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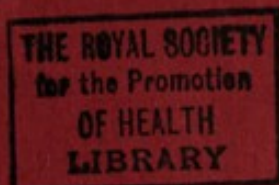
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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
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1963.

PARLIAMENT OF TASMANIA.

**REPORT**  
**OF THE**  
**DIRECTOR-GENERAL OF HEALTH SERVICES**

FOR THE YEAR ENDED 30TH JUNE, 1963.

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

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## DEPARTMENT OF HEALTH SERVICES

### ADMINISTRATION—

#### *Director-General of Health Services:*

Dr. J. Edis, M.R.C.O.G. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), M.R.S.H. (Lond.), F.H.A.

#### *Chief Medical Officer:*

Dr. J. R. Macintyre, M.B., Ch.B. (Glas.), F.R.C.S. (Glas.), F.R.F.P.S. (Glas.), A.F.A.I.M.

#### *Chief Administrative Officer:*

F. E. R. Gilbert, Dip.Pub.Admin.

#### *Administrative Officer:*

W. E. Laughlin.

#### *Accountant:*

P. L. Green, A.A.S.A.

### HOSPITAL AND MEDICAL SERVICES—

#### *Director of Orthopaedic Services:*

Dr. D. W. L. Parker, Ch.M. (Syd.), M.Ch. (Orth.) (Liverpool), F.R.C.S. (Edin.), F.R.A.C.S.

#### *Director of Pathology:*

Dr. C. A. Duncan, M.B., B.S. (Melb.).

### PUBLIC HEALTH DIVISION—

#### *Director of Public Health:*

Dr. H. D. M. L. Murray, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Eng.), F.A.I.M.

#### *Specialist Medical Officer:*

Dr. A. D. Ross, M.B., Ch.B., D.P.H., D.T.M. & H.

#### *Senior Dental Officer:*

Dr. P. W. Arkle, D.D.S., B.Sc. (Tor.), M.P.H. (Cal.), L.D.S. (Glas.).

#### *Chief Inspector:*

H. T. D'Alton, M.R.S.H. (Lond.), A.M.I.H.S. (N.S.W.)

#### *Executive Officer:*

W. E. Mansbridge.

### PSYCHIATRIC SERVICES DIVISION—

#### *Director of Psychiatric Services:*

Dr. J. R. V. Foxton, M.B., B.S. (Melb.).

#### *Psychiatrist Superintendent, Lachlan Park Hospital:*

Dr. D. M. Anderson, M.B., Ch.B. (Belfast).

#### *Executive Officer:*

P. Campbell.

### TUBERCULOSIS DIVISION—

#### *Director of Tuberculosis:*

Dr. J. H. R. Tremayne, M.B. (Syd.), M.R.A.C.P.

#### *Senior Medical Officer:*

Dr. L. A. F. Young, M.B., B.S. (Melb.), M.R.C.P. (Lond.).

#### *Medical Superintendent, Tasmanian Chest Hospital:*

Dr. M. G. Ciezar, M.D. (Warsaw).

#### *Medical Superintendent, Northern Chest Hospital:*

Dr. R. W. Henning, M.B., B.S. (Syd.).

#### *Senior Executive Officer:*

C. C. Seager, A.C.A. (Aust.).

### TECHNICAL DIVISION (CHEMISTRY)—

#### *Government Analyst and Chemist:*

M. H. R. Shipp, B.Sc., A.R.A.C.I.

### ST. JOHN'S PARK HOSPITAL—

#### *Superintendent:*

A. J. Trebilcock.

### NATIONAL FITNESS SECTION—

#### *State Supervisor:*

K. O. Thomas.

### GENERAL HOSPITALS—

#### *General Superintendent, Royal Hobart Hospital:*

Dr. P. Nolan, B.A., M.B., B.S. (Melb.).

#### *General Superintendent, Launceston General Hospital:*

Dr. C. C. Petrovsky, M.B.E., M.B., B.S. (Hong Kong).

#### *Medical Superintendent, Mersey General Hospital:*

Dr. J. C. Stewart, M.B., Ch.B. (Edin.).

#### *Medical Superintendent, Burnie General Hospital:*

Dr. G. Mackay Smith, M.B., B.S. (Q'ld.).





## Report of the Director-General of Health Services for the Year Ended 30th June, 1963

Department of Health Services,  
Hobart, 5th November, 1963.

The Hon. the Minister for Health.

I have the honour to present the Report of the Department of Health Services for the period 1st July, 1962, to 30th June, 1963.

### Legislation.

#### 1. Nurses' Registration Act 1952.

This Act was amended to provide for a special course of training in mental deficiency nursing as well as in psychiatric nursing.

#### 2. Vacluse Hospital Act.

This Act was introduced to vest in the Crown the land on which Vacluse Infectious Diseases Hospital is situated and to provide for the payment of compensation in respect of this land to the Corporation of the City of Hobart.

#### 3. Meercroft Home (Application of Moneys) Act.

This Act was introduced to pay to the Board of Management of the Meercroft Home for the Aged certain moneys that had been held in trust by the State Treasury from the sale of land bequeathed by the late Andrew Munnew of Devonport.

### Departmental Revenue.

The revenue for the year 1962-63 amounted to £497,720, which was £63,507 more than the previous financial year 1961-62. Comparative Receipts were—

	1961-62	1962-63
Pharmaceutical Benefits .....	84,891	123,624
Red Cross Blood Transfusion .....	5,775	5,385
District Nursing Service .....	12,707	11,910
Mothercraft Home .....	4,354	4,246
Nelumie Home .....	1,780	1,069
Poliomyelitis Refunds .....	740	206
Analysis Fees .....	790	973
Nurses' Registration .....	1,578	1,615
Bacteriolytic Tanks .....	473	469
Hotel Health Certificates .....	565	603
Sundry Fees .....	345	260
Tuberculosis Division .....	190,349	190,535
St. John's Park .....	89,306	111,669
Lachlan Park .....	10,478	14,798
Lachlan Park Farm .....	729	1,162
Millbrook Rise .....	16,525	15,356
Govt. Institution Defectives .....	12,828	18,840
	<u>£434,213</u>	<u>£497,720</u>

### Departmental Expenditure.

The expenditure for the year from the Appropriation Act was £3,991,964, which was an increase of £143,436 over 1961-62. Comparative costs were—

	1961-62	1962-63
Administration .....	81,297	81,932
Hospital and Medical Services .....	56,557	65,382
National Fitness .....	13,196	13,597
Nurses' Registration Board .....	1,227	1,453
Medical Services—Country Districts .....	40,297	38,444
District Nursing Service .....	77,210	80,229
Public Health Administration .....	44,202	61,971
School Medical Service .....	35,184	35,630
School Dental Service .....	57,771	50,175
Child Health Service .....	55,811	56,719
Mothercraft Home .....	28,337	28,254
Government Analyst .....	18,738	18,668
Grants to Hospitals .....	2,039,482	2,113,390
Other Grants .....	110,722	123,910
Tuberculosis Division Administration .....	66,763	68,031
Chest Hospitals .....	148,797	148,678
Mental Health Administration .....	38,947	38,601
Lachlan Park Hospital and Millbrook Rise .....	571,276	600,189
Nelumie Home, Launceston .....	10,489	7,776
St. John's Park .....	352,226	358,935
	<u>£3,848,529</u>	<u>£3,991,964</u>

### Building Programme.

The Expenditure for the year from Loan Funds was £1,657,995 3s. 9d.

Important works completed or substantially completed during the year include—

- St. John's Park—Boiler House.
- Lachlan Park—Two Medical Officers' Residences.
- Royal Hobart Hospital—Air Conditioning Operating Theatre; Purchase of Vacluse Hospital.
- Launceston General Hospital—Purchase of Properties at 41 Frankland Street, 51 Frankland Street, and 32 Elphin Road; New Psychiatric Unit.
- Burnie General Hospital—Purchase of 3 Brickwell Street.
- Smithton—New Hospital and Nurses' Home.
- Child Health—New Centre at Chigwell.
- Psychiatric Services—Purchase of an Alcoholics Hostel at Clare Street, New Town; Purchase of a Child Psychiatric Unit at 10 Ellerslie Road.



**Works in progress include—**

St. John's Park—New Amenities Block; Conversion of Cemetery to Park.  
 Lachlan Park—Remodelling Old Nurses' Home; Two Maximum Security Wards; Two Chronic Wards.  
 Royal Hobart Hospital—New Out-Patients' Dept.  
 Launceston Hospital—Enlarge Mortuary.  
 Cosgrove Park—Extension of Women's Block; Extension to Kitchen; Construction of Chapel; Extension of Male Wing.  
 Mersey General Hospital—Conversion of Old Hospital to a Geriatric Wing; New Maternity Hospital, Devonport.  
 Burnie General Hospital—New Operating Suite; Construction of New Wing.  
 Queen Victoria Hospital—Construction of New Wing.  
 New Norfolk—New Hospital and Nurses' Home.  
 Scottsdale—Extensions to Nurses' Home; Alterations to Kitchen; Nurses' Dining-room and Stores.  
 Spencer—New Geriatric Wing.  
 St. Marys—Extensions.  
 Ulverstone—New Hospital and Nurses' Home.  
 Dental Clinics—New Dental Clinic, Warragul Avenue, New Town.

**Official Openings.**

On September 11th, 1962, you opened a new Delivery Suite at the Queen Alexandra Hospital, which will greatly facilitate the work of this Hospital.

On Saturday, 16th February, 1963, the Minister for Health for New South Wales (the Honourable W. F. Sheahan, Q.C., M.L.A.) officially opened the new Smithton District Hospital. This new Hospital will cater for the future needs of this area and has available 15 maternity beds and 15 general beds. The Hospital is magnificently situated and has a panoramic view.

On the 2nd March you will recall opening extensions at the St. Marys District Hospital. These extensions included additional ward accommodation, a new labour ward, improvements and extensions to the toilet block and a new call system and sterilisation facilities.

On the 5th April, you visited the Lyell District Hospital at Queenstown and officially opened the new Outpatients' Wing. The additions also included a new administrative block and extensions to the X-ray facilities, at a total cost of £20,000.

On the 24th April, the new Maternity Division of the Mersey Hospitals Group was officially opened by yourself and this will complete the building project for the Group. The new hospital contains 39 beds and provision has been made for easy extension to a larger number as required.

The St. John's Park Amenities Block was officially opened on the 12th June by the Chief Secretary, the Honourable J. B. Connolly, M.L.C. This building has fulfilled a long-felt need for some 200 employees at St. John's Park, and the building incorporates a staff dining room with servery in cafeteria style, large lounge room, table-tennis room, and shower and change rooms.

**Distinguished Visitors.**

This year the Annual Ministers for Health Conference was held in Hobart, and Tasmania was particularly honoured by the fact that Ministers from all States were accompanied by their wives. Also, the Conference on this occasion was preceded by a Conference of Officers, which was widely representative of all States.

As you are aware, at the conclusion of the Ministers for Health Conference, the Queensland Minister for Health (Dr. the Hon. H. W. Noble) agreed to send his Director of Geriatrics (Dr. P. G. Livingstone) to Tasmania to be a guest speaker at the Geriatric Conference held in Launceston in March, and also to report on the geriatric services in this State.

The Department has continued its policy of assisting the Post-graduate Committee in Medicine and the Tasmanian Branch of the Australian Dental Association in entertaining distinguished visitors from overseas who visit Tasmania to lecture to various branches of the professions.

**Public Hospital Statistics.**

(Excluding Chest and Mental Hospitals.)

**Number of Patients.**

The number of patients was 88 less than during the previous financial year. The number of general patients increased by 168, infectious disease patients decreased by 178, and maternity cases decreased by 239. The total number of patients was 38,047. The number of persons in the hospitals for the care of the aged and invalids rose from 1029 in 1961-62 to 1084 in 1962-63.

**Bed-Days.**

The number of bed-days shows a net increase of 1916 compared with those for the previous financial year. Bed-days for general patients increased by 3759, infectious disease patients decreased by 276, while maternity bed-days decreased by 1567.

The total number of bed-days was 418,010. The number of bed-days in the hospitals for the care of the aged and invalids was 256,837, an increase of 4536 over the previous year.

**Births.**

The total for the year was 7514, a decrease of 332 over the previous financial year.

**Receipts.**

Hospital revenue for the year was £3,568,957, including patients' fees, donations, and miscellaneous receipts totalling £868,439.

Commonwealth contributions in the form of hospital benefits amounted to £256,584, while State aid was £2,443,934.

Commonwealth Pharmaceutical Benefits amounted to £123,624.

**Payments.**

Total payments were £3,552,154, an increase of £146,579 over expenditure for 1961-62. The sum of £2,343,274, or 65.97 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 5 was £6 10s. 6d., an increase of 4s. 7d. compared with 1961-62. Out-patients' costs per visit increased from 15s. 10d. in 1961-62 to 16s. 5d. in 1962-63.

**Comparisons.**

Comparisons and details of receipts and payments, together with relevant percentages under the principal classifications, are set out in Table 5.

Patients' statistics are given in Tables 6 and 7.



### Orthopaedic Services.

#### Road Accidents.

Accidents remain the major cause of death and crippling disabilities in young adults.

As a consequence it is understood that the Road Safety Council is considering recommending that higher physical standards of fitness including visual standards, be required of applicants for licences.

It is considered that all severe accident cases should be moved to general hospitals as soon as they are fit to move, complete facilities for their care are available and can only be available at general hospitals.

#### Rehabilitation Services.

The Claremont Rehabilitation Centre continues to provide services to patients from all parts of Tasmania with ever increasing success.

Rehabilitation of the aged who are afflicted with acute and chronic geriatric illnesses and injuries common in the aged, has progressed since the establishment of a physiotherapy Gymnasium at Vacluse.

#### Permanently Completely Incapacitated Patients.

Apart from the growing number of young adults permanently and completely incapacitated due to injury, there are young paraplegics caused both by congenital damage and disease. Consideration will have to be given in the future to providing suitable accommodation where some of these patients who cannot be cared for at home can reside under expert care and obtain educational and recreational facilities.

#### Ancillary Medical Staff.

Shortages of physiotherapy and speech therapy staff persist. This is due in large part to the fact that too few Tasmanian girls pursue this career and also because we have no training schools. Some encouragement should be given to Tasmanian youth to undertake training in these fields.

#### Artificial Limbs.

Manufacture, supply and fitting of prosthetic limbs continue to be satisfactory and close liaison is established with the Repatriation Limb Factory.

#### Standard of Orthopaedic Services.

The standard of orthopaedic surgery practised throughout the State is high and the availability of trained anaesthetists has contributed to this achievement.

### Pathology Services.

The quantity and variety of pathology investigations in all fields has expanded during the year.

At the present time there is one main laboratory for the North West Coast which is situated at the Mersey General Hospital at Latrobe. Subsidiary laboratories supervised by the Pathologist and the Chief Pathology Technician are established at the Out-patient Division of the Mersey General Hospital at Devonport, at the Burnie General Hospital and at the Spencer Hospital, Wynyard. These latter are staffed by trained technicians and laboratory assistants.

It may be that one main laboratory and one pathologist along with the subsidiary laboratories will be able to cope with the work required on the North West coast serving all the Hospitals for some years to come but the matter will be thoroughly assessed after the Burnie General Hospital extensions have been completed.

There has been grave difficulty in recruiting trained pathology technicians. As with other ancillary medical staff, lack of local training facilities has mitigated against recruitment but some form of training could well be established and available in the near future.

While the salaries available to ordinary pathology technician staff are reasonable compared with other States, the remuneration of senior ranks is poor compared with larger mainland establishments. The main factor which should influence the salaries should be the technical knowledge, qualifications and ability required of the senior technicians in certain posts rather than the number of technicians they may control. The more complex tests are just as difficult to conduct in Tasmania as in other States even though less total numbers of tests may be required. Other States increase the establishment of technicians to overcome "volume of work" problems.

Recruitment of pathologists has been nil over the year and the position at the Launceston General Hospital is causing concern. The major reason is undoubtedly the unfavourable salaries offered.

The new laboratory in the Out-patient Department of the Royal Hobart Hospital should do much to ease the present burden of cramped working space.

### District Medical Services.

All two year agreements between Municipalities and the Minister for Health for the provision of a District Medical Service terminated on the 30th June, 1963, and arrangements for renewing the services for a further two years were under way at the end of the year. The Service continued to experience the recruitment difficulties reported last year. The basic reason continued to be the inadequate remuneration available.

At the request of the Municipal Council of Bruny for a revision of its medical service, plans were made for the existing Service to cease as from the 30th June, 1963, and for the Royal Flying Doctor Service to take over the provision of a visiting medical practitioner. The plan included the provision of transport for the doctor by the Council.

The Municipal Council of Richmond announced its intention not to renew its agreement. The District Medical Officer had undertaken to settle in Richmond in private practice, and the Municipal Council was making arrangements to subsidise him directly for regular visits to branch surgeries. The summary of attendances to patients is given in Table 8.

### Hospital Auxiliaries.

This year, as in previous years, the Department acknowledges the invaluable services being given to Hospitals and District Nursing Centres by all the auxiliary organisations. The State is very appreciative of the many contributions and services provided by the auxiliaries for the



benefit of patients and hospital staffs, and the members are thanked most sincerely for their efforts and help.

#### State Drug Advisory Committee.

This Committee continued to function satisfactorily.

Complaints continued to come from hospitals regarding delays in the fulfilment of orders for drugs, &c. The State Drug Advisory Committee re-states most emphatically, its opinion that the Central Medical Store has insufficient autonomy of function and its pharmacists have inadequate facilities for direct liaison with manufacturers and hospital pharmacists, in order to maintain a satisfactory interchange of technical information, and a more satisfactory flow of supplies to hospitals.

This is a matter which places at risk the health and even the lives of the community.

