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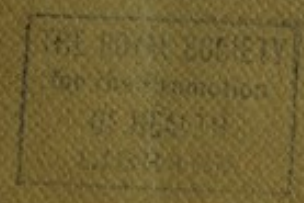
1959.

PARLIAMENT OF TASMANIA.

# DEPARTMENT OF HEALTH SERVICES

REPORT FOR THE YEAR ENDED 30TH JUNE, 1959.

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



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TASMANIA.

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## Report of the Department of Health Services for the Year Ended 30th June, 1959

Department of Health Services,  
Hobart, 4th November, 1959.

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, 1958, to 30th June, 1959.

It will be noted that the contents of this Annual Report have been reduced in quantity in accordance with a Cabinet direction. All concerned in the formation of this report have co-operated in this regard and with one exception without comment. I wish to acknowledge with appreciation this co-operation.

### DEPARTMENTAL REVENUE.

The revenue for the year amounted to £414,150, which was £40,651 more than that for 1957-58. Comparative receipts were:—

	1957-58	1958-59
	£	£
Health Rates .....	7,646	2,191
Mothercraft Home .....	5,176	5,586
District Nursing .....	10,760	11,489
Government Analyst .....	551	1,065
Nurses' Registration Fees .....	685	755
Pharmaceutical Benefits .....	50,028	91,551
District Medical Service .....	75	25
Nelumie Home .....	1,262	947
Other Fees and Licences .....	2,057	1,333
Red Cross Blood Transfusion .....	4,971	4,831
Poliomyelitis Injections .....	1,689	6,995
<b>Sub-Total .....</b>	<b>£84,900</b>	<b>£126,768</b>
Lachlan Park Hospital .....	6,668	12,279
Millbrook Psychopathic Home .....	14,316	14,757
Government Institution for Defectives .....	2,423	4,903
Lachlan Park Farm Suspense .....	3,335	5,761
St. John's Park .....	74,857	73,303
Chest Hospitals .....	187,000	176,379
	<b>£373,499</b>	<b>£414,150</b>
<b>Other Receipts—</b>		
Rent of Government Property .....	3,722	10
Sale of Government Property .....	848	761
Other Sources .....	339	838
Refund of Bursaries .....	2,178	1,463
	<b>£7,087</b>	<b>£3,072</b>

The reduction in rent of Government property is due to the fact that rents are now passed to the Lands and Surveys Department for accounting by that Department.

### DEPARTMENTAL EXPENDITURE.

The expenditure for the year from the Appropriation Act was £3,043,501, which was an increase of £97,125 over 1957-58. Comparative costs were:—

	1957-58	1958-59
	£	£
Administration .....	169,446	144,117
District Nursing .....	71,401	69,243
Medical Services—Country Districts .....	45,485	42,161
Medical and Dental Services—State Schools .....	79,967	77,357
Child Health Services .....	58,326	65,186
Government Analyst .....	17,784	18,375
Grants to Hospitals .....	1,569,620	1,619,406
Other Grants .....	47,416	67,405
Tuberculosis Division .....	56,196	59,147
Chest Hospitals .....	156,657	138,580
Mental Health Division .....	7,519	26,925
Lachlan Park Hospital and Millbrook Home .....	426,555	463,389
St. John's Park .....	240,004	252,210
	<b>£2,946,376</b>	<b>£3,043,501</b>

### BUILDING PROGRAMME.

The gross expenditure for the year from Loan Funds was £836,658. Of this amount, £45,892 was refunded to the Treasury under the State Grants (Mental Institutions) Act 1955. Sundry refunds, amounting to £2,604, were also received, leaving a nett expenditure of £788,162. Important works completed or substantially completed during the year include:—

Flinders District Hospital—New hospital.  
King Island District Hospital—New maternity wing.  
Launceston General Hospital—Rebuilding of X-ray department; additional staff accommodation.  
Beaconsfield District Hospital—Matron's flat.  
Cosgrove Park—Additional twilight cottages.  
Royal Hobart Hospital—Additional staff accommodation at Vauluse Hospital.  
Spencer Hospital—Residence for resident medical officer; old folks' home.  
St. Marys District Hospital—Recreation room.  
Lachlan Park Hospital—Five ward blocks.  
St. John's Park—New roadways; new kitchen; staff lecture hall; handcraft buildings; new sun-rooms; improvements to kiosk.  
District Medical Service—Surgery at Kingston; clinic at Pioneer by voluntary labour.  
Child Health Service—New centres at Blackmans Bay, East Devonport, Kingston, Trevallyn.

### Works in progress include:—

Mersey General Hospital—New general hospital and services block at Latrobe; new nurses' home at Devonport.  
Launceston General Hospital—Hostel for Peter MacCallum Clinic.



Beaconsfield District Hospital—New kitchen.  
 Campbell Town District Hospital—New kitchen, boiler, and drainage; extensions to nurses' home; new operating theatre.  
 Flinders District Hospital—Conversion of old centre to staff quarters.  
 Queen Alexandra Hospital—Remodelling nurseries.  
 Rosebery District Hospital—New hospital.  
 Smithton District Hospital—Staff sitting room.  
 Lachlan Park Hospital—Additional boiler; new nurses' home.  
 St. John's Park—Male defectives' home; new women's block.  
 Child Health Service—New centres at Bothwell, Upper Burnie, Campbell Town, North Devonport, Invermay, King's Meadows, Mayfield, Montello, Tarooma, West Ulverstone.

#### Purchase of properties:—

Launceston—Building for conversion to use as hostel for Peter MacCallum Clinic.  
 Latrobe—Two residences for use of staff at Mersey General Hospital.

#### OFFICIAL OPENINGS.

During the year the following constructions were officially opened:—

Spencer Home for the Aged,  
 St. Helen's Private Hospital,  
 Flinders District Hospital,  
 King Island Maternity Wing,

in addition to several smaller projects.

Pursuing departmental policy that, so far as possible, accommodation for the aged should be attached to general hospitals, the conversion of the old Maternity Hospital at Wynyard into a home for the aged was successfully completed and officially opened by the Minister for Health in December, 1958. This new wing provides accommodation for thirty-four elderly men and women. Great interest in its furnishing and maintenance has been shown by the Board of Management of the Spencer Hospital, Wynyard, under whose care it was put.

September, 1958, saw the completion of the renovation and rehabilitation of the private hospital known as St. Helens in Macquarie Street, Hobart. In view of the ever-increasing demand for private beds in Hobart, the Department was instructed to renovate and re-open St. Helens Hospital, the closure of which had been found necessary owing to its dilapidated condition. A most extensive overhaul and modification of the whole structure was undertaken, which, together with complete new equipment and furnishing, has provided twenty-four very badly needed private beds in first-class accommodation. It is hoped at some later date to enlarge the bed strength.

For quite some time, it had been apparent to the Department that the District Nursing Centre at Whitemark, Flinders Island, was becoming more and more inadequate, both in structure and capacity, to provide a reasonable hospital service to the islanders. It was determined, therefore, that a small district hospital should be erected in its place. In spite of many difficulties which had to be contended with owing to the isolated character of Whitemark, the proposal was brought to a successful completion and a very adequate, modern district hospital of twelve beds was opened in June, 1959. The old District Nursing Centre has been reconstructed to provide comfortable nursing staff quarters, together with a flat for a married couple.

Within a few days of the opening of the Flinders District Hospital a new maternity wing of eight beds attached to the King Island District Hospital was opened. This will provide very adequate maternity accommodation in place of the crowded and inadequate obstetric suite of the King Island Hospital. Concomitant with this project is the conversion of the old maternity suite into a staff dining room, ward station, and offices. Great enthusiasm was shown at the opening of this wing, the erection of which was made possible by a very generous donation of money by the King Island Scheelite Mining Company. The Department acknowledges this generous donation with the very greatest appreciation.

#### STATE HEALTH COMMITTEE.

Following the setting-up of a Committee in Preventive Medicine by the Australian College of General Practitioners, upon which the Commonwealth Department of Health is represented, all States were requested to form similar committees composed of College and State Health authority representatives. Your Department approached the State Faculty with this end in view, and discussion is at present taking place regarding the composition of the proposed committee. We welcome this suggestion with enthusiasm.

#### ANTI-CANCER CAMPAIGN FOR WOMEN.

Following on the closing-down of the experimental Halstrom Clinics, the Tasmanian Cancer Committee gave some thought as to what means should be employed for the early detection of cancer. Having in mind the Director of Pathology's special training in what is known as the cervical smear or Papanicolaou technique, the Committee requested that your Department evolve some method whereby this special knowledge could be used on a State-wide basis. Examination of the matter resulted in the planning of a general practitioner service for the early detection of those cancers peculiar to women. The results so far of this campaign have been most encouraging, and it is hoped that with usage the service will become universal, with consequent increase in the cure rate of such cancers.

#### APPOINTMENT OF CONSULTANT ON FLUORIDATION

Early this year, the then Minister for Health drew my attention to the continuous and increasing number of requests made to him by various municipalities, asking for expert information and advice on the matter of fluoridation of water supplies. In consequence, the Minister asked that an expert in the matter be appointed as adviser and consultant to the Department. This was done by the appointment of Dr. Peter Brothers. Dr. Brothers has interested himself in this subject for the last few years and has undertaken two dental surveys of Beaconsfield Municipality where fluoridation is practised. Since his appointment, Dr. Brothers has lectured to various municipal councils and given advice to them and to this Department. It is hoped that, as a result of these activities, the practice of fluoridation of water supplies will be popularised and thereby bring about a greatly improved dentition in this State.



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

Twenty-one public hospitals have been submitting monthly returns of all cases admitted during the year since 1st July, 1958, showing by code numbers various particulars, including the nature of the diseases and injuries concerned. Tables of these particulars have been compiled showing the diseases and injuries admitted to each hospital, the overall incidence of diseases and injuries admitted to public hospitals in the State, and several comparative tables showing the nature and causes of injuries, the duration of hospitalisation in these cases and the duration of hospitalisation of general disease cases.

## PERSONAL MEDICAL INFORMATION RECORD CARDS.

During the closing months of the year, Personal Medical Information Record Cards were printed and a scheme was launched for issuing them to the public. The cards contain a record of important medical facts relating to the individual. It is worthwhile noting that Sir Ernest Rock Carling, L.L.D., F.R.C.S., F.R.C.P., F.F.R., late Chairman of the International Committee on Radiological Protection, endorses the maintenance by persons of the latter record (British Encyclopaedia of Medical Practice. Medical Progress, 1958, page 215).

## MEDICAL RECORD OF BIRTH FORMS.

In co-operation with the Registrar-General, the Deputy Commonwealth Statistician, the Royal College of Obstetricians and Gynaecologists, and the B.M.A., an attachment to the Statutory Registration of Birth Form was designed. This confidential medical record is completed by medical practitioners and/or nursing sisters in charge of births and contains medical information about the mother and child. It is completed in the case of all births of infants over 20 weeks gestation period, whether or not the child is born alive or dead.

The information will provide an invaluable guide for research into neo-natal and infant mortality with a view to its prevention.

## STATE EXECUTIVE SAFETY COMMITTEE.

During July, 1958, a standard accident report form was brought into use by all Government Departments on which particulars of accidents occurring to State Government employees are recorded. Once the year's particulars have been tabulated, progress should be possible towards an assessment of the physical and economic significance of the accidents, which in turn will guide the committee in establishing priorities of endeavours in accident prevention.

## RECRUITMENT OF RESIDENT MEDICAL OFFICERS FROM THE UNITED KINGDOM.

Five resident medical officers were successfully recruited for N.W. Coast hospitals during the year, under the special arrangement made through the Agent-General in London with the United Kingdom Ministry of Labour and National Service. In addition to resident medical officers for the Mersey and Burnie General Hospitals, the Launceston General Hospital Board made an urgent request for eight resident medical officers on 8th January, 1959, as they were unable to recruit Australian graduates. The Agent-General managed to recruit three resident medical officers

and fly them to Tasmania in the short time requested, under the Commonwealth Immigration Scheme. During the course of the next few weeks, two more resident medical officers were despatched from London. In addition to these five resident medical officers, arrangements were almost completed by the end of the financial year for two more to follow.

## STAFF COLLEGE COURSE.

My Chief Medical Officer attended the Fifth Session of the Australian Administrative Staff College which began on 30th May, 1959.

As one of forty members attending this session from all parts of the Commonwealth, Dr. J. R. Macintyre was the first doctor to become a member of the College since its inception.

The members represented governmental and semi-governmental organisations along with a wide range of private industrial enterprises. The three-months' course provided most valuable experience and training in general administration.

## PUBLIC HOSPITAL STATISTICS.

(excluding Chest and Mental Hospitals.)

### Number of Patients.

The number of patients was 1,404 more than during the previous financial year. The number of general patients increased by 1,189, maternity patients by 136, aged and invalid by 65, and infectious disease patients by 14.

The total number of patients treated was 37,083.

### Bed-Days.

The number of bed-days shows a net increase of 3,042 over those for the previous financial year. Bed-days for general patients increased by 4,404 and infectious disease patients by 237. Maternity patients bed-days decreased by 540 and for the aged and invalid by 1,059.

The total number of bed-days was 533,681.

### Births.

The total for the year was 7,720, an increase of 90 over the previous financial year.

### Receipts.

Hospital revenue for the year was £2,693,153, including patients' fees, donations, and miscellaneous receipts totalling £652,412.

Commonwealth contributions in the form of hospital benefits and pharmaceutical benefits amounted to £287,267, while State aid was £1,752,567, an increase of £55,194 over 1957-58.

### Payments.

Total payments were £2,704,358, an increase of £109,034 over expenditure for 1957-58. The sum of £1,761,099, or 65.12 per cent of the total expenditure, was attributable to salaries.

### Patients' Costs.

The average daily cost for in-patients for the 22 main hospitals, as listed in Table 1, was £4 18s. 4d., an increase of 2s. compared with 1957-58. Outpatients' costs per visit increased from 12s. 8d. in 1957-58 to 14s. 4d. in 1958-59.

### 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 3.  
General Statistics of Hospitals for Care of Aged and Invalids for Year Ended 30th June, 1959.

No.	Hospitals	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
1.	Cosgrove Park	41.88	89.07	131.55	59	90	149	15,285	32,729
2.	St. John's Park	194.96	215.34	410.30	258	239	497	71,160	78,000
3.	Spencer*	26.28	...	26.28	30	...	30	7,596	...
	Total	263.12	305.01	568.13	347	329	676	94,041	111,329
									205,370

\* Opened for admission of patients—15th September, 1958.

#### Hospitals' Auxiliaries Conference.

A further conference was held in Hobart on 17th and 18th September, 1958. All hospital and nursing centre auxiliaries again were represented.

#### Migrant Medical Practitioners.

The migrant practitioner who commenced his 12 months' training course on 1st October, 1957, took his examinations at the end of September, 1958, and passed satisfactorily. He was appointed to the Government Medical Service and posted to Flinders Island.

A further migrant practitioner commenced a training course on 1st October, 1958, and he will sit for his examinations at the end of September, 1959.

#### Government Medical Service.

The agreements with the municipalities have been reviewed as at 30th June, 1959. The George Town Municipality has signified its intention to withdraw from the scheme.

There will be 15 municipalities then remaining in the scheme and the agreements will be renewed for a further two years.

TABLE 4.  
PRIVATE HOSPITALS.

		Beds	
		General	Maternity
Licences issued—			
Hobart	2	24	3
Launceston	1		4
Country	3	8	10
Hospitals exempt from Licence (Section 54 (3))—			
Hobart	2	175	35
Launceston	2	85	
	10	292	52

TABLE 1

*Common riles*

[illegible]





Source: *Woods of Middlesex* (Wm. Pennycuik's House) listed as public lands from 1888-92.

Source: *Woods of Middlesex* (Wm. Pennycuik's House) listed as public lands from 1888-92.





TABLE 5.  
GOVERNMENT MEDICAL SERVICE  
*Summary of Attendances to Patients for the Year 1958/59.*

District Medical Officer	SEX		DIAGNOSIS			CLASSIFICATION			TIME OF EXAMINATION			PLACE OF EXAMINATION			MILEAGE		X-Rays	Patients Admitted to Hospital	Patients Referred to Specialist
	M	F	Medical	Surgical	Ante-Natal	Public	Private	Workers' Compensation Cases	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery (Name)	Dom-iliary Visits	In Hours to be charged to Dept.	Out of Hours to be charged		
Brany Is.	473	514	943	34	10	936	51	..	..	947	6	34	350	7	630	4,738	..	5	3
Cygnat	4,224	4,326	7,120	1,121	309	5,881	2,253	271	145	6,560	1,192	798	4,380	..	4,176	14,152	241	33	19
Espérance	1,950	2,770	3,569	804	347	4,472	174	56	18	4,499	103	118	2,543	317	1,860	10,640	..	36	48
Evandale	4,172	4,442	7,766	840	8	7,835	727	44	8	7,839	461	314	4,759	1,517	2,338	12,037	271	3	4
Flinders Is.	2,360	2,302	3,460	901	301	3,858	457	267	80	4,076	384	202	3,027	543	1,092	9,872	..	95	8
George Town	6,207	4,851	7,341	2,939	778	9,493	643	752	170	10,004	689	365	7,615	1,785	1,658	7,789	188	57	9
Glamorgan	1,017	1,390	1,600	667	140	2,285	70	26	26	2,327	38	42	1,088	623	696	10,804	..	2	3
Snaug	4,795	4,228	7,322	1,695	6	7,317	1,092	243	371	7,548	973	502	5,138	2,221	1,664	13,469	..	19	36
Kingston B.	2,307	2,433	3,858	864	18	423	521	45	51	4,114	454	172	2,652	1,140	948	7,114	..	5	40
King Is.	3,369	3,346	4,254	1,715	746	6,024	400	282	9	6,318	233	164	5,260	1,239	226	11,068	..	62	19
New Norfolk	4,283	3,676	3,841	3,969	149	7,768	160	4	27	7,733	99	127	6,160	874	925	13,631	..	361	65
Maydena	3,016	2,490	2,675	2,725	106	4,472	414	581	39	5,032	213	261	3,295	509	1,702	8,482	..	..	..
Penguin	4,577	4,678	7,991	1,239	25	8,081	931	71	172	8,244	804	207	8,006	207	1,042	6,769	174	35	38
Portland	3,553	3,652	5,184	1,627	394	6,666	257	150	132	6,658	306	241	4,390	232	2,583	8,709	262	75	43
Richmond	2,274	2,509	4,282	490	11	4,037	455	14	277	4,096	376	311	1,962	1,113	1,708	11,706	..	1	5
Ringarooma	3,125	3,421	4,932	1,286	328	5,755	449	40	302	4,896	1,415	235	2,759	2,363	1,424	11,980	1,333	30	93
Tasman	1,679	1,971	2,688	710	252	3,322	243	62	23	3,371	130	149	2,266	692	692	12,159	22	20	32
TOTAL	53,381	52,999	78,826	23,626	3,928	92,325	9,297	2,908	1,850	94,262	7,876	4,242	65,640	15,382	25,358	175,119	2,491	839	465



## GOVERNMENT NURSING SERVICE.

*District Nursing Centres Division.*

The year under review began and ended with 25 District Nursing Centres, which included 14 centres with beds and 11 without beds. Part of the year 26 centres were in operation. Westbury Centre was re-opened permanently on 7th April, 1959, and has a three-bed capacity.

