorities to find the funds to cover the administrative costs of conducting their campaign. The Commonwealth Government insisted, however, that in the meantime the salk vaccine would not be issued to private practitioners because of the necessity of maintaining the viability of the vaccine. This depends on refrigeration during the period of its distribution and also during storage. The staff of the Poliomyelitis Section of the Division was therefore called upon to continue to arrange for the reception of the vaccine from the Commonwealth serum laboratories and for its distribution in good condition to the municipalities. This extension of the scheme to include adults did not get under way until April, 1958, but during the last few months of the year the indications were that the response from the adult public was poor.

The following figures provide a picture of the progress of the campaign:—

**Salk Mass Immunisation Campaign, 1956-1958.**

Year & Quarter	Type of Injection		
1956—			
3rd Quarter	41,323	15,377	.....
4th Quarter	96,831	84,345	.....
1957—			
1st Quarter	96,959	93,747	.....
2nd Quarter	98,257	94,444	24,355
3rd Quarter	102,257	98,444	59,355
4th Quarter	104,380	100,944	88,355
1958—			
1st Quarter	194,650	101,184	88,355
2nd Quarter	107,830	104,348	92,300
1957-58 0-16 Age Group.			
1st Injections given	.....	9,570	.....
2nd Injections given	.....	9,810	.....
3rd Injections given	.....	67,945	.....
17 & over Age Group.			
Period 1.4.58—30.6.58			
1st Injection given—Total 16,124			
Females	.....	9,247	.....
Males	.....	6,877	.....

*Reimbursement for 17 and over Age Group.*  
 Received from municipalities up to 30th June,  
 1958 ..... £1,711 18 0  
 Reimbursement for Loan of Equipment ..... £38 2 0





The following tables reveal the incidence of infectious diseases in the State:—

TABLE 10.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities, During the Year July, 1957—June, 1958.

Municipality	Amoebic Dysentery	Diarrhoea Infantile	Diphtheria	Glandular Fever	Hydatids	Hepatitis	Malaria	Meningitis	Polio-myelitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis	Typhoid Fever	Total
Beaconsfield .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2
Bothwell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Brighton .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Bruny .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Burnie .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	11	..	11
Campbell Town .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Circular Head .. .. .	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2
Clarence .. .. .	..	..	..	5	12	17	..	3	..	..	3	..	..	..	35
Deloraine .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3
Devonport .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	..	4
Esperance .. .. .	..	..	..	1	..	1	..	..	..	..	3	..	..	..	5
Evandale .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	2
Fingal .. .. .	..	..	..	..	12	..	..	..	..	..	..	1	..	..	3
Flinders Island .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
George Town .. .. .	..	12	..	..	..	1	..	..	..	..	..	..	4	..	7
Glamorgan .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Glenorchy .. .. .	..	..	..	..	..	8	..	..	..	..	..	6	14	..	30
Gormanston .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Green Ponds .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Hamilton .. .. .	..	..	..	..	..	4	..	..	1	..	..	1	5	..	14
Hobart .. .. .	..	..	..	3	4	13	..	12	..	1	1	11	32	..	67
Huon .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Kentish .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	..	5
Kingborough .. .. .	..	..	..	..	..	..	..	..	..	..	1	..	3	..	4
King Island .. .. .	..	..	..	..	1	..	..	1	..	..	..	..	1	1	4
Latrobe .. .. .	..	..	..	..	..	..	..	12	..	..	..	12	..	1	8
Launceston .. .. .	1	..	..	4	1	2	..	1	1	..	..	1	35	..	46
Lilydale .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	2
Longford .. .. .	..	..	..	..	..	4	..	1	..	..	..	..	..	..	9
New Norfolk .. .. .	..	1	..	..	12	8	..	1	..	..	..	..	12	..	19
Oatlands .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Penguin .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Port Cygnet .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Portland .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Queenstown .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3
Richmond .. .. .	..	..	..	..	..	1	..	1	..	..	..	..	..	..	3
Ringarooma .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
Ross .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Scottsdale .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sorell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Spring Bay .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
Strahan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tasman .. .. .	..	..	..	..	..	..	3	..	..	..	..	1	..	..	4
Ulverstone .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	10	..	11
Waratah .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury .. .. .	1	..	..	..	..	1	..	..	..	..	1	..	..	..	3
Wynyard .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Zeehan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	2	3	1	17	18	65	3	18	3	1	8	29	168	3	339

TABLE 11.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year July, 1957—June, 1958.

Month	Amoebic Dysentery	Infantile Diarrhoea	Diphtheria	Glandular Fever	Hydatids	Hepatitis	Malaria	Meningitis	Polio-myelitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis	Typhoid Fever	Total
July .. .. .	..	..	..	..	..	13	..	3	1	..	..	1	17	..	35
August .. .. .	..	..	..	1	1	9	..	..	..	..	..	1	16	..	38
September .. .. .	..	..	..	..	1	10	..	..	..	1	..	..	10	..	33
October .. .. .	1	..	..	3	..	5	..	..	..	..	..	..	15	..	26
November .. .. .	..	..	..	..	4	5	..	..	..	..	..	..	17	..	30
December .. .. .	..	..	..	..	..	12	..	12	..	..	..	..	16	..	29
January .. .. .	..	..	..	4	..	1	..	..	..	..	..	..	15	..	24
February .. .. .	..	..	..	1	1	..	..	..	..	..	..	..	16	..	18
March .. .. .	1	..	..	..	1	1	..	..	..	..	..	..	11	..	18
April .. .. .	..	..	..	..	4	4	..	1	..	..	..	..	13	..	29
May .. .. .	..	1	1	1	3	5	..	..	..	..	6	7	8	..	32
June .. .. .	..	..	..	3	3	10	..	1	..	..	..	4	14	..	37
Total .. .. .	2	3	1	17	18	65	3	18	3	1	8	29	168	3	339



TABLE 12.

*Scarlet Fever Notifications for the Year July, 1957—June, 1958.*

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. .. .	—	—	—	—	—	1	—	—	—	—	—	—	—	1
August .. .. .	—	—	1	—	—	—	—	—	—	—	—	—	1	—
September .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October .. .. .	1	—	—	—	1	—	—	—	—	—	—	—	2	—
November .. .. .	—	1	—	—	—	1	—	—	—	—	—	—	—	2
December .. .. .	—	1	—	—	—	—	—	2	—	—	—	—	—	3
January .. .. .	—	—	—	1	—	—	1	—	—	—	—	—	1	1
February .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March .. .. .	—	—	—	—	1	1	—	—	—	—	—	—	1	1
April .. .. .	—	—	2	2	—	1	—	—	—	—	—	—	2	3
May .. .. .	—	3	2	2	—	—	—	—	—	—	—	—	2	5
June .. .. .	1	—	1	—	1	—	—	—	1	—	—	—	4	—
Total .. .. .	2	5	6	5	3	4	1	2	1	—	—	—	13	16
Total M. and F. ..	7		11		7		3		1		—		29	

TABLE 13.

*Meningitis Notifications for the Year July, 1957—June, 1958.*

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. .. .	1	1	—	1	—	—	—	—	—	—	—	—	1	2
August .. .. .	3	4	—	—	—	—	—	1	—	—	—	—	3	5
September .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
October .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
November .. .. .	1	1	—	—	—	—	—	—	—	—	—	—	1	1
December .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
January .. .. .	1	—	1	1	—	—	—	—	—	—	—	—	2	1
February .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
March .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
April .. .. .	1	—	—	—	1	—	—	—	—	—	—	—	2	—
May .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
June .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .. .. .	7	6	1	2	1	—	—	1	—	—	—	—	9	9
Total M. and F. ..	13		3		1		1		—		—		18	



TABLE 14.  
*Infective Hepatitis Notifications for the Year July, 1957—June, 1958.*

Month	Under 5 yrs.		5 yrs. and under 10		10 yrs. and under 20		20 yrs. and under 45		45 yrs. and under 65		65 yrs. and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
July .. .. .	..	1	..	1	2	1	4	1	..	1	..	2	6	7
August .. .. .	..	..	..	..	..	..	4	1	2	2	..	..	6	3
September .. .. .	..	..	..	2	1	..	1	2	1	..	2	1	5	5
October .. .. .	..	1	..	1	..	..	3	..	..	..	..	..	3	2
November .. .. .	..	..	..	1	..	2	1	..	1	..	..	..	2	3
December .. .. .	..	..	..	..	..	1	1	..	..	..	..	..	1	1
January .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1	..
February .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
March .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1	..
April .. .. .	..	1	..	..	..	..	3	..	..	..	..	..	3	1
May .. .. .	..	..	..	..	..	..	3	1	..	..	1	..	4	1
June .. .. .	..	..	2	..	1	1	2	2	1	..	1	..	7	3
Total .. .. .	—	3	2	5	6	5	22	7	5	3	4	3	39	26
Total M. and F. ..	3		7		11		29		8		7		65	







Age, sex and form of disease of the 167 cases notified are shown in Table 18 below:—

TABLE 18.