#### Medical Record of Birth Statistics.

In April, 1963, Professor Townsend, Professor of Obstetrics and Gynaecology at the University of Melbourne, completed his 143 page report on the statistical analysis of the information, provided voluntarily by almost all medical practitioners in Tasmania, on 9,853 births during the years 1960-1962.

Included among the fourteen points in the conclusion of his report, Professor Townsend stated, "According to the statistics, the standard of obstetric care in Tasmania is admirable and must be unsurpassed in many other English Speaking States in the world."

He ended his report by stating, "If the medical profession is prepared to co-operate, this survey should be continued, because from it can be gained much valuable information, some of it of major and life-saving importance."

The report will have world wide attention, and the medical profession in Tasmania should be well satisfied, not only with the results of the survey but with the high standard of professional care which they reflect. It is hoped that the profession will consider continuation of such investigations in a similar or allied way.

#### Government Nursing Service.

##### Tourist Nursing Division.

The District Nursing Centres and Country Hospitals could not function adequately without the Tourist Nursing Division which remains popular with trained nurses from the mainland States. On occasions some hospitals are staffed completely with Tourist Sisters.

Some appointees have resigned after a period of relieving and have remained in the State to accept permanent appointments offered by Hospital Boards.

##### District Nursing Centres Division.

A summary of the work performed in the 25 Centres in operation is shown in Table 9.

Following the construction of the road from Rosebery to Tullah, the Nursing Centre at Tullah was closed on 5th December, 1962.

The shortage of trained nurses continues but this has not resulted in the closing of any Centre. The service to country areas has been maintained.

Local committees continue to operate at Lilydale, Rossarden and Storey's Creek. The local committees and auxiliaries greatly assist the Department with their own individual centres and their work is very much appreciated.

New modern articles have been supplied and equipment has been replaced where needed. Much of this supply has again been made possible by valuable assistance from interested associations and community spirited individuals.

The Red Cross Trust Fund is to be commended for its work during the year in increasing the comforts of both Nurses and patients by supplying Television sets to most of the District Nursing Centres.

We wish to express thanks and appreciation to all those loyal helpers who by their generous contributions have assisted the Department in the continued success of the District Nursing Service.

### REPORT OF THE NURSES' REGISTRATION BOARD FOR THE YEAR ENDED 30th June, 1963.

#### PERSONNEL

Dr. J. Edis, Chairman; Dr. J. Tremayne, Acting Chairman; Dr. C. Craig; Dr. P. Nolan; Dr. C. Petrovsky; Miss J. O. Brown; Mrs. B. M. Stephen; Miss N. Winwood; Miss D. M. Thompson; Miss M. McPherson.

#### MEETINGS

Five ordinary meetings have been held during the year.

#### LEGISLATION

The Board has recommended to the Honourable the Minister for Health that the Nurses' Registration Act be amended to provide for a course of geriatric training. It is understood that this matter will be considered by the Government at an early date.

#### TRAINING SCHOOLS.

General	9
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1
Auxiliary (General)	4
Auxiliary (Geriatric)	1

#### STUDENT NURSES

1. Application for training approved—470.	
General	283
Midwifery	120
Psychiatric	21
Child Health	19
Tuberculosis	2
Auxiliary (General)	28
Auxiliary (Geriatric)	33
2. Commenced training—479.	
General	278
Midwifery	103
Psychiatric	25
Child Health	13
Tuberculosis	2
Auxiliary (General)	26
Auxiliary (Geriatric)	32
3. Completed training—140.	
General	62
Midwifery	50
Psychiatric	1
Child Health	8
Tuberculosis	1
Auxiliary (General)	9
Auxiliary (Geriatric)	9



#### 4. Resigned or discontinued training for any reason before completion of training—102.

General	76
Midwifery	4
Psychiatric	13
Child Health	
Tuberculosis	
Auxiliary (General)	6
Auxiliary (Geriatric)	3

#### 5. Total number in training on 30.6.63—761.

General	553
Midwifery	100
Psychiatric	40
Child Health	11
Tuberculosis	1
Auxiliary (General)	24
Auxiliary (Geriatric)	32

#### EXAMINATIONS

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

#### 2. Examinations for registration:

Number held—	
Ordinary	3
Auxiliary	3
Number of Candidates	314
Number passed	301
Number failed	13

#### Details of results:

Subject	Candidates	Passed	Failed
General	160	160	
Midwifery	102	100	2
Psychiatric	18	10	8
Child Health	12	10	2
Tuberculosis	1	1	
Aux. (General)	11	10	1
Aux. (Geriatric)	9	7	2

#### REGISTRATIONS

#### 1. Applications approved—618.

General	362
Midwifery	193
Psychiatric	15
Child Health	13
Tuberculosis	1
Auxiliary (General)	27
Auxiliary (Geriatric)	7

2. Number who renewed registration for the year—1,839, of these 122 were Auxiliary Nurses.

3. Number of persons on the current register—2,265, of these 140 are Auxiliary Nurses.

#### Details of Registration:

	No.	No. of Certificates.
General	1,256	1,256
General and Midwifery	698	1,396
General Midwifery and Child Health	173	519
Midwifery only	31	31
Psychiatric only	63	63
General and Tuberculosis	9	18
Midwifery and Child Health	1	2
General and Child Health	9	18
General and Psychiatric	8	16
General Midwifery and Tuberculosis	6	18

General Midwifery and Psychiatric	2	6
Tuberculosis only	4	4
General Midwifery, Child Health, Psychiatric and Tuberculosis	1	5
General Midwifery, Child Health and Tuberculosis	4	16
<b>TOTAL</b>	<b>2,265</b>	<b>3,368</b>

Auxiliary	140	140
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NOTE: Some nurses registered for Midwifery only or for Midwifery and Child Health have been registered as General Nurses as well, but the general registration having been effected earlier, has lapsed and not been renewed.

#### POST GRADUATE DIPLOMAS

There are 22 people in the State holding post-graduate diplomas as follows:—

Nursing Administration	6
Sister Tutor	4
Midwife Tutor	1
Ward Sister	7
Theatre Management and Teaching	2
Public Health Nursing	2

#### CENTRAL PRELIMINARY TRAINING SCHOOL.

Three Preliminary Blocks have been held.

Students attended	54
Passed	42
Failed	12
Resigned	

Three Second Blocks have been held.

Students attended	40
Passed	36
Failed	4

94 Students have attended the six Blocks held during the year.

#### GENERAL.

#### Foreign Students:

Although many applications are received from foreign students, very few have the required educational standard. A few are doing well but many find study difficult and have great difficulty in settling down. Of those girls who come for the special purpose of training, 19 are in General Training Schools and 2 are in training at Lachlan Park Hospital.

#### Registration of Foreign Trained Nurses:

Two German and two Dutch trained nurses have been registered this year after a training period and oral examination at a Tasmanian training school.

#### REGISTRAR OF NURSES.

During the year the Board lost the services of Miss L. H. Sidebottom who retired after 18 years' devoted and loyal service. Miss Sidebottom is one of the most outstanding women in the nursing profession in Tasmania and she had been eminently fitted for the position of Registrar of Nurses and Secretary to the Board. Following Miss Sidebottom's retirement, Miss V. P. Holland was appointed Registrar of Nurses and Secretary to the Board.

## DIVISION OF PUBLIC HEALTH

### (1) Objects of Public Health Division.

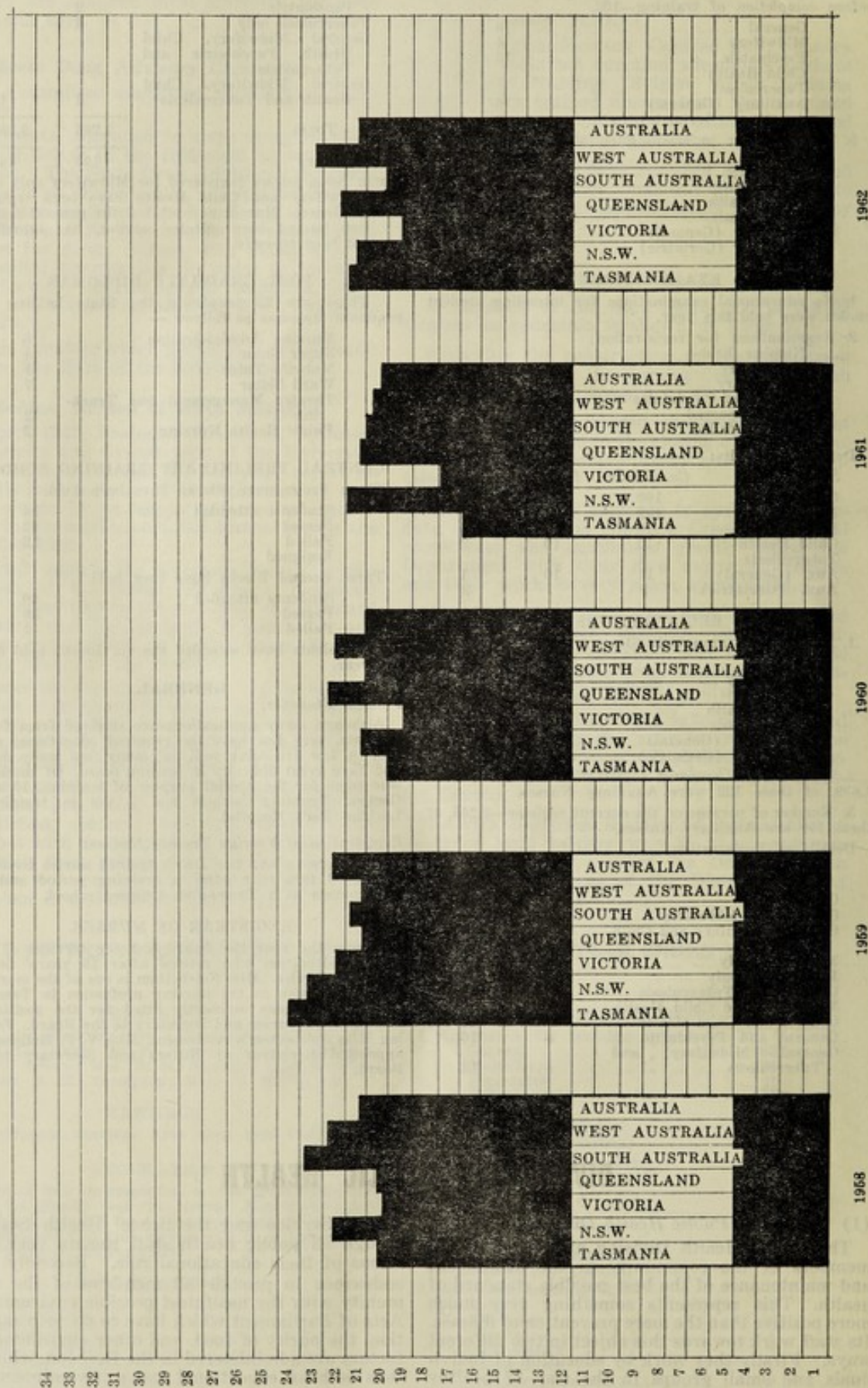
The Public Health Division exists to help all members of the community in the attainment and maintenance of the best possible standard of health. This represents something very much more positive than the mere prevention of disease. Its staff work towards this object in two different ways. Firstly they work by education of individuals and small groups in the way of healthy living. This is done largely through the Child

Health Service and the School Health Service, though all public health staff remain very conscious of their educational role. Secondly they endeavour to provide all members of the community with the healthiest possible environment. Acts of Parliament which have to do with sanitation, the purity of food, and other environmental factors are administered in the Division, which is thus both an educational and a law-enforcement agency.



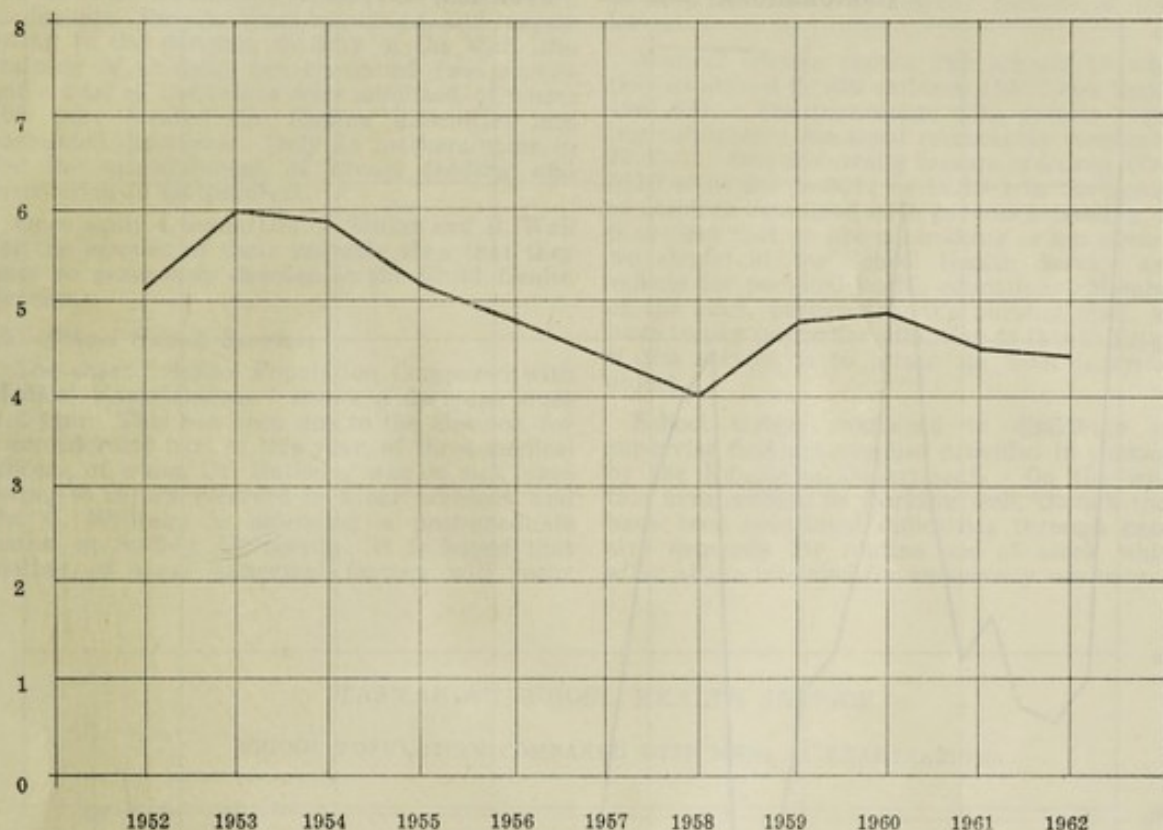
RATE PER 1,000 BIRTHS.

## INFANT MORTALITY RATE IN AUSTRALIA—1958-1962 INCLUSIVE.





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



## (2) Health Indicators.

The Expert Committee on Health Statistics of U.N.O. has recommended the use of two statistical figures as health indicators. These are the proportionate mortality ratio at age 50, and the late infant mortality rate. Changes in these figures in recent years are shown below:—

## (a) Proportionate Mortality Rate at Age 50.

## Deaths of Persons Age 50 and Over—

Year	Number	Per Cent of Total Deaths
1953	1987	77.89
1954	2113	78.38
1955	1942	78.02
1956	1993	79.31
1957	2119	79.36
1958	2139	78.98
1959	2179	78.38
1960	2150	80.52
1961	2239	80.28
1962	2346	81.74

## (b) Early and Late Infant Mortality Rate.

Age at Death	Infant Mortality Rate per 1000 Live Births					
	1957	1958	1959	1960	1961	1962
Under 1 month	13.6	12.4	14.8	11.2	11.9	14.1
1 month-1 year	6.6	7.1	8.6	7.8	4.9	6.6
TOTAL	20.2	19.5	23.4	19.0	16.8	20.7

## (3) Demography.

In any planning for the future, it is important that we should be well informed about the probable numbers of people of various ages in the population for whom we make our plans. The chart (kindly supplied by the Deputy Commonwealth Statistician) "Population of Tasmania 1933 and 1961" shows the contrast between the situation thirty years ago, and that

existing at the most recent census. It will be observed that there has been an immense increase in the population in younger age groups; and we must remember that many of the young people who now represent the third and fourth steps, near the base of the pyramid, are entering or have entered the age of reproduction, so that they, in turn, will be contributing to the further broadening of the base of the next pyramid. This is a fact that must be considered in all future planning.