The centre at Whitemark, Flinders Island, was transferred to hospital board control on 22nd June, 1959, when the new 12-bed Flinders District Hospital was officially opened by the Hon. the Minister for Health; a Hospital Board of Management being formally established. The former building is now being renovated for conversion into staff quarters.

On 1st April, 1959, Avoca Centre passed from the control of the Fingal Council to that of the Department. Preparations are nearly completed for the sister to move into a new residence, which includes consulting rooms for visiting doctors as required, by arrangement of the Department. The former residence reverts to the Fingal Council.

A new sub-centre with medical rooms has been erected at Pioneer for the District Medical Officer and Sister visiting from the Gladstone Centre.

Centres at Koonya, Dover and Oatlands have had smaller extensions made, providing garage, X-ray, dispensary, and extra bathroom facilities.

Figures show that the increased bed capacity from four to six at St. Helens last year has been warranted.

The aim of the Department to incorporate School and Child Health duties with those of District Nursing, wherever practicable, is gradually being implemented. Swansea, Triabunna, Alonnah and Waratah are the most recent places to extend their activities to include all of this welfare work. In this connection, too, District

Nursing Sisters have assisted doctors extensively with mass immunisations, conducted by local councils. All the welfare work referred to comes under the jurisdiction of the Division of Public Health.

Renovations, furnishings and equipment replacements in all centres have been carried out systematically in order of need. More new and modern equipment has been provided, made possible again through the generous aid of voluntary bodies and individuals, as in previous years.

We particularly wish to thank the Northern Division of the Bush Nursing Association, the Red Cross Society, Red Cross Trust Fund, Auxiliaries, Country Women's Association, Local Committees and Medical Unions, which have consistently assisted in the providing of amenities.

Medical Union Local Committees continue to operate at Waratah, Storeys Creek and Rossarden. At Lilydale the Council remains the Local Committee.

The shortage of qualified nursing sisters persists, chiefly at centres with beds, where married staff generally may not be employed. Relievers for these vacancies frequently have to be drawn from our Tourist Nursing Division, each relieving for short periods, in order to keep all centres functioning reasonably well. Although such moving staffs are far from ideal, it does enable centres to be adequately staffed and kept open.

Two appointments of nursing sisters from England, through immigration recruitment, have been made recently. We hope to have other interested applicants from Great Britain and other countries, following extensive advertising through the Agent-General's office in London.

A summary of work performed during the year is tabled below. It shows that some centres were obliged to close for varying periods during nursing staff annual and sick leave, when replacements for them were not available.

TABLE 6.

## GOVERNMENT NURSING SERVICE.

*Summary of Work Performed in the District Nursing Centres Division, during the Year Ended 30th June, 1959.*

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
<b>Southern—</b>										
Alonnah, Bruny Island	2	1,071	305	81	...	34	595	11	1,621	£ 43 11 4
Cygnets	5	1,570	1	664	32	...	696	...	...	919 8 0
Dover	5	200	...	468	23	141	59	8	...	504 16 5
Koonya, Tas. Peninsula	5	1,568	201	457	12	48	255	...	4,833	625 7 10
Oatlands	5	6,580	32	204	12	119	534	...	822	485 19 0
Southport	2	574	6	...	...	3	75	...	7	1 9 6*
Strahan	...	2,707	1,426	...	...	156	372	9	7,227	21 7 6
Swansea	4	2,802	291	232	17	72	646	1	115	365 1 6
Triabunna	3	3,384	201	151	13	113	449	1	846	290 10 8
<b>Totals (9)</b>	<b>31</b>	<b>20,456</b>	<b>2,463</b>	<b>2,257</b>	<b>109</b>	<b>686</b>	<b>3,681</b>	<b>30</b>	<b>15,471</b>	<b>£3,257 11 9</b>



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
<b>Northern—</b>										
Avoca .....		1,082	394	.....	.....	13	365	.....	358	49 3 4
Cape Barren Is. 1		1,130	186	462	6	59	89	.....	156	5 0 0†
George Town 5		421	.....	569	60	369	77	.....	.....	868 13 6
Gladstone .....		2,117	1,458	.....	.....	209	746	1	5,264	63 0 3
Grassy, King Is. ....		3,428	187	.....	.....	157	1,282	.....	6,332	45 0 9
Lilydale .....		1,005	972	.....	.....	25	760	6	6,468	266 17 4
Mole Creek .....		1,420	794	.....	.....	14	398	12	3,824	51 8 0†
Redpa .....		2,181	738	.....	.....	32	453	30	5,051	19 11 9‡
Ringarooma .....		4,204	46	.....	.....	69	533	.....	405	9 10 0
Rossarden .....		5,465	2,513	.....	.....	488	1,416	.....	7,748	53 4 6
St. Helens .....	6	887	.....	1,000	25	170	223	2	.....	1,408 18 0
Sheffield .....	5	40	.....	648	56	.....	.....	.....	.....	1,363 2 0
Storeys Creek .....		1,897	1,084	.....	.....	16	239	2	2,135	..... †
Tullah .....	1	500	92	11	1	26	11	3	70	12 1 6†
Waratah .....		703	444	.....	.....	18	178	8	3,724	.....
Westbury .....	3	44	8	69	1	11	.....	.....	22	61 12 0§
Whitemark, Flinders Is. ....	5	2,212	.....	671	34	142	314	.....	.....	990 0 9
Totals (17) ..	26	28,736	8,916	3,430	183	1,818	7,084	64	41,557	5,267 3 8
Grand Tls. (26) ..	57	49,192	11,379	5,687	292	2,504	10,765	94	57,028	8,524 15 5

\* Closed 3½ months for annual and sick leave.

† Closed 1 month for annual leave.

‡ Closed for 5 weeks for annual leave and sick leave.

§ Closed 1.7.58 to 6.4.59.

|| Figures from 1.7.58 to 17.6.59 only.

#### Comparative Figures for Five Years, 1955-1959.

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.
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
1958-59 .....	26	57	49,192	11,379	5687	292	2504	10,765	94	57,028	8,524 15 5

#### Tourist Nursing Division.

The Tourist Nursing Division continues to be popular with qualified nurse applicants from other Australian States, the United Kingdom and New Zealand. It enables them to see different parts of Tasmania and to work at the same time.

Appointments during the current year increased to 42 and resignations to 33. At the 30th June, 1959, there remained 17 on the staff. However, supply has usually fallen far short of the demand, especially during the winter months. The average length of stay by each appointee has been six months.

From the hospital management point of view, they would prefer more settled staffs, but are, nevertheless, grateful to have the Tourist Nursing Sisters for relieving purposes. Without this help from the Department, some of the country hospitals could not function and others could function only partly.

Hospitals are still further assisted by the Department with their staffing problems through the advertising and recruiting campaigns.

Longer-term applicants from this source are frequently corresponded with, interviewed, and recruited to specific hospitals, on behalf of hospital boards, apart from the assistance consistently given them from our Tourist Nursing Division.

#### STAFF.

I wish to record my sincere appreciation and thanks to all officers for the conscientious and competent way in which they have worked for the Department during the year.

Especially do I wish to express by own personal thanks to Dr. J. H. R. Tremayne for his great assistance in acting for me during my various absences on duty from headquarters.

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 ORTHOPAEDIC SERVICES FOR THE YEAR ENDED 30TH JUNE 1959.

## 1. ATTENDANCES AT THE TRAUMATIC AND ORTHOPAEDIC CLINICS AT HOBART.

	Fracture Clinics	Orthopaedic Clinics	Physiotherapy.
1958—			
July	826	149	
August	685	227	
September	609	165	
October	692	200	
November	558	286	
December	767	212	13
1959—			
January	580	191	22
February	577	237	28
March	545	257	40
April	741	232	42
May	614	257	55
June	716	242	34
Total	7,910	2,655	234

The total number of attendances at the Crippled Children's Orthopaedic Clinic was 1,506.

## 2. ACCIDENTS AND INJURIES.

### (a) Road Accidents.

These continue to form an unduly large proportion of the patients which are admitted to our hospitals. I have stressed this in the past, and I feel that the prevention of such accidents is of importance. However, I am happy to say that the number of serious accidents have shown a slight decrease in the last year and this, I consider, is due to the efficiency of the Road Safety Campaign which has been carried out. I consider that the prevention of such accidents is all important, and all possible measures should be taken to continue to educate the public, both drivers and pedestrians, to lessen the toll of the road.

One other factor could also be considered in traffic control and that is diminishing the peak hour traffic on the roads. This has been carried out successfully in some notable cities. In Stockholm they have staggered hours of employment. Consideration could be given to such a measure, which would diminish the peak hour congestion of traffic in our cities.

### (b) Industrial Accidents.

In the past I have stressed the increase in industrial accidents, especially with the new Australians employed in industry and who are unaccustomed to our conditions. It is considered that here again prevention of such accidents depends on efficient safety promotion instruction in large industrial organizations where such incidents are likely to occur.

Injuries to the back, as a result of strain from faulty lifting, are one of the most common accidents occurring in industry, and a conference was held between representatives of the Department of Labour and Industry, myself, and the Director of Public Health, Dr. Murray, and also Mr. Collins, Supervisor of Physical Education. As a result of this conference, it was decided that instruction be given in the proper use of the back when lifting heavy weights—

(1) To the schools;

(2) To the actual workmen engaged in the various industries.

Subsequently, instruction was given to the Physical Education instructors employed at the schools and, as a result, these officers have incorporated into their curriculum instruction to the senior grade school children of the proper methods to lift heavy weights to avoid straining one's back. Lectures have been given to industrial organizations and to the actual men employed there. Here again, I consider that this will help to minimise the accidents which cause a serious loss of manpower hours.

## 3. REHABILITATION.

(a) *The Rehabilitation Centre at Claremont* still continues to do excellent work, and the numbers show a steadily increasing demand for its services. A very large number of patients are the financial responsibility of the Commonwealth Rehabilitation Services.

During the year a male physiotherapist, who is also a trained gymnast, was brought out from Great Britain to take charge of this side of the work at Claremont. His work is excellent. This centre, I find, compares favourably with many centres I visited when I was abroad last year. We are fortunate in having the facilities that exist at Claremont.

(b) *Rehabilitation of the Aged.* However, there is one aspect of our rehabilitation which we must provide facilities for, and that is the rehabilitation of the aged. Our long-stay orthopaedic aged cases are admitted to Wingfield, where there are excellent physiotherapy facilities to get these people ambulant. The great majority of these are aged females suffering from fractured neck of femur, hemiplegia, &c. There is a larger proportion of elderly females entering hospital for treatment than males, and as a result of this our accommodation has been seriously taxed at Wingfield. The institution is largely devoted to children and it is found that youth and age do not mix.

I made a recommendation earlier that serious consideration should be given to the establishment of a geriatric ward, with all the facilities available, to rehabilitate these people. I feel that it should be apart from the children and I have made the recommendation that consideration be given to the establishment of a geriatric ward at Vaucluse, which would house 25 women and 10 men, with suitable space for physiotherapy, gymnasium, and also facilities for occupational therapy. Many of these elderly women are living alone and, unless they can become ambulant and self-supporting, become a care on the community.

I am well aware that additional accommodation is being erected at St. John's Park, New Town, for aged women, but it is highly desirable that, if we can return these aged people to their own environment where they can be self-supporting, this will be, apart from the humanitarian aspect, a great financial saving to the State, and also a saving of nursing staff to care for those who are unable to fend for themselves.

## 4. TREATMENT OF CEREBRAL SPASTIC PARALYSIS.

### (a) Staff.

Dr. Ailsa Marshall recently resigned from her full-time position, but she has accepted a part-time arrangement to supervise the care of these children at Wingfield.

In the north, Dr. David McIntyre has agreed to undertake the care of these children and I am sure that his will prove a happy appointment. He will take up his duties towards the end of next month.

### (b) Accommodation for Treatment.

In the north, these children are accommodated at St. Giles' Hospital, where the facilities for treatment are excellent.

In the south, there has been a new wing added to Wingfield House for the care and treatment of these children. It consists principally of an occupational therapy room, school room, speech therapy room, staff room and bathroom and toilet facilities. It is really first-class accommodation and the facilities provided at Wingfield now are all that can be desired.

## 5. INFANTILE PARALYSIS AND OSTEOMYELITIS.

There have been practically no cases of infantile paralysis reported for the past two years and it is hoped that the Salk Vaccine will eventually wipe out this disease from the community. However, with the occurrence of penicillin-resisting strains of bacteria in the community, it is noticeable that there has been a steady increase in the number of cases of osteomyelitis and also increasing severity of the condition. These cases are particularly resistant to treatment and occupy hospital beds for a considerable period of time.

## 6. SURGICAL TUBERCULOSIS.

The number of these cases shows a steady diminution, which is a reflex of the success of the campaign to eradicate tuberculosis in the community.

## 7. SPLINTS AND SURGICAL APPLIANCES.

The supply of splints is satisfactory, although in some instances there is a time lag in the supply of some of the more major splints. However, up to the present, I do not think it warrants the increase in staff.



## 8. ARTIFICIAL LIMBS.

I am glad to be able to report that the Repatriation Department has now made the conditions of supplying artificial limbs to civilians easier and, in addition to this, they have appointed a medical officer to take charge of this Department. He visits Hobart at stated intervals and a close liaison is made with him. As a result of this we have been able to supply to some of our patients artificial limbs which otherwise would be quite impossible to obtain without the child going abroad. I mention one instance of a child who was born without the upper limbs, and I am happy to say that, as a result of the liaison with the Repatriation Department and Dr. Klein, we are in the process of solving this very difficult problem.

## 9. VISIT ABROAD.

I was fortunate enough last year to obtain a travelling fellowship, as a result of which I visited North America for three months, Great Britain for two months, and the Continent for one month. I have already reported in full detail on this fellowship. It is impossible to do full justice to the value and lasting benefit of the experience in this report. I was able to see the conditions of orthopaedic surgery in the old and new world and, as a result of this, I have been able to incorporate many new techniques in the work at the hospitals. I have made a point of teaching these new views and techniques in accidents and orthopaedic surgery to my colleagues in Hobart, the North and North-West Coast.

## 10. TRAVELLING.

The North, North-West and Queenstown hospitals have been visited at three-month intervals. While there, opportunity has been taken to demonstrate any new and recent advances in technical ideas and treatment which I had gained during my fellowship tour. However, I am very satisfied with the general standard of work that is being done in this State, and I feel that we have nothing to be ashamed of in our results.

## 11. PARAPLEGIC CENTRE.

I gave a good deal of thought to the establishment of a paraplegic centre and, during my tour abroad, paid a considerable amount of attention to this problem. However, since being back I have looked up our records and find that the number of cases hardly warrants the establishment of such a centre.

In the province of Toronto in Canada, which has a population of five million, they have a centre of 25 beds. I find that the number of cases we have here does not

average, I am glad to say, more than one serious case of paraplegia occurring every 4-5 years, in fact, I find that there are only two cases at St. John's and both have been there for over 25 years. As a result of this I think it would be quite uneconomic to set up a department.

I have recommended that such cases be sent to the Spinal Injury Centre at Austin Hospital, Victoria, where they could undergo rehabilitation treatment. In these days of air travel there is no difficulty in transferring a patient six or eight weeks after he is over the immediate danger. In such a centre his treatment could be continued. He could be rehabilitated and taught a suitable occupation. To my mind this is a subject for consideration between both State and Commonwealth Public Health Services.

There was one case in this island that went to Stoke Mandeville in England. I went to this centre and it does outstanding work, but I feel that centres in Australia could quite well cope with these conditions. The Austin Hospital Centre has now a medical officer who was trained at the Stoke Mandeville Centre.

## 12. REPORT ON PROFESSIONAL WORK IN HOSPITAL.

Dr Hogg continues to do excellent work in Launceston and also on the North-West Coast. Dr. David McIntyre has joined the staff of the Launceston General Hospital as Assistant Orthopaedic Surgeon, and I feel quite sure he will add to the surgical strength of the North, and also ensure continuity of service there. Dr. Ferris and Dr. O'Brien of the Mersey and Burnie Hospitals respectively, continue to give excellent surgical services to the accident cases of the North-West Coast. Dr. Wirtz has recently left the Queenstown Hospital and has been replaced by Dr. Crawford and I feel sure he will give excellent surgical service to the West Coast.

Dr. Law continues as my assistant at the Royal Hobart Hospital and, during my absence, carried on the work most ably. He will ensure that there is continuity of service in the South.

## 13. CONCLUSION.

In conclusion, I should like to place on record my keen appreciation of the loyal help which I have received from my medical colleagues, from the nursing, physiotherapy, and lay staffs of the Hobart, Launceston, Burnie, Devon and Queenstown Hospitals, and the Lady Clark Rehabilitation Centre.

D. W. L. PARKER, O.B.E., M.Ch.Ortho.,  
F.R.C.S., F.R.A.C.S.  
Director of Orthopaedic Services.

## REPORT OF THE DIRECTOR OF PATHOLOGY FOR THE YEAR ENDED 30TH JUNE, 1959.

During the last twelve months, the demand for pathology tests in Tasmania has remained steady, but the scope of the tests performed has enlarged slightly.

Pathology, like industry, is becoming more mechanised. At the pathology conference in Sydney recently, we were shown a machine called an auto-analyser. With this apparatus, a sample of blood is fed in at one end and the completed biochemical test result, untouched by human hand, emerges at the other end. No less than forty samples can be analysed each hour. The initial cost of these machines is high—some £2,500—but this would soon be offset by the saving in technicians' salaries. Also, of course, technicians are difficult to obtain in Tasmania.

### BURNIE.

Dr Quinlan's laboratory has proved a great asset to the North-West Coast area, and, as expected, now has to cope with a large number of tests yearly. A new laboratory will soon be opened in the Latrobe General Hospital and, when equipped, this laboratory will probably be the finest in the State. It may be found advantageous to station Dr. Quinlan at Latrobe rather than Burnie.

### LAUNCESTON.

The laboratory in Launceston General Hospital is a very busy one. Dr. Manoin, the pathologist in charge, has not been well this year, but nevertheless his laboratory has kept up its fine record for service and efficiency.

### HOBART.

Dr. Parsons left to take up private practice in Hobart, and his place was taken by Dr. Hamilton who had worked in Launceston under Dr. Shoobridge. Dr. Hamilton is a very careful and painstaking worker and I feel that we are fortunate to have him in charge of the Hobart Laboratory.

Owing to staff shortages and the pressure of work, many members of the staff of the Hobart Laboratory often work long hours rather than see a test delayed.

### MEDICO-LEGAL WORK.

No complaints have been received in regard to police work and coroners' autopsies, so it can be assumed that the service we are giving is satisfactory. Leave periods are always a difficulty, and the improvised service is never wholly satisfactory, but is the best we can do.

### BLOOD ALCOHOL TESTS.

An article published in the Medical Journal of Australia under the title of "Alcohol as a Factor in Medico-Legal Sudden Deaths" seems to have aroused considerable interest, as requests for reprints have been received from many parts of the world. Copies were also made available for Tasmanian coroners. As the result of many tests, the conclusion reached was that "The results of blood alcohol estimations on deceased persons who are to be the subject of a coronial inquiry are of great value, especially in traffic accidents . . .".