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	1	...	...	2	3	3	...	...	1	4	4	...	...	4	7
15 to 24	12	5	...	4	21	26	4	...	1	13	20	9	...	4	34
25 to 34	10	7	2	3	22	7	7	...	...	16	17	14	2	5	38
35 to 44	4	8	...	4	16	5	6	1	2	14	9	14	1	6	30
45 to 54	5	9	1	2	17	...	2	...	3	5	5	11	1	5	22
55 to 64	...	7	...	1	8	...	1	...	1	2	...	8	...	2	10
65 to 74	3	7	5	1	16	2	2	...	1	5	5	9	5	2	21
75 & over	1	3	1	...	5	...	...	...	...	...	1	3	1	...	5
Totals	36	46	9	17	108	25	22	1	11	59	61	68	10	28	167

It is pleasing to note that the percentage of cases discovered in the minimal stage of the disease shows a continued upward trend. There were 61 in this classification, among the 139 pulmonary cases this year. Of the 10 advanced cases notified six, or 60 per cent, were in the 65 years and over age group, and this indicates the necessity for inclusion of the older age groups under the provisions of the compulsory Mass X-ray Survey, and the need for intensifying the supervision of these provisions.

Table 19, below, shows the percentage of cases discovered in the various stages of the disease covering the past six years.

TABLE 19.

Year	Minimal Cases	Moderately Advanced Cases	Advanced Cases	Total Cases
1952-53	62=33.5%	98=53.0%	25=13.5%	185
1953-54	52=31.7%	90=54.9%	22=13.4%	164
1954-55	52=34.2%	83=54.6%	17=11.2%	152
1955-56	60=33.3%	98=54.4%	22=12.2%	180
1956-57	70=39.1%	94=52.5%	15= 8.4%	179
1957-58	61=43.9%	68=48.9%	10= 7.2%	139

The above figures show that since 1952-53 the percentage of advanced cases has dropped by a little over six per cent of the total, and as previously stated the greater proportion of these advanced cases is discovered in the older age groups. The higher number of cases now being discovered in the early or minimal stage is no doubt due to the continued screening of the public by the miniature X-ray service, plus the strict policing and follow-up of all abnormal films discovered.

This development represents a substantial achievement of a long cherished aim of Miniature X-ray Surveys.

As in the case of the expected fall in new cases, it has been rather more difficult, and taken rather longer than first expected some ten years ago, but here we meet again something that has been characteristic of the fight against tuberculosis for decades.

#### Sex of Notified Cases.

As in previous years, there are more notifications from among the male population, the figure of 64.7 per cent this year being the highest recorded during the past six years.

The percentage for the past six years is shown below:—

#### Males—

1952-53	54.6%
1953-54	52.0%
1954-55	56.6%
1955-56	60.5%
1956-57	58.2%
1957-58	64.7%

#### Marital Status.

Married persons	99
Single persons	52
Widow or widower	13
Separated persons	1
Divorced persons	2
<b>Total</b>	<b>167</b>

#### Mode of Discovery.

Private physicians	15
Chest clinics	23
Government medical officer	2
Public Hospitals	59
Mass X-ray survey	68
<b>Total</b>	<b>167</b>

The regular examination of the public by means of miniature X-ray surveys still proves to be the most successful single factor in the diagnosing of the unsuspected case of Pulmonary tuberculosis. The total of 68 cases credited to Mass X-ray Survey represents 49 per cent of the pulmonary cases notified during the year.

In addition to X-ray and clinical findings, 43 cases were confirmed bacteriologically. In 32 cases bacteriological tests were still pending when notified, and in 64 cases no information regarding sputum tests was given by the notifying physician.

#### Supervision of Cases.

Chest hospital treatment was considered necessary for 108 of the 138 pulmonary cases notified. Admissions were effected as under:—

Tasmanian Chest Hospital	41
Northern Chest Hospital	58
Repatriation Chest Ward	10
<b>Total</b>	<b>109</b>



The total includes one non-pulmonary case in the Northern Chest Hospital.

The monthly notifications received from the various municipalities in the State are shown in Table 20.

TABLE 20.  
1957-58.

Municipality	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
Beaconsfield .. .. .	..	1	..	..	..	1	..	..	..	..	..	..	2
Bothwell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton .. .. .	2	..	..	..	..	..	..	..	..	..	..	..	2
Bruny .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	1
Burnie .. .. .	..	..	1	4	2	1	..	1	..	1	1	..	11
Campbell Town .. .. .	..	..	..	1	1	..	..	..	..	..	..	..	2
Circular Head .. .. .	..	..	..	..	..	..	1	..	..	..	..	1	2
Clarence .. .. .	2	..	..	..	..	..	..	..	..	..	..	1	3
Deloraine .. .. .	1	1	..	..	..	..	..	..	..	..	..	..	2
Devonport .. .. .	..	1	..	..	..	1	..	..	..	1	..	..	3
Esperance .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Evandale .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Fingal .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Flinders .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
George Town .. .. .	..	..	1	..	3	..	..	..	..	..	..	..	4
Glamorgan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy .. .. .	1	3	1	..	2	1	1	..	3	..	1	1	14
Gormanston .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Green Ponds .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	1
Hamilton .. .. .	..	..	..	..	..	..	1	1	..	1	1	1	5
Hobart .. .. .	1	6	3	2	..	3	3	5	3	2	2	2	32
Huon .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1
Kentish .. .. .	..	..	..	..	..	..	2	..	..	..	..	..	2
Kingborough .. .. .	..	..	..	1	..	..	..	..	..	..	..	2	3
King Island .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Latrobe .. .. .	..	..	..	..	1	..	2	..	..	..	..	..	3
Launceston .. .. .	3	1	1	1	1	8	1	7	1	6	2	2	34
Lilydale .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1
Longford .. .. .	2	..	..	..	..	..	..	..	..	..	..	..	2
New Norfolk .. .. .	1	..	..	2	1	..	..	..	..	..	..	3	7
Oatlands .. .. .	..	1	..	..	..	..	1	..	..	..	..	..	2
Penguin .. .. .	..	..	..	1	..	..	..	..	1	..	..	..	2
Port Cygnet .. .. .	..	1	..	..	..	..	1	..	..	..	..	..	2
Portland .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown .. .. .	1	..	..	..	..	..	..	..	1	..	..	..	2
Richmond .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ringarooma .. .. .	2	..	1	..	..	..	..	..	..	..	..	..	3
Ross .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Sorell .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Spring Bay .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Leonards .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Strahan .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Table Cape (Wynyard) .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1
Tasman .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone (Leven) .. .. .	..	1	1	..	2	1	..	1	1	1	1	1	10
Waratah .. .. .	..	..	..	..	..	..	1	..	1	..	..	..	2
Westbury .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Zeehan .. .. .	..	..	..	..	..	..	1	1	..	..	..	..	2
Totals .. .. .	16	16	10	15	17	16	15	16	11	13	8	14	167
Pulmonary Cases .. .. .	13	12	10	12	14	13	11	15	11	11	7	10	139
Non-Pulmonary Cases .. .. .	3	4	..	3	3	3	4	1	..	2	1	4	28

#### Occupations.

As in previous years, the occupations of newly discovered patients are varied, and do not pin point any particular occupation as a tuberculosis hazard as far as this State is concerned.

On the female side there is, of course, the usual preponderance of cases quoting "home duties", but this is to be expected as the bulk of notifications come within the marriageable age group, and the number thus employed is probably greater than in any other group.

#### Deaths during the year.

During the year there were 34 death certificates issued quoting tuberculosis as the cause or contributing cause of death. In three of these cases the disease was discovered as the result of post mortem examination. In a number of instances tuberculosis could not be regarded as the cause or even the contributing cause of death, as the disease was known to be inactive at the time of demise. This view is supported by the fact that in ten cases the age of the deceased

person ranged from 71 to 86 years, with an average of 77 years.

The number of deaths which was considered as definitely attributable to tuberculosis was 27, the same as in the previous year. In seventeen instances the person was undergoing in-patient treatment in a Chest Hospital at the time of death. There were eight deaths among cases notified during the year. Table 21 shows age group and sex of the 27 deaths during the year.

TABLE 21.

Age Group	Males	Females	Total
Under 15 years .. .. .	..	..	..
15-24 years .. .. .	..	..	..
25-34 years .. .. .	2	1	3
35-44 years .. .. .	1	4	5
45-54 years .. .. .	5	3	8
55-64 years .. .. .	1	..	1
65 years and over .. .. .	9	1	10
Total .. .. .	18	9	27

The 65 years and over represent slightly more than 34 per cent of the total deaths.



*Tuberculosis among Immigrants.*

During the year 17 cases of Tuberculosis were discovered among immigrants, 14 being of a pulmonary nature. The total is four more than for 1956-57. Their country of origin was given as:—Italy, 3; Poland, 2; Scotland, 2; Ireland, 2; Yugoslavia, 2; and one each from Germany, Norway, Greece, Ukraine, England and Lithuania.

*Tuberculosis Allowances.*

At the commencement of the year there were 209 persons in receipt of tuberculosis allowance. A further 166 claims were received during the year, of which 129 were granted, 35 rejected, and two were still being investigated. There were also seven transfers from other States. Cancellations during the year totalled 181, leaving 164 tuberculosis allowances still current at the end of the year, a decrease for the year of 45. Of the 181 cancellations, 135 were due to the fact that the person was considered no longer eligible on medical grounds, having sufficiently improved to enable him or her to resume full-time employment, except for a few cases of over-age persons or those suffering from some other disability, who were transferred on to age or invalid pension.