## (4) Child Health Service.

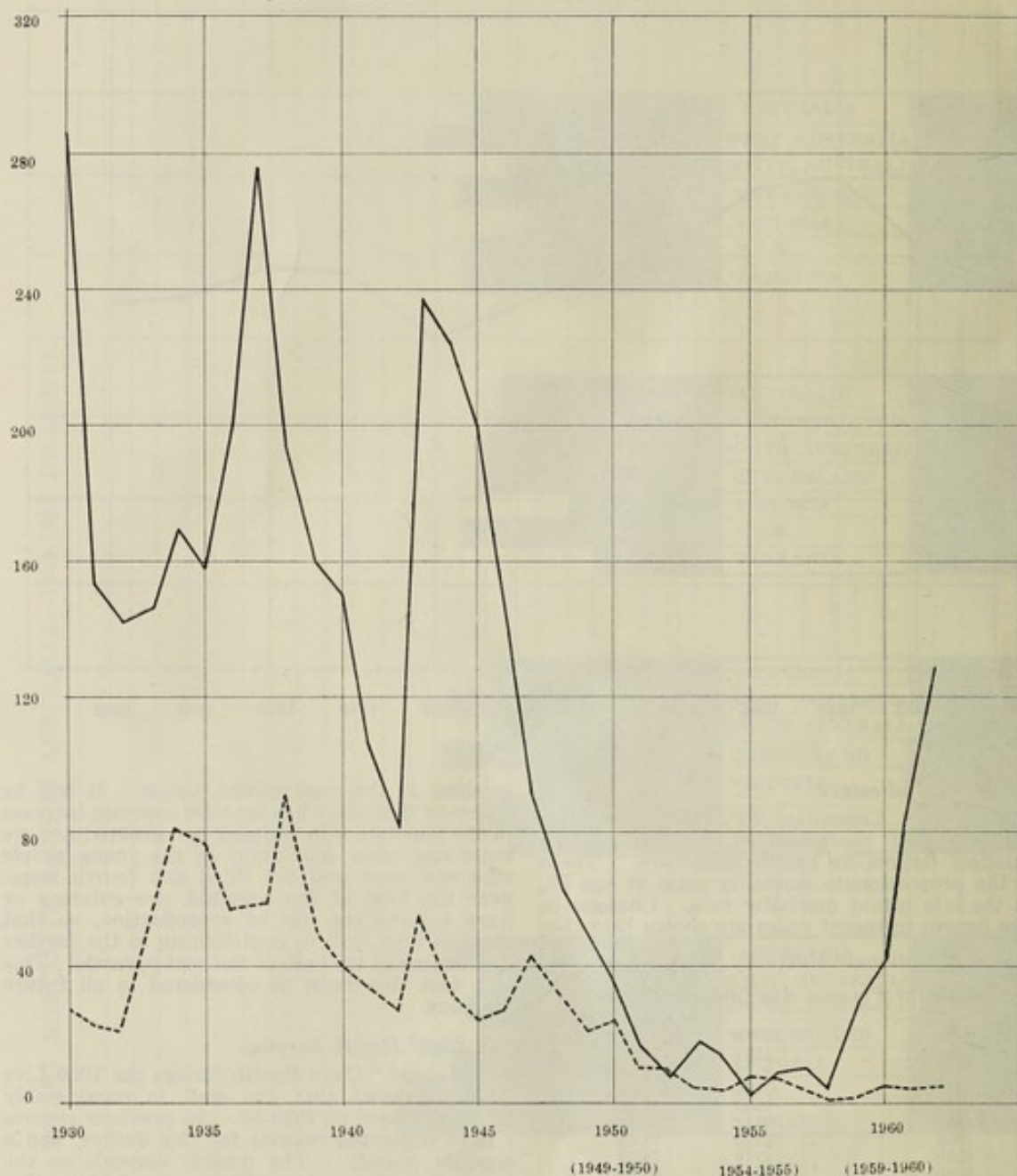
The chart "Child Health Sisters per 1000 Live Births" shows that the staff is considerably below the level of 1951-56. In previous reports I have suggested reasons for this decline, and a possible remedy. The remedy depends on the institution of a system of in-service training for nursing staff; and this is dependent on the appointment of a health visitor tutor, which is one of our greatest needs.

At the end of June, the staff consisted of 37 fully trained sisters, and two mothercraft nurses. It has not kept pace with the increase in population. There are 102 centres, 92 static and 10 travelling units. We have had requests to provide a service in several other areas; but, instead, we have had to curtail services in some existing centres. These factors account for a decrease in total attendances, from 136,161 in 1961-62 to 134,833 in 1962-63.

The arrangement by which a sister travels to Flinders Island by light aircraft once a month to conduct a clinic there has proved very popular.

NOTIFICATIONS OF INFECTIOUS DISEASE—VENEREAL DISEASE RATES PER <sup>100,000</sup> ~~1,000~~ OF POPULATION.

(GONORRHOEA: — SYPHILIS: - - - - -)



Attendances at the centre have increased so much that home visiting has had to be severely curtailed. It is hoped to increase the frequency of these visits in the coming year.

Mothercraft lectures were given to senior girls from 30 schools and 474 certificates were granted. It is regrettable that shortage of staff has resulted in the curtailment of this very practical form of health education.

Ten sisters completed the course for the Certificate in Child Health, eight at the Mothercraft Home and two at Calvary. Twenty-four (13 at the Mothercraft Home and 11 at Calvary) mothercraft nurses completed training.

Tests for phenylketonuria at centres totalled 5179, all of which were negative.

Once again I acknowledge the very valuable work of the Child Health Association, in the assistance given to the Child Health staff by its individual members and committees, and in the manner in which the association as a whole maintains public interest in the importance of the service. Details of the number of visits paid to individual centres, and of the work carried out from those centres are given in the annual report of the association. Copies are obtainable from the State Secretary.

The work of the Mothercraft Home has been carried on under difficulties associated with the use of an old and unsuitable building, and shortage of staff. As the Matron points out in her annual report, the latter arises largely from the former. Triple-certificated sisters have little



difficulty in finding positions in which they work in modern well-equipped buildings rather than in one in which amenities for staff and patients are inadequate. Despite these handicaps, and largely owing to the devotion to duty of the staff, the training of students has continued (see above) and a total of 154 babies were admitted, of whom 109 were treated for feeding difficulties and associated disorders. Only 14 mothers came in for the establishment of breast feeding and instruction in mothercraft.

Once again I thank Drs. J. Millar and R. Wall for the amount of their valuable time that they have so generously devoted to the Child Health Service.

#### (5) School Health Service.

The chart "School Population Compared with Medical Examinations" shows a decrease since last year. This has been due to the absence, for a considerable part of this year, of three medical officers, of whom Dr. Hatherly was on sick leave owing to injury received in a car accident, and Dr. G. Williams is attending a post-graduate course at Sydney University. It is hoped that neither of these abnormal factors will recur

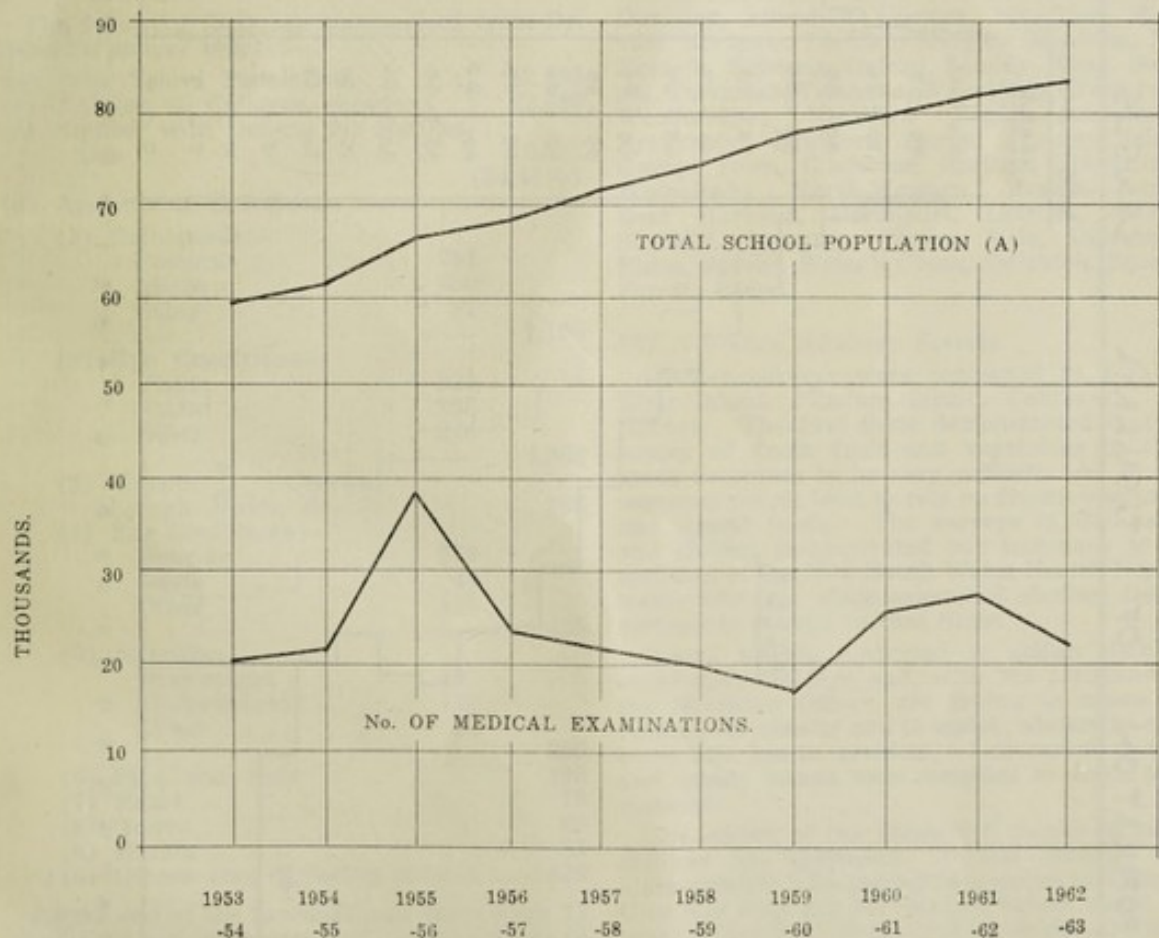
frequently in subsequent years, though I must stress the importance of allowing medical officers to keep up-to-date by regular periods of study leave.

Medical officers visited 282 schools in which they examined 22,689 children (5527 less than in 1961-62). The percentage with defects requiring notification remained remarkably constant at 34.45%. One disturbing feature is a drop (from 5116 or 37.8% to 3011 or 13.3%) in the number of children examined with parents attending. It is evident that we are not making as much use as we should of the School Health Service as a vehicle for personal health education. Members of the staff, particularly the nursing staff, will have to pay particular attention to this in future, if the service is to attain its most important object.

School sisters continued to distribute and supervise first aid supplies provided in packages by the Education Department. On the whole this arrangement is working well, though there have been occasional difficulties through excessive demands for routine use of stock which, after all, is intended for emergency use only.

### TASMANIAN SCHOOL HEALTH SERVICE.

SCHOOL POPULATION COMPARED WITH MEDICAL EXAMINATIONS.

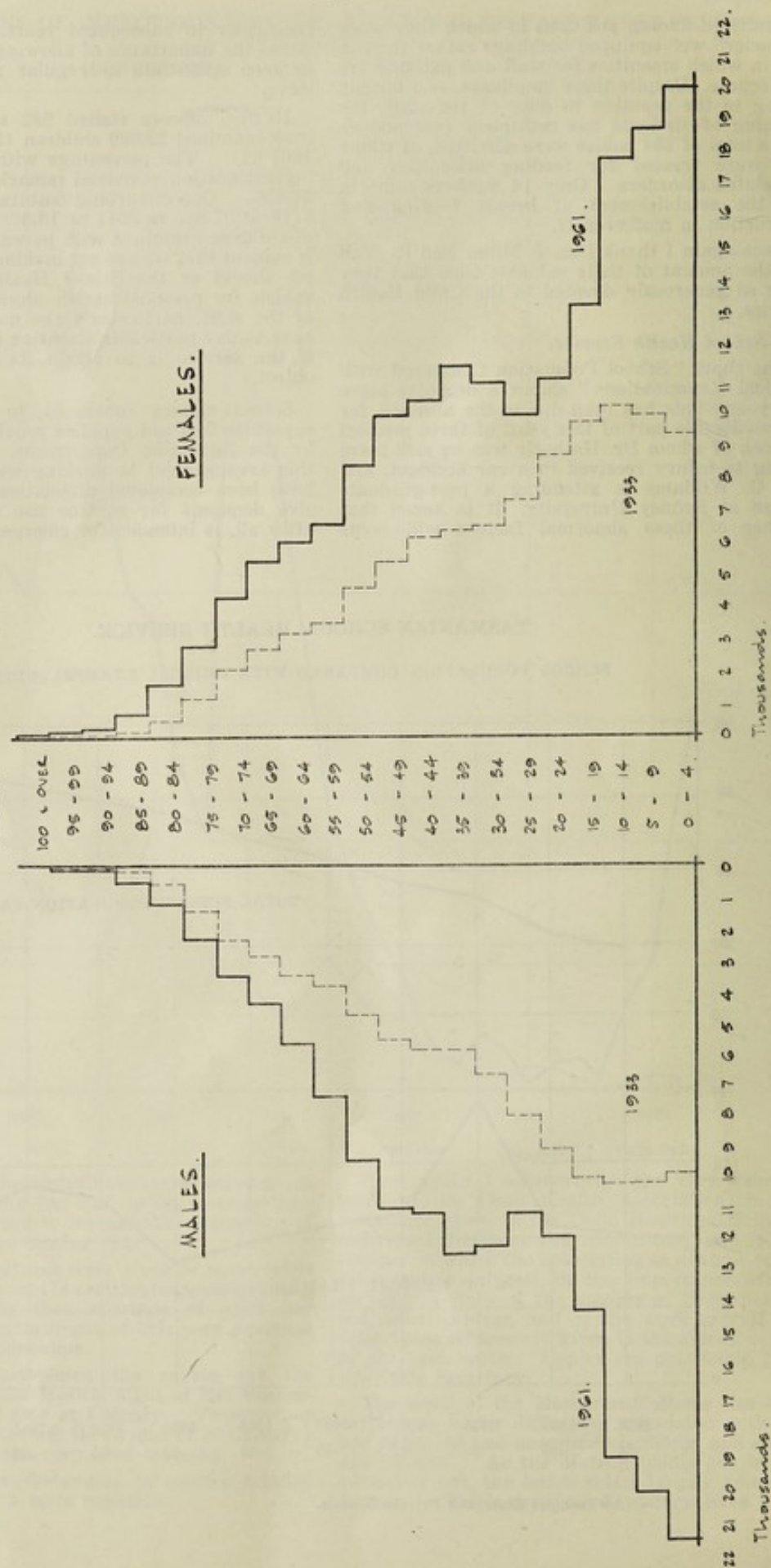


(A) Includes State and Private Schools.



POPULATION OF TASMANIA CENSUS 30<sup>th</sup> JUNE 1933 AND 1961.

AGE GROUP  
YEARS





The effectiveness of school medical work is decreased in many schools by the absence of adequate accommodation in which to carry on this work. In 1959 agreement was reached with the Education Department that such accommodation would be provided in new schools and additions to existing schools; but, doubtless owing to other pressure on space, this policy is not fully implemented. We fully realize the extent to which the Education Department is affected by the enormous increase in young people, described in "Demography" above; but we must point out that the school medical officers and, more particularly, the school sisters, are important units in the public relations of the Education Department, and of the Government. If they have to work under difficulties, in improvised conditions, good work, and public relations, suffer.

School medical officers, especially Dr. Gibson, have continued the research into endemic goitre which has been going on for some years. Results, to date, can be summarised by saying that the regular weekly administration of a tablet containing 10 mgm. of potassium iodide to each child has controlled more than 90% of the endemic goitre formerly prevalent in Tasmania. Surveys in the last year have indicated that nearly all of the cases that are not controlled by potassium iodide respond to daily doses of Thyroxin. The results of this study are recorded in a paper presented at the annual conference of the Australian Paediatric Association by Dr. F. W. Clements of the Institute of Child Health and Dr. H. B. Gibson.

The following facts are summarised from Dr. Gibson's annual report:—

(a) Total School Population	82,395
(b) Number of Children examined	22,689
(c) Number with Defects for Notification	6,781 (34.45%)
(d) Analysis of Defects:—	
(1) Orthopaedic—	
Posture	708
Limbs	450
Other	37
	1,195
(2) Eye Conditions—	
Vision	821
Squint	296
Other	246
	1,363
(3) Tonsils, Cervical Lymph Nodes, &c.	395
(4) Ear Conditions—	
Hearing	279
Otitis	44
Other	112
	435
(5) Nutrition—	
Overweight	101
Underweight	115
Other	34
	250
(6) Skin and Hair	198
(7) Heart	78
(8) Goitre	69
(9) Hernia	53
(10) Others (not including dental)	429

At the end of the financial year there were 11 whole-time and three part-time Dental Officers in the School Service, though at various times during the year work was done by two other officers.

In an effort to recruit more staff, Government granted five one-year bursaries to dental students due to graduates from the University of Queensland at the beginning of 1964, on condition that they join the Tasmanian School Dental Service after graduation. These, with one bursar due to graduate from University of Melbourne, will effect a substantial improvement in our present position.

Work at the Hobart Central Clinic has been carried on, under conditions of considerable discomfort and inconvenience, in three mobile clinics at Westella House since the beginning of February, owing to the demolition of the building formerly used as a clinic at Elizabeth Street school.

The following is a summary of work done by this service during the year 1962-63:—

New visits	18,293
Repeat visits	21,762
	40,055
Treatments	53,406
Restorations	31,866
Extractions	19,366
Cleanings	834
Ortho-extractions	35
X-rays	10
TOTAL	105,517
Ratio of fillings to extractions	1.68:1

Dental treatment was provided for children in the following areas: Southern Region—Hobart, Bothwell, Bagdad, Bicheno, Brighton, Bream Creek, Blackmans Bay, Cambridge, Claremont, Dunally, Ellendale, Glenora, Hamilton, Huonville, Kempton, Lachlan, Margate, Maydena, New Norfolk, Nubeena, Orford, Sandfly, Snug, Swansea, Tarraleah, Triabuna, Wayatinah, Westerway, Woodbridge; Northern Region—Launceston, Branxholm, Bridport, Derby, Flinders Island, George Town, Gladstone, Poatina, Ringarooma, Winnaleah; North-Western Region—Burnie, Boat Harbour, Devonport, Latrobe, Railton, Sheffield, Spreyton, Wesley Vale, Ulverstone, Riana, Sprent, Sister's Creek, Smithton, Stanley, Forest, Redpa.

#### (6) Nutrition Advisory Service.

Dietary surveys were conducted in Strahan, King Island, Flinders Island, Collinsvale, and Hobart. The first three demonstrated that the supply of fresh fruit and vegetables in these areas continues to be very difficult, and in consequence people tend to rely on frozen vegetables and tinned foods. The surveys in Collinsvale and Hobart demonstrated our technique to the dietitian of the New South Wales Health Department, who has since organised similar dietary surveys in schools in that State.