### RESEARCH.

No specific research programme is being undertaken at present, but as soon as time permits the writer intends to make a survey of fatal accidents in Tasmania with a view to offering suggestions for prevention.

### CANCER DETECTION.

The service whereby all practitioners in Tasmania may take smears from their patients and have them examined free of charge for cancer cells is now in operation, and some 300 smears are being examined each month. The number of early cancers detected will only be small—about one per month at present—and the microscope work is very tiring, but it is felt that the service is well worth while.

CAMPBELL DUNCAN, Director of Pathology.



# REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30TH JUNE, 1959.

## PERSONNEL.

Dr. J. Edis, Chairman; Dr. J. M. Drew, till November, 1958; Dr. C. Craig; Dr. C. Petrovsky; Dr. P. Nolan, from January, 1959; Miss J. O. Brown; Miss B. L. Campbell; Miss L. M. Zwar; Miss N. Winwood; Mrs. B. M. Stephen, from January, 1959.

## MEETINGS.

Six ordinary meetings were held during the year.

## LEGISLATION.

Regulations were amended to include the revised curricula for general nursing and child health nursing trainings.

## TRAINING SCHOOLS.

General	10
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	1

Midwifery training was commenced at Burnie General Hospital in October, 1958.

## STUDENTS.

### 1. Applications for training approved—438.

General	257
Midwifery	97
Psychiatric	15
Child Health	20
Tuberculosis	4
Auxiliary (General)	26
Auxiliary (Geriatric)	19

### 2. Commenced training—421.

General	249
Midwifery	91
Psychiatric	15
Child Health	17
Tuberculosis	4
Auxiliary (General)	26
Auxiliary (Geriatric)	19

### 3. Completed training—248.

General	118
Midwifery	90
Psychiatric	2
Child Health	12
Tuberculosis	5
Auxiliary (General)	9
Auxiliary (Geriatric)	12

### 4. Resigned before completion of training—159.

General	103
Midwifery	12
Psychiatric	21
Child Health	...
Tuberculosis	...
Auxiliary (General)	20
Auxiliary (Geriatric)	3

### 5. Total number in training on 30.6.59—744.

General	554
Midwifery	81
Psychiatric	59
Child Health	7
Tuberculosis	1
Auxiliary (General)	21
Auxiliary (Geriatric)	21

## EXAMINATIONS.

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

### 2. Examinations for registration:—

Number held	3
Number of candidates	279
Number passed	268
Number failed	11

Details of results:—

Subject.	No. of Candidates.	Passed.	Failed.
General	145	138	7
Midwifery	93	91	2
Psychiatric	4	2	2
Child Health	12	12	...
Tuberculosis	6	6	...
Aux. (General)	7	7	...
Aux. (Geriatric)	12	12	...

## REGISTRATION.

### 1. Applications approved—713.

General	397
Midwifery	217
Psychiatric	11
Child Health	30
Tuberculosis	8
Auxiliary (General)	14
Auxiliary (Geriatric)	36

### 2. Registrations renewed:—

Number of persons who renewed registration	1,320
Number of persons who renewed Aux. registration	29
<b>Total</b>	<b>1,349</b>

### 3. Number of registrations current, 30.6.59—2,927.

General	1,743
Midwifery	822
Psychiatric	76
Child Health	182
Tuberculosis	24
Auxiliary	80

### 4. Number of persons on current register—2,001.

	Persons	Registrations
General	1,007	1,007
General & Midwifery	536	1,072
General, Midwifery and Child Health	160	480
Psychiatric	57	57
Midwifery	109	109
Tuberculosis	8	8
General and Psychiatric	8	16
General and Tuberculosis	7	14
General and Child Health	11	22
Midwifery and Child Health	4	8
General, Psychiatric and Tuberculosis	1	3
General, Psychiatric and Midwifery	2	6
General, Midwifery and Tuberculosis	1	3
General, Midwifery Psychiatric and Child Health	3	12
General, Midwifery, Tuberculosis and Child Health	2	8
General, Midwifery, Psychiatric and Tuberculosis	3	12
General, Midwifery, Psychiatric, Child Health and Tuberculosis	2	10
<b>Auxiliary (General)</b>	<b>55</b>	<b>55</b>
<b>Auxiliary (Geriatric)</b>	<b>25</b>	<b>25</b>
<b>Total</b>	<b>2,001</b>	<b>2,927</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.

### Post Graduate Diplomas—17.

Nursing administration	4
Sister Tutor	2
Midwife Tutor	3
Psychiatric Tutor	1
Ward Sister	5
Theatre Management and Teaching	2

## CENTRAL PRELIMINARY TRAINING SCHOOL.

Preliminary Blocks—Three have been held.

49 students have attended.  
22 passed.  
7 failed.  
3 resigned.  
17 still in block on 30.6.59.



Second Blocks—Three have been held.

34 students have attended.  
21 passed.  
12 failed.  
1 resigned.

Eighty-three students have attended the six blocks held.

#### GENERAL.

##### Three-Year Training.

The first year of the three-year training has been completed and it has been interesting to find that there have been more applicants for training, and in many cases their educational qualifications have been higher.

Some concessions in training time have been made to nurses who commenced training when it was a four-year course, and this has meant that during the year the number of candidates at the examinations for registration has been much greater.

##### Examinations.

An experiment has been carried out with the examinations. At the February, 1959, examinations, written papers were done in four centres and oral examinations were conducted one week later at Hobart and Launceston. The break of one week between the written and the oral examinations was not popular and it was decided, for the present, to hold written and oral examinations simultaneously in Hobart and Launceston each time. The papers which are done in Hobart, are being sent to Launceston examiners for marking and those done in Launceston are being sent to Hobart. With such a large number of candidates at each examination, this has proved its worth.

#### Curriculum.

The revised curriculum has been in operation for approximately 18 months and most matrons and tutors are finding it very satisfactory. There will probably be a few adjustments made later, but these will not be considered until the whole three-year course has been completed.

##### Age of Commencement and Registration.

With the introduction of a three-year training, no alteration was made in the age of commencement, which is 16, nor the age of registration, which is 20. Training schools have been informed that if they allow nurses to commence training at the age of 16, it must be on the understanding that they cannot register until they are 20 years of age, and if they wish to nurse after completing training before reaching that age it must be as unregistered staff nurses in any hospital in this State, and that they wear a distinctive cap but not a registered nurse's veil.

##### Royal Australian Nursing Federation.

During this year, authority has been given for a member of the Nurses' Registration Board to be nominated by the Royal Australian Nursing Federation as their representative to keep the Board informed on Royal Australian Nursing Federation matters.

JOHN EDIS, Chairman.

L. H. SIDEBOTTOM, Secretary.

#### REPORT OF THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL FOR THE YEAR ENDED 30TH JUNE, 1959.

During the year, the above-mentioned Council, composed of representatives of the Crippled Children's Society, Spastic Children's Fund Committee, and the Retarded Children's Welfare Association, under my chairmanship, extended an invitation to the Director of Orthopaedic Services, Dr. D. Parker, to give an address at a meeting held on the 8th April, concerning the future needs for the hospitalisation of handicapped children. Dr.

Parker spoke of a six-year plan for a new Children's Hospital and the Council later, considering this suggestion, said Dr. Parker's comments should be supported and viewed as a long-term plan.

The Council has also been investigating the question of obtaining Commonwealth financial assistance for the Retarded Children's Hostel at Tolosa Street.

JOHN EDIS, Chairman.

#### REPORT OF THE DENTAL MECHANICS' REGISTRATION BOARD FOR THE YEAR ENDED 30TH JUNE, 1959.

During the year 1958-59, the Dental Mechanics' Registration Board conducted a further examination for the registration of Dental Mechanics, and Dr. A. R. T. Greenwood, of Melbourne, was again appointed as the Board's examiner.

The examination was conducted at the Royal Hobart Hospital. There was a written paper for candidates on Sunday, 25th January. Seventeen candidates sat for the written examination and 20 candidates sat for the practical examination which commenced on Monday, 26th January. Three candidates had already passed the

written examination in June, 1958. Of the 20 candidates presenting themselves for the examination, 11 had previously been examined and failed in June, 1958. Of these 11 candidates repeating the examination, only four passed. The final result of the examination was that nine candidates passed and 11 failed.

The total number of registered dental mechanics at present practising in this State is 37, and the Dental Mechanics' Registration Board intends to hold a further examination commencing on 1st February, 1960.

JOHN EDIS, Chairman.

#### REPORT OF THE NATIONAL FITNESS COUNCIL FOR THE YEAR ENDED 30TH JUNE, 1959.

Staff employed in the section during the period was:—

Title	No. of Positions	Station
State Supervisor	One	Hobart
Regional Supervisor	One	Devonport
Field Officer	Three	{ Hobart (two) } Launceston (one)

Staff was assisted by the National Fitness Council establishments at Hobart, Launceston and Devonport.

The section maintained close liaison with local government authorities and community organisations interested in National Fitness and Youth Work.

Assistance, both advisory and of a practical nature to existing organisations, formed the major part of the work.

It was found that the manpower and material resources of the section were inadequate to meet the rapidly increasing demand by youth and physical recreation organisations for material and technical assistance. The appointment of an additional field officer during the period alleviated this situation to some extent.

The following is a summary of the main features of the work organised and conducted by the section:—

Visits to Youth Clubs: 147 visits.

Advisory Service to Club Committees: 48 Committees.

Assistance with the formation of new youth and recreation clubs: 15 clubs; 10 co-ordinating agencies.

Leader training courses for youth work: 8 courses; 180 enrolments.

Community meetings attended and advised: 17 meetings.

Youth Camps: Advised and assisted with organisation, 22 camps; Leadership provided for 7 camps.

Sports Coaching Classes: No. of sports, 11; No. of sessions, 876; Hours duration, 1,865; Participants, 1,832.

Sports Rosters: No. of teams, 273; Players registered, 3,727.

Special Tournaments and Carnivals organised: No. of events, 12; No. of participants, 2,872.

Vacation Play-Centres: No. of centres 3; Period, 10 days; Enrolments, 360.



Vacation Sports Coaching Centres for School Children: No. of schools, 3; Period 10 days; Enrolments, 179.

Displays organised: No. of displays, 12.

Major assistance to Organisations:—

1. Devonport Youth Centre and A.Y.C. Recreation Centre at Moonah: Responsible for administration and supervision; 1,850 competitors weekly.

2. Associated Youth Committees: 29 member organisations representing existing youth organisations.

3. Youth Hostels Association of Tasmania: Yearly enrolment, 420; Promotion of youth hostelling; organization of nine junior hostelling parties with 78 attending.

Provision of recreation facilities: Advisory and technical service provided.

K. O. THOMAS, State Supervisor.

## REPORT OF ST. JOHN'S PARK FOR THE YEAR ENDED 30TH JUNE, 1959.

### GERIATRIC TRAINING.

Since St. John's Park was declared a training school for auxiliary nurses (geriatric section) on the 3rd April, 1957, the staff has had two examinations under the jurisdiction of the Nurses' Registration Board, and to date 38 nurses have passed the examination for geriatric nurses. The Board was very pleased with the standard of training and very impressed with the results of the examinations.

The value of this training is most evident throughout the hospital wards and is proving beneficial to both staff and patients.

### DRY CLEANING AND STERILISATION OF BLANKETS.

The laundry staff has been very successful in experiments for the dry cleaning and sterilisation of blankets, &c., and has saved the Government considerable expense through their efforts.

### BUILDING PROGRAMME.

Work on the new central kitchen at the men's division was commenced in July, 1958, and is nearly completed. This steam and electric unit, with all modern equipment, will enable the kitchen staff to work in congenial surroundings and thereby provide a better service for the patients.

During the month of June, 1959, the new handcraft centre was completed. This building is ideally situated within easy walking distance of both men's and women's divisions. The unit is proving a complete success and more patients are becoming interested in handcraft work, and it will be necessary to appoint an assistant instructor in the near future to cope with the extra interest shown by the patients.

Another important project just completed is at the women's division, where two spacious sunrooms have been built adjoining the hospital wards. These sunrooms have been furnished by the St. John's Park Kiosk Auxiliary and are proving a great benefit to women patients by providing a complete change of environment from the hospital wards.

The staff training lecture hall was started this year and is nearly completed and, when occupied, will provide suitable accommodation for the future training of the staff at St. John's Park.

Work has begun on the home for the male mental defectives, and this building should be completed approximately at Christmas time.

Work has commenced on the fifty-bed ward at the Women's Hospital and, when completed, this will help relieve the acute shortage of hospital beds, as there are over 300 names on the waiting list at St. John's Park.

It is very gratifying to see the progress made at St. John's Park in the building programme during the past year, and it is hoped that the other urgent works needed will be started in the near future.

### ST. JOHN'S PARK BOYS' AND GIRLS' SOCIAL CLUBS.

Great progress has been made at St. John's Park during the past year in the social activities of the Boys' and Girls' Clubs. The choir work has been maintained and the general spirit which exists is very heartening, and I would like to thank those officers who give of their time voluntarily to make this project the success it is.

### APPRECIATION.

My thanks are due to the St. John's Park Kiosk Auxiliary for their donations throughout the year, and I would like to take this opportunity of thanking each member of the Auxiliary for the wonderful work done.

## HOSPITAL STATISTICS.

### NUMBER OF BEDS AVAILABLE.

Women's Division	162	including 68 hospital beds.
Male Division	335	including 171 hospital beds.
	497	239

### PATIENTS.

Year	No. Residents 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.	
1957-58	274	151	425	176	52	228	83	25	108	99	28	127	268	150	418	413.07
1958-59	268	150	418	184	66	250	99	39	138	85	38	123	268	139	407	410.30



## SUMMARY.

	1957-58	1958-59
Number resident at commencement of year	425	418
Admitted during year	228	250
	653	668
Discharged during year	108	138
Deaths during year	127	235
	123	261
Number resident at close of year	418	407

## FINANCE.

	£	£
Revenue:		
Commonwealth Hospital Benefits	33,311	31,486
State Aid (net cost)	165,146	178,906
Invalid and old age pensions contributions	22,301	23,976
War service pensions contributions	1,922	2,417

	£	£
Private maintenance	13,454	11,331
Laundry services	3,514	3,729
Sundries	356	365
	£240,004	£252,210

## Expenditure:

Salaries	154,343	167,557
Fuel and light	8,588	8,202
Provisions and medical comforts	40,077	39,944
Bedding, clothing, stores	19,034	18,962
Repairs and renewals of buildings	7,975	8,506
Sundries	9,987	9,039
	£240,004	£252,210

	£ s. d.	£ s. d.
Gross daily cost per inmate	1 11 10	1 13 8
Net daily cost per inmate	1 1 11	1 3 10
Gross weekly cost per inmate	11 2 10	11 15 9
Net weekly cost per inmate	7 13 4	8 7 2

A. J. TREBILCOCK, Superintendent.

## REPORT OF THE TECHNICAL DIVISION (CHEMISTRY) FOR THE YEAR ENDED 30TH JUNE, 1959.

## WORK OF THE DIVISION.

The past year has been a moderately busy one. The number of routine samples received (2,814) showed an appreciable falling off compared with the previous record year (3,325). This was fortunate in view of the staff position, as two members resigned in January, and it has not yet been possible to fill their positions.

Soils and plant materials maintained their numerical position among the materials examined, the former at the same number as last year. Plant materials and foods were received in considerably less numbers. Other materials accounted for much the same numbers as in previous years. Forensic chemistry—crime exhibits, toxicological specimens, and blood alcohol tests—continues to be an important part of the work.

A pleasing feature has been the appreciable number of samples and investigations handled for the Hydro-Electric Commission. It appears that the application of chemistry to some of its diverse problems is of considerable assistance. To a lesser extent, the Rivers and Water Supply Commission and Tasmanian Grain Elevators are making an increasing demand on the services of the laboratory.

The following tables summarise the analytical and investigational work of the year in terms of materials received. The activities of the division, however, include much advisory work that does not appear in the sample register.

TABLE 7.—MATERIALS EXAMINED.

Soils	916
Plants	320
Waters	318
Foods	242
Irradiated liquids	223
Toxicology specimens (human)	113
Crime exhibits	113
Fertilizers	88
Air and other gases	74
Feeding stuffs	71
Body fluids (alcohol tests)	64
Animal poisoning specimens	39
Toys and crayons	33
Pesticides	31
Fuel and lubricating oils	22
Sewage and trade wastes	18
Building materials	17
Drugs and medicines	13
Soaps and cleaning materials	12
Corrosion products	12
Scrubber liquors	12
Animal nutrition specimens	6
Battery acids	6
Damaged goods (insurance claims)	6
Paper and textiles	4
Human milks	4

Clinical specimens	2
Metals	2
Seaweed	2
Plastic	2
Miscellaneous materials	29
	2,814

TABLE 8.—SOURCES OF SAMPLES.

## State Departments, &amp;c.—

Agriculture	1,016
Police	220
Hydro-Electric Commission	185
Health Services	146
Forestry	87
Public Works	57
Rivers and Water Supply Commission	14
Agricultural Bank	11
Fisheries Commission	9
Tasmanian Grain Elevators	7
Supply and Tender	5
Gaol	4
Transport	4
Mines	4
Labour and Industry	3
Crown Law	1
Public and business firms	592
Hospitals and institutions	293
Local authorities	132
Hobart Marine Board	11
Commonwealth Departments	13
	2,814

## FOOD CHEMISTRY.

There has been little systematic official (Food and Drugs Act) sampling and testing of foodstuffs by local authorities during the year, but this has been partly compensated for by the scrutiny of a number of new and existing lines of food with regard to composition, label description and advertising claims.

The main activity in official samples has been devoted to foreign materials (dirt, &c.) in foodstuffs.

The total number of official milk samples received was 56, even less than the previous year's total of 174. Of these nine were below standard, three due to foreign matter, and the others in fat or non-fatty solids. There was no case of watering.

The next most numerous group of foodstuffs was soft or summer drinks (16), of which 11 were faulty.

A number of articles of food was submitted for quality control by manufacturers who did not have the facilities for the work required. These included blackcurrant syrup and juice for vitamin C and metallic impurity content.



### AGRICULTURAL CHEMISTRY.

Soils and plant materials again accounted for a large proportion of the total number of samples received at the laboratory. The Agronomy Division of the Department of Agriculture submitted 104 samples in connection with trial area investigations. District agricultural and horticultural officers submitted 350 soil samples in connection with their work, and the Forestry Commission 86 samples in connection with the phosphorus nutrition of pines.

**Rapid Soil Fertility Tests.**—A preliminary assessment of the value of these tests has been made by the Senior Agronomist, from the results of field trials and laboratory tests on the lines of the New Zealand soil testing scheme.

Work is continuing, but it will be seen that the determination of the possibilities and requirements of such a complicated mineral and biological complex as soil is fraught with many difficulties. The chemical composition is only one of a large number of variants.

**Plant Specimens.**—These comprised 68 samples regarding methods of correction of magnesium deficiency in apples, 48 samples of brassica species for nitrate, 52 samples of apple and apricot leaves for copper deficiency investigations, and 43 samples in connection with zinc deficiency in hops.