*State Tuberculosis Register.**Total Registrations at 30.6.58:*

Active register	328
Inactive register	1,541
Non-pulmonary tuberculosis Register	325
Repatriation cases (pulmonary and non-pulmonary register)	521
<b>Total cases on register</b>	<b>2,715</b>

*Active Register (Pulmonary Cases)—*

Cases on Register at 30.6.57	341
New cases registered during year	119
	460

*Add:*

Transferred from Inactive Register	19
Transferred from other States	4
	483

*Less:*

Transferred to Inactive Register	127
Transferred to Deceased Register	22
Transferred to other States	6
	155

Total Active Register at 30.6.58 328

*Inactive Register (Pulmonary Cases):*

Cases on Register at 30.6.57	1,441
<i>Add:</i>	
Transferred from Active Register	127
Inactive cases not previously registered	2
Transferred from other States	12
	1,582

*Less:*

Transferred to Active Register	19
Transferred to Non-pulmonary Register	3
Deceased	7
Transferred to other States	11
Diagnosis revoked	1
	41

Total Inactive Register 30.6.58 1,541

*Non-Pulmonary Cases Register:*

Cases on Register at 30.6.57	299
New cases notified during year	28
Transferred from Inactive Register	3
	330

Less Cases Deceased 5

Total Non-Pulmonary Cases at 30.6.58 325

*Repatriation Cases Register (Pulmonary and Non-Pulmonary):*

Cases on Register at 30.6.57	517
New Cases Registered during year	20
	537

*Less:*

Number of Cases Deceased	15
Transferred out of State	1
	16

Total at 30.6.58 521

*TASMANIAN CHEST HOSPITAL, NEW TOWN.*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Patients in hospital 1.7.57	54	39	93
Patients in hospital 30.6.58	37	27	64
Patients on transfer to Royal Hobart Hospital for surgery 30.6.58		5	5
Vacant beds 30.6.58	12	8	20

*Maintenance Expenditure for Financial Year ended 30th June, 1958.*

	£	s.	d.
Salaries and wages	61,580	0	0
Medicines and provisions	17,781	0	0
Domestic maintenance	6,565	0	0
Financial charges	126	0	0
Maintenance of equipment	3,824	0	0
Maintenance—buildings and grounds	2,536	0	0
Incidentals	599	0	0
Purchase of motor vehicle	942	0	0

Total £93,953 0 0

Daily average cost per bed £3 14 7

Total bed-days, 1957-58 25,181

*Admissions, Discharges, Deaths.*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Patients in Chest Hospital 1.7.57	54	39	93
Patients returned from Royal Hobart Hospital		4	4
Patients returned from Repatriation Hospital		1	1
Patients admitted during year	52	27	79
Patients admitted ex Northern Chest Hospital	4	10	14
Patients admitted Non-Pulmonary		3	3
<b>Total treated</b>	<b>110</b>	<b>84</b>	<b>194</b>

*Discharges:*

Regular discharges	54	35	89
Disciplinary discharges and against medical advice	5	5	10
To Northern Chest Hospital	4	9	13
To Repatriation Hospital	3		3
Interstate	1		1
Non-pulmonary		2	2
	67	51	118

*Deaths:*

Pulmonary tuberculosis died at Chest Hospital	5	3	8
Non-pulmonary tuberculosis died at Chest Hospital		1	1
Died on transfer to Royal Hobart Hospital	1	1	2
Died on transfer to private hospital		1	1
	6	6	12
Patients remaining at Tasmanian Chest Hospital 30.6.58	37	27	64
Daily average number of patients resident during year	38	31	69
Average length of residence of patients discharged	305.4	230	271.3



*Stage of Disease on Admission.*

Minimal	22
Moderately advanced	52
Advanced	10
Ex-Northern Chest Hospital	14
Non-Pulmonary	3
<b>Total</b>	<b>111</b>

*Bacteriological Status on Discharge (Regular).*

Sputum Negative	88
Sputum positive	1

*Treatment Carried Out.*

Partial resection of lung	42
Thoracotomy Drainage	1
Thoracoplasty	6
Phrenic crush	1
Flap drainage	3
Appendectomy	1
Ischio-rectal Abscess	1
Orchidectomy	1
Orthopaedic surgery	1

*Pathology:*

B.S.R.	464
Gastric lavage	69
Cultures	120
Sputum Tests	334
Sputum (concentration)	31
Blood counts (acid and differential)	74
Urine tests and microscopic examinations	231
Gastric meal tests	2
Pathological (dissections)	37
Other laboratory tests (laryngeal, swabs, &c.)	38

*Radiography:*

X-rays—Patients chests	444
Tomography	50
Others	11

*Physiotherapy:*

Patients undergoing physiotherapy during the year	86
---	----

*Dental:*

Complete dentures	32
Fillings	65
Extractions	46
Minor operations (removal of cyst, &c.)	154
Visits	219
<b>Total treatments</b>	<b>516</b>

**NEW TOWN CHEST HOSPITAL AUXILIARY AND  
TASMANIAN SANATORIUM AFTER-CARE  
ASSOCIATION.**

These committees have continued to assist in the welfare and after care of the patients and we are most appreciative of the fine work done by both organisations.

*Devotional.*

Ministers of Religion continue to care for the religious and moral problems of the patients.

Devotional services are conducted regularly.

**NORTHERN CHEST HOSPITAL.***In-patients.*

	Males	Females	Total
Beginning of year 1957-58	20	25	45
End of year	21	7	28
Vacant accommodation, end of year	15	24	39

*Maintenance Expenditure for Financial Year ended 30th June, 1958.*

	£	s.	d.
Salaries and wages	35,625	0	0
Medicines and provisions	14,915	0	0
Domestic maintenance	4,802	0	0

	£	s.	d.
Financial charges	29	0	0
Maintenance equipment	1,833	0	0
Maintenance buildings and grounds	2,881	0	0
Incidentals	1,487	0	0
Purchase of motor vehicle	1,132	0	0

**Total** ..... £62,704 0 0

Daily average cost per bed ..... £3 13 9

Number of bed-days, 1957-58 ..... 16,999

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

	Males	Females	Total
Patients in hospital 1.7.57	20	25	45
Patients admitted during year	59	32	91
<b>Total treated</b>	<b>79</b>	<b>57</b>	<b>136</b>
Patients discharged during the year	57	48	105
Deaths during the year	1	2	3
<b>Total discharges and deaths</b>	<b>58</b>	<b>50</b>	<b>108</b>
Patients remaining in hospital 30.6.58	21	7	28
Patients discharged against medical advice	2	2	4
Patients discharged for disciplinary reasons	—	—	—
Daily average number resident during year	27.05	19.44	46.49
Average length of residence of patients discharged (days)	162	194.22	—

*Stage of Disease on Admission.*

Minimal	6
Moderately advanced	28
Advanced	49
Ex-surgical	8
Diagnosis revoked	—
<b>Total</b>	<b>91</b>

*Clinical and Bacteriological Status on Discharge.*

Sputum negative	101
Sputum positive	4
Result not available	—
Inactive	7
Arrested	26
Active	72

*Treatment carried out.*

Partial resection of lung	} Nil
Pneumonectomy	
Thoracoplasty	
Plombage	
Cavernostomy	
Bronchoscopic examination	1

*Pathology:*

B.S.R.	469
Gastric lavage	57
Gastric culture	—
Sputum test	510
Sputum concentration	488
Blood count, total and differential	Nil
Urine test (microscopy)	257
Gastric meals	Nil
"Closina" blood levels	152

*Radiography:*

X-rays	739
--------	-----

*Physiotherapy:*

Patients undergoing physiotherapy treatment during year	Nil
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*Dental:*

Complete dentures	4
Fillings	40
Extractions	34
Minor operations (removal of cysts, roots, &c.)	Nil
Cleaning	16



*Auxiliary.*

As usual, our Auxiliary is to be sincerely thanked for its fine efforts in providing additional amenities for the patients throughout the year.

*Devotional.*

Devotional services are conducted regularly in the Hospital and are well attended by patients.

Our thanks are extended to Ministers of Religion for conducting these services.

## CHEST CLINICS.

Table 22 shows the work of the various chest clinics throughout the year.

TABLE 22.

Examinations—	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance .....	41	29	10	4
Cases referred from mass survey for investigation .....	111	33	7	29
Cases referred by private medical practitioners .....	71	30	32	20
Contacts registered at chest clinics .....	357	275	132	125
<b>Total new cases registered .....</b>	<b>580</b>	<b>367</b>	<b>181</b>	<b>178</b>
<b>Total attendances .....</b>	<b>4,360</b>	<b>7,059</b>	<b>1,345</b>	<b>1,212</b>
<i>Treatment and Investigations—</i>				
X-ray examination, 17 x 14 .....	2,280	1,464	527	421
Miniature X-rays .....	1,437		24	
Sputum tests .....	545	546	92	79
Gastric lavages .....	40	42	2	9
Mantoux tests .....	2,224	2,007	219	300
B.C.G. vaccinations .....	197	200	29	35
Blood sedimentation rates .....	5	738		1
Domiciliary visits .....	571	574	212	161

*B.C.G. Vaccination.*

Statistics regarding B.C.G. vaccination carried out at the various chest clinics are given in Table 23.

TABLE 23.