School sisters continued to collect data on overweight children and, with the assistance of the Nutrition Officer, are trying to assess the reasons for obesity and to assist mothers to overcome this health problem. Low-calorie recipes and weekly menus were compiled to assist these mothers.

The survey of the Vitamin C intake of young children has continued. It has revealed that black-currant juice is used as a source of Vitamin C in less than five per cent of babies under one year, in less than 20 per cent of children between one and two years, and in 17 per cent of children over two years. This is interesting in view of the



contention of some dentists that dental decay in Tasmanian children is greatly aggravated by the "universal" consumption of black-currant juice in early life.

The work of nutrition education continued, with lectures to trainee teachers in Launceston and Hobart. This year the Nutrition Officer also lectured in Food Chemistry at the Hobart Technical College, in courses intended for hotel managers and cooks' apprentices, and in a new course provided by the Adult Education Board, entitled "Feeding the Family".

Papers by the Nutrition Officer were published in the English Journal of Dietetics, the Journal of the Dietetic Association of Victoria, the International Journal of Health Education, and the Tasmanian Nurse. Once again it is pleasing to record that the work of our officer has been accorded international recognition.

#### (7) *Environmental Sanitation and Food Control.*

Problems associated with drainage and the disposal of sillage and sewage again occupied much time. The growth of population in some sewered districts aggravated the problem produced by sewer outfalls along the coast. Owing to gross pollution, it became necessary to close the bathing beach at South Burnie and, for the same reason, the Devonport Council anticipated action by the Division and voluntarily closed Cole's Beach. The Hobart City Council has, at last, submitted preliminary drawings for sewage treatment works at Macquarie Point. The installation, eventually, of these works will be the first step in cleaning up the Derwent estuary. The Launceston City Council continues to discharge untreated sewage into the Tamar, and this is only one example of pollution which has the sanction of the Law. Amendments proposed for the Launceston Corporation Act will place a time limit on this pollution—if they become Law.

Difficulties continue to be experienced on the outskirts of expanding towns owing to uncontrolled, or poorly controlled, subdivision of land. Councillors continue to be vulnerable to the specious argument that subdivision is equivalent to development. This so-called development usually takes place in areas in which the council cannot provide normal urban services, and almost immediately there is a clamour for septic tanks. If the wholesale installation of septic tanks is permitted in such an area, conditions are produced which contain all the elements of potential disaster. The real place of the septic tank is out in the country, in an area which is going to remain rural for a long time. The wholesale installation of septic tanks in suburban areas is a most dangerous substitute for properly planned and executed sewerage.

Comment is made on the following:—

- (1) The failure of some local authorities to make adequate use of their own health departments or to take any action when their own officers report adversely on local conditions.
- (2) The use of trained health inspectors on work in which their training is wasted (e.g., collecting dog licence fees).
- (3) The absence, in most districts, of meat inspection.

(4) The pollution of beaches by the Australian Titan Products Pty. Ltd., which, while it may not be dangerous to health, is aesthetically undesirable. (On the credit side it does give a most useful indication of the extent to which pollution can be spread by tidal currents.)

(5) The extreme reluctance of local authorities to face the problem of garbage disposal. There has been no extension of the practice of controlled tipping to municipalities other than Hobart, Glenorchy and Clarence, though Launceston should commence operations in the coming year, and Devonport may.

A great deal of the time of the Health Inspectorate has been occupied by the examination of plans for halls and other public buildings to ensure that they comply with the regulations under the Public Health Act and the Places of Public Entertainment Act. These regulations provide for the safety of the public and one notices, with regret, how often they are ignored in the first plan of these buildings. For example, with fire-resistant materials, regardless of the fact that very much larger numbers of people may be collected together in public halls than in dwelling houses, and hence the risk of injury in a panic is much greater.

In previous reports comment has been made on the absence of adequate meat inspection. The provisions of the new Local Government Act in respect of inspection of meat for "foreign" consumption (i.e., outside the municipality in which it is slaughtered) will supply some inducement to local authorities to appoint a qualified meat inspector.

#### (8) *Infectious Diseases.*

The number of notifications of venereal disease has again increased. The chart shows the fluctuation in these notifications per 100,000 of population since 1930. It will be observed that, though there has been a steep rise since 1958, the position is not yet as bad as in the peaks of 1930, 1936 and 1943. However, the present position gives cause for concern. The age and sex distribution of cases of venereal diseases are shown in Table 12. As suggested last year, the remedy probably consists of a long sustained programme of health education, in the planning of which educationists and trained social workers will play a leading part. The Department of Health Services is not, as present, equipped for such a campaign.

Once again infectious hepatitis has supplied the biggest single item in the notification of infectious disease. As explained last year, the only control measures that can be recommended consist of good personal hygiene. This, in turn, depends on the availability of adequate washing facilities in close vicinity to toilets—and "adequacy" almost certainly implies the presence of hot water.

The return showing notification of notifiable infectious diseases according to municipalities is shown in Table 11.

The return showing monthly notifications of infectious diseases is shown in Table 13.

Since the last report, the Tasmanian Hydatids Eradication Council has been formed, largely owing to the magnificent enthusiasm of Dr. T. Beard of Campbell Town. This body is performing a very useful function in educating the public in the method of causation of hydatids and pre-



paring public opinion for the measures that will be necessary to control this disease.

Once again I mention the almost complete lack of protection against smallpox in the community. The responsibility for providing protection against this disease undoubtedly lies with those bodies that are responsible for immunisation against other infectious diseases. There is need for a sustained campaign of primary vaccination now—not after smallpox has established a foothold in Australia.

#### (9) Organisation and Administration.

We still lack a laboratory, and staff, to do bacteriological investigations of public health importance. Fortunately there is some prospect that these may be provided in the coming year. There has been a great deal of confusion of thought on this subject and certain people have suggested that the work might be done by the Government Analyst. Disregarding for a moment

the fact that the Government Analyst has neither staff nor space to do all his own work, it is necessary to point out that the work of a public health bacteriologist is as different from that of an analytical chemist as is the work of a plumber and of an electrician. It is true that the bacteriologist and the chemist work on occasions with microscopes, in much the same way the plumber and the electrician both use pliers—but they use them for different purposes.

A very disturbing feature of administration is the extent to which local authorities depend on untrained, or semi-trained, personnel for advice on public health matters. Of all the local authorities in the State, only Burnie, Clarence, Glamorgan, Kingborough, Spring Bay, and Waratah have a medical officer of health who has had any special training in public health. The majority of municipalities seem content to recommend the appointment of an untrained health inspector. The quality of advice available to councils, in many cases, is therefore not high.

## DIVISION OF PSYCHIATRIC SERVICES

### PLANNING AND ADMINISTRATION.

#### (a) Investigations.

Two investigations into the administration of the Division were carried out during the year.

The first of these was an investigation by the Public Service Commissioner into allegations of mal-administration of the Lachlan Park Hospital. Of the nine charges he investigated the Public Service Commissioner found no evidence to support seven of them. He did find that there had been insufficient control of alcoholics and insufficient supervision of patients in "A" Ward. Appropriate steps have been taken to overcome these deficiencies.

The second investigation was that carried out by Dr. E. Cunningham-Dax, Chairman of the Victorian Mental Hygiene Authority and a recognised world authority on administrative psychiatry. Dr. Dax was asked by the Government to report generally on the psychiatric services. In his report Dr. Dax re-emphasised the previous recommendations of the Director of Psychiatric Services and made further recommendations in relation to staffing and the planning of buildings and future services. A Departmental Committee of five members was convened by the Minister for Health to work out details for the implementation of Dr. Dax's recommendations. The detailed building and staffing plan produced by this Committee was, in the main, approved by Cabinet and is the basis of current planning.

#### (b) Administration.

A staff establishment drawn up for the Division is based upon the number of officers needed to provide an adequate staff for existing services plus a Child Psychiatric Clinic to be established. It is intended to build the staff up to full strength as soon as possible.

Two Senior Medical Officer (Psychiatrist) positions have been created. These officers, when appointed, will be deputies to the Director in the fields of Adult Psychiatry and Child Development respectively. This will free the Director of much clinical work and detailed medical administration

and enable him to devote adequate time to general administration, supervision and planning of the Psychiatric Services.

#### (c) Planning.

(i) *Lachlan Park Hospital*.—A building programme at the Lachlan Park Hospital has been approved. This plan envisages the completion of the new (East) hospital and a demolition and rebuilding programme for the old (West) hospital extending over a five-year period.

When this plan is more advanced than at present the Hospital will be divided into two separate hospitals, one (East Hospital) for the mentally ill and the other (West Hospital) for the mentally sub-normal. Each of these hospitals will have its own medical and nursing staff but will share common essential services (power, central kitchen, laundry, store, &c.). This division into two separate hospitals of a more manageable size (in which the doctors will have a better chance of really knowing each patient) will make for more effective treatment. The separation of the mentally ill from the subnormal in separate hospitals will be a great advantage from every point of view.

The building of the East Hospital has, of course, been going on for a number of years. At the present time seven wards have been built and occupied and kitchen, laundry, artisans' workshops and power house have been in operation for years. Four new wards are in course of construction.

(ii) *Rehabilitation Centre, Hobart*.—A large residence has been acquired by the Department and handed over to the Board of the Royal Hobart Hospital to administer. A threefold function is planned for the Centre—

- To act as a Hostel for patients on discharge from the Lachlan Park Hospital who need temporary accommodation whilst finding employment;
- To provide Day Hospital facilities; and
- To provide a programme for the rehabilitation of selected Alcoholics.



The Centre will be controlled by the Royal Hobart Hospital and visiting specialist staff will be provided from this Division.

(iii) *Child Psychiatric Clinic, Hobart.*—Another large residence has been acquired in Hobart for a Child Psychiatric Clinic. A staff establishment has been approved and the positions are to be advertised. Until staff are recruited the Clinic cannot function.

(iv) *Psychiatric Unit, Launceston General Hospital.*—After some ten years of planning the building of this unit has been approved and tenders will be called soon. The Unit is to be built on land adjacent to the Launceston General Hospital and will provide facilities for 16 in-patients, 8 day hospital patients and an outpatient psychiatric clinic.

(v) *Psychiatric Unit, Spencer Hospital, Wynyard.*—A Psychiatric Unit to serve the needs of the North-West is in the planning stage at present.

(vi) *Psychiatric Unit, Royal Hobart Hospital.*—In his report, Dr. Dax supported the Director's recommendations that a Psychiatric Unit be built at the Royal Hobart Hospital and that this should be planned as the Professorial Unit in Psychiatry for the new Medical School. It was recommended that the unit should consist of about 40 beds, plus Day Hospital facilities, plus room for the Department of Psychiatry.

There is no immediate prospect of this plan being implemented but plans have been recommended for the conversion of some of the space on the first floor of the old building into a small Psychiatric Unit as a temporary measure. This area (at present a children's ward) will be evacuated on completion of the new outpatients' block.

(vii) *Future Psychiatric Rehabilitation Hospitals.*—When the present building programme at the Lachlan Park Hospital is completed, there will be two hospitals, each of some 400 beds, at New Norfolk. These hospitals should not expand any further.

Any further extension of the psychiatric hospital services should be by the building of small psychiatric hospitals in the areas they are to serve. It is planned that they should be built when needed in Burnie, Launceston, and Hobart. Initially, each hospital will contain 50 beds but will eventually expand to 250 beds. Steps are being taken to acquire land in Burnie and Hobart, though it is not likely that building will commence for 10 or 20 years. Dr. Dax recommended that the old Infectious Diseases Hospital at Launceston be acquired for a psychiatric hospital when the need arises.

It is of paramount importance that all such hospitals be built in the main centres of population they are to serve as is the case with any other kind of hospital.

(viii) Though not recommended by Dr. Dax as an immediate project, there is the need for a Child Psychiatric Clinic to serve the North of the Island. It has been estimated in the United Kingdom that there should be one such clinic for every 45,000 children in the community.

#### EXISTING SERVICES.

##### (a) Hospitals and Institutions.

(i) *Lachlan Park Hospital.*—With the appointment of two full-time Psychiatrists over the past two years, the number of patients in the Hospital has been reduced to 687 as compared with 768 for

the previous year. It is hoped that a full staff establishment is acquired in the shortest possible time as clinical and ward work is throwing a heavy burden on our present Psychiatrists. With the acquisition of more medical staff the turnover of patients should be increased. The static population remains more or less as it was—757.257 being the average daily strength. A total of 338 voluntary patients were admitted during the year as opposed to 242 in the previous year. One of the biggest reasons for the increase in the number of patients admitted is the appointment of an Alcoholics Welfare Officer. This has resulted in an increase of 129 patients treated for this complaint as compared with the previous year of 37. The amount of work done by the Alcoholic Unit can be seen in the comparison of figures—31 alcoholics remaining in Hospital, June, 1962, as opposed to 41 remaining in Hospital, June, 1963.

The establishment of the Clare Street Alcoholic Unit will be an acquisition from the hospital bed state point of view. From the patients' point of view the Hospital has become more popular as a place of treatment and this is highly desirable. If Table 24 figures are compared with those of the previous year it can be seen that patients are coming into Hospital much more willingly than formerly.

Cost per head has increased by approximately one shilling per day. This is inevitable with the rising cost of living.

The general maintenance of the Hospital should be greatly improved by the appointment of additional artisan staff, including painters, carpenter, upholsterer, groundsman and electrician. Renovations to the old buildings and improvements to the grounds have already been commenced.

Our thanks are due to the most co-operative and hard-working Lachlan Park Hospital Auxiliary for the many beneficent acts they have performed over the past year. I also commend particularly the Retarded Children's Welfare Association for their magnificent efforts in raising funds for the education of the mentally sub-normal. The progress at this special school has been most gratifying.

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(ii) *Millbrook Rise Home*.—Admissions to this Hospital for short stay patients with severe neuroses and early psychoses have arisen somewhat this year in spite of recurring staff shortages, which have imposed restrictions from time to time. Tribute should be paid to the work of the small number of senior staff, who have not only made the increase in admissions possible but, in spite of the extra calls on them, have found time and energy to raise the money for the making of a bowling green which they hope to have installed at the Hospital in the near future.

Statistics ..... Table 33  
Financial Statement ..... Table 34

(iii) *Government Institution for Defectives, New Norfolk*.—The Government Institution for Defectives and the Lachlan Park Hospital are legally separate institutions, but the Government Institution for Defectives in fact occupies several wards of the group of buildings known as "Lachlan Park". It houses patients certified under the Mental Deficiency Act, including a small number of high-grade feeble-minded male adults with strong criminal tendencies. There is no really secure unit for these people who are a perpetual source of trouble and who have brought much unwelcome publicity upon the Lachlan Park Hospital as a whole.

(iv) *Nelumie, Launceston*.—This Government Institution for Defectives continues to fulfill a very useful function as a hostel for the rehabilitation of high-grade and borderline defective adult females.

#### (b) *Extra-Mural Professional Services.*

(i) *Headquarters Clinic*.—The Psychiatrist has been responsible for all psychiatric examinations and reports for the Courts, the Police, the Prisons Department, Social Welfare Department, Education Department, and some other State and Commonwealth agencies. He is aided by one psychologist and two psychiatric social workers who also provide psychological and social work services for the Division as a whole.

The Director has given up most of the clinical work formerly undertaken by him (with the exception of one half-day a week at the Royal Hobart Hospital) so that he can devote adequate time to administration.

(ii) *Northern Regional Service*.—Two Psychiatrists based on Launceston provide a service to the population in this area.

(iii) *North-West Regional Service*.—One psychiatrist based on Burnie provides a Psychiatric service in this area.

(iv) *Services to General Hospitals*.—All Departmental Psychiatrists hold appointments at General Hospitals. They work on a sessional basis in the outpatients' departments of these hospitals and in some cases have charge of inpatients as well.

Psychiatrists stationed in Hobart and New Norfolk each do one half-day session per week at the Royal Hobart Hospital, whilst those in the North do most of their work in the outpatients' departments of Northern general hospitals.

(v) *Psychological Service*.—There is at present one Psychologist in the Division. He visits the North and North-West occasionally. He also provides a service to the Lachlan Park Hospital and to the Ashley Home for Boys and Wybra Hall. There is a great need for additional staff.

(vi) *Social Work Service*.—During the year the Senior Psychiatric Social Worker at Hobart and the Social Worker stationed at Launceston

resigned. The present strength for the Division is two full-time and one part-time psychiatric social workers and this is inadequate.

A Welfare Officer appointed for work with alcoholics has been most active throughout the State in the fields of Public Relations, hospitalization and rehabilitation of alcoholics and liaison with Alcoholics Anonymous.

#### MENTAL DEFICIENCY BOARD.

The Board conducted meetings at monthly intervals throughout the year. Each of the Government Institutions for Defectives at New Norfolk, Karingal, St. John's Park and "Nelumie", Launceston, were inspected on two occasions.

At 30th June, 1963, there were 395 defectives under the control of the Board. This represents an increase of 66 above the total for 1962.

Institutional placements numbered 301 and 94 persons are in the community either under guardianship or supervision.

During the year there were 71 new certifications. Of this number 57 were children transferred from the Lachlan Park Hospital to the Government Institution for Defectives, New Norfolk, following reclassification of patients within the Hospital. This transfer under the provisions of the Mental Deficiency Act enabled the payment of child endowment to be made by the Commonwealth Department of Social Services to the Psychiatrist Superintendent of the Government Institution for Defectives, New Norfolk. The Board hopes it may be possible for the revenue collected to be applied to the welfare of these children.

The number of certified mental defectives under the control of the Board and how they are placed is shown in Table 35.

The orders for the detention of a number of defectives were not renewed following statutory examinations during the year. Four defectives did not submit to examination and the orders for their control automatically expired.

A new Mental Health Act has been presented to Parliament. This Act will abolish the *Mental Deficiency Act 1920* and the Mental Deficiency Board, as such, will cease to exist.

Many of the duties previously undertaken by the Board will be a function of the Guardianship Board to be constituted under the new legislation.