To assist in the selection and breeding of blackcurrant varieties of high vitamin C content, a number (48) was tested for the Horticultural Division of the Department of Agriculture.

**Feeding Stuffs.**—Hay and silage feeds (31) were examined in connection with silage and fodder competitions.

A number of meat meals (17) was examined. As feeding stuffs, many of these were unsatisfactory due to (1) too great a percentage of bone, (2) too much fat, and (3) rancidity of the fat.

Some relatively high salt contents (1.4 to 1.75 per cent) were noted in chick feeds with which a high mortality rate was experienced.

**Fertilizers.**—The total of 88 fertilizers examined included 47 official samples taken under the Fertilizers Act. The rest were tested mainly as a service to merchants and farmers.

**Pesticides** (31) included 13 samples taken officially under the Pesticides Act.

**Animal Poisoning.**—Thirty-nine (39) specimens were examined, chiefly for veterinary officers in connection with the deaths of farm or pet animals. In many cases even the exclusion of the presence of poisons by analysis assists the diagnosis. Twenty-five (25) cases produced 19 negative and six positive results.

### FORENSIC AND INDUSTRIAL CHEMISTRY.

The main sections of this work were human poisoning, 34 cases involving the examination of 96 specimens or other materials, 113 exhibits in connection with crime investigation for the police, and 71 bloods and urines for alcohol level.

Of the real or supposed poisoning cases, ten showed that poison was used, the substances barbiturate (4), chloral (2), alcohol, cyanide, carbomal, and largactil being detected. The remainder proved negative.

"Blood alcohol" tests continue to take up much time, especially when officers have to attend the courts to give formal evidence. This is usually the case when the defendant gives notice that he will plead not guilty. Many of these specimens, however, are routine tests post mortem in cases of traffic accidents. In cases of driving under the influence, it is seldom that the evidence of the blood alcohol level fails to confirm the clinical diagnosis or the observations of police officers.

With an eye to the possibility of hazards of lead ingestion by children, public health inspectors submitted a number of samples (32) of toys and crayons. Four samples of coloured crayons of foreign origin contained from 0.9 to 2.6 per cent of lead, which is a dangerous amount. Some children's plastic play balls, also foreign, were examined. The plastic and its pigment were free from lead, but the contents, for weighting purposes, consisted of various types of soil containing, in some cases, animal and vegetable fibres and scraps of paper. This was considered an undesirable filling, when clean sterile sand could have been used.

**Industrial Hygiene and Materials.**—A considerable amount of investigation, which is still proceeding, has been undertaken for the Hydro-Electric Commission in

connection with the use of diesel-powered earth and rock moving equipment in the Poatina tunnelling operations. In addition to carbon monoxide, the exhaust gases of diesel engines contain aldehydes such as acrolein, nitrous fumes, and sulphur dioxide. These have to be reduced by the use of scrubbers on the equipment, and by ventilation in the tunnel, to concentrations at which it is safe and not uncomfortable for men to work.

The Plant Engineer's Section of the Commission is responsible for this work and officers of this Division have co-operated with the engineers in tests of various types of scrubber and scrubber liquids, in the Hobart workshops and at Poatina. Many samples of exhaust gas have been tested in situ and at the laboratory, using both field test outfits and more precise laboratory determinations. Samples of oil fuel, charcoal, and scrubber liquid have been examined, and field testing outfits checked. At the time of writing, tests of the working atmospheres are being made in the access tunnel at Poatina during operations.

Following complaints to the Director of Public Health by residents near a brickworks that the atmosphere was being polluted by smoke, we were called in to make smoke measurements to determine if possible (a) whether there was undue pollution, and (b) whether improved firing methods in the kilns had reduced the alleged nuisance. Apparatus for continuous sampling was set up and some tests made, but it soon became apparent that special equipment would be necessary.

It is evident, however, that in order to monitor the intermittent emission of smoke, especially at night, automatic time-switch controlled apparatus will be necessary.

Other activities connected with industry were the examination of a rubber tyre processing operation for deleterious fumes, fluorescent materials suspected of radioactivity, compressed air for use by divers (impurity), and plastic coating for foodstuffs preservation (injurious ingredients).

Some research work has been conducted at the Peter MacCallum Clinic at the Royal Hobart Hospital on the measurement of X-ray dosage by the changes in chemical substances subjected to the rays. Assistance has been given to this by chemical and physical measurements on 223 samples of irradiated liquids.

### WATERS, &c.

The water samples examined were derived from the following principal sources: Government departments (130), farmers and the public (82), and local authorities (44). Most of these were taken from country water supplies, for general domestic, irrigation, stock, and dairy purposes or, in the case of local authorities, samples for evaluation as sources of supply for towns and small communities.

The testing of monthly samples of water from the treatment plant and the mains at Beaconsfield for fluoride has continued. The dosage has been maintained at 0.8 to 0.9 parts of fluorine per million.

**Corrosion Problems.**—A number of government departments, private firms, and members of the public have been assisted with advice on corrosion problems. These included investigation of boiler and pipeline scales (11), and transformer oil sediment (3). Samples of river mud (6) and silts were examined in connection with the site for the new Hobart bridge.

**Miscellaneous Activities and Staff.**—I have continued to act on the Food Standards Committee, the Fertilizers Stock Medicines and Pesticides Committees, and the Fluoridation Committee. Mr. M. H. R. Shipp has assisted at consultations on legislation for blood alcohol tests, and Mr. K. M. Stackhouse has maintained liaison with Agricultural Department officers on soil and plant sampling and testing.

During the year Mr. J. L. Davies (chemist) and Mr. G. J. Joy (analyst) resigned and, up to the time of writing, it has not been possible to fill the vacant positions. Some projects have had to be abandoned or curtailed because of insufficient staff.

I would like to record my appreciation of the excellent co-operation of all members of the staff during the 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, 1958—

Males 179,818

Females 166,727

346,545

Mean Population: Year ended 31st December, 1958—

Males 174,806

Females 162,929

337,735

## AUSTRALIAN BIRTH-RATES PER 1000 OF MEAN POPULATION.

	1955	1956	1957	1958
Tasmania	25.59	25.15	25.55	25.37
New South Wales	21.31	21.39	21.93	21.67
Victoria	22.30	22.42	22.61	22.36
Queensland	24.16	23.72	24.25	23.95
South Australia	22.55	22.35	22.35	22.35
Western Australia	25.23	24.98	24.47	23.71
Northern Territory	30.22	31.07	34.49	36.25
Australian Capital Territory	26.56	31.04	30.13	31.01
Australia	22.57	22.50	22.86	22.59

## CAUSES OF DEATH IN TASMANIA, 1954-1958.

Group No.	International Classification Code No.	Cause of Death	1954	1955	1956	1957	1958
1	001-138	Infective and Parasitic Diseases	53	56	68	37	49
2	140-239	Neoplasms	400	376	387	391	395
3	240-289	Allergic, Endocrine System, Metabolic and Nutritional Diseases	75	54	66	72	62
4	290-299	Diseases of the Blood and Blood Forming Organs	12	12	8	12	7
5	300-326	Mental Psychoneurotic and Personality Disorders	18	19	15	26	28
6	330-398	Diseases of the Nervous System and Sense Organs	346	374	329	408	377
7	400-468	Diseases of the Circulatory System	987	845	919	943	997
8	470-527	Diseases of the Respiratory System	234	198	176	217	203
9	53-587	Diseases of the Digestive System	87	80	76	73	104
10	590-637	Diseases of the Genito Urinary System	75	94	66	93	81
11	640-689	Deliveries and Complications of Pregnancy, Childbirth and Puerperium	7	4	3	2	8
12	690-716	Diseases of the Skin and Cellular Tissue	2	4	7	1	3
13	720-744	Diseases of the Bones and Organs of Movement	11	9	14	13	13
14	750-759	Congenital Malformations	45	41	46	49	38
15	760-776	Certain Diseases of Early Infancy	104	115	98	93	91
16	780-795	Symptoms, Senility, and Ill-defined conditions	25	30	28	22	29
17	800-999	Accidents, Poisoning, and Violence	215	178	207	218	223
			2,696	2,489	2,513	2,670	2,708

## SPECIFIC DISEASES INCLUDED IN THE ABOVE GROUP.

Group No.	International Classification Code No.	Cause of Death	1954	1955	1956	1957	1958
1	001-009	Tuberculosis (all forms)	35	31	32	16	31
2	140-205	Malignant Neoplasms	393	368	376	386	391
3	260	Diabetes Mellitus	58	29	43	49	42
6	330-332	Cerebral Haemorrhage and Thrombosis	285	316	253	336	317
7	410-443	Heart Diseases	852	711	785	814	844
8	490-493	Pneumonia	136	108	89	126	140
8	500-502	Bronchitis	37	41	35	43	45
10	590-594	Nephritis and Nephrosis	33	42	35	43	36
17	810-825	Motor Vehicle Traffic Accidents	85	62	75	66	74
17	910-936	Other Accidents	57	52	54	57	57
17	970-979	Suicide	30	23	23	40	33



## Report of the Division of Public Health for the Year Ended 30th June, 1959

### THE FORM OF THIS REPORT.

I was responsible for the preparation of the annual report of the Director of Public Health from the year which ended on 30th June, 1952, to that which ended on 30th June, 1956. In these years and in 1957, when Dr. J. R. Macintyre was Acting Director during my absence abroad, the head of each of the sections which constitute the Public Health Division presented his or her own report as an appendix to my own. In this way, those responsible for organization of details of the work gave to Parliament an account of their stewardship, which would seem to be desirable.

It is therefore disappointing to be informed of the interpretation placed by the Director-General on a recent instruction from Cabinet that all unnecessary material is to be omitted from reports. In this interpretation I am told that no appendices will be included in the report of this Department and that my own remarks are to be curtailed to a specified number of pages.

An annual report on Public Health is not only an account of the year's work. It is also a permanent record, which may be of vital importance to officers of the Department in the future, in assisting them to interpret some trend that may be affecting the public health. In recent years I have been gravely handicapped by the fact that the information contained in some of our annual reports is incomplete. I consider that it is my duty to ensure that, this year, my report contains adequate information on any matter about which, as far as I can foresee, my successors may need to know in the future. The only way in which this can be done, within the limits decreed by the Director-General, is to present as much as possible of the essential information in tabular and graphic form, with short explanatory notes; and therefore my annual report this year will be presented in that form.

### HEALTH INDICATORS.

The Expert Committee on Health Statistics U.N.O. has recommended the use of the proportionate mortality ratio at age 50 as a comprehensive health indicator. These figures for the last ten years are presented hereunder:—

Year	Deaths of Persons Aged 50 and Over	
	Number	Per cent of Total Deaths
1949	1,830	76.60
1950	1,919	77.82
1951	1,935	75.38
1952	1,967	76.27
1953	1,987	77.89
1954	2,113	78.38
1955	1,942	78.02
1956	1,993	79.31
1957	2,119	79.36
1958	2,139	78.98

It will be observed that, on the whole, there has been a tendency for the percentage of deaths occurring in older people to increase slightly. If the reversal of this trend in 1958 should continue, it may call for some investigation.

The same committee recommends the use of the late infant mortality rate, as an indicator because deaths of infants from the age of one month onwards are, in some cases at least, preventable by a high standard of infant care. These figures for each year since 1953 are:—

Age at Death	Infant Mortality per 1,000 Live Births (Year Ended 31st December)					
	1953	1954	1955	1956	1957	1958
Under 1 month	15.5	16.5	16.8	14.9	13.6	12.4
1 month and under 1 year	7.4	7.4	6.6	6.1	6.6	7.1
All under 1 year	22.9	23.9	23.4	21.0	20.2	19.5

Although 1958 is the first calendar year in which our total infant mortality rate was below 20, it is evident that the over-all reduction since 1954 has been achieved mainly by an improvement in conditions affecting children at birth; in the last three years the condition of older infants has deteriorated slightly.

The attached chart, showing the comparative figures for infant mortality in all Australian States and the Commonwealth indicates that we have no occasion for complacency about infant mortality in Tasmania. Over the years, Victoria has had a consistently better record, and we have now been outclassed by Queensland also.

### CHILD HEALTH SERVICE.

In view of these facts, it is disappointing to record that the staff has not kept pace with the increasing population, so that, in proportion to population, there has been a decrease in the service available to mothers of young children. This is shown graphically in the chart below which depicts the number of child health sisters employed (at 30th June in each year) per 1,000 live births (in that year).

The decrease in staff is also reflected in a decrease in total home visits from 76,746 in the calendar year 1956, to 74,242 in the calendar year 1958.

The following information is summarised from the annual report of the Supervisory Sister:—

(a) *Centres.*—90 centres, including 10 travelling units, were in operation at 30th June, 1959. During the year new buildings were opened at Trevallyn, Havenview, and East Devonport. Building of fifteen other centres commenced during the year, and it is expected that these will be completed during 1959.

(b) *Transport.*—There are 10 departmental cars, and mileage is paid to 18 members of the staff using their own cars for the work.

(c) *Lectures in Mothercraft.*—Lectures were given to senior girls from 41 schools. Of these, 748 completed the course successfully.

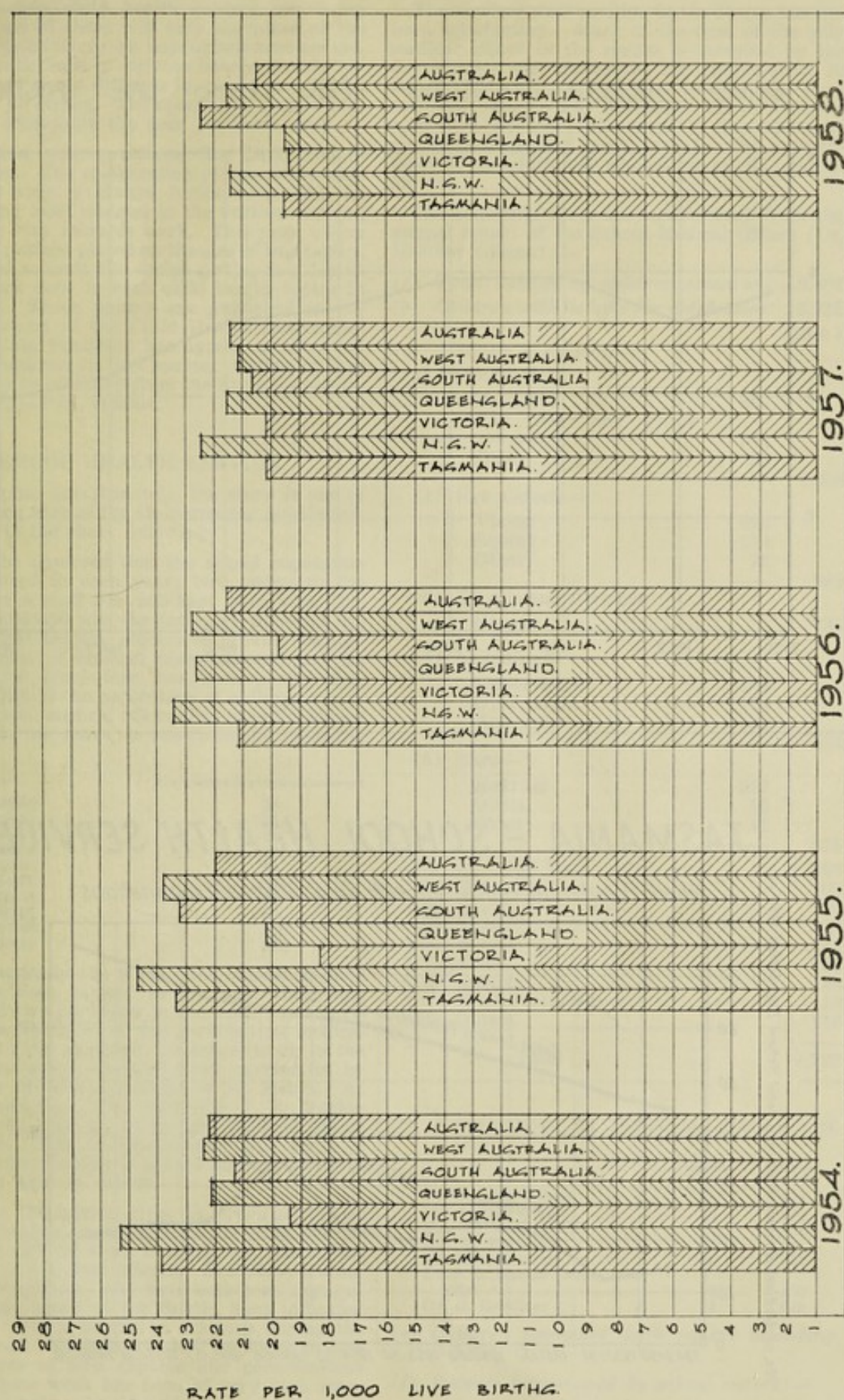
(d) *Student Nurses.*—Twelve Child Health students completed their post-graduate course and qualified for this certificate; five trained at the Mothercraft Home and seven at Calvary Hospital.

(e) *Mothercraft Nurses.*—Twenty completed the course, 14 from the Mothercraft Home and six from Calvary Hospital.

(f) *Paediatric Consultants.*—Great help is given to the staff by Dr. J. Millar in Hobart and Dr. R. Wall in Launceston, for which thanks are due; also particularly to Dr. N. M. Newman, who continues in a voluntary capacity to advise the Child Health Staff in Hobart.



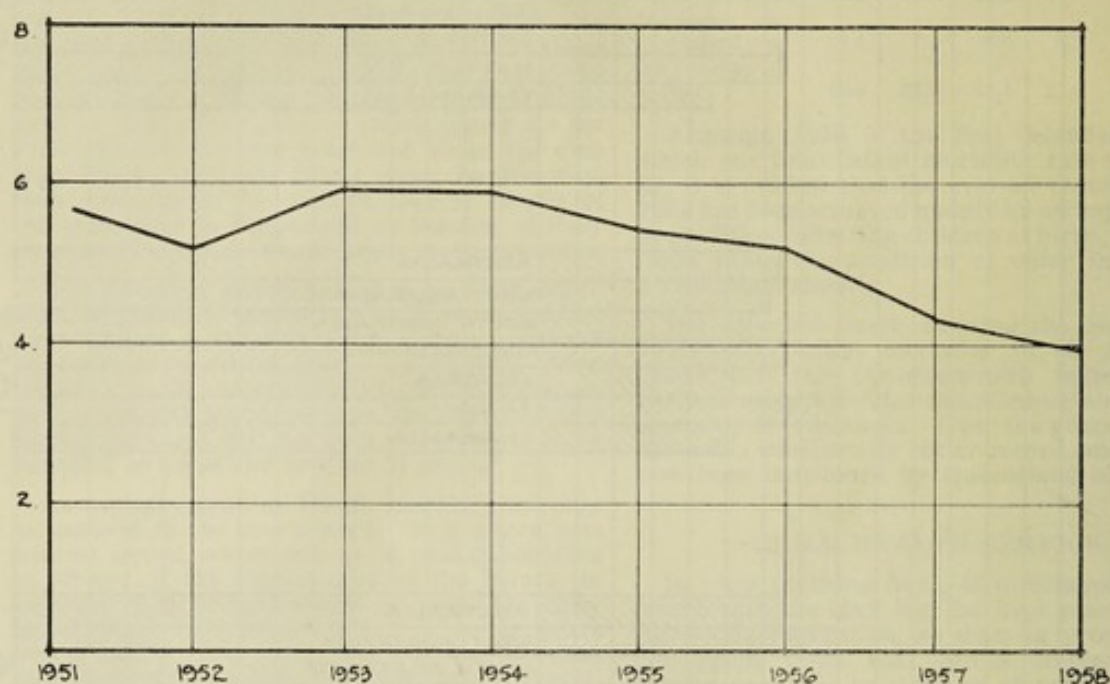
# INFANT MORTALITY RATE AUSTRALIA 1954-58 INCLUSIVE.