*Statement Showing Persons Receiving B.C.G. Vaccinations.*

	Hobart	Launceston	Devonport and Burnie
Infants at special risk .....	32	....	....
<i>Contacts and nurses—</i>			
(i) Mantoux tested .....	800	808	386
(ii) Mantoux positive .....	600	155	270
(iii) Mantoux negative .....	192	653	116
(iv) Vaccinated .....	172*	200	59
(v) Lost to survey .....	8	....	....
<i>National Service Trainees—</i>			
(i) Mantoux tested .....	415	....	....
(ii) Mantoux positive .....	85	(43 of these had B.C.G. previously)	
(iii) Mantoux negative .....	327	....	....
(iv) Vaccinated .....	324	....	....
(v) Mantoux positive after vaccination .....	311	....	....
(vi) Mantoux negative after vaccination .....	6	....	....
(vii) Not checked after vaccination .....	7	....	....
(viii) Lost to survey .....	3	....	....

\* Of the 172 vaccinated there were 10 reversions, 18 were re-vaccinated and 2 refused re-vaccination.

## EPIDEMIOLOGICAL SURVEYS.

*Annual Report on School Mantoux Test Surveys Year Ended 30th June, 1958.*

School	Tested	Negative	Positive	Not Checked
Warrane .....	434	414	11	9
Moonah .....	676	641	14	21
<b>Total .....</b>	<b>1,110</b>	<b>1,055</b>	<b>25*</b>	<b>30</b>

\* Three of the above positive reactors have previously had B.C.G. vaccination.



TABLE 24.  
MASS X-RAY.

	Hobart	Launceston	Mobile	Total
Total number of micro films .....	45,720	22,740	52,368	120,828
Total number of large films required .....	579	318	832	1,729
Total number of large films taken .....	999	257	868	2,124
(a) Normal .....	699	161	550	1,410
(b) Abnormal .....				
(i) Probably tuberculosis .....	179	61	218	458
(ii) Probably non-tuberculosis .....	119	32	97	248
(iii) Cardiac .....	2	3	3	8
(c) Referred for further investigation to—				
(i) Chest clinic .....	105	24	77	206
(ii) Private practitioner .....	110	42	159	311
(d) Films not requiring further attention and others pending .....	81	18	89	188
Diagnosis made:—	Minimal	Moderately Advanced	Advanced	Total
(a) Active tuberculosis .....	37	30	1	68
(b) Inactive tuberculosis .....	61	11	19	91
(c) Still under observation .....	182	46	209	437
Other abnormalities discovered:—				
Pneumonitis non-tuberculosis .....	17	1	3	21
Pneumothorax .....		1	1	2
Silicosis .....				
Bronchiectasis .....	2	5		7
Bronchitis .....	3			3
Emphysema .....	4		2	6
Bronchial carcinoma .....				
Secondary carcinoma .....		1	1	2
Sarcoidosis .....				
Cystic disease .....	1	1		2
Atelectasis .....				
Hydatid .....	2	2	2	6
Diaphragmatic .....		2	2	4
Pleural thickening or adhesions .....	9	2	2	13
Thyroid .....	5	3	7	15
Fibrosis (? cause) .....	2	2	12	16
Calcification (? cause) .....	1	2	2	5

TABLE 25.

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 the 30th June, 1958.

	Hobart Unit	Mobile No. 1 Unit	Mobile No. 2 Unit	Royal Hobart Hospital Unit	Launceston X-ray Unit
Prior to 1954 .....	215,449	211,654			48,133
1954 .....	38,875	45,762	5,162	3,359	22,071
1955 .....	36,158	42,337	3,132	12,087	24,728
1956 .....	36,107	39,621	11,605	8,903	23,224
1957 .....	38,660	40,710	5,368	9,322	23,527
1958 .....	37,287	47,261	5,107	8,433	22,740
	<u>402,536</u>	<u>427,345</u>	<u>30,374</u>	<u>42,104</u>	<u>164,423</u>
Total X-rayed since Inception of Campaign.					
Hobart .....	402,536				37,287
Mobile No. 1 .....	427,345				47,261
Mobile No. 2 .....		30,374			5,107
R.H.H. unit .....				42,104	8,433
Launceston unit .....					22,740
	<u>1,066,782</u>				<u>120,828</u>

#### GENERAL.

The year just closed has seen some substantial progress towards the final eradication of tuberculosis in Tasmania.

This is pleasing as it is now some ten years since concerted efforts were made to rid the State of tuberculosis, and only at the present time can it be claimed without doubt that the progress in the previous year has been outstanding.

The number of new cases found has decreased markedly and the epidemiological surveys which have been carried out continued to show a considerably smaller number of reactors among the school children of the State.

As has been pointed out by many authorities, the degree of Mantoux conversion of the indi-

viduals in any community is the best measure of the progress of an Anti-Tuberculosis Campaign.

The changing face of tuberculosis from almost every aspect requires constant vigilance and observation, in order that the State does not lag behind the rest of the world in its effective measures against the disease, and, in addition to the very important changes noted above, there is the problem of radiation which has been receiving increased attention throughout the world.

As far as the X-ray Campaign is concerned, it is gratifying to note that the most authoritative committees set up in this and other countries insist that it is advisable to carry on mass X-ray surveys in the fight against tuberculosis, and emphasise the small effects of radiation in such campaigns.



*B.C.G. Vaccinations.*

As in previous years this has been carried on in accordance with the advice of the National Tuberculosis Advisory Council.

*Rehabilitation.*

The Rehabilitation Branch of the Commonwealth Social Services Department has again been most helpful in this part of the work during the year just closed, and is deserving of gratitude from both patients and the Government.

*Tuberculosis Act.*

It is gratifying to note that during the year substantial amendments have been made to the principal Act.

The most helpful of these will be the power to direct known sufferers of the disease whose clinical status is doubtful or unknown to attend for assessment.

Also included in the amendments are powers to deal with the ever present pest of alcoholism in the administration of the hospital.

## STAFF.

It is pleasing to welcome to the position of Medical Superintendent, Northern Chest Hospital, in an acting capacity, Dr. R. W. Henning.

Dr. Henning assumed these duties on the resignation of Dr. A. L. Lyons, and it is confidently expected that Dr. Henning will carry on the work of the Hospital at the high standard which has come to be expected by the patients and staff of the Northern Chest Hospital.

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

*Director of Tuberculosis.*

### Section III.—Report of the Division of Mental Health for the Year Ended 30th June, 1958

## STRUCTURE OF THE DIVISION.

The Department of Health Services is divided into a number of Divisions. One of these is the Division of Mental Health.

The Director of Mental Health is responsible to the Director-General of Health Services, and through him to the Minister for Health, for the functioning of his Division.

The Division of Mental Health consists of a headquarters in Hobart, two hospitals at New Norfolk (the Lachlan Park Hospital and the Millbrook Psychopathic Hospital) and two Government institutions for defectives (one at New Norfolk and one at Launceston).

The three institutions at New Norfolk are under the administrative control of the Medical Superintendent, Lachlan Park Hospital, who is responsible to the Director of Mental Health. (In the case of the Government Institution for Defectives he is responsible to the Mental Deficiency Board for the care of the inmates).

The Government Institution for Defectives at Launceston ("Nelumie") is under the administrative control of the matron, who is responsible to the Director of Mental Health for administration and to the Mental Deficiency Board for the care of inmates.

## FUNCTIONS OF THE DIVISION.

In general, the functions of the Division are:—

1. The provision of special hospitals and institutions for the mentally ill, the emotionally disturbed and the mentally deficient.
2. The provision of a consultative diagnostic and therapeutic service to public hospitals and medical practitioners in all parts of the island.
3. The provision of a consultative service to other government departments, the courts, and other social agencies.
4. The provision of a family guidance service with special reference to the problems of childhood and adolescence.
5. The provision of an after-care service to psychiatric patients.

6. The provision of staff for the State Psychological Clinic and the examination of cases of suspected mental deficiency under the Mental Deficiency Act.

7. The provision of a service to the Mental Deficiency Board for the re-examination, supervision and after-care of certified mental defectives.

The above services should all be on a State-wide basis. At the present time, owing to a shortage of professional staff, all these services are very inadequate. Nevertheless, regular visits are made by professional officers to all parts of the State. There is a growing demand for an expansion of these services, particularly in the north, the north-east, and the north-west.

## PERSONNEL.

*Professional.**(a) Medical.*

The year began with an establishment of two (including the Director of Mental Health) on the headquarters staff, four for the Lachlan Park Hospital and Government Institution for Defectives at New Norfolk and one for the Millbrook Psychopathic Hospital.

The establishment was at full strength at headquarters and at Millbrook, but at the Lachlan Park Hospital there was only the Medical Superintendent assisted by three temporary medical officers, one of whom was ill and left shortly afterwards. During the past 12 years the position of Deputy Medical Superintendent (formerly called Senior Medical Officer) has been vacant for most of the time and medical officers with varying backgrounds have come and gone.

In my opinion this is a scandalous state of affairs for a hospital of some 800 beds.

In other parts of the world and in other Australian States great advances have been made in the psychiatric treatment and management (including occupation and re-socialization) of mental hospital patients, particularly in the case of chronic patients. At the Lachlan Park Hospital we have kept abreast of the rest of the world only in drug treatment. The re-socialization and occupation of the chronic patient can hardly be attempted with the present staff.



There is an urgent need for a *minimal* medical staff of eight—four specialists in psychiatry and four juniors.

The Lachlan Park Hospital has been chronically short of medical staff for many years. In my opinion this is largely due to the fact that salaries offered have not compared favourably with the earnings commonly made in private practice. There are other unattractive conditions of service but this seems to be the main one.