During the year the nominee of the Council of the University of Tasmania on the Board, Professor J. A. Cardno, resigned as he was to make an extended overseas visit and his place was taken by Miss D. D. Cooper of the University of Tasmania.

The nominee of the Director of the Clinic, Miss P. J. Lockley, Senior Psychiatric Social Worker of the Division of Psychiatric Services, was married during the year and the Board has therefore lost her services in undertaking case work on mental defectives. Mrs. Read has, however, not relinquished her position as Board Member.

The services rendered by the Mother Prioress of the Convent of the Good Shepherd, Mount St. Canice, Sandy Bay, where 25 mentally defective girls are detained, and also by the Matron of the Salvation Army Home, Lansdowne Crescent, West Hobart, at which home a further five girls are under care, are greatly appreciated.

Our thanks are extended to all those officers and other persons who, over a period of many years, have faithfully carried out functions of the Board in caring for the mentally defective persons throughout this State.



## DIVISION OF TUBERCULOSIS

During the year ended 30th June, 1963, 111 new cases were notified to the Division of Tuberculosis, compared with 118 cases for the previous year.

Classification of the 111 cases according to sex and form of disease is shown in Table 14. Of these cases 72% were males, compared with a percentage varying between 53 and 60 in the preceding four years.

Further analysis of the 91 pulmonary cases (excluding primary tuberculosis and pleurisy with effusion) according to age, sex, stage of disease and bacillary status at the time of notification is given in Table 15.

Of these 91 cases 11% were advanced at the time of notification, 58.2% moderately advanced, and 30.8% minimal. This shows a higher proportion of advanced and moderately advanced cases, as compared with the previous five years, but is explained to some extent by the separate classification this year of primary tuberculosis and pleural effusion cases which were previously shown as "minimal".

Table 16 describes in detail the 20 non-pulmonary cases.

### Source of Report.

The various agencies responsible for the diagnosis of the 111 cases this year are quoted in Table 17.

The mass X-ray surveys must be regarded as the most effective weapon for unearthing the unsuspected case of active pulmonary tuberculosis among the general public. During the year, 57% of the pulmonary cases notified were the result of mass X-ray detection, and a number of others, particularly those referred to as contacts, owed their discovery, indirectly, to the mass survey campaign.

Table 18 details the number of cases notified from each municipality.

### Supervision of Cases.

Of the 91 pulmonary cases notified, hospital treatment was considered desirable in 81 instances, and admission effected in 80 cases, 33 of whom entered the Tasmanian Chest Hospital, 37 the Northern Chest Hospital, and 10 the Repatriation Hospital. In one case admission was still pending. Notification of one case was as a result of a post-mortem examination.

Nine cases received domiciliary supervision only, and of these four were managed from the chest clinics, four by private physicians, and one by the Repatriation Hospital.

In addition, six cases of pleurisy with effusion and two primary cases received treatment at chest hospitals.

### Migrants.

There were eight migrants notified during the year as suffering from active tuberculosis; of these two were born in the United Kingdom, two in Poland, and one each in Italy, Northern Ireland, Czechoslovakia and Yugoslavia.

### Tuberculosis Allowance Payments.

At the 30th June, 1963, there were 76 persons receiving assistance under provisions of the Commonwealth Tuberculosis Act, compared with 75 at the same date in 1962. Ninety-six new grants were commenced during the period under review, including two transfers from other States. In the same period 95 allowances were cancelled.

### Deaths During Year.

There were 34 deaths among persons registered with the Division. However, the majority of these were old inactive cases in the higher age group, and only in 12 instances could tuberculosis be regarded as the main or contributing cause of death. This represents a death rate of approximately 3.3 per 100,000 of the population.

These deaths are analysed according to age and sex in Table 19 which shows that 50% of tuberculosis deaths were confined to persons of 65 years and over.

### Chest Clinics.

Table 20 summarises the work of the chest clinics throughout the year. In spite of the gradual reduction in the incidence of tuberculosis in the State, the volume of chest clinic work has not decreased. The main reason for this is the necessity of continuing observation of most patients indefinitely, even when they are apparently cured.

### Mass X-ray.

Figures relating to the mass survey campaign are set out in Table 21. It will be seen that, apart from tuberculosis, a number of other abnormalities were discovered incidentally, including seven cases of bronchial carcinoma, and seven of hydatid disease.

## TECHNICAL DIVISION (GOVERNMENT ANALYST LABORATORIES).

### STAFF

The staffing problem was eased slightly by the employment of another junior technical assistant and a graduate chemist, previously a cadet chemist.

The two vacancies of chemist-in-charge of the Food and Agriculture sections remain unfilled due to the very low salaries offered by the Tribunal Award for officers of the calibre and experience required.

### HOUSING AND EQUIPMENT.

The present quarters have become totally inadequate to the needs of the laboratory and some little used equipment, reference samples, &c., have had to be transferred

to the old H.M. Gaol site to provide a little extra working space. A satisfactory solution to this problem is being sought.

### SUMMARY OF WORK.

#### Samples for Analysis.

The materials examined number 3172, a decrease of 1520 on the previous year. There was a decrease of 1263 air pollution samples, investigations having ceased and a decrease of 709 soil samples since the Agronomy Section of the Department of Agriculture set up its own laboratory. Offsetting these decreases, the number of water, food, fertiliser and plant material samples have increased.



## MATERIALS EXAMINED.

Soils	772
Plants	701
Waters	684
Foods	298
Toxicology (human)	169
Fertilisers	158
Air and gases	59
Blood alcohol tests	57
Sewage	50
Feeding stuffs	52
Disinfectants	35
Crime exhibits	28
Pesticides	16
Drugs, medicines	13
Fuels, lubricants	13
Building materials	10
Animal poisoning	4
Corrosion products	8
Paints	8
Liquors	5
Detergents	3
Textile	1
Miscellaneous	33
	<b>3,172</b>

## SOURCES OF SAMPLES

State Departments—	
Agriculture	1,438
Health	387
Police and Coroners	198
Inland Fisheries	77
Forestry	71
Hydro-Electric Commission	62
Supply and Tender	38
Public Works	21
Rivers and Water Supply	19
Agricultural Bank	16
Transport (Railway)	8
Education, Metropolitan	
Water Board, Pharmacy	
Board, Prisons (1 each)	4
Public and business firms	420
Local authorities	226
University (Faculty of Agriculture)	111
Hospitals	51
Commonwealth Departments	23
Hobart Marine Board	2
	<b>3,172</b>

## Consultative and Advisory Work

The advice of the laboratory is frequently sought by other departments, both State and Commonwealth, in relation to chemical problems encountered. Numerous inquiries in the same vein are forthcoming from business firms and the general public.

This work does not involve chemical analysis and cannot appear in the tables above. However it does constitute a considerable proportion of the time of various officers, particularly the senior staff. The value of this advisory function cannot be computed accurately but it does make a valuable contribution to the public welfare in this State.

## FOOD CHEMISTRY.

Of the 298 samples submitted 134 were from official sources.

In view of the large number of processed foods being marketed it is felt that official samples should be submitted regularly on a survey basis to detect food supplies not true to label or which may be dangerous to health, in addition to those cases where complaints are received.

Of the 134 official source samples, 43 milks and 15 other foods did not comply with the requirements of the Act.

No cases of watered milk were found, the infringements being slight deficiencies in total and/or non-fat solids. Six sausage samples were deficient in meat content due to excess water used in the processing. Foreign bodies were the most common cause of failure with other foods (mouse bodies in bread, grease in butter, &c.).

Currently, the status of milk supplies to Hobart has come under investigation.

Other food samples were examined for the Commonwealth in connection with Army food ration packs and for food processors wishing to check new products for conformity with the regulations.

## AGRICULTURAL CHEMISTRY

The importance of agriculture in this State is reflected in the fact that 1689 of the total samples examined (3172) were in connection with this industry. Milk samples from dairymen and waters for use on farming properties (estimated at 20% of the total waters) are not included in these 1689 samples.

Now that the Agronomy Division laboratory analyses their own soil and plant samples the Government Analyst Laboratory has been able to expand its services to the other sections of the Department of Agriculture.

The newly established University Faculty of Agriculture provided 111 of the plant samples in the course of an investigation related to problems in Tasmanian primary production.

A fertiliser survey disclosed that 35 of 50 samples submitted failed to comply with the requirements of the Fertilisers Act. In no case was there any evidence of an attempt to defraud, all sub-standard samples showing evidence of insufficient mixing.

The growing interest of farmers in the use of properly formulated feeding stuffs emphasises the urgent necessity for legislation to control the quality of these materials. The main source of complaint has been on products imported from the mainland. These low grade products are probably being marketed here because they cannot meet the mainland quality regulations.

## FORENSIC CHEMISTRY AND TOXICOLOGY

Exhibits from the police in connection with crimes fell to 28 (8 cases). In most cases attendance at later court proceedings was entailed. Examination of sawdust, paint flakes, glass, soil, ashes, powder residues, disinfectants and inflammable liquids was made in connection with alleged thefts, hit-and-run, shooting, rape, robbery with violence, abortion and arson.

Toxicological specimens numbered 169 from 43 cases. In 27 fatal cases examined the cause of death was barbiturates (15); cyanide (3); carbital (2); carbon monoxide (2) and five negative findings. In six out of 16 non-fatal cases, high blood bromide levels were found suggestive of the ingestion of hypnotics similar to that contained in "Relaxatabs". Alcohol was found to be present in five cases associated with death from drugs.

It is significant that 14 of 17 voluntary blood tests taken from motor vehicle drivers showed a concentration in excess of 150 milligrams per 100 millilitres and nine of these 14 were in excess of 200 milligrams per 100 millilitres. The remainder of the specimens (40) were mainly taken from deceased persons (road accident victims, accidental deaths—including five drownings, death from drugs, &c.). Alcohol was present in all but four cases.

## INDUSTRIAL HYGIENE

A considerable proportion of the work classified under this heading consisted of checks on the exhaust gases of both diesel and low-pressure-gas engines of equipment for use underground or in confined spaces.

One investigation, concerning workers exposed to mercury vapour in a commercial undertaking, showed mercury to be present in the urines of 17 men. Subsequently the whole working area was redesigned and the concrete floor treated with plastic sealer. Later checks show the workers are still excreting mercury but only at very low levels.

An investigation of a power station generator showed high levels (8 to 9 parts per million) of ozone, the odour of which was detectable throughout the whole station. Renewal of damaged insulation was made and a later check showed that the level in the generator had been reduced to 0.35 parts per million with non detectable in the power station air.

## WATERS AND CORROSION PROBLEMS

The continuance of the last years' dry seasons has resulted in a continuing search by farmers for satisfactory farm and household water supplies. Not all sources have proved suitable but the many successful new supplies found warrant the large amount of time spent on these analyses.

A protracted investigation has been made of the variation in quality of a West Coast town's two-source water supply. The extremes of pH found are 3.8 and 5.3 with a median value of about 4.6. The problem of combatting the corrosiveness of the water is being investigated for a means of treatment within the technical and financial capacity of the community.

As in previous years, the Hydro-Electric Commission and the Public Works Department have referred corrosion problems to the laboratory. In most cases analysis has explained the trouble and led to successful preventative treatment.



### MISCELLANEOUS

The tendering of expert evidence in court cases by senior staff has occupied a considerable portion of their time and the laboratory is represented on numerous Public Service technical committees.

Due to restrictions of space and equipment previously referred to, the laboratory cannot meet at present all the demands made of it by other Departments. Conse-

quently some of these are tending to set up small laboratories of limited scope or to duplicate equipment and services in other existing laboratories. In a State with limited financial resources such a practice is uneconomic with respect to money, staff and duplication of effort. As soon as the problems of space and equipment for this laboratory are solved it will be possible to provide a central chemical testing service at a fraction of the cost of a series of small decentralised laboratories.

## ST. JOHN'S PARK HOSPITAL.

### GERIATRIC TRAINING

Since St. John's Park Hospital was declared a training school for Auxiliary Nurses (Geriatric Section) on 3rd July, 1957, six examinations have been held under the jurisdiction of the Nurses' Registration Board and to date 83 persons have passed the examination. The Nurses' Registration Board has approved a curriculum prepared by the Tutor Nurse, Mr. C. P. Hamilton, for the raising of geriatric nursing standards. This will enable the staff to take a three-year training course in geriatrics. If successful in the examinations they will be eligible for State registration.

### ST. JOHN'S PARK HOLIDAY HOMES FOR THE AGED AT CARLTON

This project is progressing very satisfactorily. The Lindisfarne Apex Club and members of the St. John's Park staff have combined very well during the past year in the construction of the holiday centre. There has been an average field day attendance of over 50 persons. This is a splendid effort considering the fact that this voluntary work commenced over three years ago. The appointment of a caretaker-groundsman has enabled several patients to be sent to Carlton for holidays. In addition, many more patients have enjoyed daily picnics to the holiday centre. These outings and holidays have been greatly appreciated by the patients and the change of environment is very beneficial to their health.

### STAFF AMENITIES BLOCK

The Staff Amenities Block was officially opened on 12th June, 1963, and this will provide amenities which have been non-existent for the staff for many years.

### CASUALTY BLOCK

The new casualty block which was commenced on 27th October, 1961, was completed on 10th December, 1962. This unit consisting of a casualty room, doctor's surgery and consulting rooms and patients' treatment rooms, &c., has proved very beneficial for the efficient nursing and treatment of patients.

### BOWLING GREEN

Work commenced on the construction of a bowling green on 18th June, 1963, and it is hoped that this will be completed in the near future. The bowling green will enable the elderly people to spend many pleasant hours.

### ACCOMMODATION AND FACILITIES

Present accommodation and facilities are insufficient to meet the many demands made on them and it is unfortunate that there are many names on the waiting list. The hospital caters for a wide range of patients from all parts of the State. The admission and care of young persons who have sustained permanent injury from accidents is quite a problem.

## NATIONAL FITNESS SECTION.

Clerical services for the work of the Section were provided by the National Fitness Council establishments in Hobart, Launceston and Devonport, from Commonwealth funds. Clerical staff carrying out these services are employed by the National Fitness Council of Tasmania, and as such are not public servants. The resultant difference between employment conditions of clerical and field officials working so closely together is considered to be most unfortunate. Finance, equipment and facilities used by the section in carrying out promotion and programmes were provided by the National Fitness Council. Lack of finance made it necessary for activities to be organised on the basis of reimbursement of costs from fees levied on recruits. However, during the year this situation was alleviated to some extent by an increase of £3,901 in the Commonwealth Grant to the National Fitness Council of Tasmania. This was the first increase in the Commonwealth Grant since 1942.

### NURSES' HOME

The Nurses' Home has been vacated and the nurses transferred to the Nurses' Home in Tower Road. The ready co-operation of the Royal Hobart Hospital in allowing our nurses to be accommodated at Tower Road is greatly appreciated.

Plans are now in hand for the demolition of the old Nurses' Home and the erection of a new one.

### PHYSIOTHERAPY

A special physiotherapy centre has been set up, all the equipment for which was purchased by the St. John's Park Kiosk Auxiliary Committee. Splendid progress has been made and as a result of the additional physiotherapy treatment, many persons believed to be permanently bedridden have recovered and are able to walk again or to use their once useless limbs.

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

Much progress has been made in the social activities of the boys and girls. Members of the St. John's Park Kiosk Auxiliary provide a monthly social with competitions, games and dancing, followed by supper. This function is looked forward to with keen anticipation by the patients and enjoyed by all. Many happy hours have been spent at cricket, tennis and football. Charge Nurse Street has shown a keen interest in the boys and has been successful in encouraging them to take part in all the activities.

### RELIGION

During the year the spiritual welfare of the patients was given every attention by members of the various denominations. Our thanks are given to all who have helped in this way, especially the Reverend Gilbert Latta and Father Patrick McAnany who have been continuous visitors.

### APPRECIATION

During the past year much enjoyment has been provided for the patients by the St. John's Park Kiosk Auxiliary, Lindisfarne and Moonah Apex Clubs, the Moonah and North Hobart Rotary Clubs, the Country Women's Association, the Red Cross Society, the Church of England Mother's Club, Salvation Army, 60 and Over Club, &c. Sincere thanks are due to these organizations for their valuable contribution in making the lives of the residents a little happier.

Too much praise cannot be given to the St. John's Park Kiosk Auxiliary for their splendid work throughout the year and their valuable contributions of approximately £1500 in equipment and social entertainment.

St. John's Park Hospital Statistics are shown in Table 10.

The work of the section was influenced to a considerable extent by the provision of State Government finance to municipal authorities and to the National Fitness Council for the establishment of additional indoor recreation centres at Burnie, Ulverstone, Devonport, Launceston, Glenorchy and Clarence. Officers were directly responsible to local committees for the planning and execution of five (5) of these projects. As the centres are completed officers will be responsible for their usage and administration. Centres at Burnie and Glenorchy were completed during the year.

With the limited staff available, the extent of some fields of work had to be restricted.

Another project initiated in Tasmania during the year which promises to place an increasing strain on the Section, was the establishment in Australia of the Duke of Edinburgh's Award Scheme. This project should make



a very valuable contribution to the training and fitness of Tasmanian youth. However, its success will depend to a large extent on the ability of the Section to promote and foster it in schools, clubs, industry and the community generally.

The recruitment of members for sports, physical recreation and youth organizations, advisory and practical assistance to clubs, associations and community groups, was maintained. Increased promotion of new activities, beginners and coaching groups was assisted by the more

adequate facilities available in new indoor recreation centres.

However, with a rapidly increasing population, leisure time and interest in physical recreation and fitness, the Section was no longer able to meet all the demands made upon it by the community.

Close liaison and co-operation was maintained with local government and other authorities interested in the provision of facilities and in the promotion of other aspects of national fitness.