RATE PER 1,000 LIVE BIRTHS.

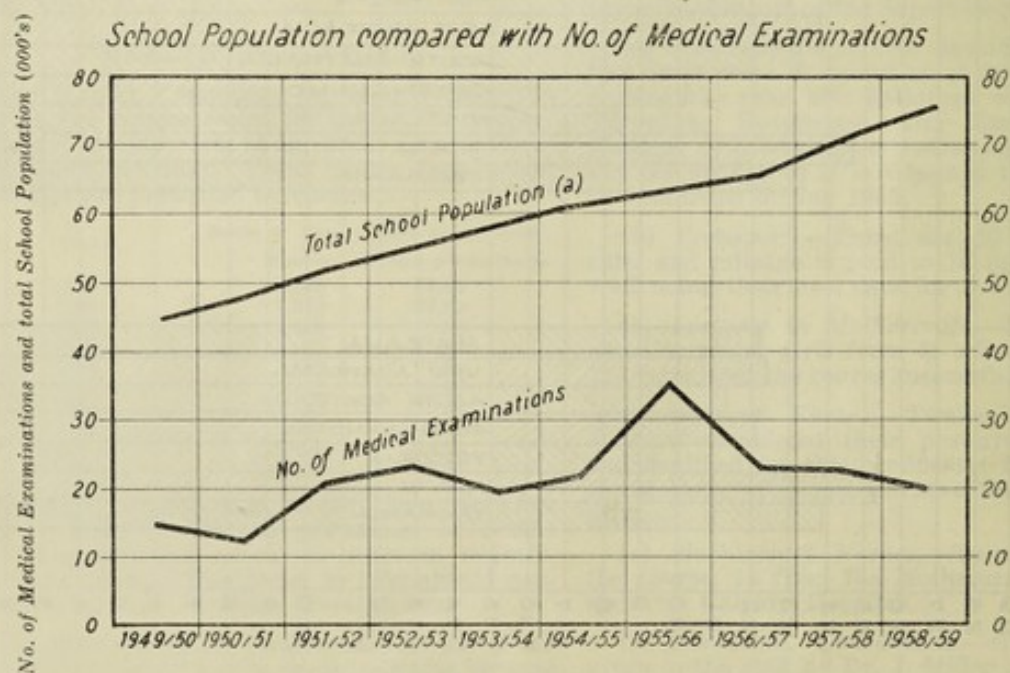


## CHILD HEALTH SISTERS PER 1,000 LIVE BIRTHS.



## TASMANIA - SCHOOL HEALTH SERVICE

School Population compared with No. of Medical Examinations



(a) - Includes State and Private Schools as in table.



Fifteen new child health centres are being built. Some of these will take the place of the rather unsatisfactory or improvised accommodation in public halls or private houses, previously used; others are in districts in which, previously, there was no centre. The opening of these buildings will accentuate the need for more staff.

I mention with gratitude the Child Health Association. The co-operation of this State-wide voluntary body is always forthcoming and, by maintaining local interest in the various centres, it is doing very valuable work. This year, owing to the restrictions placed on the size of this report, I have had to omit the tables giving full details of the work done in each child health centre in the State. These figures are published in the Annual Report of the Child Health Association and the State President has agreed to allow me to refer enquirers to that source. Copies of that report may be obtained from the State Secretary, Box 534 F, G.P.O., Hobart.

### SCHOOL HEALTH SERVICE.

Once again, unfortunately, the story is one of a decreasing service for an increasing population, as shown in the chart following.

It will be observed that the school population has increased in each year; but, owing to the fact that the staff has not kept pace with this increase, 1955-56 was the last year in which we had sufficient medical officers to provide an adequate number of medical examinations; and the deterioration since then has been progressive, until in 1958-59 the percentage of children examined by school medical officers has been the lowest for at least ten years, as shown in the following table:—

Year	% of School Population Examined
1949-50	36
1950-51	27.4
1951-52	40
1952-53	46
1953-54	34
1954-55	36
1955-56	57
1956-57	36
1957-58	32.7
1958-59	27.1

For practically the whole year, school medical work has been carried on by one whole-time officer and two part-time in the south; one part-time in the North-West; and a whole-time medical officer not fully available for school work in the North, plus some sessional work carried on by the doctor in private practice at St. Marys. At the beginning of June, 1959, Dr. J. B. Mackie rejoined the staff as whole-time medical officer in Burnie. His re-appointment will make a material contribution to school medical work in the North-West in future.

I repeat the advice given in previous annual reports, that the employment of part-time officers for school medical work is much less economical than that of full-time officers. Drs. Mary Young and Audrey Officer, who have both been engaged in part-time work in the South, have indicated that they will be unable to continue during the coming year. Though we shall be sorry to lose the services of two capable and conscientious officers whose work has been of very high standard, I strongly urge that advantage be taken of the resultant gap to appoint a whole-time medical officer in the South.

The medical staff position in the North has not been satisfactory. Much of the time of the only medical officer in the region is occupied by the examination of applicants for employment in Government departments and he has also been seriously hampered by ill-health. There is urgent need both for the replacement of this officer by one in more robust health and for the appointment of an additional whole-time school medical officer.

The following facts are summarised from the annual report of the School Medical Officer (Dr. Heather Gibson):—

- (a) Total number of children examined 19,801  
 (b) Children with defects for notification 6,932  
 (35%)

(c) Analysis of defects:—

1. Orthopaedic—		
Posture	667	
Flat feet and knock knees	512	
Other	89	
		1,268
(2) Eye defects—		
Vision	693	
Squint	214	
Other	82	
		989
(3) Tonsils and Cervical		
Glands		785
(4) Nutrition—		
Underweight	268	
Overweight	174	
Anaemia	42	
		484
(5) Ears—		
Hearing	217	
Otitis	56	
Other	42	
		315
(6) Skin and Hair		295
(7) Urogenital		203
(8) Goitre		98
(9) Lungs		44
(10) Hernia		41
(11) Heart		39
(12) Speech		26
(13) Mental Stability		18
(14) Others		118
Total		4,723

(d) Examinations by Individual Medical Officers:—

	Schools Visited	Children Examined
Dr. Heather Gibson	45	6,473
Dr. Audrey Officer	44	4,143
Dr. Mona Hatherley	27	3,405
Dr. N. Patterson	22	3,121
Dr. Mary Young	28	1,661
Dr. J. B. Mackie (June, 1959, only)	6	450
Dr. G. Gardiner	4	548

(e) Children examined with parent attending, 2,304.

(f) Parents interviewed by school sisters:—

	Entrants	Others
Interviews at Schools	1,665	1,878
Home visits	1,880	4,301



- (g) *Follow-up of Defects* noted at medical examination and now known to have been treated:—

	Physical	Dental
1957-58 examinations	1,162	1,737
1958-59 examinations	835	611

- (h) *Immunisation History of Entrants*:—

Diphtheria	7,868	(87.2%)
Tetanus	6,690	(77.4%)
Whooping cough	7,551	(83.6%)
Poliomyelitis	8,065	(89.3%)

- (i) *Assessment of Personal Hygiene and Home Condition of Entrants*:—

	Hygiene	Home
Excellent	4,113	2,257
Good	4,608	1,780
Fair	281	281
Poor	23	47

- (j) *Goitre Research*. The distribution of Potassium Iodide tablets to school children throughout the State continued. In the South, goitre surveys were made in conjunction with the annual medical inspection. In previous years the Huon and Channel districts had been shown to be highly goitrous, and therefore the normal issue of tablets to children had been increased. This year surveys were carried out in this area at quarterly intervals and, in consequence, we have discovered that the incidence of goitre in many of these children varies sharply from one season to another.

In order to investigate possible causes of this interesting variation, Dr. F. W. Clements organised an intensive study into various epidemiological factors in the lives of several groups of children at Snug, Margate, and Woodbridge schools. He visited the area to supervise and assist in the survey, which was carried out by the Nutrition Officer and a group of school sisters. The conclusions drawn from this survey have been prepared for publication. In general terms, they are that two or three factors, previously thought to be possibly important, are not significant as causes of goitre.

- (k) *Sunshine Home*. During the year officers of the School Health Service selected 250 children who benefited from a holiday of 3½ weeks each at the Sunshine Home. This institution is doing excellent work and is a valuable supplement to the service.

The School Dental Service has continued to maintain its excellent record, the ratio of fillings to extractions being 1.7 - 1 (though this pales into insignificance when compared with the ratio of 8.6 - 1 obtained in the County of Bucks, in England, in 1956).

The staffing of the School Dental Service will present a very serious problem in the near future. During the year, five dental officers resigned and only two new ones joined the service. Early in 1959-60, two dentists, long over retiring age, but still actively working, will be retired. Prospective replacements are one, or perhaps two, from Britain, and one from Canada. The supply of graduates from Australian universities has been decreasing in recent years. The long-term solution is to train our own staff and, for this reason, it is most desirable that the number of dental bursaries be increased. The Senior School

Dental Officer has written to headmasters of most Tasmanian high schools to try to interest children leaving school in applying for bursaries. He also suggests:—

- (a) That salaries in the Tasmanian School Dental Service be made commensurate with those in the Victorian Service, to attract applicants to this State. (This proposal has been submitted to the Classification Board, which does not approve).
- (b) That girls be trained as dental auxiliaries in New Zealand to undertake the simpler operative work, as in that Dominion.

Of course, it is better to prevent dental decay in children than to treat it after it occurs. There is an immense need to discourage the eating of sweets, particularly in schools. Work in Scandinavia and elsewhere has established the fact that the unwise consumption of sweet sticky foods is a most potent cause of dental decay and the same conclusion has been reached in a recent survey in Melbourne. During my tour abroad in 1957, I was most impressed by the unanimity with which people interested in dental health in Great Britain, Sweden, Finland, and Switzerland stated that there had been an immense improvement in the condition of children's teeth in the period of rationing of food during and after the war; but with the free availability of sugar now, the position has deteriorated seriously.

Another preventive measure is fluoridation of water supply. There is no doubt that fluoridation does decrease dental decay and, under adequate control, it is safe. Adequate control includes regular and frequent checking of the dosage by qualified chemists. This measure may be beyond the resources of the smaller local authorities, but both Hobart and Launceston should be able to afford it, and the latter already treats its water with chemicals and has a trained chemist supervising its water treatment plant. Therefore it is disappointing that the two cities, which, between them, supply water to nearly half the population of the State, are not yet adding fluoride to their supply. Unfortunately, the whole question of fluoridation has become obscured by arguments based on emotion rather than reason.

The following facts are summarised from the annual report of the Senior School Dental Officer:—

- (a) *Equipment*. The installation of modern high-speed drills in half the dental clinics has been responsible for a considerable speeding up of the work and enabled an extra 4,600 fillings to be done in the last four months of the year. The benefit, in a full year, will be correspondingly greater and it is hoped that the other clinics will be equipped during 1959-60.

- (b) *Numbers of Children Seeking Treatment*. There has been a great increase in the number of children seeking fillings, particularly in the city clinics. It is thought that this increase is due to the following factors:—

- (1) The increase in school population (see chart above).
- (2) Parents becoming more aware of the advantages of good dental health.
- (3) The inability of parents with several children to pay private dental fees for the whole family.



*(c) Summary of Work Done:—*

New visits .....	17,800
Repeat visits .....	29,675
Total .....	47,475
Treatments .....	56,010
Fillings .....	39,983
Extractions .....	22,550
Cleaning .....	1,625
X-ray .....	23
Orthodontia .....	1
	120,192

Dental treatment was provided in the following districts:—

Hobart, Launceston, Burnie, Devonport, Latrobe, Sheffield, Wilmot, Wesley Vale, Railton, Preolenna, Redpa, Smithton, Deloraine, Stanley, Forest, Sprent, Riana, Boat Harbour, Sorell, Cambridge, Dover, Snug, Woodbridge, Huonville, Glenora, Westaway, Maydena, Ellendale, Bruny Island, Bridport, Nabowla, Springfield, Scottsdale, Lilydale, St. Helens, Winnaleah, Bracknell, Cressy, Evandale, Conara, Cleveland, Perth, George Town, Avoca, Epping, Oatlands, Campbell Town, Wayatinah, Waddamana, Bothwell, Bronte Park, Tarraleah, Rosebery, Blessington, Longford, Flinders Island, King Island.

## NUTRITION ADVISORY SERVICE.

The Nutrition Officer has continued a series of surveys of the diet of Tasmanian school children. This year particular attention has been paid to teenagers in secondary schools. Investigations in Devonport, Launceston, New Norfolk and Hobart have revealed a very disturbing fact, that more than two-thirds of these children have an inadequate intake of calcium. Milk is a very useful source of calcium and the position would be much better if the older children consumed as much milk as the younger. Milk is provided free of charge, under the Commonwealth scheme, for children up to and including the age of twelve. As soft drinks are cheaper than milk drinks, the older children, for whom there is no school milk, prefer to buy the inexpensive cordials and, in the long run, their health will suffer.

This deficient intake of calcium constitutes a most powerful argument in favour of the school milk scheme to all school children.

## ENVIRONMENTAL SANITATION.

The work of the Health Inspectorate was carried on under conditions of considerable difficulty owing to shortage of staff. I do not propose to go into the reasons for this shortage, which has been the subject for comment before, particularly in my unpublished annual report for 1957-58. Two new inspectors were appointed in June, 1959.

It is most regrettable that space, as determined by the Director-General, will not permit the publication in full of the report of the Senior Inspectors, which would give a very good idea of the wide range of problems with which they deal. In attempting the invidious task of summarisation, I draw particular attention to the following:—

(a) *Abattoirs and Slaughterhouses.*—New abattoirs were opened at Ulverstone and Sorell, the advice of our inspectors being sought in each

case. Unsatisfactory premises were condemned in the municipalities of New Norfolk and Glenorchy.

(b) *Motels.*—Plans for a number of projects were examined by our inspectors and amended or, in some cases, abandoned, as a result of their advice.

(c) *Camping Areas and Caravan Parks.*—After a conference with representatives of the Municipal Association, model by-laws for the conduct of camping and caravan parks have been drawn up. It is hoped that they will be gazetted during 1959.

(d) *Hotels.*—Combined inspection with officers of the Licensing Court has done much to improve the standard of hotels.

(e) *Garbage Disposal.*—Our inspectors have assisted and advised the local authority in the Kangaroo Bay reclamation area, which has now become an excellent example of how garbage disposal by controlled tipping can be carried out. Some improvement is evident in the Hobart City Council's New Town tip and in Glenorchy. Many tips in other parts of the State leave room for much improvement.

(f) *Drainage.*—This is an ever-increasing problem, particularly in rapidly-developing areas on the outskirts of the cities and larger towns, where housing development is outstripping the provision of services. It is increased by the generally low standard of drainage and plumbing in many municipalities. It is hoped that all local authorities will adopt the recently-gazetted Model Sewerage By-Laws under the Sewers and Drains Act, as these will provide a uniform standard.

(g) *Septic Tanks.*—A total of 1,387 applications was received, of which 57 were rejected. Owing to the unsuitability of the site, 14 subdivisions were rejected in toto as septic tank areas. In eight other subdivisions, installations are approved subject to the sub-divider providing complete drainage to an approved disposal point.

(h) *Places of Public Entertainment.*—One hundred and eleven places of public entertainment were inspected during the year. In 33 cases deficiencies were found. Thirty-eight plans of proposed halls, &c., were examined by our inspectors and suitable recommendations were made where necessary. These included:—

Public buildings .....	1
Public halls .....	8
Memorial halls .....	8
Community halls .....	5
Grandstands .....	1
Places of public entertainment .....	6
Theatres .....	1
Churches .....	2
Church halls .....	5
School halls .....	1

One picture theatre, having been inspected by our officers, the municipal medical officer of health and his inspector, and the chief of the municipal fire brigade, was considered dangerous and steps were taken which ultimately resulted in its being closed, though not in the year under review.

(i) *Food and Drugs.*—A special survey into types of mechanical glass-washing machines was commenced. The results of this will be used as a guide for the future. Labelling of foodstuffs constitutes a vital aspect of our work. A number of cases have been discovered of labels that were inadequate or misleading and attention has been



given to these for the protection of the public. The prohibition of the use of boric acid as a preservative in cream led to much ill-informed criticism. Investigations in the last 20 years have shown that all compounds of boron are much more dangerous than previously thought. All other Australian States prohibited the use of boric acid some years ago and Tasmania has the doubtful distinction of being the last to act.

(j) *Summary of Inspections:—*

	Number of Inspections	Matters needing Attention
Aerodromes	5	...
Bakehouses	84	30
Butchers' shops	146	38
Chemists' shops	6	...
Domestic premises	30	11
Drainage	159	72
Food premises	496	93
Fruit processing	9	...
Garbage tips, &c.	97	15
Guest houses	112	9
Hairdressers	22	7
Hospital utensils, &c.	11	...
Land subdivisions	37	2
Licensed premises	275	71
Miscellaneous	92	18
Milk depots	29	5
Mutton bird premises	725	34
Offensive trades	117	43
Places of public entertain- ment	111	33
Reserves, beaches, &c.	101	23
Saleyards	21	8
Sanitary depots	33	8
Schools	65	12
Septic tank schemes	31	1
Septic tanks (including plans)	1,427	...
Spirits (tests)	520	...
Water supplies	40	...
Sewerage schemes	10	1
Sewerage treatment works	16	2
Drainage scheme surveys	19	...

#### HEALTH INSPECTORS OF LOCAL AUTHORITIES.

The shortage of fully-qualified inspectors in the State persists despite an examination for the Sanitary Inspector's Certificate held by the Royal Society for the Promotion of Health. Classes are being continued at the Hobart Technical College. Unsuccessful attempts were made during the year to arrange (through the Superintendent of Technical Education) a correspondence course for would-be health inspectors.

Early in 1958 the Ulverstone Council asked my advice about the appointment of a health inspector. I pointed out that, although he had one certificate, the candidate selected by the council was neither as well qualified nor as experienced as other applicants. The council did not proceed with the appointment and the Warden thanked me, in writing, for my assistance. About a month later the council asked me to approve the appointment of a completely unqualified person. In these circumstances I had no option but to refuse my approval.