The appointment of two psychiatrists as Departmental specialists has been approved by Cabinet. To commence with, they will be seconded for duty at Lachlan Park Hospital. These positions are currently being advertised.

During the year the psychiatrist on the headquarters strength was appointed Inspector-General of Mental Hospitals for Western Australia and left to take up his duties in April. The position is still vacant.

The loss of this psychiatrist in Hobart has greatly curtailed the psychiatric service to the community. The number of psychiatric clinics at the Royal Hobart Hospital has been halved and there is now a three months' waiting list where formerly there was none. The psychiatric work done at the Division Headquarters has been reduced even more.

A position of psychiatrist at Launceston has been created and is being advertised.

#### (b) *Psychological.*

During the year the third position of psychologist on the headquarters staff was filled for the first time. A new position of psychologist at the Lachlan Park Hospital was created in December, 1957, but there have been no applicants as yet.

#### (c) *Psychiatric Social Work.*

The headquarters establishment of three psychiatric social workers is at full strength. The position of Psychiatric Social Worker to the Lachlan Park Hospital remains vacant.

#### *Administrative and Clerical.*

The Administrative Officer has assumed a greater responsibility, thus relieving the Director of Mental Health of a lot of administrative detail.

A secretary to the Director of Mental Health and who will also be in charge of the appointments of all the professional officers is badly needed.

Still more necessary is an additional typist or stenographer. Much professional time is wasted by professional officers (psychiatric social workers in particular) acting as typists. It is the only way they can keep a record of the information they collect and get their reports typed. A modern dictaphone (wire recorder) has been obtained but the quantity of reports "on tape" is building up because of the pressure of work on the clerical staff.

Clerical assistance from Departmental headquarters has been made available from time to time but is not adequate. A full-time appointment is required.

#### ACTIVITIES.

##### *Administration.*

The headquarters staff is responsible for administering the Mental Deficiency Act and the

Sexual Offences Act. This involves much more work than one would expect. Details of this work were given in last year's Report and will not be duplicated here.

#### *Clinical Services.*

##### (a) *To the Royal Hobart Hospital.*

The psychiatric service to the Royal Hobart Hospital is provided by the four permanent medical officers in the Division and by the psychiatric social workers. Psychological examinations are carried out as required by the psychologists.

##### (b) *State Psychological Clinic.*

This service is provided under the Mental Deficiency Act, primarily for the investigation, ascertainment, &c., of mental deficiency. Officers of the clinic travel to all parts of the State to carry out their duties, mainly the examination of children and the re-examination of certified mental defectives who are living in the community under guardianship or supervision.

##### (c) *Psychiatric and Family Guidance Clinics.*

No formal clinics of the above designations have ever been established. The terms are descriptive of functions carried out at the Division's headquarters ever since it has existed. These functions have grown considerably with the growth in numbers of the professional staff.

New adult cases are not seen unless referred by a hospital, a medical practitioner, another government department or recognised social agency. This rule is not adhered to so rigidly in the case of children but by far the greatest number are so referred. A surprising feature is that practically no children are referred by the Education Department or the Children's Courts. In most countries referrals from these sources constitute a considerable percentage of cases seen.

During the year the Director of Mental Health initiated regular unofficial inter-departmental conferences on the subject of juvenile delinquency, mainly for the purpose of pooling available knowledge and resources. The fact that, by common consent, these meetings are continuing at regular intervals indicates that a useful purpose is being served. Representatives of the following departments attend:—Division of Mental Health, State Social Services, Education, Magistrates, Children's Court, Attorney-General's Department, Police Department, and National Fitness Council.

#### ACCOMMODATION.

##### *Divisional Headquarters.*

During the year the Division moved from its quarters on the top floor of the old R.A.C. building to the first floor of the Public Buildings in Davey Street. Present accommodation is just adequate for full time staff but (except when short staffed) there is no room available for the use of visiting consultants and part time officers such as the consultant in spastic diseases and the speech therapist, each of whom visits weekly.

##### *Lachlan Park Hospital.*

Progress in the re-building of the hospital is slow but steady. Two of three completed wards have been occupied and another four wards are under construction. Plans are being prepared for the next stage of the programme of re-construction.



Major problems have arisen in connection with the new steam generating plant.

These matters are referred to in the Medical Superintendent's report.

#### *Millbrook Rise.*

The accommodation is adequate; in fact it is not being fully utilized. This is due in my opinion partly to lack of publicity. A circular to all members of the medical profession in Tasmania has been in preparation for several years and it is hoped that it will be possible to have it printed in the not too distant future.

#### *Government Institution for Defectives at New Norfolk.*

The accommodation provided to the Mental Deficiency Board by this institution is not adequate. With the evacuation of mental hospital patients from the old hospital to the new one it will be possible to extend the accommodation available to the Mental Deficiency Board by using some of the not-so-old buildings of the old mental hospital.

#### *"Nelumie" (Government Institution for Defectives at Launceston).*

This hostel for mentally defective females is performing a very useful function in aiding the rehabilitation of young women who have a mild degree of intellectual deficit and who have been social problems as well. The accommodation is adequate for present needs.

There is no similar institution for males, though plans were drawn up several years ago. The need for such an institution is stressed in the Report of the Mental Deficiency Board.

#### PLANNING.

The basis of planning is to provide a psychiatric service available to all areas of the State as set out earlier in this report.

1. The Lachlan Park Hospital is being re-built at New Norfolk. The re-building of the hospital is urgently necessary (a) to provide better treatment facilities for the mentally ill and better working conditions for the staff, and (b) to enable the present inadequate facilities for the housing and training of certified mental defectives to be extended by the taking over of certain buildings in the old hospital.

This plan is proceeding and it is vitally necessary that it should continue until the project is completed.

However, I must record again that I think it was a mistake to build the new mental hospital at New Norfolk. I previously expressed this view when giving evidence to the Parliamentary Committee on Public Works.

The modern conception of a mental hospital is that it should provide a high standard of in-patient and out-patient treatment for the community, and that if this is done most patients will enter hospital voluntarily, without the need for certification. Such a hospital must be readily accessible to the community it serves.

A major disadvantage of having a mental hospital over 20 miles from a city is the difficulty in attracting, and keeping, specialist professional staff, unless special inducements in the way of salary and perquisites are offered.

2. In order to provide a better psychiatric service in the north it is proposed to form a branch of the Division in Launceston. A position of psychiatrist has been created.

There is a psychiatrist on the staff at the Launceston General Hospital but he is fully occupied in hospital duties and is unable to meet the needs of the north-west and the north-east. The establishment of a branch of the Division at Launceston will meet this need, but the new psychiatrist will need the assistance of a psychologist and two psychiatric social workers at an early date. It is unfortunate that there will be a dichotomy in the psychiatric service in the north, part of it being provided by the Launceston General Hospital and part by this Division. The Divisional Psychiatrist and team will travel and provide a service to all northern centres.

In Hobart, psychiatrists from the headquarters of the Division and from the divisional hospitals at New Norfolk provide the psychiatric consultant service to the Royal Hobart Hospital. This system works well except for the present shortage of psychiatrists.

A Psychiatric Unit has been planned for the Launceston General Hospital in co-operation with the staff of the Division. It is hoped that the Hospital Board will make both beds and out-patient facilities available to the Branch of the Division to be established at Launceston.

In my report on my overseas tour I recommended the establishment of such a unit at or adjacent to the Royal Hobart Hospital. Such a unit should provide a single psychiatric centre for the Hobart area, instead of having it divided and duplicated as at present, between the Divisional headquarters and the Royal Hobart Hospital. There should be both in-patient and out-patient facilities for both adults and children.

3. *Medico Legal*—The present Mental Hospitals Act and the Mental Deficiency Act were framed many years ago. Increasing knowledge, lessening prejudice, and improved methods of treatment have rendered them very much out of date.

In Great Britain a Royal Commission of eleven members, including both eminent lawyers and psychiatrists, sat from 1954 to 1957. Their Report was published in 1957. It recommended the repeal of the existing Lunacy and Mental Deficiency laws in the United Kingdom (upon which the Tasmanian Acts are based), and their replacement by a single Act embodying modern enlightened and progressive ideas on the treatment and management of the mentally ill, the psychopathic and the subnormal.

The recommendations of the Royal Commission are so far-reaching that they cannot be summarized in this Report.

It is my earnest hope that the recommendations of this Royal Commission will be implemented at an early date in Tasmania with only minimal modification to fit them to local conditions.

Attached are reports of the Medical Superintendent, Lachlan Park Hospital and of Millbrook Rise, of the Senior Psychologist and Senior Psychiatric Social Worker and of the Mental Deficiency Board, together with statistical tables.

J. R. V. FOXTON, *Director of Mental Health.*



## REPORT OF THE SENIOR PSYCHOLOGIST.

At the beginning of the financial year, there was only one psychologist available. For the first six months, therefore, work was very largely restricted to the Hobart area, the only noteworthy exceptions being fortnightly visits to Wybra Home, and an occasional visit to Ashley. In January the Senior Psychologist returned to duty, and in early February a third psychologist, who had recently completed the Diploma in Abnormal and Clinical Psychology at the Maudsley Hospital, London, joined the staff. This is the first occasion since the 3rd position was created in April, 1955, that we have been able to fill it. Although this has meant that more work could be undertaken, we are still not doing all that we should. Our work in the Family Guidance Clinic has also been restricted since the resignation of the psychiatrist in April and will continue so until this position has been filled.