## CONSULTANT ON FLUORIDATION.

The year 1962-63 has seen greater progress in the implementation of fluoridation in Tasmania than in any previous 12 month period. This has been due in no small measure to the sound basis of public education laid in previous years. Of equal importance is a growing awareness in the community of the problem of dental health and because of this many citizens have taken it upon themselves to become better informed concerning fluoridation.

Over 14% of the State's population is now drinking fluoridated water, and this is expected to rise to 25% shortly. Due to technical and financial difficulties inherent with certain areas it is estimated that ultimately only 65% of the population will be able to be provided with fluoridated water. The effective prevention of dental caries in the remaining 35% of the population is a problem which is at present under consideration. It is intended that, upon the extension of water fluoridation to those areas in which treatment is practicable, the undivided efforts of dental health workers will be directed to this end. However, it is a matter of some regret that almost one-third of the State will not receive the dental benefit that would be derived from water fluoridation.

During the year lectures have been given to over 30 organizations, ranging from Burnie to Huonville, and covering such bodies as Rotary, Apex, Lions, Parents and Friends' Associations, Progress Associations, &c. Films and slides have been used successfully.

A series of articles on fluoridation were published daily over a fortnightly period, and several radio and television programmes were presented. Tribute is paid to the important support of the press, radio and television.

Copies of the film "One in a Million" have been sold all over the world, and this has proved to be an outstanding indication of Tasmania's lead in this aspect of Health Education. A series of 35 m.m. slides prepared by the Consultant has also been in great demand by other States.

The booklet and pamphlet "Why your State Health Department recommends Fluoridation" have been even more widely distributed this year. With the co-operation of a Hobart milk company, copies were distributed to virtually every household in the Hobart metropolitan area. In Burnie a committee has been responsible for the same action. Both publications are in their third printing and have been in demand from overseas and inter-State bodies.

The Consultant has attended meetings of the State's Fluoridation Committee and has acted in an advisory capacity to the committee.

Close liaison with the Department and with other bodies, including municipalities, has been maintained through the year. Considerable correspondence has been directed through the Consultant on various aspects of fluoridation, and many reports, papers and texts have been added to the library.

Continued comprehensive technical reports on fluoridation of water supplies throughout the State have been received from Mr. A. Strom, Civil Engineer. These reports have been of great value to the various municipalities contemplating fluoridation, particularly from the aspects of economics.

## STATUS OF FLUORIDATION

Areas Fluoridated: Beaconsfield—West Tamar, Launceston.

Fluoridation approved, equipment being installed: Rosebery, Hobart.

Fluoridation approved, awaiting implementation: Richmond, Esperance, Queenstown.

Positive attitude, no decision: Latrobe, Scottsdale, Sorell, Ross, Penguin.

Negative attitude expressed: Ulverstone, Clarence, Kingborough.

Negative decision recorded: Devonport; Glenorchy, Wynyard, George Town (referendum lost).

It is a matter of serious concern that certain municipalities have expressed negative attitudes or recorded negative decisions as a result of which the community must suffer in respect to this preventive health measure.

The final survey of Beaconsfield children is planned for 1963-64 and a comprehensive report will be published subsequent to this. The Consultant was associated with two important television programmes concerning Beaconsfield—a half-hour documentary produced by GTV9, Melbourne, and a similar programme produced as a live telecast by ABT2 of Hobart.

The Consultant attended meetings with officers of the Federal Fluoridation Committee and the New South Wales Department of Health, in Sydney, during June. Following these meetings plans are being made for a fluoridation seminar to be held in Launceston.

## HANDICAPPED CHILDREN'S ADVISORY COUNCIL.

The Council has met on only one occasion during this year and has mainly been concerned with an application from the Retarded Children's Association for a grant towards the cost of the introduction of sheltered workshops at Oakdale on the Eastern Shore. The matter is receiving the consideration of the Government.

The Council has again recommended the continuation of grants to the Yalambee and Devonport Retarded Children's Hostels at Glenorchy and Devonport respectively.



**Staff.**

I wish to express my thanks to the Director of Tuberculosis (Dr. J. H. R. Tremayne) for his kindness in acting for me on a number of occasions during my absence. I also acknowledge the work of the Directors and staff who have carried out their duties loyally and efficiently during the year. Many officers have a somewhat thankless task, the magnitude and importance of which is little appreciated by the public whom they serve. Some work very long hours with

the satisfying reward of knowing they are contributing to the happiness of others. Those officers who left the Department after many years of faithful service have my sincere thanks and I welcome those officers who joined the Department during the year.

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.



# APPENDIX

## STATISTICAL TABLES

	Table No.
International Classification of Diseases, Injuries Pregnancies, Births and Causes of Diseases, W.H.O. List A. ....	1
Causes of Injury, A.E. Code, and Nature of Injury, A.N. Code .....	2
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INTERNATIONAL CLASSIFICATION OF DISEASES, INJURIES, PREGNANCIES, BIRTHS AND CAUSES OF DEATHS IN TASMANIAN PUBLIC HOSPITALS FOR THE YEAR ENDED 30.6.63—W.H.O. LIST A.

TABLE 1.  
*Intermediate List of (150 Groups of) Diseases.*

[illegible]



TABLE 1.—continued.

DISEASES	Patients			Age Groups												Disposal				R.	R.T.									
				Under 1			1-4			5-9			10-19			20-44			45 Plus			Improved		Unchanged		Died				
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.			F.	Total	M.	F.	Total	M.	F.	Total	
(a) A Code—																														
A 53 Malignant neoplasm of other and unspecified parts of uterus	23	23	46	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	92	13	7	15	5	11	..	..
A 54 Malignant neoplasm of prostate	35	..	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	19	6	..	..	..	..	..	..
A 55 Malignant neoplasm of skin	41	16	57	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	19	6	..	..	..	..	..	..
A 56 Malignant neoplasm of bone and connective tissue	8	8	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	8	2	5	3	4	10	1	..
A 57 Malignant neoplasm of all other and unspecified sites	97	64	161	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	55	37	52	18	32	30	55	8	..
A 58 Leukemia and leukemia	10	8	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	6	5	4	5	7	21	..	..
A 59 Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	18	11	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	30	14	9	5	4	6	37	2	..
A 60 Benign neoplasms and neoplasms of unspecified nature	119	238	357	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	112	237	24	14	1	3	34	..	..
A 61 Neurotic goitre	6	16	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	17	..	..	..	..	..	..	..
A 62 Thyrotoxicosis with or without goitre	18	18	36	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	..	..	..	..	..	..	..	..
A 63 Diabetes mellitus	63	106	169	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	85	150	2	8	7	13	93	3	..
A 64 Avitaminosis and other deficiency states	10	7	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	8	1	..	..	..	..	..	..
A 65 Anemia	30	50	80	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	32	57	5	6	3	2	25	1	..
A 66 Allergic disorders; all other endocrine metabolic and blood diseases	124	151	275	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	106	172	7	15	3	2	90	10	..
A 67 Psychoses	110	170	280	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	87	165	48	44	1	1	64	2	..
A 68 Psychoneuroses and disorders of personality	203	233	436	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	193	262	59	34	2	..	104	1	..
A 69 Mental deficiency	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	2	..	..	3	..	..
A 70 Vascular lesions affecting central nervous system	144	169	313	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	66	95	29	13	65	75	20	1	..
A 71 Nonmeningococcal meningitis	56	19	75	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22	14	3	4	2	1	4	1	..
A 72 Multiple sclerosis	3	10	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	66	45	13	17	1	..	26	..	..
A 73 Epilepsy	19	20	39	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	21	1	..	..	..	..	..	..
A 74 Inflammatory diseases of eye	27	33	60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	41	1	1	..	..	..	..	..
A 75 Cerebral diseases	16	16	32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	16	1	..	..	..	..	..	..
A 76 Glaucoma	88	57	145	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	95	55	..	3	..	..	8	..	..
A 77 Otitis media and mastoiditis	218	235	453	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	195	217	35	30	8	4	35	1	..
A 78 All other diseases of the nervous system and sense organs	31	22	53	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	33	24	1	1	3	4	6	..	..
A 79 Rheumatic fever	19	32	51	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	23	39	1	1	3	4	20	..	..
A 80 Chronic rheumatic heart disease	378	277	655	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	323	229	35	20	96	69	116	1	..
A 81 Arteriosclerotic and degenerative heart disease	102	97	199	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	91	89	85	8	3	26	34	..	..
A 82 Other diseases of heart	25	65	90	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	47	3	4	9	19	10	..	..
A 83 Hypertension with heart disease	46	74	120	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	42	64	4	8	7	10	15	..	..
A 84 Hypertension without mention of heart of arteries	85	67	152	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	56	42	3	4	8	7	10	..	..
A 85 Diseases of arteries	198	250	448	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	106	196	237	10	11	8	40	..	..
A 86 Other diseases of circulatory system	314	291	605	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	328	302	7	4	..	34	..	..
A 87 Acute upper respiratory infections	17	13	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	13	..	..	..	..	..	..	..
A 88 Influenza	203	168	371	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	229	229	35	20	96	69	116	1	..
A 89 Lobar pneumonia	272	219	491	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	251	214	6	2	29	13	33	1	..
A 90 Bronchopneumonia	79	57	136	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	70	53	5	1	9	3	4	1	..
A 91 Primary atypical, other and unspecified pneumonia	121	97	218	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	125	99	1	..	..	..	9	..	..
A 92 Acute bronchitis	166	80	246	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	166	80	11	5	20	3	38	1	..
A 93 Bronchitis, chronic and unqualified	418	414	832	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	422	423	1	..	..	..	15	..	..
A 94 Hypertrophy of tonsils and adenoids	16	18	34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	12	..	..	..	..	..	..	..
A 95 Empyema and abscess of lung	16	18	34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	12	..	..	..	..	..	..	..
A 96 Pharyngitis and tonsillitis	168	132	300	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	199	139	17	13	8	1	46	1	..
A 97 All other respiratory diseases	270	230	500	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	272	302	..	..	..	..	4	..	..
A 98 Diseases of teeth and supporting structures	84	53	137	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	88	60	..	..	..	..	18	..	..
A 99 Ulcer of stomach	83	30	113	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	27	30	..	..	..	..	21	..	..
A 100 Ulcer of duodenum	32	20	52	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	31	18	1	..	..	..	2	..	..
A 101 Gastritis and duodenitis	435	327	7																											



TABLE 1.—Continued.

INTERMEDIATE LIST OF 150 GROUPS OF DISEASES	Patients		Age Groups												Disposition				R.	R.T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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TABLE 1.—Continued.

SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS	Patients		Age Groups										Disposal				R.	R.T.				
			Under 1		1-4		5-9		10-19		20-44		45 Plus		Improved				Unchanged		Died	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.		
Y Code—																						
Y 1 Pregnancy—Normal delivery	..	5,848	..	..	..	..	..	..	..	671	..	5,168	..	9	..	5,847	..	1	..	..		
Y 60 Medical or special examination without complaint or finding indicating need of observation of medical care	26	132	4	3	5	6	1	..	2	13	6	94	8	16	..	..	28	134	..	..		
Y 61 Follow-up examination after operation, injury or disease without finding indicating need for further medical care	17	7	..	..	2	..	1	..	..	..	3	2	11	5	..	..	26	9	..	..		
Y 65 Carrier or suspected carrier of infectious organisms without complaint or sickness	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Y 68 Healthy person accompanying sick relative	19	19	38	18	1	..	..	..	..	1	..	2	..	..	..	..	20	20	..	..		
Y 69 Other person without complaint or sickness	11	19	30	2	3	1	..	..	..	..	2	4	7	11	..	..	13	20	1	..		
Y 11 Admitted for cosmetic plastic surgery treatment	6	2	8	3	2	..	1	3	..	1	1	1	2	..	6	3	3	1	..	..		
Y 18 Fitting of a prosthetic device	5	2	8	3	..	..	..	..	..	..	2	..	..	..	3,247	2,927	..	..	4	2		
Y 20 Normal newborn baby—single birth	3,251	2,929	6,180	3,251	2,929	..	..	..	..	..	..	..	..	..	183	227	..	..	18	13		
Y 21 Immature newborn baby—single birth	203	240	443	203	240	..	..	..	..	..	..	..	..	..	51	34	..	..	1	1		
Y 22 Twin normal with mate liveborn	51	35	86	51	35	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..		
Y 23 Twin normal with mate stillborn	1	1	1	1	..	..	..	..	..	..	..	..	..	..	28	23	1	..	5	3		
Y 24 Twin immature with mate liveborn	34	27	61	34	27	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..		
Y 25 Twin immature with mate stillborn	3	3	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Y 26 Multiple born normal, mates all liveborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Y 27 Multiple born normal, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Y 28 Multiple born immature, mates all liveborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Y 29 Multiple born immature, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
TOTALS ..	15,323	21,733	37,056	4,160	3,506	955	1,121	962	2,645	2,423	2,970	9,830	4,177	3,907	14,944	21,492	1,066	1,022	656	526		
																				116		

LEOPARD — R. = The number of cases readmitted for the same complaint.

RT = The number of cases transferred to a second hospital for a complaint which has already resulted in a coded return from the first hospital.

\* Add 1 — Sex undetermined — unchanged.

Zeelan District Hospital figures unavailable.



















1900-1901

1900-1901		1901-1902		1902-1903		1903-1904		1904-1905		1905-1906		1906-1907		1907-1908		1908-1909		1909-1910		1910-1911		1911-1912		1912-1913		1913-1914		1914-1915		1915-1916		1916-1917		1917-1918		1918-1919		1919-1920		1920-1921		1921-1922		1922-1923		1923-1924		1924-1925		1925-1926		1926-1927		1927-1928		1928-1929		1929-1930		1930-1931		1931-1932		1932-1933		1933-1934		1934-1935		1935-1936		1936-1937		1937-1938		1938-1939		1939-1940		1940-1941		1941-1942		1942-1943		1943-1944		1944-1945		1945-1946		1946-1947		1947-1948		1948-1949		1949-1950		1950-1951		1951-1952		1952-1953		1953-1954		1954-1955		1955-1956		1956-1957		1957-1958		1958-1959		1959-1960		1960-1961		1961-1962		1962-1963		1963-1964		1964-1965		1965-1966		1966-1967		1967-1968		1968-1969		1969-1970		1970-1971		1971-1972		1972-1973		1973-1974		1974-1975		1975-1976		1976-1977		1977-1978		1978-1979		1979-1980		1980-1981		1981-1982		1982-1983		1983-1984		1984-1985		1985-1986		1986-1987		1987-1988		1988-1989		1989-1990		1990-1991		1991-1992		1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201		2201-2202		2202-2203		2203-2204		2204-2205		2205-2206		2206-2207		2207-2208		2208-2209		2209-2210		2210-2211		2211-2212		2212-2213		2213-2214		2214-2215		2215-2216		2216-2217		2217-2218		2218-2219		2219-2220		2220-2221		2221-2222		2222-2223		2223-2224		2224-2225		2225-2226		2226-2227		2227-2228		2228-2229		2229-2230		2230-2231		2231-2232		2232-2233		2233-2234		2234-2235		2235-2236		2236-2237		2237-2238		2238-2239		2239-2240		2240-2241		2241-2242		2242-2243		2243-2244		2244-2245		2245-2246		2246-2247		2247-2248		2248-2249		2249-2250		2250-2251		2251-2252		2252-2253		2253-2254		2254-2255		2255-2256		2256-2257		2257-2258		2258-2259		2259-2260		2260-2261		2261-2262		2262-2263		2263-2264		2264-2265		2265-2266		2266-2267		2267-2268		2268-2269		2269-2270		2270-2271		2271-2272		2272-2273		2273-2274		2274-2275		2275-2276		2276-2277		2277-2278		2278-2279		2279-2280		2280-2281		
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TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &amp;c. for Year ended 30th June, 1963.