Under the present Public Health Act the Director's approval is necessary for the appointment of a municipal health inspector unless the appointee is qualified or has previously held a position as inspector under the Act. The latter provision was undoubtedly put into the 1935 Act to protect those unqualified inspectors who were actually employed at the time when the Act came into force, but it has been retained ever since. Its effect is that, as soon as the Director has approved the appointment of an unqualified person to one municipality, that person is thereafter eligible to become a municipal health inspector anywhere in the State, just as if he were fully qualified. In other words the approval of the Director to this first appointment has the same effect, ever after, as the granting of the highest technical qualification. There is no incentive for such an individual to pursue his studies and sit for examination for a health inspector's certificates. I feel sure that this was not the intention of the Act.

#### LEGISLATION.

In view of the restrictions placed on the length of this report and the fact that it is presented to Parliament, which presumably is already informed on the subject, I omit all description of changes in legislation during the year.

#### INFECTIOUS DISEASE.

There was an outbreak of "influenza" of varying proportions in different parts of the State. Although many cases were mild in comparison with some of the classic epidemics of influenza, the rather vivid reporting of the outbreak in the Press did lead to a measure of panic and there was some public demand for wholesale use of influenza vaccine. That very eminent virologist, Sir Macfarlane Burnet, has pointed out that there are many uncertainties in the use of the vaccine and I echo his advice.

There is no special feature for comment in the incidence of the notifiable infectious diseases. The table (herewith) showing the occurrence of the venereal diseases indicates quite clearly that the majority of cases of gonorrhoea have been in youths and young men.

There was only one authenticated case of poliomyelitis and this, unfortunately, in a child who had had a full course of vaccine. Even Salk himself has never claimed that his vaccine gives absolute and complete protection. Nevertheless, this particular incident, statistically, can be described as a very unlucky chance. Poliomyelitis immunisation continued during the year. It is a little difficult to get exact figures for adults, owing to movement into and out of the State, but from the figures available, it appears that about 38 per cent of the population between the ages of 16 and 45 has been immunised, plus approximately 95 per cent of the children under 16. This result, though not entirely satisfactory, compares favourably with figures obtained elsewhere.



TABLE 9.

RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities,  
During the Year 1958-59.

Municipality	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Polio-myelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Rubella	Bacillary Dysentery	Puerperal Fever	Glandular Fever	Tuberculosis	Total
Beaconsfield .. ..	..	3	12	..	..	..	..	3	..	..	..	..	3	11
Bothwell .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton .. ..	..	1	..	..	..	..	..	..	..	..	..	..	1	12
Bruny Island .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie .. ..	..	5	..	..	..	..	1	..	..	..	..	4	10	20
Campbell Town .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head .. ..	..	12	..	..	..	3	..	12	..	..	..	..	..	7
Clarence .. ..	3	3	1	..	..	..	..	1	..	..	..	12	8	25
Deloraine .. ..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Devonport .. ..	..	..	1	..	..	..	1	..	..	..	..	..	7	9
Esperance .. ..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
Evandale .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Fingal .. ..	..	..	1	..	..	..	..	..	..	..	..	..	2	3
Flinders Island .. ..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
George Town .. ..	..	..	..	..	..	4	..	12	..	..	..	..	1	7
Glamorgan .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Glenorchy .. ..	..	3	3	..	..	..	..	3	1	..	1	6	18	35
Gormanston .. ..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Green Ponds .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Hamilton .. ..	..	1	1	..	..	..	..	..	..	..	..	12	9	13
Hobart .. ..	3	11	1	..	..	..	..	12	12	..	..	9	35	73
Huon .. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
Kentish .. ..	..	1	..	..	..	..	..	..	..	..	..	..	12	3
Kingborough .. ..	..	..	1	..	..	..	..	1	1	..	..	3	1	7
King Island .. ..	..	..	..	..	..	1	1	..	..	..	..	..	1	3
Latrobe .. ..	..	..	..	..	..	..	12	..	..	..	..	..	12	4
Launceston .. ..	1	3	2	..	..	12	..	12	..	1	..	13	16	40
Lilydale .. ..	1	..	..	1	..	..	..	..	..	..	..	1	1	4
Longford .. ..	..	7	..	..	..	..	..	1	5	..	..	6	2	21
New Norfolk .. ..	1	2	1	..	..	..	..	8	5	..	..	..	5	22
Oatlands .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Penguin .. ..	..	..	1	..	..	..	..	..	..	..	..	..	12	3
Port Cygnet .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	2
Portland .. ..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
Queenstown .. ..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Richmond .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Ringarooma .. ..	..	..	1	..	..	..	..	..	..	..	..	..	1	2
Ross .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale .. ..	..	..	1	..	1	..	..	..	..	..	..	..	..	12
Sorell .. ..	..	..	..	..	..	..	..	1	..	..	..	..	1	2
Spring Bay .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
St. Leonards .. ..	..	1	..	..	..	..	..	..	..	..	..	12	1	4
Strahan .. ..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Tasman .. ..	..	..	..	..	..	..	..	..	..	12	..	..	..	12
Ulverstone .. ..	..	..	..	..	..	..	..	..	..	..	..	1	5	6
Waratah .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Westbury .. ..	..	1	..	..	..	..	..	..	..	..	..	..	1	12
Wynyard .. ..	..	1	..	..	..	..	..	1	..	..	..	..	1	3
Zeehan .. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	7
Outside Tasmania .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
TOTALS .. ..	9	46	21	1	1	9	5	36	25	4	1	51	164	374

TABLE 10.

RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year  
1958-59.

Month	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Polio-myelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Rubella	Bacillary Dysentery	Puerperal Fever	Glandular Fever	Tuberculosis	Total
July .. ..	..	1	3	..	..	..	12	17	1	..	..	1	8	39
August .. ..	..	12	..	..	..	..	..	..	1	..	..	12	12	23
September .. ..	1	12	..	..	..	..	1	3	6	..	..	9	11	33
October .. ..	..	4	12	..	..	4	12	3	3	1	..	20	19	58
November .. ..	..	3	..	1	..	12	..	3	..	..	..	3	22	36
December .. ..	12	12	3	..	..	..	..	1	..	1	..	1	15	25
January .. ..	3	12	12	..	..	1	..	1	5	..	1	2	16	33
February .. ..	..	4	..	..	..	1	..	..	..	..	..	4	13	24
March .. ..	1	2	3	..	..	1	..	..	12	..	..	1	8	18
April .. ..	..	5	12	..	..	1	..	1	..	..	..	4	18	31
May .. ..	..	7	6	..	1	..	..	3	1	..	..	1	11	30
June .. ..	12	4	..	..	..	..	..	12	..	12	..	3	11	24
TOTAL .. ..	9	46	21	1	1	10	5	36	25	4	1	51	164	374



TABLE 11.

RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1958-59.

Disease	Under 1 year	1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65 and over		Age Not stated		Total		Grand Total
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
Gonorrhoea	..	..	..	..	..	..	..	16	3	21	..	8	3	4	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	2	..	54	6	60
Tertiary Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	
Primary Syphilis	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Secondary Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Ophthalmia Neonatorum.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
TOTALS	..	..	..	..	..	..	..	16	3	21	..	9	3	4	..	1	..	2	..	..	..	..	..	..	..	1	..	2	..	55	8	63		

## STAFF.

Space does not permit me to detail a number of staff changes, nor to emphasise the need for the appointment of staff to keep pace with the expanding population of the State, which would have been mentioned in several of the appendices to this report had they been published. I have to thank every member of the staff of the division; each has contributed to the work of the year.

H. M. L. MURRAY, L.R.C.P.,  
L.R.C.S., L.R.F.P.S., D.P.H.

### Report of the Division of Tuberculosis for the Year Ended 30th June, 1959

It is pleasing to note that the decline in the number of new cases being discovered, evidenced in last year's report, is again shown in this year's figure. Seven fewer cases were reported than in the previous year, the total for this year being 160, compared with 167 for the year ended 30th June, 1958.

The 160 new cases have been classified as follows:—

Pulmonary tuberculosis	125
Primary pulmonary tuberculosis	4
Pleurisy with effusion	8
Tuberculous meningitis	3
Other non-pulmonary cases	20
<b>Total</b>	<b>160</b>

In five cases diagnosis was made as the result of post-mortem examination.

Of the 160 cases discovered, 17 were ex-members of the Defence Forces.

The number of pulmonary as compared with non-pulmonary discovered during the past six years is shown in the following table:—

TABLE 12.

Year	Pulm.	% of Total	Non-Pulm.	% of Total	Total Cases
30.6.54	164	81.2	39	18.8	203
30.6.55	152	80.4	37	19.6	189
30.6.56	180	87.8	25	12.2	205
30.6.57	179	86.9	27	13.1	206
30.6.58	139	83.2	28	16.8	167
30.6.59	137	85.6	23	14.4	160

The pulmonary cases form a slightly higher percentage than last year, but the figure is slightly below that of the two preceding years.

The following table shows the various age groups of cases notified and the percentage of the total for each age group:—

TABLE 13.

Age Group	No. of Cases.	Percentage of Total.
Under 15 years	11	6.9
15 to 24 years	34	21.2
25 to 34 years	30	18.8
35 to 44 years	25	15.7
45 to 54 years	26	16.2
55 to 64 years	18	11.2
65 to 70 years	8	5.0
Over 70 years	8	5.0
<b>Total</b>	<b>160</b>	<b>100.0</b>



The age group up to 24 years shows a slightly higher incidence this year, with a 6.3 drop in the ages 25 to 44. In the age group covering 45 to 64 years there has been an increase of 8.2 per cent on last year's figure. It is pleasing to note, however, that among the older people, that is those 65 years and over, the number of cases discovered has dropped by approximately 5.4 per cent.

Table 14 below shows the age, sex and form of disease of cases notified during the year.

TABLE 14.

Age Group	Males					Females					Totals				
	Min.	Mod. Adv.	Adv.	Non-Pulm.	Total	Min.	Mod. Adv.	Adv.	Non-Pulm.	Total	Min.	Mod. Adv.	Adv.	Non-Pulm.	Total
Under 15	1	1	.....	2	4	5	.....	2	.....	7	6	1	2	2	11
15 to 24	10	3	.....	1	14	9	8	.....	3	20	19	11	.....	4	34
25 to 34	7	6	1	3	17	5	3	.....	5	13	12	9	1	8	30
35 to 44	5	9	3	.....	17	1	3	.....	4	8	6	12	3	4	25
45 to 54	3	9	3	.....	15	2	8	.....	1	11	5	17	3	1	26
55 to 64	6	5	4	1	16	2	.....	.....	.....	2	8	5	4	1	18
65 to 70	.....	3	2	2	7	1	.....	.....	.....	1	1	3	2	2	8
Over 70	3	2	1	.....	6	.....	1	.....	1	2	3	3	1	1	8
Totals	35	38	14	9	96	25	23	2	14	64	60	61	16	23	160

Of the 137 new pulmonary cases discovered, 60, or approximately 44 per cent, were in the minimal stage, which is similar to the figure last year. However, there were 16 cases where the disease was stated to be in the advanced stage, which is slightly higher than the corresponding figure for the two preceding years.

Table 15 below gives the percentage of cases discovered in the various stages of the disease over the last six years.

TABLE 15.

Year	Minimal Cases	Moderately Advanced Cases	Advanced Cases	Total Cases (Pulmonary)
30.6.54	52=31.7%	90=54.9%	22=13.4%	164
30.6.55	52=34.2%	83=54.6%	17=11.2%	152
30.6.56	60=33.3%	98=54.4%	22=12.2%	180
30.6.57	70=39.1%	94=52.5%	15= 8.4%	179
30.6.58	61=43.9%	68=48.9%	10= 7.2%	139
30.6.59	60=43.8%	61=44.5%	16=11.7%	137

TABLE 16.

Year	Male % of Notification
30.6.54	52.0%
30.6.55	56.6%
30.6.56	60.5%
30.6.57	58.2%
30.6.58	64.7%
30.6.59	60.0%

TABLE 17.

## MARITAL STATUS OF NOTIFIED CASES.

Married persons	79
Single persons	70
Widow or widower	7
Separated persons	3
Divorced persons	1
	160

TABLE 18.

## SOURCE OF NOTIFICATION.

Private physicians	18
Chest clinics	19
Public hospitals	52
Mass X-ray survey	71
	160

The 71 cases discovered per medium of the Mass X-ray Survey represents 51 per cent of the pulmonary cases notified during the year, and again emphasises the value of the mass X-ray as a case-finding medium.

In support of X-ray and clinical findings, diagnosis was confirmed by sputum results in 39 cases, in 32 cases the results were not to hand at time of notification. In 76 cases no information as to bacteriological examinations was given.

TABLE 19.

## SUPERVISION OF CASES.

Of the 137 pulmonary cases, 103 were considered to require hospitalisation. Admissions were effected as follows:—

Tasmanian Chest Hospital	61
Northern Chest Hospital	35
Repatriation Gen. Hospital	7
	103

There were also four non-pulmonary cases hospitalised at the Tasmanian Chest Hospital.

Table 20 below shows the distribution of cases throughout the municipalities of the State.



TABLE 20.  
1958-59.

Municipality	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	Total
Beaconsfield .. .. .	..	..	..	2	1	..	..	..	..	..	..	..	3
Bothwell .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
Bruny .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	1
Burnie .. .. .	..	..	..	..	..	3	2	..	2	..	1	1	9
Campbell Town .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Circular Head .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Clarence .. .. .	..	..	1	..	1	..	1	1	1	2	..	1	8
Deloraine .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	1
Devonport .. .. .	..	..	..	3	..	..	1	1	..	1	..	..	6
Esperance .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Evandale .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	1
Fingal .. .. .	1	..	..	..	..	..	..	..	..	..	..	2	3
Flinders .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	1
George Town .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	1
Glamorgan .. .. .	..	..	..	..	..	..	..	..	..	4	..	..	4
Glenorchy .. .. .	..	2	1	4	1	1	2	2	1	..	1	..	15
Gormanston .. .. .	1	..	..	1	1	1	..	..	..	..	..	..	4
Green Ponds .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Hamilton .. .. .	1	..	..	1	..	1	..	2	..	2	1	1	9
Hobart .. .. .	2	6	2	1	5	2	1	1	1	3	5	3	32
Huon .. .. .	..	1	..	..	..	..	..	1	..	..	1	..	3
Kentish .. .. .	1	..	..	1	..	..	..	..	..	..	..	..	2
Kingborough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
King Island .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	1
Latrobe .. .. .	..	..	1	..	..	..	1	1	..	..	..	..	3
Launceston .. .. .	1	..	..	4	3	1	2	2	..	1	..	3	17
Lilydale .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Longford .. .. .	..	..	1	1	..	..	..	..	..	..	..	..	2
New Norfolk .. .. .	..	1	..	..	2	..	1	..	..	..	..	1	5
Oatlands .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Penguin .. .. .	1	..	..	..	..	1	..	..	..	..	..	..	2
Port Cygnet .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Portland .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Queenstown .. .. .	..	..	..	..	1	..	..	..	..	1	1	1	4
Richmond .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ringarooma .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	1
Ross .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Scottsdale .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Sorell .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	1
Spring Bay .. .. .	..	..	..	..	..	1	..	..	..	..	..	..	1
St. Leonards .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	1
Strahan .. .. .	..	1	1	..	1	..	..	..	..	..	1	..	4
Table Cape (Wynyard) .. .. .	..	..	..	..	..	..	..	..	1	..	..	..	1
Tasman .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone (Leven) .. .. .	..	..	..	..	2	2	..	..	..	1	..	..	5
Waratah .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	1
Zeehan .. .. .	..	..	2	..	..	2	2	..	1	..	..	..	7
Totals .. .. .	8	11	11	18	21	15	15	12	7	18	11	13	160
Pulmonary Total .. .. .	8	9	10	16	18	14	14	7	6	15	9	11	137
Non-Pulmonary Total .. .. .	..	2	1	2	3	1	1	5	1	3	2	2	23

## OCCUPATIONS.

On the female side the greater number of notifications comes from persons occupied with home duties. This is to be expected as the bulk of the female cases come within the marriageable age group. The next highest classified group is the pensioner, there being 14 in this category, followed by clerical workers 13, students 11, building trades 10, labourers 9, mining 7, lorry or bus drivers 5, farmers 5, and food trades 5. Other occupations mentioned are domestics, nursing, shop assistants, timber workers, mechanical trades, waterside workers, &c.

## DEATHS.

During the year there were fifty names removed from the State Tuberculosis Register on account of death. However, in 29 instances the disease was known to be inactive at the time of death.

Deaths among persons in the 65 years and over age group represent 33.3 per cent of the total tuberculosis deaths for the year.

The age and sex of the 21 deaths due to tuberculosis is given in Table 21 below.

TABLE 21.

Age	Males	Females	Total
Under 15 years .. .. .	..	1	1
15 to 24 years .. .. .	..	2	2
25 to 34 years .. .. .	..	1	1
35 to 44 years .. .. .	5	2	7
45 to 54 years .. .. .	1	1	2
55 to 64 years .. .. .	1	..	1
65 years and over .. .. .	6	1	7
Totals .. .. .	13	8	21

## TUBERCULOSIS AMONG IMMIGRANTS.

During the year 19 new settlers were notified as suffering from tuberculosis. Of these 16 were pulmonary and three non-pulmonary. The birthplaces of these patients were: Italy 5, Great Britain 4, Poland 2, Latvia 2, and one each from Czechoslovakia, Indo-China, Holland, Hungary, Germany and Yugoslavia. In one instance diagnosis was as a result of post-mortem examination.



## TUBERCULOSIS ALLOWANCE PAYMENTS.

There were 164 persons in receipt of tuberculosis allowance at the beginning of the year, and during the year a further 143 claims were received. Of these 19 were rejected, seven pending, and 121 granted (including four transferred from other States). Cancellations effected during the year totalled 125, leaving 160 current at the completion of the year, being a decrease of four. In 84 cases the cancellation was on medical grounds, the patient having sufficiently improved to enable him/her to resume employment. Death of patient resulted in 17 cancellations. In nine other cases the improved financial position of the pensioner necessitated cancellation.