Centres in the north and north-west are again being visited regularly. It has been possible to make the north-west coast visits with one of the psychiatric social workers, and this does give an opportunity for some follow-up of cases, though again the unavailability of a psychiatrist restricts what can be done. Distances are long, and frequent enough visits impossible, even with the extra staff, and the only solution would appear to be the establishment of a permanent section of the Division in the north.

Millbrook Rise is visited approximately once a week, which enables most of the cases requiring psychological testing to be seen. Unfortunately it has not been possible so far to resume regular visits to Lachlan Park Hospital and, although a position has been created for a psychologist on the staff of the Lachlan Park Hospital, it has not yet been possible to fill it.

Work in the Hobart area has once again been extended to the Lady Gowrie Child Centre, where the psychologist not only sees many of the children, but also participates in the regular weekly case-study conferences held by the staff. It is felt that this contribution, which is appreciated by the Centre staff, is a valuable one in the field of mental health education. Regular visits are also made to the Magdalen Home, Wingfield House and other centres.

Work has continued with the police, the courts and cases at H.M. Gaol. One pleasing feature of this is that the policewomen are referring cases before they reach the stage of being charged. This often enables preventive work to be undertaken early enough to be effective.

Cases referred under the Mental Deficiency Act continue to be seen, and help is given for re-examinations and other duties for certified defectives.

The general work of diagnosis and of therapy through the Family Guidance Clinic has been extended as much as possible in view of staff shortages.

Educative work with other professional groups and with the public has been continued and extended. Trainees at the Mothercraft Home participate in a series of discussions and now some talks have been asked for by the nursing trainees at St. John's Park. Numerous public lectures have been given to interested organisa-

tions, and members assist with various community groups either by serving on committees or in an advisory capacity.

L. J. MARTIN, *Senior Psychologist.*

## PSYCHIATRIC SOCIAL WORK SECTION.

The arrival from England of a third psychiatric social worker early in July, 1957 has enabled the work of this section to be expanded during the year just concluded. A comparison of statistics with those of previous years seems to indicate that, without secretarial assistance becoming available, the two workers employed as at 1st July, 1957, had reached their maximum caseload, and the third had done so by 30th June, 1958. In actual fact the caseload of each worker is too heavy to permit intensive work in more than a minority of cases, and while the proportion of psychiatric social workers to other members of the team remains as at present, this state of affairs must continue.

Work covered by this section has included the compilation of social histories for diagnostic purposes; casework with patients or their relatives; frequent contact with other agencies; follow-up work with patients discharged from Lachlan Park and Millbrook Rise; assistance at psychiatric clinics at the Royal Hobart Hospital; work with defectives under the care of the Mental Deficiency Board.

The addition of the third psychiatric social worker to the section has made possible the more frequent release from Hobart duties of one of the other workers, who, in collaboration with psychologists, has been able to extend the scope of service offered on the north-west coast.

A psychiatric social worker has been present at official visitors meetings at Lachlan Park, and has attended meetings of the Lachlan Park Auxiliary. A club for patients has also been commenced at the hospital.

Contributions to community education have been made through talks to various groups, by participation in panel discussions, and by assistance on the Marriage Guidance Council, both on the committee and in counsellor training.

*Psychiatric Social Work Section Statistics—1st July, 1957 to 30th June, 1958.*

Number of cases on which work undertaken	557
Number of homes visited	267
Number of patients visited in institutions	72
Number of home visits	536
Number of other visits in connection with cases	179
Number of office interviews with patients, relatives and others	908
Number of other interviews, casework contacts, &c., with patients, relatives and others	1,020
Number of cases on which contact was made with outside agencies, individuals, &c.	194
Number of cases on which one or more relatives interviewed	363
Number of visits paid, interviews conducted, &c., outside Hobart	556
Number of visits to Lachlan Park, Millbrook Rise and Lachlan Park Auxiliary	39
Number of clinics attended at Royal Hobart Hospital	48

*Work specifically relating to Mental Defectives. (Extracted from above figures.)*

Number of home visits	190
Number of other visits in connection with cases	105
Number of office interviews with patients, relatives and others	114
Number of other interviews, casework contacts, &c., with patients, relatives and others	181

P. J. LOCKLEY,  
*Senior Psychiatric Social Worker.*



REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK, FOR THE YEAR ENDED 30TH JUNE, 1958.

I propose to divide this report into two sections. The first section will, I hope, convey the impression I wish to point out concerning the old portion of the hospital, together with the two new wards which have now been occupied. The second part I hope to devote to staffing problems and administrative difficulties encountered over the past financial year.

PART 1.

It will be seen from Table 30 that admissions and re-admissions to the Mental Hospital have been multiplied by three over the past ten years. Also from Table 28 you will agree that voluntary admissions have practically doubled over the past year. According to Table 29, it would appear that the number of cases of anxiety state admitted over the year has been multiplied by four. I feel that this is not really a true picture of the state of affairs in the hospital, but is more a question of differential diagnosis. Otherwise, the general overall picture for mental illness in the hospital remains much as it did for the previous year. You will also note that the cost per head per day is 28s. 8.40d., showing no real rise in the nett cost of maintaining a patient per day, since 1953. This is in spite of the fact that the cost of living has increased as far as the general public is concerned. The general standard of medical treatment throughout both male and female divisions is as high as one can expect under existing circumstances in which there is a marked shortage of trained personnel. Full intensive treatment is difficult on the female side owing to this marked shortage of trained personnel. Also our occupational therapy activities are markedly curtailed because of the lack of trained occupational therapists. We do carry on a skeleton service, but it is very inadequate both on male and female sides, owing to the unfortunate death of our former Chief Occupational Instructor, Mr. Keith Young. There is also a severe lack of numerical qualified strength in relation to medical officers. At the moment we have three medical officers, including myself, whereas for a hospital of this size averaging 750 patients, both male and female, I feel that a medical officer strength of eight should be the absolute minimum. This gives a ratio of approximately 100 patients per one medical officer.

The standard of training of both male and female nurses has been stepped up over the year, and the passing standard for the first year examination in particular will, I hope, be even higher as years go on. It is my fervent hope that it will be compulsory in years to come for first year candidates to undergo a course of training followed by an examination in occupational therapy work—that is to say that they should be able to instruct patients under the supervision of the occupational therapist in simple routine therapy work. I do not wish them to become occupational therapists, but simply to have a working knowledge of the art, so that they themselves can conduct groups under direction of the occupational therapist in their own wards.

The existing buildings in the older divisions of the hospital are at present in as good a state of repair as is possible under the circumstances. With regard to artisan staff we are fortunate in having obtained the services of a fully qualified services engineer. On the other hand, we still have only four groundsmen to cover an acreage at

least three times that for which they were originally responsible. We need at least ten experienced groundsmen, if the task of maintaining our lawns, gardens, roads, &c., is going to be achieved. For example, taking hospital roadways only into consideration, we have three months' full-time employment on roads for our artisan staff. This gives them no opportunity whatsoever for any other form of maintenance work. It is true that many of the patients from time to time request employment with the ground staff, but it is only occasionally that we manage to acquire the services of a patient who is really good at maintenance work, and then it is usually for only a very short time. We are desperately short of groundsmen.

There have been no major epidemics of any source throughout the hospital over the past year, and I think that we can attribute this, to some extent at least, to a very much improved catering service, which has been in force since the arrival of our new catering officer.

During 1957-58 we acquired the services of a physiotherapist, who is doing admirable work among the spastic children. She is also responsible for organisation of games and other activities in the hospital. This is an invaluable acquisition.

PART 2.

(a) Boiler House.

The main item I wish to refer to in this part of the report is the question of the nucleus of the new hospital wards. An immense amount of work, both mental and physical, remains incomplete in this section of the hospital. Following on several discussions with the new hospital engineer, I must come to the following conclusions:—

1. The one essential thing for the running of the new hospital block, including laundry and kitchen, is steam. The hospital engineer assures me that at present he is not in a position, nor can he be in a position, to estimate the potentialities of the present boiler house. Further, he maintains that no one is in a position or can be in a position at the moment to estimate how much steam is actually being produced and how much uselessly employed. In order that these figures may be determined, special gauges and equipment, of whose nature I am rather vague, have been ordered I understand, and when they are in position in the boiler house, then certain readings can be taken which will tell us the figures and facts we need to know. It would appear that the hospital engineer is in favour of using oil rather than coal to fire his boilers, but even this he is not prepared to dogmatize about until such time as he can find out exactly what the heat producing capabilities of the average batch of coal, as compared with that of oil, may be. I feel that our present system of coal firing these boilers may well prove to be a wasteful one, as well as being less efficient from the steam production point of view. As it is my opinion that the basis for any institution depending upon steam as its life blood is the efficiency or otherwise of the boiler house, I am not in a position to say whether or not the present new hospital is, or is not, an efficient machine.

(b) Laundry.

We have been extremely fortunate over the past year in having secured the services of a laundry expert (Mr. W. Anderson). Mr. Anderson has gone out of his way to ensure that the



new laundry will be a success in every way. He has made many alterations in the laundry, some of them rather drastic, but nevertheless I feel certain he has achieved a good result. Only recently, he has unearthed from the old laundry the original Tullis ironing machine and, having caused it to be subjected to arduous tests, he is now in a position to say that this will be a good machine, superior in many ways to the present Mackenzie, which has given us endless trouble in the past and which Mr. Anderson has "doctored" to such an extent that it is now approximately 75 per cent better than it was originally. He has also caused to be altered many ducts in relation to the drying tumblers, so that now our risk of fire is reduced to a minimum.