No.	Hospital	Daily Average of Occupied Beds	Balances at 1st July, 1962		MAINTENANCE RECEIPTS							No.	MAINTENANCE PAYMENTS (NET)								Balance at 30th June, 1963		In-Patients' Cost				Out-Patients' Cost				No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
			Debit	Credit	Common- wealth Aid	State Aid	In- Pa- tient Fees	Out- Pa- tient Fees	Sundries, Donations, Interest, Rent, Misc. Receipts	Total Receipts	Salaries and Wages		Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Payments	Debit	Credit	Per Daily Occu- pied Bed	Per Pa- tient	Per Atten- dance	Per Pa- tient	Per Atten- dance	Per Pa- tient																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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1	General Hospitals:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						







### 13. PATIENTS

Where:  $\Delta$  = change in





TABLE 7

GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30TH JUNE, 1963

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	Total
1	Cosgrove Park	115.10	90.00	205.10	160	90	250	313	42,010	32,850	74,860
2	St. John's Park	255.75	209.16	464.91	343	221	564	727	93,349	76,342	169,691
3	Spencer ..	33.66	..	33.66	35	..	35	44	12,286	..	12,286
	TOTALS ..	404.51	299.16	703.67	538	311	849	1,084	147,645	109,192	256,837



TABLE 8.  
DISTRICT MEDICAL SERVICE.  
*Summary of Attendances for the Year ended 30th June, 1963.*

District Medical Officer	Total No. of Patients Attended	SEX		DIAGNOSIS			CLASSIFICATION				TIME OF EXAMINATION			PLACE OF EXAMINATION				MILEAGE		X-Rays	Admitted to Hospital	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	Dom-iliary Visits	In Hours charged to Dept.	Out of Hours charged to Dept.				
Bruny Is. . .	747	352	395	729	6	12	684	63	..	..	742	2	3	334	66	347	..	..	2	11	3	
Cygnal . .	4,796	2,392	2,404	3,562	1,016	218	2,722	952	167	955	3,654	543	599	2,536	..	2,260	5,932	..	34	48	49	
Esperance . .	6,280	2,737	3,543	5,218	923	139	5,882	68	117	213	5,967	256	57	3,384	1,347	1,549	8,499	..	15	14	11	
Evandale . .	4,983	2,034	2,949	3,690	386	7	3,645	194	18	226	3,515	486	82	2,717	382	984	8,581	..	49	10	45	
Flinders Is.	2,511	1,111	1,400	2,079	131	301	2,153	328	3	27	2,267	238	6	2,194	317	..	762	13	..	2	2	
Glamorgan	4,593	1,927	2,666	3,956	426	211	4,207	52	60	274	4,317	246	30	2,010	1,564	1,019	14,237	..	26	30	40	
Snug . .	6,293	3,132	3,161	5,063	1,180	50	4,522	567	251	953	3,499	710	84	4,066	1,557	670	9,317	10	..	9	39	
Kingston B.*	1,751	891	860	1,087	64	..	1,726	25	..	..	1,716	9	26	1,137	371	243	2,215	..	5	9	2	
King. Is.†	2,067	987	1,080	1,718	215	134	1,978	5	46	38	1,947	111	9	1,491	533	23	..	..	1	..	..	
New Norfolk	6,061	3,026	3,035	4,662	1,030	369	5,304	319	360	78	5,341	296	424	4,914	837	310	8,665	23	39	25	16	
Maydena . .	6,182	3,039	3,143	3,477	2,459	246	4,283	972	572	355	5,456	569	157	3,962	581	1,639	6,976	..	3	7	9	
Portland . .	4,582	2,091	2,437	3,968	413	147	3,237	661	33	597	4,046	436	46	2,633	510	1,385	7,981	..	24	40	27	
Penguin . .	8,230	3,888	4,342	7,204	987	39	6,496	983	35	716	7,184	860	186	7,409	331	490	6,252	15	60	40	85	
Ringarooma‡	5,853	1,313	4,540	5,132	666	55	5,449	88	6	310	5,755	94	3	4,484	1,103	206	9,365	..	..	3	..	
Richmond..	3,975	1,989	1,986	3,137	778	60	3,844	55	25	51	3,765	208	2	1,991	937	1,047	9,195	..	18	15	31	
Tasman . .	3,208	1,491	1,717	2,513	522	173	2,292	259	93	564	2,079	469	60	1,901	566	741	6,377	..	35	74	14	
TOTALS . .	71,158	32,400	38,758	57,158	11,202	2,161	58,424	5,591	1,786	5,357	63,851	5,533	1,774	47,163	11,082	12,913	104,354	61	311	337	373	

\*From July, 1962 to October, 1962.

†From January, 1962 to June, 1963.

‡From October, 1962 to June, 1963.

TABLE 9

SUMMARY OF WORK PERFORMED IN THE DISTRICT NURSING CENTRES DIVISION  
DURING YEAR ENDED 30th JUNE, 1963

Name of Centre	Hospital Bed Capacity	Visits to Centre	Visits to Patients	In Patients Bed Days	No. of Births	Pre- Natal Visits	Child Health Visits	School Visits	Mileage	Fees Collected
										£ s. d.
<b>SOUTH—</b>										
Alonnah, Bruny Is. . .	2	602	563	3	..	27	592	4	1,809	13 10 6
Cygnnet .. ..	5	688	6	363	19	6	..	..	..	656 11 10
Dover .. ..	5	445	..	497	20	129	8	..	..	845 19 6
Koonya .. ..	5	743	9	463	25	16	243	..	5,393	1,080 6 0
Oatlands .. ..	5	662	26	130	9	70	419	..	1,308	302 18 0
Southport .. ..	..	716	749	..	..	104	373	..	1,164	1 10 0
Strahan .. ..	..	1,812	798	..	..	106	511	..	6,137	19 2 6
Swansea .. ..	4	1,980	16	194	16	103	446	..	..	589 3 0
Triabunna .. ..	3	3,266	177	110	12	113	734	..	471	312 16 6
Total (9 Centres) ..	29	10,874	2,344	1,760	101	674	3,326	4	16,282	3,821 17 10
<b>NORTH—</b>										
Avoca .. ..	..	2,700	95	..	..	35	296	22	362	14 3 6
*Cape Barren Island ..	1	992	146	28	..	56	57	1	177	1 1 0
George Town .. ..	5	106	..	1,026	102	107	47	..	..	2,490 9 0
Gladstone .. ..	..	982	558	..	..	55	611	..	4,892	23 1 0
Grassy, King Island ..	..	2,700	144	..	..	188	1,152	..	4,342	40 15 0
†Lilydale .. ..	..	1,052	1,322	..	..	23	1,309	..	4,668	..
Mole Creek .. ..	..	1,263	176	..	..	29	547	..	1,548	14 0 0
*Redpa .. ..	..	1,713	91	..	..	23	333	31	1,820	29 15 0
Ringarooma .. ..	..	1,581	192	..	..	34	384	..	1,468	20 16 0
†Rossarden .. ..	..	6,266	3,045	..	..	384	1,063	..	4,133	..
St. Helens .. ..	6	232	7	431	19	177	242	4	..	1,253 5 0
Sheffield .. ..	5	17	..	719	64	..	6	..	..	1,927 12 0
†Storeys Creek .. ..	..	2,912	736	..	..	148	251	..	3,737	..
*Tullah .. ..	1	228	92	..	..	..	66	..	109	35 19 6
Waratah .. ..	..	694	619	..	..	20	307	3	4,571	140 6 0
Westbury .. ..	3	18	1	369	31	60	7	..	..	799 14 9
Total (16 Centres)	21	23,456	7,224	2,573	216	1,339	6,678	61	31,827	6,790 17 9
Grand Total (25 Centres) ..	50	34,330	9,568	4,333	327	2,013	10,004	65	48,109	10,612 17 9

\* Closed one month for annual leave.

† Finance not collected by Department.

‡ Closed 5th December, 1962.

## COMPARATIVE FIGURES FOR FIVE YEARS 1959-1963

1958-1959: 26 Centres ..	57	94,192	11,379	5,687	292	2,504	10,765	94	57,028	8,524 15 5
1959-1960: 25 Centres ..	52	42,189	11,080	5,712	321	2,377	9,793	75	58,909	8,250 1 3
1960-1961: 25 Centres ..	52	44,845	9,144	5,263	336	2,458	11,186	111	55,563	9,931 1 6
1961-1962: 25 Centres ..	52	38,612	10,873	4,969	341	2,357	11,961	100	52,166	10,198 2 8
1962-1963: 25 Centres ..	50	34,330	9,568	4,333	327	2,063	10,004	65	48,109	10,612 15 7



TABLE 10

## ST. JOHN'S PARK HOSPITAL STATISTICS

## APPENDIX V

## NUMBER OF BEDS AVAILABLE

Women's Division	..	215 including 120 hospital beds
Male Division	..	341 including 101 hospital beds
		<u>556</u>
		<u>221</u>

## PATIENTS

Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1961-62 ..	282	142	424	155	123	278	68	26	94	96	49	145	273	190	463	455.76
1962-63 ..	273	190	463	170	94	264	93	31	124	78	65	143	272	188	460	464.91

## SUMMARY

	1961-62	1962-63
Number Resident at commencement	424	463
Admitted during year .. ..	278	264
	<u>702</u>	<u>727</u>
Discharged during year .. ..	94	124
Deaths during year .. ..	145	143
	<u>239</u>	<u>267</u>
	<u>463</u>	<u>460</u>

## FINANCE

	£	£
Commonwealth Hospital Benefits ..	28,550	49,473
State Aid (Net Cost) .. ..	262,920	247,266
Invalid and Old Age Pensions Contributions .. ..	38,382	37,892
War Service Pensions Contributions ..	3,331	3,545
Private Maintenance .. ..	14,835	17,089
Laundry Services .. ..	3,014	2,645
Sundries .. ..	1,194	1,025
	<u>£352,226</u>	<u>£358,935</u>
Expenditure:	£	£
Salaries .. ..	243,650	250,522
Light and Fuel .. ..	14,115	15,218
Provisions, Medicines, &c. .. ..	57,463	55,322
Equipment, Stores, Uniforms and Maintenance .. ..	27,961	29,935
Sundries .. ..	9,037	7,938
	<u>£352,226</u>	<u>£358,935</u>
	£ s. d.	£ s. d.
Gross Daily Cost per Inmate ..	2 2 4	2 2 4
Net Daily Cost per Inmate ..	1 11 7	1 9 2
Gross Weekly Cost per Inmate ..	14 16 5	14 16 2
Net Weekly Cost per Inmate ..	11 1 3	10 4 0

TABLE 11

RETURN SHOWING NOTIFICATION OF NOTIFIABLE INFECTIOUS DISEASES ACCORDING TO  
MUNICIPALITIES FOR THE YEAR ENDED 30TH JUNE, 1963

Municipality	Poliomyelitis	Acute Rheumatism	Nephritis	Bacillary Dysentery	Infantile Diarrhoea	Meningitis	Filaria	Glandular Fever	Hydatids	Hepatitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Paratyphoid Fever	Tuberculosis	TOTALS
Beaconsfield ..	..	..	..	..	..	1	..	1	..	5	..	..	..	..	4	11
Bothwell ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brighton ..	..	..	..	..	..	1	..	..	..	11	..	..	..	..	..	12
Bruny ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Burnie ..	..	..	..	..	..	1	..	3	2	44	..	..	..	..	3	53
Campbell Town ..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	3
Circular Head ..	..	..	..	..	..	..	..	4	..	16	..	..	..	..	1	21
Clarence ..	..	..	..	1	..	..	..	2	3	82	..	2	1	..	7	98
Deloraine ..	..	3	..	..	..	3	..	..	1	4	..	2	..	..	1	14
Devonport ..	..	..	..	..	..	..	..	..	1	12	..	..	..	..	3	16
Esperance ..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	4
Evandale ..	..	..	..	..	..	..	..	1	1	2	..	..	1	..	..	5
Fingal ..	..	..	..	..	..	..	..	..	2	9	..	..	..	..	3	14
Flinders ..	..	..	..	..	1	..	..	..	1	9	..	..	..	..	..	11
George Town ..	..	..	..	..	1	1	..	..	1	18	..	..	..	..	..	21
Glamorgan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glenorchy ..	1*	4	..	1	..	5	..	2	2	62	..	1	..	..	10	88
Gormanston ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Green Ponds ..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	1	5
Hamilton ..	..	..	..	1	..	1	..	..	1	4	..	..	..	..	1	8
Hobart ..	..	1	2	4	..	..	..	3	1	42	..	..	2	..	22	77
Huon ..	..	..	..	..	..	..	..	..	..	9	..	..	..	..	1	10
Kentish ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingborough ..	..	..	..	..	..	1	..	4	..	7	..	..	..	..	5	17
King Island ..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
Latrobe ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	3	5
Launceston ..	..	1	..	3	6	3	1	10	4	42	..	4	1	..	15	90
Lilydale ..	..	..	..	..	..	..	..	..	..	16	..	..	3	..	1	20
Longford ..	..	..	..	..	1	..	..	..	..	13	..	..	2	..	4	20
New Norfolk ..	..	1	..	..	..	2	..	..	3	28	..	..	..	..	1	35
Oatlands ..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	3
Penguin ..	..	..	..	..	..	..	..	1	..	24	..	..	1	..	..	26
Port Cygnet ..	..	..	..	..	..	..	..	..	..	6	1	..	..	..	1	8
Portland ..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
Queenstown ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	3
Richmond ..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	1	4
Ringarooma ..	..	..	..	..	1	1	..	..	..	1	..	..	..	..	1	4
Ross ..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
Scottsdale ..	..	..	..	1	..	..	..	..	1	4	..	..	..	..	1	7
Sorell ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Spring Bay ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
St. Leonards ..	..	..	..	..	4	..	..	1	..	26	..	..	1	..	2	34
Strahan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tasman ..	..	1	..	..	..	..	..	..	..	1	..	4	..	..	..	6
Ulverstone ..	..	1	..	..	..	..	..	..	..	11	..	3	..	..	4	19
Waratah ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury ..	..	..	..	..	2	..	..	..	1	19	..	4	20	..	..	46
Wynyard ..	..	..	..	..	..	..	..	2	..	64	..	..	10	..	11	87
Zeehan ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
TOTALS ..	1	13	2	11	16	20	1	34	27	608	1	20	46	1	117†	918

\* Later diagnosed as not poliomyelitis.

† 6 cases subsequently revoked, actual cases diagnosed, 111.



TABLE 12.  
*RETURN Showing Age and Sex Distribution of Cases of Venereal Diseases Notified During the Year 1962-63.*

Disease	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.	
Gonorrhoea	..	..	1 1	65 15	85 12	22 1	8 ..	2 ..	3 1	3 ..	2 ..	3 1	3 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	6 1	199 31	230		
Primary Syphilis	..	..	.. ..	.. 1	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2	
Tertiary Syphilis	..	..	.. ..	.. ..	.. ..	.. 1	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 2	3	
Totals	..	..	1 1	65 16	85 13	22 2	8 1	2 ..	3 1	3 ..	2 ..	3 1	3 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	2 ..	6 1	200 35	235			

TABLE 13

RETURN SHOWING MONTHLY NOTIFICATION OF NOTIFIABLE INFECTIOUS DISEASES DURING  
YEAR ENDED 30th JUNE, 1963

Month	Polio-myelitis	Acute Rheumatism	Nephritis	Bacillary Dysentery	Infantile Diarrhoea	Meningitis	Filariasis	Glandular Fever	Hydatids	Hepatitis	Paerperal Pyrexia	Rubella	Scarlet Fever	Paratyphoid Fever	Tuberculosis	TOTALS
July ..	1	..	..	..	..	..	..	2	4	49	..	1	9	..	13	79
August ..	..	..	2	2	1	3	..	12	..	66	..	..	4	..	13	93
September ..	..	3	..	..	1	..	..	3	3	47	..	1	1	..	6	65
October ..	..	2	..	1	1	1	..	5	8	48	1	4	4	..	7	82
November ..	..	..	..	1	4	5	..	2	2	56	..	2	2	..	8	88
December ..	..	..	..	..	7	1	..	12	12	50	..	..	12	..	12	76
January ..	1	..	..	..	..	..	..	1	..	43	..	6	12	..	8	61
February ..	1	..	2	..	..	..	..	2	..	50	..	1	1	..	9	66
March ..	2	..	1	..	..	1	..	5	1	50	..	..	3	..	12	79
April ..	..	..	..	..	..	..	..	1	1	45	..	..	2	..	8	57
May ..	..	1	..	..	1	2	1	4	6	48	..	1	4	1	14	83
June ..	..	3	..	4	1	7	..	5	..	56	..	4	2	..	7	89
TOTALS ..	1	13	2	11	16	20	1	34	27	608	1	20	46	1	117*	918

\* 6 cases subsequently revoked, actual cases diagnosed, 111 (See table 14).

TABLE 14

CLASSIFICATION OF TUBERCULOSIS CASES  
ACCORDING TO SEX AND FORM OF DISEASE

Form of Disease	Males	Females	Total
Pulmonary .. .. .	64	27	91
Tuberculous Pleural Effusion ..	6	1	7
Primary Tuberculosis .. .. .	2	1	3
Non-Pulmonary Tuberculosis ..	8	2	10
Totals .. .. .	80	31	111



TABLE 15

## CLASSIFICATION OF PULMONARY TUBERCULOSIS (EXCLUDING PRIMARY TUBERCULOSIS AND PLEURISY WITH EFFUSION)

Age Group (Years)	MALES					FEMALES					Total Persons	%	Total Positive Cases	% Positive
	Min.	Mod. Adv.	Adv.	Total	Sputum Positive Cases	Min.	Mod. Adv.	Adv.	Total	Sputum Positive Cases				
0-4 ..	1	..	..	1	..	..	..	..	..	..	1	1.1	..	..
5-9 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10-14 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-19 ..	2	..	..	2	..	..	..	..	..	..	2	2.2	..	..
20-24 ..	3	1	..	4	3	1	2	1	4	2	8	8.8	5	62.5
25-29 ..	2	1	..	3	..	..	..	..	..	..	3	3.3	..	..
30-34 ..	2	2	..	4	1	2	3	..	5	4	9	9.9	5	55.5
35-39 ..	2	12	..	14	3	..	2	..	2	1	16	17.5	4	25.0
40-44 ..	2	3	1	6	1	1	..	..	1	..	7	7.7	1	14.3
45-49 ..	1	2	1	4	1	1	3	..	4	1	8	8.8	2	25.0
50-54 ..	3	1	1	5	2	1	..	2	3	1	8	8.8	3	37.5
55-59 ..	..	4	1	5	4	..	1	..	1	1	6	6.6	5	83.3
60-64 ..	1	4	..	5	3	..	1	..	1	1	6	6.6	4	66.6
65-69 ..	1	3	1	5	3	..	1	..	1	1	6	6.6	4	66.6
70-74 ..	..	1	..	1	..	1	1	..	2	1	3	3.3	1	33.3
75 & over ..	1	3	1	5	3	..	2	1	3	2	8	8.8	5	62.5
TOTAL	21	37	6	64	24	7	16	4	27	15	91	..	39	..
Percentage	32.8	57.8	9.4	..	37.5	26.0	59.2	14.8	..	55.5	..	..	42.9	..