## STATE TUBERCULOSIS REGISTER.

	Pulm.	Non-Pulm.	Repat. Cases Pulm. & Non-Pulm.	Total
Registrations at 30.6.58	1,869	325	521	2,715
New Notifications—1.7.58 to 30.6.59	122	21	17	160
<b>Total at 30.6.59</b>	<b>1,991</b>	<b>346</b>	<b>538</b>	<b>2,875</b>
Plus Transfers from other States	10			10
	2,001	346	538	2,885
<b>Less—</b>				
Deceased	38	1	11	50
	1,963	345	527	2,835
Transferred to other States	20			20
	1,943	345	527	2,815
Revoked Diagnosis	3	1	1	5
	1,940	344	526	2,810
Transferred from non-pulmonary to pulmonary Register	+2	-2		
<b>Total Registration at 30.6.59</b>	<b>1,942</b>	<b>342</b>	<b>526</b>	<b>2,810</b>

## PULMONARY CASES ACTIVE REGISTER.

Total at 30.6.58	328
New cases to 30.6.59	122
Transferred from Inactive Register	20
	470
<b>Less—</b>	
Deceased	26
Transferred to other States	10
Diagnosis revoked	3
Transferred to Inactive Register	149
	188
<b>Total at 30.6.59</b>	<b>282</b>

## CLINICAL STATUS.

Active	164
Arrested	118
	282

## PULMONARY CASES INACTIVE REGISTER.

Total at 30.6.58	1,541
Transferred from Active Register	149
Transferred from other States	7
Transferred from Overseas	3
Transferred from Non-Pulm. Register	2
	1,702
<b>Less—</b>	
Deceased	13
Transferred to Active Register	20
Transferred to other States	10
	43
<b>Total at 30.6.59</b>	<b>1,659</b>

## NON-PULMONARY CASES REGISTER.

Total at 30.6.58	325
New cases notified to 30.6.59	21
	346
<b>Less—</b>	
Deceased	1
Diagnosis revoked	1
Transferred to Pulmonary Register	2
	4
<b>Total at 30.6.59</b>	<b>342</b>

## REPATRIATION CASES PULMONARY AND NON-PULMONARY.

Total at 30.6.58	521
New cases registered to 30.6.59	17
	538
<b>Less—</b>	
Deceased	12
Diagnosis revoked	1
	13
<b>Total at 30.6.59</b>	<b>525</b>



## 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 .....	29	10	9	10
Cases referred from mass survey for investigation .....	115	35	10	23
Cases referred by private medical practitioners .....	69	17	26	19
Contacts registered at chest clinics .....	360	237	76	104
Total new cases registered .....	573	299	121	156
Total attendances .....	5,805	5,693	1,233	1,209

## EPIDEMIOLOGICAL SURVEYS.

Report on School Mantoux Test Surveys Year Ended 30th June, 1959:—

Schools	Tested	Negative	" Naturally "	Positive	By B.C.G.	Not Checked
10	5,190	4,994	127		31	38

TABLE 23.

## MASS X-RAY.

	Hobart	Launceston	Mobile	Total
Total number of micro films .....	47,124	25,263	47,331	119,718
Total number of large films required .....	542	323	693	1,558
Total number of large films taken .....	1,004	332	950	2,286
(a) Normal .....	635	246	634	1,515
(b) Abnormal—				
(i) Probably tuberculosis .....	228	59	218	505
(ii) Probably non-tuberculosis .....	134	26	90	250
(iii) Cardiac .....	7	1	8	16
(c) Referred for further investigation to—				
(i) Chest clinic .....	144	16	116	276
(ii) Private practitioner .....	105	40	111	256
(d) Films not requiring further attention and others pending .....	157	44	133	334
Diagnosis made—				
(a) Active tuberculosis .....	Minimal 35	Moderately Advanced 27	Advanced 9	Total 71
(b) Inactive tuberculosis .....	Hobart 50	Launceston 11	Mobile 25	Total 86
(c) Still under observation .....	205	41	175	421

TABLE 24.

Statement showing the number of persons X-rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospitals X-ray units from the date of commencement until the 30th June, 1959:—

	Hobart Unit	Mobile No. 1 Unit	Mobile No. 2 Unit	Royal Hospital Unit	Launceston X-Ray Unit
Prior to 1955 .....	254,324	257,416	5,162	3,359	70,204
1955 .....	35,158	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
1959 .....	40,416	45,638	1,693	6,708	25,263

## TOTAL X-RAYED SINCE INCEPTION OF CAMPAIGN.

Hobart .....	442,952
Mobile No. 1 .....	472,983
Mobile No. 2 .....	32,067
R.H.H. Unit .....	48,812
Launceston Unit .....	189,686
	<u>1,186,500</u>

## TOTAL X-RAYED 1958-59.

Hobart .....	40,416
Mobile No. 1 .....	45,638
Mobile No. 2 .....	1,693
R.H.H. Unit .....	6,708
Launceston Unit .....	25,263
	<u>119,718</u>

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



## Report of the Division of Mental Health for the Year Ended 30th June, 1959

In last year's report is to be found a full account of the structure and functions of the Division of Mental Health, together with reports on the personnel situation, accommodation, extra-mural clinical services, and plans for the future.

This ground will not be covered again in the present report, which should be read as a supplement to the 1957-58 report.

During the past year there has been a number of events and changes which are the subject of comment below.

### PERSONNEL.

#### (a) MEDICAL.

##### 1. Headquarters Staff.

The position of Psychiatrist, vacated by Dr. Moynagh in April, 1958, is still vacant. A psychiatrist from overseas has been nominated for the position but it seems unlikely that he will begin duty before Christmas.

This means that the Director of Mental Health has had to carry almost the whole outpatient clinical load for the southern half of the State, except for two outpatient sessions a week at the Royal Hobart Hospital staffed from New Norfolk.

Moreover, the recent resignation of the Psychiatrist to the Launceston General Hospital will mean that the Director of Mental Health will have to make regular visits to centres in the north to provide a consultative service in that area.

It is, of course, quite impossible to more than touch the fringe of the cases requiring psychiatric attention, and psychotherapy is out of the question.

On the other hand, new positions have been created and are to be advertised. There are now two vacant positions for psychiatrists at Launceston and one at Burnie, all three within the Public Service.

In addition, a half-time psychiatrist is to be employed outside the Public Service to assist with clinical work at headquarters. He is to commence duty early in the new financial year.

##### 2. Lachlan Park Hospital.

The Medical Superintendent remains the only permanent Public Service Medical Officer at this 800-bed hospital. He continues to be assisted by two temporary medical officers, but now has, in addition, the aid of a psychiatrist appointed outside the Public Service. A second non-Public Service psychiatrist is due next November from the United Kingdom.

The two vacant positions of medical officer have been advertised and there have been applicants. It is hoped that these positions will be filled in the coming year.

Efforts to have the position of Deputy Medical Superintendent upgraded to the salary level of psychiatrists on the headquarters strength have been unsuccessful and the position has not been advertised.

The medical staffing of this hospital still remains grossly inadequate to meet even the minimum needs of patients.

##### 3. Millbrook Psychopathic Hospital.

This hospital is for the treatment of neurosis and early psychosis and is adequately staffed only because of the small number of patients. There is one full-time psychiatrist, and the average number of patients at any one time is about 20—a reasonable ratio for this type of patient. But Millbrook is a 50-bed hospital and it is not being utilized properly when it is more than half empty most of the time. A review of the functions of Millbrook is under consideration.

#### (b) PSYCHOLOGICAL.

The year began with a full complement of three psychologists on the headquarters strength. Two of them resigned during the year, including the Senior Psychologist, Miss L. J. Martin, who was supremely competent, not only in the field of clinical psychology, but also in the fields of administration and health education.

The position of psychologist at the Lachlan Park Hospital has remained vacant.

The vacant positions have been advertised and it is hoped that they will be filled in the coming year.

#### (c) PSYCHIATRIC SOCIAL WORKERS.

During the year we lost a psychiatric social worker from headquarters strength and gained a psychiatric social worker on the strength of the Lachlan Park Hospital.

In addition, a temporary (married) psychiatric social worker was employed first at headquarters and then transferred to a newly-created position at Launceston. The Lachlan Park Hospital psychiatric social worker subsequently transferred to the Hobart vacancy. There is now a vacancy at the Lachlan Park Hospital.

#### (d) FIELD OFFICER.

A new position has been created to cope with welfare work in connection with certified mental defectives.

#### (e) ADMINISTRATIVE.

The Division was most unfortunate in that almost the whole of the administrative staff resigned or transferred to other positions during the year. The disorganization caused by this led to several detention orders under the Mental Deficiency Act and the Sexual Offences Act lapsing because of failures in administrative procedures under these Acts.

#### (f) GENERAL COMMENTS.

The Division is handicapped in obtaining suitable professional staff by the following factors:—

- (i) Inadequate salaries in many cases;
- (ii) Professional isolation in some cases;
- (iii) Social isolation of professional staff at New Norfolk;
- (iv) Geographical isolation and cold climate;
- (v) Lack of facilities for post-graduate training—lack of a medical school;
- (vi) Markedly lower salaries for female officers doing exactly the same professional work as males.



Until adequate compensation can be offered to offset the above disabilities it seems unlikely that patients with mental disorders will be able to obtain the standard of medical treatment regarded as necessary in a Western culture.

#### ACTIVITIES.

Professional services have had to be reduced still further because of the depletion of the headquarters professional staff.

Several breakdowns in the administration of the Mental Deficiency Act and the Sexual Offences Act have occurred for reasons mentioned above.

#### ACCOMMODATION.

##### *Headquarters.*

Accommodation is adequate only because of shortage of professional staff. If the professional officers were at full strength the accommodation would be inadequate.

##### *Lachlan Park Hospital.*

Seven new wards are now occupied and several of the old wards have been vacated. Some of the vacated wards are being used for other purposes, e.g. for schooling, for a patients' club, for occupational therapy, &c.

##### *Millbrook Rise.*

The patient accommodation is not being fully utilised. The function of Millbrook Rise is at present under reconsideration with a view to rectifying this position.

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

The size of the institution has been increased by the transfer of "G" Ward from the Mental Hospital to the Government Institution for Defectives. Also, two maximum security wards have been proclaimed part of the Government Institution for Defectives, as well as of the Mental Hospital. This is a temporary expedient to provide maximum security for defectives with criminal records pending the construction of detention wards at the new mental hospital.

##### *Government Institution for Defectives, "Nelumie", Launceston.*

This hostel-type institution has continued to fulfil a valuable function in the rehabilitation of female defectives. The accommodation is adequate.

##### *General Comment.*

Greatly improved living conditions for staff at the Lachlan Park Hospital have resulted from the opening of new wards.

Three-quarters of all admissions to the Lachlan Park Hospital are now voluntary patients, and the improved accommodation is no doubt in part responsible for this.

#### PLANNING.

Early in the year the Director of Mental Health, the Senior Psychologist, and the Senior Psychiatric Social Worker held a number of conferences to plan a comprehensive mental health service to the community. A "Five-Year Plan" was prepared which, if implemented, will provide an adequate psychiatric service to all sections of the community and to all areas. It is based on principles enunciated by the World Health Organization, on the best psychiatric practices observed overseas, and on the special geographical and cultural patterns in Tasmania.

Its implementation would require a greatly increased number of professional officers, based on the psychiatric hospitals at New Norfolk and on general hospitals throughout the State. By providing better psychiatric treatment at local centres many patients would be spared from certification and it is likely that the number of mental hospital beds needed at New Norfolk would be reduced.

The plan has been submitted for Ministerial approval.

Attached are reports of the Medical Superintendent, Lachlan Park Hospital, and the Senior Psychiatric Social Worker, together with statistical tables.

J. R. V. FOXTON,

Director of Mental Health.

#### REPORT OF MENTAL DEFICIENCY BOARD TO THE MINISTER FOR HEALTH IN RESPECT OF THE YEAR ENDED 30TH JUNE, 1959.

Sir,

I have the honour to present the report of the Mental Deficiency Board for the year ended 30th June, 1959.

The Board met on 13 occasions. Attendance at meetings was as follows:—

Dr. J. R. V. Foxton, 10/13; Professor J. A. Cardno, 11/13; Dr. A. W. le Souef, 13/13; Mr. R. W. McCulloch, 9/13; Miss L. J. Martin, 10/10; Miss P. J. Lockley, 1/1.

Meetings were held normally in Hobart, but meetings were also held, as indicated, in the following institutions, which were in each case inspected:—

Government Institution for Defectives, New Norfolk (2); Government Institution for Defectives, St. John's Park (1); Government Institution for Defectives, Nelumie (1).

The year began with 322 defectives under the Board's control and ended with 351, a gain of 29.

The greatest need continues to be for a male "hostel" type institution to assist in the rehabilitation of suitable male defectives.

A new building is under construction at the Government Institution for Defectives at St. John's Park and it is hoped that with its completion St. John's Park will be able to provide hostel-type accommodation for this purpose.

The rebuilding programme at the Lachlan Park Hospital has enabled "G" Ward to be added to the Government Institution for Defectives, New Norfolk. In addition, "C" ward and "I" ward have been proclaimed part of the Government Institution for Defectives, New Norfolk, whilst remaining also as parts of the Mental Hospital. These two wards are security wards and the arrangement is a temporary one pending the building of new security wards for the mental hospital.

Whilst it cannot be regarded as a wholly satisfactory arrangement, it does fill the long-felt need for the secure detention of persistent escapees.

The Board's business and the administration of the Board's institutions continue to be carried out by the Mental Health Division of the Department of Health Services. The majority of the Board's officers are officers of the Division of Mental Health.



During the year the Board has been unfortunate in losing one of its members, Miss L. J. Martin, B.A., M.P.H., Senior Psychologist to the Division of Mental Health, who had also been the Board's secretary for a number of years. The Board also lost the services of several other officers, namely, the Secretary (Mr. D. N. Keep), the Assistant Secretary (Mr. R. J. Cretney), and one of its Psychiatric Social Workers (Mrs. E. Kelly). These officers have been replaced respectively by Miss P. J. Lockley, Senior Psychiatric Social Worker, Mr. P. Campbell, Mr. Knox, and Miss P. L. Lamont. An additional psychiatric social worker (Mrs. A. Hudspeth) was appointed during the year with headquarters in Launceston.

A new position of Field Officer has been created within the Division of Mental Health for the purpose of acting as welfare officer for male mental defectives and so relieving the psychiatric social work staff of much routine work of a non-professional character. The position is yet to be filled. We believe that the appointment of additional welfare officers or field officers is necessary because the greater part of the work of the four psychiatric social workers employed by the Division of Mental Health is on case work with mental defectives, which could be carried out by less highly-trained personnel. The Director of Mental Health has indicated that he considers that case work with mental defectives takes up a disproportionate amount of the time of these officers.

Below are listed the various officers of the Board, and the list of approved examiners:—

*Officers of the Board (Section 47).*

Mr. W. W. Pitty.  
Mrs. J. A. M. King.  
Miss P. L. Lamont.  
Mrs. A. K. Hudspeth.

*Approved Examiners (Section 49).*

Dr. D. M. Anderson.  
Miss L. J. Martin.  
Dr. H. B. Gibson.  
Professor J. A. Cardno.  
Dr. A. W. le Souef.  
Dr. C. I. A. Williams.  
Dr. J. V. McGrath.  
Dr. A. M. Marshall.  
Mr. W. W. Pitty.  
Dr. Wilma Scott.

I have the honour to be your obedient servant,  
J. R. V. FOXTON, Chairman.

**PSYCHIATRIC SOCIAL WORK SECTION.**

The strength of the psychiatric social work section has increased by one during the past financial year, but the full effect of the team of four will not be felt until next year. In December, 1958, one psychiatric social worker transferred to the Marriage Guidance Council in Adelaide, and her place was immediately taken by a newly arrived worker from England. A fortnight later the recently-established position at Lachlan Park was filled by a psychiatric social worker from Scotland. In May, 1959, a position for a psychiatric social worker in the Division's northern office was created and this was staffed by a worker from the Hobart office, leaving one position vacant

there. With these staff movements and changes and the period needed for orientation of workers from the United Kingdom, the caseload carried by new workers had not reached its maximum by the end of the financial year. However, the benefit of having an officer stationed in Launceston has been amply demonstrated.

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

Work on the North-West Coast has been continued, but it has not been possible to pay such frequent visits to this district, since three of the present group of psychiatric social workers did not hold drivers' licences at the time of this report. Other districts have been visited from time to time.

Meetings of the Official Visitors at Lachlan Park Hospital and of the Lachlan Park Auxiliary have been attended by a psychiatric social worker.

The patients' club at Lachlan Park Hospital, commenced in the year 1957-58, has developed considerably during the past year and this has been possible largely because a psychiatric social worker was employed full-time at the institution. From being a club of some 10 or 12 women, it has grown into a mixed club for between 30 and 40 patients, governed by a committee elected from the membership. A constitution has been drawn up and approved by the Medical Superintendent. A room in "F" Ward has been made available as a clubroom. A Commonwealth Fund which assists new ventures has made finance available for equipment such as radiogram and records, piano, billiard table, radiators, and crockery. Visitors from Hobart and New Norfolk have provided talks and pictures from time to time. The psychiatric social worker in charge of the club notes a developing group spirit and the beginning of socialization of some withdrawn patients.

Again, contributions have been made to community education through talks to groups, participation in panel discussions, and supervision of Marriage Guidance Counsellors.

P. J. LOCKLEY,

Senior Psychiatric Social Worker.

**ANNUAL STATISTICS: DIVISION OF MENTAL HEALTH, 1958-59.**

TABLE 25.

**STATE PSYCHOLOGICAL CLINIC.**

*Psychological Examinations and Therapeutic Sessions.*

Place	Number of Attendances
Hobart	611
Launceston	70
New Norfolk	65
Devonport	22
Burnie	21
Waratah	4
Smithton	15
Queenstown	18
Ashley Home for Boys and Wybra	
Hall	110
Other	3
	939
Psychiatric Examinations and Therapeutic Sessions	361
Total attendances	1,300



TABLE 26.  
STATE PSYCHOLOGICAL CLINIC.  
New Cases Only.

	Male	Female	Total
Psychological Examinations .....	156	108	264
Psychiatric Examinations .....	87	27	114
Total new cases seen .....	—	—	313
Included in the above are—			
Referrals by goal, court, police, &c. ....	61	20	81
Referrals by Ashley and Wybra	33	—	33
Ascertained certifiable under Mental Deficiency Act .....	47	8	55

The above figures refer to the primary examination only. Many cases were seen first by a psychologist and later by a psychiatrist.

TABLE 27.  
MENTAL DEFICIENCY BOARD.

Showing number of certified mental defectives under the control of the Board and how they are placed.

	Male	Female	Total
Government institutions for defectives .....	137	52	189
Other institutions .....	—	48	48
In the community—			
(a) Under guardianship .....	53	38	91
(b) Under supervision .....	11	12	23
	201	150	351

TABLE 28.  
OUTPATIENT DEPARTMENT PSYCHIATRIC CLINICS.  
Royal Hobart Hospital

	Number of Attendances
Dr. Foxton .....	282
Dr. Williams .....	368
Dr. Anderson .....	277
	927

TABLE 29. PSYCHIATRIC SOCIAL WORK SECTION.	
Number of cases on which work undertaken .....	675
Number of homes visited .....	312
Number of patients visited in institutions .....	94
Number of home visits .....	442
Number of other visits in connection with cases .....	176
Number of office interviews with patients, relatives and others .....	999
Number of other interviews, casework contacts, &c., with patients, relatives, and others .....	934
Number of cases on which contact was made with outside agencies, individuals, &c. ....	321
Number of cases on which one or more relatives interviewed .....	406
Number of visits paid, interviews conducted, &c., outside base towns .....	591
Number of visits to Lachlan Park, Millbrook Rise and Lachlan Park Auxiliary .....	14
Number of clinics attended at Royal Hobart Hospital .....	47

*Work Specifically Relating to Mental Defectives.*  
(Extracted from above figures.)

Number of home visits .....	189
Number of other visits in connection with cases .....	93
Number of office interviews with patients, relatives and others .....	197
Number of other interviews, casework contacts, &c., with patients, relatives and others .....	263

REPORT OF LACHLAN PARK HOSPITAL,  
NEW NORFOLK, FOR THE YEAR ENDED  
30TH JUNE, 1959.

As formerly, I intend dividing this report into two parts, the first part of a general nature, and the second part pertaining to those more particular items which are pertinent.

PART I.