*Laundry Staff*—The appointment is pending of a new laundry manager, Mr. Renahan, who, although he has not the necessary qualifications on paper, nevertheless has been trained by one of the well-known laundry managers in Melbourne (Mr. Bernard). We feel sure that he will be able to take over from Mr. Anderson, who, we hope, will guide him from time to time if at all possible, to the betterment of the laundry.

Regarding the other laundry staff, we now find it necessary that additional staff of the following types should be provided:—

- (i) An experienced and trained dry cleaning operator; and
- (ii) A lorry driver, to assist in the implementation of a new delivery service ex the laundry. This employee will also be required to assist in the sorting bay and, with the help of patients' labour work the foul linen bay.

The delivery service is an entirely new service, whilst the foul linen bay is not yet functioning. In both cases, I am anxious to arrange for this work to be undertaken.

(c) *Kitchen Staff.*

The good management of the kitchen has been greatly affected by the instability of staff personnel. Over the past year, we have found it very difficult to obtain suitable personnel for staffing a unit of this type. Seldom do we receive applications from people with any previous cooking experience. This makes it very difficult for the catering officer to roster his cooking staff in such a manner as to produce first class results. It is recommended that serious consideration be given to the creation of a training school for cooks for institutions such as this. In relation to the staff in the kitchen, may I point out that it is almost essential that individual dishes be served if at all possible to individual patients, as and when re-

quired. At this stage it is not feasible to provide a 24-hour a day service in the kitchen. It would be much too expensive. Nevertheless, this is the ideal for which I feel we should strive, and in writing this it would appear to me that the whole kitchen staff requires re-organisation, bearing in mind that at present we have an excellent catering officer.

*Equipment—Kitchen.*—One major item of equipment required in the kitchen is a new cake mixing machine, to replace the existing unit which has served the hospital for a lengthy period and is now unservicable. This item is costly and is valued at approximately £700. One major alteration is required in the refrigeration section of the kitchen. I refer to the need for the establishment of a cooling system in the vegetable room. At the moment this unit relies on natural draught for cooling purposes. This is insufficient. In relation to refrigeration generally, it is felt that a system of alarm should be instituted throughout all refrigerators, especially as we are employing hospital patients.

The need exists also for the installation of an overhead gantry, whereby heavy carcasses of meat (approximately 300 lbs. or more) may be moved from the delivery vehicle to the scales for measurement, and from the scales to the selected refrigerator.

The store is inadequate, both as to size and shape. Due to this inadequacy, we now find that the new store is capable only of holding our food supplies, consequently it has been necessary to continue using the old store located in the old area. This simply means that store staff of three is now obliged to operate two stores located approximately one mile apart. This makes administrative and store routine difficult. It is recommended that consideration be given to the employment of a junior storeman.

(d) *Wards.*

The wards at present are adequate and minor faults therein are corrected by our own artisan staff.

CONCLUSION.

Our thanks are due to all auxiliaries, especially the Hobart Branch of the Lachlan Park Auxiliary, which has been generous to us over the past year, together with the Red Cross. Our thanks are also due especially for the co-operation we have received from the Director-General of Health Services, the Director of Mental Health and all ancillaries.

D. McK. ANDERSON,  
*Medical Superintendent.*

TABLE 26.

*Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1957-58.*

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1957	..	..	..	369	382	751
Admitted for first time	148	112	260	..	..	..
Re-admitted	71	48	119	..	..	..
Returned from Trial Leave	33	62	95	..	..	..
Total Admitted and Returned	..	..	..	252	222	474
Total under care during Year	..	..	..	621	604	1,225
Discharged from Hospital	148	90	238	..	..	..
Proceeded on Trial Leave	59	104	163	..	..	..
Died	32	35	67	..	..	..
Total off Records	..	..	..	239	229	468
Remaining in Hospital on 30/6/58	..	..	..	382	375	757



TABLE 27.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1957-58.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1957 .. .. .	..	..	..	57	79	136
Proceeding on Trial Leave during Year .. .. .	..	..	..	59	104	163
Total on Trial Leave during Year .. .. .	..	..	..	116	183	299
Returned to Hospital from Trial Leave during Year .. .. .	33	62	95	..	..	..
Discharged from Trial Leave during Year .. .. .	31	36	67	..	..	..
Died whilst on Trial Leave during Year .. .. .	4	2	6	..	..	..
Total Loss .. .. .	..	..	..	68	100	168
Remaining on Trial Leave on 30/6/58 .. .. .	..	..	..	48	83	131

TABLE 28.

Table Showing Manner in which Patients were Admitted during the year 1957-58.

How Admitted	Males	Females	Total
Private Order .. .. .	46	44	90
Justice's Order .. .. .	2	1	3
Magistrate's Order .. .. .	4	1	5
Voluntary Boarders .. .. .	156	110	266
Governor's Warrant .. .. .	3	1	4
Section 13—Mental Hospitals Act .. .. .	2	3	5
Inebriates Hospital Act .. .. .	6	..	6
Returned from Trial Leave .. .. .	33	62	95
Total Admissions and Returns 1957-58 .. .. .	252	222	474
First Admission .. .. .	148	112	260
Second Admission .. .. .	39	21	60
Third Admission .. .. .	11	10	21
Fourth Admission .. .. .	7	10	17
Fifth Admission and over .. .. .	14	7	21
Returned from Trial Leave .. .. .	33	62	95
	252	222	474

TABLE 29.

Table Showing form of Mental Disorder on Admission During 1957-58 and the form of Mental disorder of Patients in Hospital on 30th June, 1958.

Form of Mental Disorder	ADMISSIONS			REMAINING IN HOSPITAL		
	Males	Females	Total	Males	Females	Total
<i>A. Congenital Mental Deficiency</i>						
1. With Epilepsy .. .. .	5	4	9	28	36	64
2. Without Epilepsy .. .. .	9	11	20	99	108	207
3. With Schizophrenia .. .. .	2	2	4	25	15	40
<i>B. Dementias</i>						
1. Senile .. .. .	11	20	31	14	27	41
2. Pre-Senile .. .. .	1	1	2	5	3	8
3. Secondary or Terminal .. .. .	1	..	1	7	4	11
4. Arteriosclerosis .. .. .	4	2	6	1	1	2
<i>C. Organic Psychosis</i>						
1. Gross Brain Lesion .. .. .	1	1	2	..	..	..
2. Dementia Paralytica .. .. .	1	1	2	5	1	6
3. Epileptic Psychosis .. .. .	9	2	11	11	11	22
4. Alcoholic Psychosis .. .. .	56	2	58	13	3	16
5. Toxic, Confusional or Exhaustive Psychosis .. .. .	8	14	22	3	6	9
6. Parkinsonism .. .. .	..	..	..	1	..	1
7. Huntington's Chorea .. .. .	..	..	..	2	1	3
<i>D. Psychogenic Psychosis</i>						
1. Manic Depressive Psychosis .. .. .	11	18	29	14	16	30
2. Involutional Melancholia .. .. .	3	10	13	2	6	8
3. Schizophrenia (not including A.3) .. .. .	37	26	63	104	69	173
4. Paraphrenia and Paranoid States .. .. .	10	7	17	28	51	79
5. Paranoia .. .. .	5	1	6	8	1	9
6. Recurrent Melancholia .. .. .	5	14	19	4	8	12
<i>E. Psycho-Neurosis</i>						
1. Psychopathic Personality .. .. .	6	2	8	1	4	5
2. Anxiety States .. .. .	33	20	53	5	4	9
3. Hysteria .. .. .	1	2	3	2	..	2
TOTALS .. .. .	219	160	379	382	375	757



TABLE 30.

Table Showing Admissions and Re-Admissions, Discharges, 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		Discharged from Trial Leave		Remaining in Hospital on 30th June				
	Males	Fe-males	Recovered			Improved			Unimproved			Total			Males	Fe-males	Total	Males	Fe-males	Total			
			Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total									
*1948-49	77	87	4	2	6	3	2	5	4	4	8	11	8	19	22	31	53	30	36	66	306	356	662
1949-50	75	88	17	19	36	9	9	18	3	1	4	29	29	58	..	..	..	17	36	53	321	365	686
1950-51	77	113	19	21	40	27	14	41	6	6	12	52	41	93	..	..	..	29	43	72	315	367	682
†1951-52	94	101	3	1	4	8	5	13	4	4	8	15	10	25	17	31	48	25	18	43	317	393	710
†1952-53	91	107	3	1	4	12	6	18	3	2	5	18	9	27	33	21	54	34	39	73	343	407	756
†1953-54	129	102	3	1	4	37	11	48	4	2	6	44	16	60	60	54	92	27	48	75	363	408	771
†1954-55	124	101	225	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	353	407	760
†1955-56	124	100	224	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	378	388	766
†1956-57	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	90	46	43	89	369	382	751
1957-58	219	160	379	4	4	130	85	215	14	5	19	148	90	238	31	36	67	36	37	73	382	375	757

\* Figures for 1949-50 and 1950-51 include patients admitted from and discharged on Trial Leave.

† Discharges from Hospital and from Trial Leave recorded separately.