TABLE 16

## DETAILS OF NON-PULMONARY TUBERCULOSIS CASES

Age Group	MALES						FEMALES						Total Persons	Total Bacillary Positive
	Primary Tuberculosis	Number Bacillary Positive	Pleurisy with Effusion	Number Bacillary Positive	Non-Pul- monary Cases	Number Bacillary Positive	Primary Tuberculosis	Number Bacillary Positive	Pleurisy with Effusion	Number Bacillary Positive	Non-Pul- monary Cases	Number Bacillary Positive		
0-4 years ..	1	..	..	..	1	..	1	..	..	..	..	..	3	..
5-9 years ..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
10-14 years ..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
15-19 years ..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
20-24 years ..	..	..	2	..	..	..	..	..	1	1	..	..	3	..
25-29 years ..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
30-34 years ..	..	..	1	..	1	1	..	..	..	..	1	1	3	2
35-39 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40-44 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45-49 years ..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
50-54 years ..	..	..	1	1	1	1	..	..	..	..	1	..	3	2
55-59 years ..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
60-64 years ..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
65-69 years ..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
70-74 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
75 years and over ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	2	..	6	1	8	5	1	..	1	1	2	1	20	8

TABLE 17

AGENCIES RESPONSIBLE FOR DIAGNOSIS  
OF TUBERCULOSIS CASES

	<i>Pulmonary Cases</i>	<i>Primary</i>	<i>Pleural Effusion</i>	<i>Non- Pulmonary</i>	<i>Total</i>
Mass X-ray Surveys ..	52	..	..	..	52
Chest Clinics ..	8	..	..	..	20
Chest Clinics (Contacts) ..	12	..	..	..	
Public Hospitals ..	10	2	4	7	23
Repatriation Hospital ..	3	..	1	..	4
Private Physicians ..	5	1	2	3	11
Death Certificate ..	1	..	..	..	1
	91	3	7	10	111

TABLE 19

DEATHS WITH TUBERCULOSIS THE MAIN OR  
CONTRIBUTORY CAUSE OF DEATH CLASSIFIED  
ACCORDING TO AGE AND SEX

<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-34 years ..	Nil	Nil	Nil
35-39 years ..	1	..	1
40-44 years ..	..	1	1
50-54 years ..	1	..	1
55-59 years ..	1	..	1
60-64 years ..	2	..	2
65-69 years ..	2	..	2
75-79 years ..	2	..	2
80 years and over ..	2	..	2
	11	1	12

TABLE 18

TUBERCULOSIS CASES NOTIFIED BY EACH  
MUNICIPALITY

<i>Municipality</i>	<i>No. of Cases</i>
Beaconsfield ..	5
Bothwell ..	..
Brighton ..	..
Bruny Island ..	2
Burnie ..	3
Campbell Town ..	..
Circular Head ..	1
Clarence ..	7
Deloraine ..	1
Devonport ..	3
Esperance ..	..
Evandale ..	..
Fingal ..	2
Flinders Island ..	..
George Town ..	..
Glamorgan ..	..
Glenorchy ..	10
Gormanston ..	..
Green Ponds ..	1
Hamilton ..	1
Hobart ..	21
Huon ..	1
Kentish ..	..
Kingborough ..	4
King Island ..	..
Latrobe ..	3
Launceston ..	14
Lilydale ..	1
Longford ..	4
New Norfolk ..	..
Oatlands ..	1
Penguin ..	..
Port Cygnet ..	1
Portland ..	..
Queenstown ..	2
Richmond ..	1
Ringarooma ..	1
Ross ..	..
Scottsdale ..	1
Sorell ..	2
Spring Bay ..	..
St. Leonards ..	2
Strahan ..	..
Table Cape ..	10
Tasman ..	..
Ulverstone ..	4
Waratah ..	..
Westbury ..	..
Zechar ..	2
Total ..	111



TABLE 20

## CHEST CLINICS

*New Registrations, Attendances and Epidemiological Surveys for Year Ended 30th June, 1963*

New Registrations	Hobart	Launceston	Devonport	Burnie	Total
New Cases Registered .. .. .	31	17	6	19	73
Investigation Cases—					
Referred from Mass X-ray Surveys .. .. .	125	109	3	12	249
Referred from Private Physicians, Epidemiological Surveys, &c. .. .. .	35	85	28	78	226
Contacts Registered .. .. .	242	230	162	187	821
Total New Registrations .. .. .	433	441	199	296	1,369
Re-attendances during year .. .. .	8,001	5,095	1,538	1,743	16,377
Total Attendances .. .. .	8,434	5,536	1,737	2,039	17,746

*Epidemiological Surveys*

Number Checked	POSITIVE			Not Checked
	Negative	Natural	By B.C.G.	
5,398	5,007	322	51	18

TABLE 21

## DIVISION OF TUBERCULOSIS — MASS X-RAY

	Hobart	Launceston	Mobile	Total
1. Total number of miniature films .. .. .	44,566	25,343	43,399	113,308
Total number of large films required .. .. .	698	518	641	1,857
Total number of large films taken .. .. .	930	491	757	2,178
(a) Normal .. .. .	574	325	425	1,324
(b) Abnormal .. .. .	356	166	332	854
(c) Referred for further investigation to—				
(i) Chest Clinic .. .. .	97	36	88	221
(ii) Private Practitioner .. .. .	85	31	86	202
2. Diagnosis made—				
(a) Active Tuberculosis—				
(i) Minimal .. .. .	11	1	7	53
(ii) Moderately advanced .. .. .	12	3	16	
(iii) Advanced .. .. .	1	1	1	
(b) Inactive tuberculosis .. .. .	13	5	2	20
(c) Still under observation .. .. .	79	54	79	212
3. Other abnormalities discovered—				
Pneumonitis non-T.B. .. .. .	10	..	4	14
Pneumothorax .. .. .	..	..	1	1
Silicosis .. .. .	..	..	1	1
Bronchiectasis .. .. .	6	3	1	10
Bronchitis .. .. .	7	1	3	11
Emphysema .. .. .	17	14	20	51
Bronchial Carcinoma .. .. .	4	2	1	7
Secondary Carcinoma .. .. .	3	2	1	6
Sarcoidosis .. .. .	2	2	..	4
Cystic disease .. .. .	..	..	2	2
Atelectasis .. .. .	..	..	2	2
Hydatid .. .. .	2	..	5	7
Diaphragmatic .. .. .	9	5	4	18
Pleural thickening or adhesions .. .. .	23	14	24	61
Thyroid .. .. .	2	2	4	8
Fibrosis? Cause .. .. .	15	7	13	35
Calcification? Cause .. .. .	23	16	19	58

TABLE 22

## LACHLAN PARK HOSPITAL

*Admissions, Re-admissions, Discharges and Deaths during the year 1962-1963*

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1962 .. .. .	..	..	..	347	421	768
Admitted for the first time .. .. .	193	135	328			
Re-admitted .. .. .	61	36	97			
Returned from trial leave .. .. .	27	38	65			
Total admitted and returned .. .. .				281	209	490
Total under care during year .. .. .				628	630	1,258
Discharged from Hospital .. .. .	169	137	306			
Proceeded on trial leave .. .. .	101	129	230			
Died .. .. .	18	17	35			
Total off records .. .. .				288	283	571
Remaining in Hospital at 30th June, 1963 .. ..				340	347	687

TABLE 23

## LACHLAN PARK HOSPITAL

*Numbers of patients on, returning from and discharged from trial leave during 1962-1963*

	Males	Females	Total	Males	Females	Total
On trial leave on 30th June, 1962 .. .. .	..	..	..	20	54	74
Proceeding on trial leave during year .. .. .	..	..	..	96	125	221
Total on trial leave during year .. .. .	..	..	..	116	179	295
Returned from trial leave during year .. .. .	27	38	65			
Discharged from trial leave during year .. .. .	22	40	62			
Died whilst on trial leave .. .. .	3	3	6			
Total loss .. .. .	..	..	..	52	81	133
Remaining on trial leave .. .. .	..	..	..	64	98	162

TABLE 24

## LACHLAN PARK HOSPITAL

*Manner in which patients were admitted during the year 1962-1963*

How Admitted	Males	Females	Total
Private Order .. .. .	25	35	60
Justices' Order .. .. .	11	1	12
Magistrate's Order .. .. .	..	..	..
Voluntary Boarders .. .. .	205	133	338
Inebriates Hospital Act.. .. .	9	..	9
Section 13A .. .. .	1	2	3
A.G.W. .. .. .	3	..	3
Returned from trial leave—1962-1963 .. .. .	27	38	65
	281	209	490
First admission .. .. .	193	135	328
Second admission .. .. .	33	22	55
Third admission .. .. .	16	6	22
Fourth admission .. .. .	8	3	11
Fifth and over admission .. .. .	4	5	9
Returned from trial leave .. .. .	27	38	65
	281	209	490



TABLE 25

## LACHLAN PARK HOSPITAL

*Form of mental disorder on admission during 1962-63 and the form of mental disorder of patients in Hospital on 30th June, 1963*

Form of Mental Illness	ADMISSIONS			REMAINING IN HOSPITAL		
	Males	Females	Total	Males	Females	Total
<i>A. Congenital Mental Deficiency:</i>						
1. With Epilepsy .. .. .	6	8	14	22	30	52
2. Without Epilepsy .. .. .	10	20	30	43	32	75
3. With Schizophrenia .. .. .	..	4	4	9	15	24
<i>B. Dementias:</i>						
1. Senile .. .. .	13	26	39	31	50	81
2. Pre-senile .. .. .	2	1	3	1	6	7
3. Secondary or terminal .. .. .	1	..	1	..	4	4
4. Arteriosclerosis .. .. .	..	2	2	8	9	17
<i>C. Organic Psychosis:</i>						
1. Gross Brain Lesion .. .. .	..	4	4	2	6	8
2. Dementia Paralytica .. .. .	..	..	..	..	..	..
3. Epileptic Psychosis .. .. .	3	4	7	8	9	17
4. Alcoholic Psychosis .. .. .	118	11	129	41	3	44
5. Toxic, Confusional or Exhaustive Psychosis .. .. .	4	2	6	19	9	28
6. Parkinsonism .. .. .	1	..	1	..	1	1
7. Huntington's Chorea .. .. .	..	..	..	1	1	2
<i>D. Functional Psychosis:</i>						
1. Manic Depressive Psychosis .. .. .	22	26	48	24	31	55
2. Involutional Melancholia .. .. .	2	7	9	15	18	33
3. Schizophrenia not including A.3. .. .. .	24	26	50	32	42	74
4. Paraphrenia or Paranoid States .. .. .	6	4	10	34	32	66
5. Paranoia .. .. .	..	..	..	6	3	9
6. Recurrent Melancholia .. .. .	4	1	5	1	4	5
<i>E. Psycho-Neurosis:</i>						
1. Psychopathic Personality .. .. .	8	3	11	8	2	10
2. Anxiety State .. .. .	25	16	41	32	35	67
3. Hysteria .. .. .	2	6	8	1	5	6
4. Drug Addiction .. .. .	3	..	3	2	..	2
TOTALS .. .. .	254	171	425	340	347	687







TABLE 29

## LACHLAN PARK HOSPITAL

*Causes of deaths (including deaths on trial leave) during the year 1962-1963*

Cause of Death	Males	Females	Total	Children under age of 18			Grand Total
				Males	Females	Total	
Myocardial Degeneration .. .. .	3	6	9	..	..	..	9
Broncho-pneumonia .. .. .	4	2	6	2	..	2	8
Hypostatic Pneumonia .. .. .	..	1	1	..	..	..	1
Pulmonary Oedema .. .. .	1	..	1	..	..	..	1
Cardiac Failure .. .. .	1	3	4	..	..	..	4
Coronary Thrombosis .. .. .	1	..	1	..	..	..	1
Pneumonia .. .. .	1	1	2	..	1	1	3
Coronary Thrombosis .. .. .	2	..	2	..	..	..	2
Larangeal Spasm and Bronchitis .. .. .	1	..	1	..	..	..	1
Coronary Calcification and Occlusion .. .. .	1	..	1	..	..	..	1
Coronary Heart Failure .. .. .	1	..	1	..	..	..	1
Terminal Broncho-pneumonia and Cystitis .. .. .	..	1	1	..	..	..	1
Arteriosclerosis .. .. .	..	1	1	..	..	..	1
Post-meningitis .. .. .	..	..	..	..	1	1	1
Died whilst on trial leave .. .. .	2	3	5	..	..	..	5
TOTALS .. .. .	18	18	36	2	2	4	40

TABLE 30

## LACHLAN PARK HOSPITAL

*Statistical Record*

	Males	Females	Total
Population of Tasmania as at 31.3.63. . . . .	184,649	179,566	364,215
Proportion of patients per 1,000 of population (including patients on trial leave) . . . . .	2.57	2.40	5.20
Proportion of admissions of certified patients per 1,000 of population (not including patients returned from trial leave) . . . . .	49	38	87
NOTE.—Admissions, not including voluntary boarders .. .. .	205	133	338

TABLE 31

## LACHLAN PARK HOSPITAL

*Financial Statement*

	Year Ended				
	30.6.59	30.6.60	30.6.61	30.6.62	30.6.63
Average daily number of patients .. .. .	764.23	783.29	746.30	763.26	759.257
Gross cost per year .. .. .	£411,647	£445,304	£452,418	£488,897	£503,544
Fees received .. .. .	£12,176	£7,844	£8,502	£7,476	£11,945
Other revenue .. .. .	£1,147	£1,689	£3,513	£3,836	£3,654
Gross cost per head per day .. .. .	29s. 6.24d.	31s. 0.75d.	33s. 2.58d.	35s. 1.17d.	36s. 4.10d.
Nett cost per head per day .. .. .	28s. 6.72d.	30s. 4.81d.	32s. 4.08d.	34s. 3.42d.	35s. 2.57d.



TABLE 32

## GOVERNMENT INSTITUTE FOR MENTAL DEFECTIVES

*Financial Statement*

	Year Ended				
	30.6.59	30.6.60	30.6.61	30.6.62	30.6.63
Average daily number of patients .. ..	47.79	43.18	86.96	91.15	105.94
Gross cost per year .. .. .	£25,756	£24,548	£52,717	£58,384	£70,260
Fees received .. .. .	£4,903	£4,234	£8,148	£12,827	£13,840
Other revenue .. .. .	..	..	..	..	..
Gross cost per head per day .. .. .	29s. 6.24d.	31s. 0.79d.	33s. 2.58d.	35s. 1.17d.	36s. 4.10d.
Nett cost per head per day .. .. .	..	25s. 9.43d.	28s. 1.00d.	27s. 4.63d.	29s. 2.25d.

TABLE 33

## MILLBROOK RISE STATISTICS, 1962-1963

Form of Mental Illness	Males	Females	Total
Anxiety State .. .. .	9	21	30
Melancholia and Depressive States .. .. .	13	38	51
Hysteria .. .. .	4	9	13
Schizophrenia and Schizoid States .. .. .	11	17	28
Paraphrenia and Paranoid States .. .. .	..	5	5
Manic Depressive Psychosis .. .. .	2	2	4
Alcoholism .. .. .	1	..	1
Senile and Pre-senile Dementia .. .. .	..	2	2
Gross Brain Lesion .. .. .	..	1	1
Psychopath .. .. .	6	5	11
Total Admissions during year .. .. .	46	100	146

TABLE 34

## MILLBROOK RISE HOSPITAL

*Financial Statement*

	Year Ended				
	30.6.59	30.6.60	30.6.61	30.6.62	30.6.63
Average daily number of patients .. ..	16.49	17.31	16.28	14.65	16.06
Gross cost per year .. .. .	£25,855	£27,100	£26,755	£23,997	£26,385
Fees received .. .. .	£14,857	£13,992	£15,524	£16,525	£15,192
Other revenue .. .. .	..	..	..	..	..
Gross cost per head per day .. .. .	85s. 10.97d.	85s. 6.36d.	90s. 0.25d.	89s. 9.05d.	90s. 0.24d.
Nett cost per head per day .. .. .	36s. 6.48d.	41s. 4.56d.	52s. 3.00d.	27s. 11.36d.	38s. 2.24d.

TABLE 35

## MENTAL DEFICIENCY BOARD

*Number of certified mental defectives under the control of the Board and how they are placed*

	Males	Females	Total
<i>Government Institution for Mental Defectives:</i>			
New Norfolk .. .. .	125	53	178
"Karingal," New Town .. .. .	35	..	35
St. John's Park, New Town .. .. .	..	33	33
"Nelumie," Launceston .. .. .	..	12	12
<i>Other Institutions:</i>			
Convent of Good Shepherd .. .. .	..	25	25
Salvation Army Home .. .. .	..	5	5
Lachlan Park Hospital .. .. .	5	8	13
<i>In the Community:</i>			
Under guardianship or supervision .. .. .	53	41	94
<b>TOTALS .. .. .</b>	<b>218</b>	<b>177</b>	<b>395</b>

*New and discontinued orders*

	Males	Females	Total
New Placements .. .. .	24	47	71
Orders Terminated .. .. .	6	4	10
Orders Lapsed .. .. .	4	..	4
Deaths .. .. .	1	..	1



## CIVILIAN EMPLOYMENT IN THE UNITED STATES.

Number of civilian workers in the United States, by sex, race, and occupation, 1900.

Occupation	White	Colored	Total
Manufacturing and mining	1,100,000	150,000	1,250,000
Transportation and communication	200,000	20,000	220,000
Trade and commerce	1,000,000	100,000	1,100,000
Services	1,500,000	200,000	1,700,000
Government	100,000	10,000	110,000
Unemployed	1,000,000	100,000	1,100,000
Total	5,000,000	500,000	5,500,000

## CIVILIAN EMPLOYMENT IN THE UNITED STATES.

Occupation	White	Colored	Total
Manufacturing and mining	1,100,000	150,000	1,250,000
Transportation and communication	200,000	20,000	220,000
Trade and commerce	1,000,000	100,000	1,100,000
Services	1,500,000	200,000	1,700,000
Government	100,000	10,000	110,000
Unemployed	1,000,000	100,000	1,100,000
Total	5,000,000	500,000	5,500,000

Source: U. S. Bureau of Census, 1900.  
 Figures for colored population are based on the 1900 census.  
 Figures for white population are based on the 1900 census.  
 Figures for total population are based on the 1900 census.  
 Figures for manufacturing and mining are based on the 1900 census.  
 Figures for transportation and communication are based on the 1900 census.  
 Figures for trade and commerce are based on the 1900 census.  
 Figures for services are based on the 1900 census.  
 Figures for government are based on the 1900 census.  
 Figures for unemployed are based on the 1900 census.

U. S. Bureau of Census, 1900.