This part is in the fortunate nature of being a progress report for the following reasons: Over the past year we have occupied a further five new wards in the new hospital site, thus giving us a total of seven, two of which are occupied by males and the remainder by females. The effect on the patients by change of environment has been most gratifying. Three of the old female wards have been closed down.

The development of outpatient treatments in the hospital has been considerably extended over the past twelve months and there are now in attendance at what might be called a clinic in the hospital, approximately one dozen patients. The idea of this is to prevent admission to hospital for these patients if at all possible.

Generally speaking, progress throughout the hospital has been maintained at a fairly high level throughout the year and we are now beginning to see our way clear in so far as the future is concerned and with the erection of the new nurses' home, which has now commenced, we shall feel that a further milestone has been passed.

At present we are rather better off than we were a year ago in relation to numbers of medical officers and psychiatrists. We have now got another full-time psychiatrist, giving us a present total of four medical staff, including myself. With the arrival in the immediate future of another psychiatrist from England and in the not too distant future of a medical officer from the same source, we shall be then in a happier position than ever before, to give the patients the treatment they need.

A further development over the past year has been the establishment of a Retarded Children's Centre, which originated under the name of "The Helping Hand Centre". We are deeply indebted to the Retarded Children's Welfare Association and to the Education Department for the parts they have played in establishing this centre, which is now flourishing and producing excellent results.

PART II.

*Future Requirements.*

1. More trained nursing staff, especially on the female side. Our present treatment of patients has been seriously handicapped by shortage of staff in this respect.

2. In relation to the new nurses' home, it would appear essential that a fifth floor be built on the present structure, in order to accommodate such people as physiotherapists, psychiatric social workers, occupational therapists, and a hostess for the nurses' home. With the present planning we cannot accommodate these classifications.

3. More medical staff. We urgently need in this hospital at least four fully-qualified psychiatrists and four general duty medical officers. This sounds a lot unless one bears in mind that one patient may require anything up to two hours, two or three times per week for interview.

4. At present we have a new training school with a fully-qualified tutor who is grossly overworked. He needs an assistant and he needs one badly.

5. The services engineer is also overworked and he needs an assistant. Two hundred and twenty-six hours overtime (unpaid) in any one year is too much for any man to cope with if he is going to remain at the peak of his efficiency.



6. For an 800-bed hospital we have at present the following list of artisans: Electricians 2 (3), carpenters 3 (5), painters 4 (6), plumbers 3 (5), bootmakers 2 (3), bricklayers 2 (3), upholsterer 1 (4), mechanic 1 (2), fitters 2 (3), groundsmen 6 (10), woodyard attendants 3 (3), boiler attendants 5 (5).

The respective numbers should read as set out in the second figure in brackets for each trade.

7. Greater number and better qualified office staff are required to cope with an ever-increasing volume of work.

8. A dry-cleaning expert is also urgently required for our dry-cleaning department.

## COMMENT.

### 1. Boiler-House.

A new system of automatic feeding for the boilers is now being introduced which will eliminate hand firing. This will be more efficient, more economical, and make the conditions of service for the boiler attendants very much more pleasant, by eliminating dust and dirt and giving them hygienic surroundings in which to work.

At present a third boiler is in the process of being installed. A fourth boiler has been allotted to us and this will occupy a site adjacent to the boiler house with its own separate smoke stack. The question of supplying steam to the buildings left on the old site will be debated at a later date. All in all, we shall end up with a very efficient power plant capable of producing all the steam we are ever likely to require.

### 2. Laundry.

A considerable amount of work has been done in the laundry in the carrying out of major changes in the way of installation of new machinery and re-organization of the old.

New items of equipment include a multiroller ironer which is capable of taking up to 800 sheets per hour. A shirt ironing machine is now installed, which means that, for the first time in the history of the hospital, patients will be able to wear ironed shirts when they are returned from the laundry.

Several other items of equipment in the laundry require attention and work is still proceeding apace. One particular item of interest is the installation of a sewing room for repairs to clothing before it is laundered. This is now almost completed and will be ready for use in the very near future.

### 3. Kitchen.

The standard of food in the hospital has risen over the past year. The old institutional idea of unattractive meals on an enamel plate with mug and spoon on a bare table is fast going by the board. In the new wards and in several of the old wards too, it would be difficult to tell the difference between a first-class restaurant and the hospital dining room in relation to table management.

The food is adequate and we have had no serious epidemics of any description among the patient population throughout the year.

This new approach has not resulted in an increase in the overall cost of accommodating a patient. In fact, there has been a very slight reduction of 1.68 pence per head per day. This is a reflection on our administrative economy which

has been reviewed and amended where at all possible, in order to avoid wastage and to make sure that food, &c., purchased is actually consumed by the patient.

### 4. Artisans' Workshops.

The artisans' workshops at present are, like the store, or rather, stores, inadequate. The sooner the new planned artisans' workshop is built alongside the old one, the happier everyone will be. At present our plumbers cannot find space in the new workshops nor can the upholsterer find suitable accommodation there. Storage is a major problem and space for this should be provided as early as possible.

### 5. Hospital Stores.

The position here is still exactly as it was a year ago, the new store still being inadequate both as to size and shape. It is still only capable of holding our food supplies and, therefore, we still use the old store located in the old area. This means that we have to operate two stores approximately one mile apart, making administrative tasks difficult. It is recommended that a second store be constructed in or near the present store.

We now have a fairly adequate complement of store staff, having been promised a fourth junior member in the immediate future.

In relation to storage, I would mention here that petrol tanks should be situated as near to such a central point as the new hospital store as possible.

### 6. Telephones.

We are now in the happy position of having solved most of our problems in relation to telephones with the installation and efficient working of the new PABX system, which is in continuous operation, day and night.

## SUGGESTIONS.

1. In view of the fact that hospital treatment from the nursing point of view is being radically altered in so far as much greater responsibility is being thrust upon those members of the staff who are willing and able to accept such responsibility, it has been found necessary during the past year to deviate somewhat from our previously rather rigid duty roster system. This has been done in order that any one given male or female nurse may be free to devote his or her time completely for three days per week to three different patients. This entails a breaking away from the old system of Charge Nurses being in charge of one particular division or ward as opposed to being in charge of one particular patient or group of patients. This system does not entail the payment of over-time and the nursing staff are happy to work under these conditions.

In order to further facilitate such treatments by members of the nursing staff, I would like to be in the position to give them special status over those who are not qualified or prepared to engage in similar activities.

I would also like to be in a position to dispense with the services of any employee who is unsatisfactory, even though he or she may be on the permanent staff. I feel that this object could best be achieved and the interests of the employee still be adequately safeguarded, by leaving the Public Service Act out of the picture and forming a hospital board under the direct administration of the Health Department with our permanent head as chief and a final court of appeal as the Minister for Health.



2. My second suggestion is that the original idea of supplying free transport passes to members of the nursing staff on so many days per week between here and Hobart be considered, in order to overcome to some extent the isolation which they may feel subject to in New Norfolk.

#### SUMMARY.

An account of the activities of Lachlan Park Hospital has been given, covering the past twelve months. Overall progress has been made, although much still requires to be achieved.

Treatment for patients must be stepped up 100-fold over the next twelve months. Outpatient treatment must be continued and encouraged.

#### CONCLUSION.

I regret that we have lost the services of the Hospital Supervisor, Mr. J. C. Ackers, during the past year, after faithful service to the hospital for

approximately 23 years. His place, we hope, will be taken by our chief male nurse, Mr. J. Murrison.

My thanks are due to the hospital staff and particularly to the Hospital Secretary, the Services Engineer and their subordinates for the efforts they have put in to developing this hospital at its present rate and against such odds. My thanks are also due to the Director-General of Health Services and the Director of Mental Health for their vital co-operation with us over the past year. Also, to the Hospital Auxiliaries, particularly the Lachlan Park Auxiliary and the Retarded Children's Welfare Association, together with the Red Cross, for their great help in alleviating the suffering of the mentally and physically ill.

D. M. ANDERSON, Medical Superintendent.

TABLE 30.

*Table Showing Admissions, Re-Admissions, Discharges and Deaths during the Year 1958-59.*

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1958 .. .. .	..	..	..	382	375	757
Admitted for first time .. .. .	140	138	278	..	..	..
Re-admitted .. .. .	50	57	112	..	..	..
Returned from trial leave .. .. .	33	77	110	..	..	..
Total admitted and returned .. .. .	..	..	..	223	272	495
Total under care during year .. .. .	..	..	..	605	647	1,252
Discharged from Hospital .. .. .	123	88	211	..	..	..
Proceeded on trial leave .. .. .	71	121	192	..	..	..
Died .. .. .	29	40	69	..	..	..
Total off Records .. .. .	..	..	..	223	249	472
Remaining in Hospital on 30/6/59 .. .. .	..	..	..	382	398	780

TABLE 31.

*Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1958-59.*

	Males	Females	Total	Males	Females	Total
On trial leave on 30th June, 1959 .. .. .	..	..	..	48	83	131
Proceeding on trial leave during year .. .. .	..	..	..	70	120	190
Total on trial leave during year .. .. .	..	..	..	118	203	321
Returned to Hospital from trial leave during year .. .. .	34	77	111	..	..	..
Discharged from trial leave during year .. .. .	37	55	92	..	..	..
Died whilst on trial leave during year .. .. .	2	1	3	..	..	..
Total loss .. .. .	..	..	..	73	133	206
Remaining on trial leave on 30/6/59 .. .. .	..	..	..	45	70	115



TABLE 32.

*Table Showing Manner in which Patients were Admitted during the year 1958-59.*

How Admitted	Males	Females	Total
Private Order .. .. .	40	74	114
Justice's Order .. .. .	5	5	10
Magistrate's Order .. .. .	4	..	4
Voluntary Boarders .. .. .	135	115	250
Governor's Warrant .. .. .	3	..	3
Section 13—Mental Hospitals Act .. .. .	1	1	2
Inebriates Hospital Act .. .. .	2	..	2
Returned from trial leave .. .. .	33	77	110
Total admissions and returned for year 1958-59 .. .. .	223	272	495
First admission .. .. .	142	138	280
Second admission .. .. .	28	28	56
Third admission .. .. .	8	11	19
Fourth admission .. .. .	5	8	13
Fifth admission and over .. .. .	7	10	17
Returned from trial leave .. .. .	33	77	110
	223	272	495

TABLE 33.

*Table Showing form of Mental Disorder on Admission During 1958-59 and the form of Mental Disorder of Patients in Hospital on 30th June, 1959.*

Form of Mental Disorder	ADMISSIONS			REMAINING IN HOSPITAL		
	Males	Females	Total	Males	Females	Total
<i>A. Congenital Mental Deficiency</i>						
1. With Epilepsy .. .. .	10	13	23	38	38	76
2. Without Epilepsy .. .. .	14	11	25	96	109	205
3. With Schizophrenia .. .. .	2	3	5	24	17	41
<i>B. Dementias</i>						
1. Senile .. .. .	13	32	45	15	29	44
2. Pre-senile .. .. .	1	1	2	4	3	7
3. Secondary or Terminal .. .. .	..	1	1	6	5	11
4. Arteriosclerosis .. .. .	..	6	6	2	2	4
<i>C. Organic Psychosis</i>						
1. Gross Brain Lesion .. .. .	2	..	2	..	..	..
2. Dementia Paralytica .. .. .	3	..	3	4	2	6
3. Epileptic Psychosis .. .. .	7	2	9	11	8	19
4. Alcoholic Psychosis .. .. .	30	4	34	10	6	16
5. Toxic, Confusional or Exhaustive Psychosis .. .. .	8	14	22	3	11	14
6. Parkinsonism .. .. .	..	..	..	1	..	1
7. Huntington's Chorea .. .. .	..	..	..	..	..	..
<i>D. Psychogenic Psychosis</i>						
1. Manic Depressive Psychosis .. .. .	10	22	32	16	17	33
2. Involutional Melancholia .. .. .	2	13	15	4	13	17
3. Schizophrenia (not including A.3) .. .. .	17	30	47	97	71	168
4. Paraphrenia and Paranoid States .. .. .	15	14	29	28	50	78
5. Paranoia .. .. .	2	4	6	10	3	13
6. Recurrent Melancholia .. .. .	13	12	25	3	6	9
<i>E. Psycho-Neurosis</i>						
1. Psychopathic Personality .. .. .	5	4	9	3	5	8
2. Anxiety States .. .. .	27	15	42	6	3	9
3. Hysteria .. .. .	..	..	..	1	..	1
TOTALS .. .. .	181	201	382	382	398	780











TABLE 37.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the Year 1958-59.

Cause of Death	Males	Females	Total	Children under age of 16 years			Grand Total
				Males	Females	Total	
Arteriosclerosis .. .. .	5	4	9	..	..	..	9
Asphyxia by Choking .. .. .	1	..	1	..	..	..	1
Atypical Pneumonia .. .. .	..	1	1	..	..	..	1
Cerebro Vascular Disease .. .. .	..	1	1	..	..	..	1
Cerebral Agenesis .. .. .	..	..	..	1	..	1	1
Cerebral Thrombosis .. .. .	4	10	14	..	..	..	14
Cerebral Haemorrhage .. .. .	..	2	2	..	..	..	2
Cerebral Atrophy .. .. .	2	..	2	..	..	..	2
Coronary Thrombosis .. .. .	1	2	3	..	..	..	3
Cachexia .. .. .	..	..	..	1	..	1	1
Cerebral Metastases .. .. .	..	1	1	..	..	..	1
Empyema of Gall Bladder .. .. .	..	1	1	..	..	..	1
Epilepsy .. .. .	1	..	1	..	..	..	1
Hydrocephalus .. .. .	1	..	1	..	1	1	2
Hypertension .. .. .	..	1	1	..	..	..	1
Influenza .. .. .	2	1	3	..	..	..	3
Myocardial Degeneration .. .. .	6	8	14	..	..	..	14
Left Ventricular Failure .. .. .	..	1	1	..	..	..	1
Pneumonia .. .. .	1	2	3	..	..	..	3
Renal Failure .. .. .	..	1	1	..	..	..	1
Senility .. .. .	1	..	1	..	..	..	1
Status Epilepticus .. .. .	1	..	1	..	1	1	2
Tumour of Pituitary Gland .. .. .	1	..	1	..	..	..	1
Toxic Confusional Psychosis .. .. .	..	1	1	..	..	..	1
Died whilst on trial leave (Cause of death unknown) .. .. .	3	1	4	..	..	..	4
	30	38	68	2	2	4	72

TABLE 38.

Statistical Record.

	Males	Females	Total
Population of Tasmania as at 31/3/59 .. .. .	178,590	165,400	343,990
Proportion of Patients per 1,000 of population (including patients on Trial Leave) .. .. .	3.388	3.912	3.640
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from Trial Leave) .. .. .	3.080	4.837	3.924
NOTE—Admissions, not including Voluntary Boarders .. .. .	52	80	132

TABLE 39.

LACHLAN PARK HOSPITAL.

Financial Statement.

	YEAR ENDED				
	30/6/55	30/6/56	30/6/57	30/6/58	30/6/59
Average Daily Number of Patients .. .. .	767.39	756.74	752.41	750.48	764.23
Gross Cost for Year .. .. .	£313,992	£332,154	£360,371	£400,647	£411,784
Fees Received .. .. .	18,397	9,214	6,972	6,581	12,176
Other Revenue .. .. .	620	620	697	928	1,147
Gross Cost per Head per Day .. .. .	22s. 5.04d.	23s. 11.82d.	26s. 2.92d.	29s. 3.12d.	29s. 6.24d.
Nett Cost per Head per Day .. .. .	21s. 0.72d.	23s. 3.30d.	25s. 8.66d.	28s. 8.40d.	28s. 6.72d.



# REPORT OF MILLBROOK RISE PSYCHOPATHIC HOME FOR THE YEAR ENDED 30th JUNE, 1959.

In my last year's report, I pointed out how Millbrook Rise Home functioned and so there is no point in reiterating the same statement.

As will be seen from Table 41, the number of patients in daily residence has fluctuated slightly, but not to any marked extent. The increase in the cost per head per day is, I believe, due to the slight falling off in the numbers of patients at Millbrook and also to the increased cost of living over the past year.

My remarks in last year's report concerning artisan staff in relation to Millbrook are, I feel, still pertinent, apart from the fact that our problems are rapidly becoming more acute in respect of supplying Millbrook with adequate artisan workmanship, with insufficient staff.

In regard to the water supply at Millbrook, which problem raises its head perennially, I am not at all sure that anything has been achieved since my last report in this direction. Therefore, we can expect difficulties and dissension from the staff at Millbrook in the coming summer.

I would like to thank the Chairman, the Secretary and others members of the Board for their continued help over the past year and also for their understanding of the various human problems that arise at their Board Meetings.

I would also like to extend my thanks to the Red Cross Society and all the other bodies who have maintained so great an interest in Millbrook Rise, and especially the Repatriation Department.

D. M. ANDERSON, Medical Superintendent.

TABLE 40.

## MILLBROOK PSYCHOPATHIC HOME.

*Statement Showing Form of Mental Disorder on Admission for Year ended 30th June, 1959.*

	Males	Females	Total
Anxiety State .. .. .	21	45	66
Melancholia and Depressive States .. .. .	22	43	65
Hysteria .. .. .	4	13	17
Schizophrenia and Schizoid States .. .. .	8	18	26
Paraphrenia and Paranoid States .. .. .	4	2	6
Manic Depressive Psychosis .. .. .	6	2	8
Alcoholism .. .. .	1	3	4
Obsessional States .. .. .	..	..	..
Toxic Psychosis .. .. .	..	..	..
Senile and Pre-senile Dementias .. .. .	4	5	9
Gross Brain Lesion .. .. .	1	2	3
C.M.D. .. .. .	1	1	2
Psychopath .. .. .	2	1	3
Total Admissions during Year .. .. .	74	135	209

TABLE 41.

## MILLBROOK PSYCHOPATHIC HOME.

*Financial Statement.*

	YEAR ENDED				
	30/6/55	30/6/56	30/6/57	30/6/58	30/6/59
Average Daily Number of Patients .. .. .	18.75	21.81	20.21	19.73	16.49
Gross Cost for Year .. .. .	£25,631	£26,298	£25,237	£25,908	£25,855
Fees Received .. .. .	8,310	9,874	13,740	14,336	14,857
Other Revenue .. .. .	..	..	..	..	..
Gross Cost per Head per Day .. .. .	74s. 10.80d.	65s. 10.82d.	68s. 4.60d.	71s. 11.16d.	85s. 10.97d.
Nett Cost per Head per Day .. .. .	50s. 7.44d.	41s. 1.89d.	31s. 1.48d.	32s. 1.68d.	36s. 6.48d.



# REPORT OF WILLIAM B. BROWN ON THE TRAIL OF THE

1898

In the last year's report I stated that I had been unable to find any trace of the trail of the

As the result of the investigation I have been able to find the trail of the

My results in the last year's report were as follows: I have been able to find the trail of the

In regard to the water supply at Millbrook, which was the only place where the

I would like to state that the trail of the

G. M. ANDERSON, Medical Examiner

TABLE 1

WILLIAM B. BROWN

WILLIAM B. BROWN

WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

TABLE 2

WILLIAM B. BROWN

WILLIAM B. BROWN

WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN	WILLIAM B. BROWN
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100