TABLE 31.

Table showing the Number of Admissions, Discharges and Deaths for the Year 1957-58; the Percentages of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident. (Patients discharged from Trial Leave are classed as recovered.)

First Admission	Admissions						Discharges						Deaths, not including Deaths whilst on Trial Leave										
	Treated Before		New Admissions		Total		Recovered		Improved		Not Improved		Total		Males	Fe-males	Total						
	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males									
148	112	260	71	48	119	219	160	379	35	36	71	130	85	215	14	5	19	179	126	305	32	35	67
Recoveries per cent of Total New Admissions		Males		Females		Total		Average Daily Number Resident		Males		Females		Total		Percentage of Deaths to Average Daily Number Resident		Males		Females		Total	
43.62		42.98		43.33		89.32		71.90		81.85		371.21		381.20		752.41		10.50		11.01		10.76	



TABLE 32.  
*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 1957-58.*

Ages	Discharged from the Provisions of the Mental Hospitals Act						Deaths											
	New Admissions		Recovered		Improved		Unimproved		Total		Deaths							
	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total						
Under 5 years ..	..	..	..	..	..	..	..	..	..	..	..	..						
5 years and under 10 years ..	4	3	8	..	..	..	..	..	..	..	..	..						
10 years and under 15 years ..	5	4	9	..	..	..	..	..	..	..	..	..						
15 years and under 20 years ..	12	7	19	2	..	2	..	..	..	..	..	..						
20 years and under 25 years ..	15	10	25	3	3	6	..	..	..	..	..	..						
25 years and under 30 years ..	11	10	21	3	4	7	..	..	..	..	..	..						
30 years and under 35 years ..	33	15	48	8	4	12	16	13	29	4	..	4						
35 years and under 40 years ..	22	14	36	4	5	9	18	7	25	1	1	2						
40 years and under 45 years ..	26	10	36	9	4	13	17	4	21	1	1	2						
45 years and under 50 years ..	20	16	36	1	4	5	13	11	24	2	..	2						
50 years and under 55 years ..	12	15	27	3	2	5	8	11	19	1	..	1						
55 years and under 60 years ..	15	13	28	1	7	8	9	11	20	1	..	1						
60 years and under 65 years ..	9	8	17	2	3	5	6	3	9	..	..	..						
65 years and under 70 years ..	10	7	17	1	1	2	6	4	10	..	..	..						
70 years and under 75 years ..	9	9	18	..	..	..	4	1	5	..	..	..						
75 years and under 80 years ..	4	9	13	..	1	1	..	3	3	1	..	1						
80 years and under 85 years ..	4	6	10	1	..	1	1	1	2	..	..	..						
85 years and under 90 years ..	1	2	3	..	1	1	..	1	1	..	..	..						
90 years and under 95 years ..	..	1	1	..	..	..	..	..	..	..	..	..						
95 years and under 100 years ..	1	..	1	..	..	..	..	..	..	..	..	..						
Totals ..	213	160	373	35	36	71	125	85	210	14	5	19	174	126	300	32	35	67



TABLE 33.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the Year 1957-58.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Arteriosclerosis .. .. .	3	..	3	..	..	..	3
Asphyxia from Hanging .. .. .	1	..	1	..	..	..	1
Cachexia .. .. .	..	..	..	..	1	1	1
Cerebro Vascular Disease .. .. .	7	11	18	..	..	..	18
Chronic Bronchitis .. .. .	1	3	4	..	1	1	5
Congenital Heart Disease .. .. .	..	..	..	1	..	1	1
Congenital Muscular Atrophy .. .. .	..	..	..	..	1	1	1
Coronary Thrombosis .. .. .	..	1	1	..	..	..	1
Emphysema .. .. .	1	..	1	..	..	..	1
Inflammatory Pulmonary Disease .. .. .	1	5	6	1	1	2	8
Influenza .. .. .	..	1	1	..	..	..	1
Mesenteric Vessels Thrombosis .. .. .	1	..	1	..	..	..	1
Myocardial Degeneration .. .. .	11	9	20	..	..	..	20
Progressive Muscular Atrophy .. .. .	1	..	1	..	..	..	1
Pulmonary Infarction .. .. .	..	1	1	..	..	..	1
Senility .. .. .	1	..	1	..	..	..	1
Toxic Myocarditis .. .. .	1	..	1	..	..	..	1
Primary Cause Unknown (? Mongolian Idiocy)	1	..	1	..	..	..	1
Died whilst on Trial Leave (Cause of death unknown) .. .. .	4	2	6	..	..	..	6
	34	33	67	2	4	6	73

TABLE 34.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 31/3/58 .. .. .	174,048	162,468	336,516
Proportion of Patients per 1,000 of population (including patients on Trial Leave) .. .. .	2.482	2.819	2.651
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from Trial Leave) .. .. .	3.620	3.078	3.349
NOTE—Admissions, not including Voluntary Boarders .. .. .	63	50	113

TABLE 35.

Financial Statement.

	YEAR ENDED				
	30/6/54	30/6/55	30/6/56	30/6/57	30/6/58
Average Daily Number of Patients .. .. .	770.09	767.39	756.74	752.41	750.48
Gross Cost for Year .. .. .	£296,015	£313,992	£332,154	£360,371	£400,647
Fees Received .. .. .	£13,428	£18,397	£9,214	£6,972	£6,581
Other Revenue .. .. .	£835	£620	£620	£697	£928
Gross Cost per Head per Day .. .. .	21s. 0.75d.	22s. 5.04d.	23s. 11.82d.	26s. 2.92d.	29s. 3.12d.
Nett Cost per Head per Day .. .. .	20s. 0.57d.	21s. 0.72d.	23s. 3.30d.	25s. 8.66d.	28s. 8.40d.



REPORT OF MILLBROOK PSYCHOPATHIC HOME,  
NEW NORFOLK, FOR YEAR ENDED 30TH JUNE,  
1958.

Millbrook Rise fulfils a unique function in Tasmania. It caters for the mentally ill, but not certified, population of the Island. It is controlled by a Hospital Management Board, which has the unenviable task of trying to please everybody at the same time. I would like, at the outset, to offer my thanks to the Chairman, Secretary and other members of the Board for their very valuable work over the past year. As will be seen from Table 37, the average daily number of patients has not altered markedly since the 13th June, 1953.

The increase in cost per head per day is reflected by the increased cost of living generally, and I do not consider this is in any way exorbitant, considering the quality of the services that are given to the public by the Home.

In my report dated 19th August, 1957, I mentioned the question of water supply as being still far from satisfactory. This state of affairs has existed for many years, and I am strongly of the opinion that the matter should be put right before the next summer approaches.

There are from time to time many little jobs to be done at Millbrook Rise by our own artisans here, and I would stress this point as being very relevant to the provision of more artisan staff at Lachlan Park. We simply have not enough staff and, if we are going to double our acreage or even quadruple it at Lachlan Park, there will be an ever decreasing opportunity for small but important jobs to be done at Millbrook Rise. For example, last year our plumber spent very many hours arranging for cartage of water from Lachlan Park to Millbrook Rise, and erecting a suitable pump for the pumping of this water into the overhead storage tank, in order that the hospital water supply could be maintained.

I respectfully submit that the water supply at Millbrook Rise this coming summer must be forthcoming, otherwise we are being grossly unfair to our nursing staff and also to the patients.

As this, the question of water, is to my mind the one and only great problem associated with Millbrook Rise, I will now close my report, but in conclusion would like to thank the Red Cross Society and all other bodies who have maintained a constant interest in Millbrook Rise, especially in relation to repatriation patients.

D. McK. ANDERSON, *Medical Superintendent.*

TABLE 36.

## MILLBROOK PSYCHOPATHIC HOME.

*Statement Showing Form of Mental Disorder on Admission for Year ended 30th June, 1958.*

	Males	Females	Total
Anxiety State .. .. .	13	37	50
Melancholia and Depressive States .. .. .	13	32	45
Hysteria .. .. .	7	14	21
Schizophrenia and Schizoid States .. .. .	20	28	48
Paraphrenia and Paranoid States .. .. .	8	8	16
Manic Depressive Psychosis .. .. .	3	10	13
Alcoholism .. .. .	2	4	6
Obsessional States .. .. .	..	..	..
Toxic Psychosis .. .. .	..	..	..
Senile and Presenile Demetias .. .. .	4	5	9
Gross Brain Lesion .. .. .	3	1	4
Psychopath .. .. .	7	1	8
Total Admissions during year .. .. .	80	140	220

TABLE 37.

## MILLBROOK PSYCHOPATHIC HOME.

*Financial Statement.*

	YEAR ENDED				
	30/6/54	30/6/55	30/6/56	30/6/57	30/6/58
Average Daily Number of Patients .. .. .	21.79	18.75	21.81	20.21	19.73
Gross Cost for Year .. .. .	£23,134	£25,631	£26,298	£25,237	£25,908
Fees Received .. .. .	£10,988	£8,310	£9,874	£13,740	£14,336
Other Revenue .. .. .	..	..	..	..	..
Gross Cost per Head per Day .. .. .	58s. 2.03d.	74s. 10.80d.	65s. 10.82d.	68s. 4.60d.	71s. 11.16d.
Nett Cost per Head per Day .. .. .	30s. 6.49d.	50s. 7.44d.	41s. 1.89d.	31s. 1.48d.	32s. 1.68d.