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1964

PARLIAMENT OF TASMANIA

REPORT
OF THE
DIRECTOR-GENERAL OF HEALTH SERVICES

FOR THE YEAR ENDED 30TH JUNE, 1964.

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:

L. J. Baillie, B.Com., 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.), M.C.P.A.

DIVISION OF PUBLIC HEALTH—

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.

Senior Medical Officer:

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

Senior School Medical Officer:

Dr. H. B. Gibson, M.B., B.S., M.R.S.H. (Lond.).

Medical Officer Child Health:

Dr. C. H. Mair, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Edin.).

Regional Medical Officers of Health:

Dr. J. B. Mackie, M.B., Ch.B. (Edin.), D.P.H., D.T.M. & H.

Dr. K. Williams, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (R.C.S. & P., Eng.), D.I.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. C. Mansbridge.

DIVISION OF PSYCHIATRIC SERVICES—

Director of Psychiatric Services:

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

Senior Medical Officer:

Dr. T. H. G. Dick, M.B., B.A.O., Ch.B., D.P.H., D.P.M., L.M., B.Sc.

Executive Officer:

P. Campbell.

Psychiatrist Superintendent, Lachlan Park Hospital:

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

Medical Administrator, Lachlan Park Hospital:

Dr. J. R. C. Weatherly, M.B., B.Chir., D.P.M.

Assistant Superintendent, Lachlan Park Hospital:

H. M. L. Hordern, A.A.S.A., A.C.I.S., A.C.A. (Aust.), L.H.A.

DIVISION OF TUBERCULOSIS—

Director of Tuberculosis:

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

Senior Medical Officer:

Dr. C. B. Macdonald, M.B., B.S., M.R.C.P.

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, 1964.

Department of Health Services,
Hobart, 24th November, 1964.

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, 1963 to 30th June, 1964.

LEGISLATION

Mental Health Act 1963.

This new Act has been introduced to repeal the Mental Hospitals Act 1858, Mental Deficiency Act 1920 and certain other enactments relating to persons suffering from mental disorders. It makes fresh provision with respect to the treatment and care of persons so suffering, and with respect to their property and affairs. The Act received Royal Assent on 3rd December, 1963, and it is hoped that regulations will be promulgated early in the forthcoming financial year to allow the Act to be proclaimed.

Pharmacy Act 1908

In 1959, this Act was amended to provide for grocery shops to sell prescribed medicines and drugs. However, during the debate at that time, an amendment was moved and accepted by the Government to the effect that the list to be prescribed by the Pharmacy Board would only remain in existence for two years. The Pharmacy Board requested renewal of the list in 1961 and Parliament passed the necessary amendment during October of that year. Again, with the proviso that the list be renewed after a further two years. The amending legislation in October of 1963 provided for no restriction in regard to time.

Dentists' Act 1919

An amendment deleted section 38 of the Act which provided for patients to obtain certificates from legally qualified dentists before having dentures fitted either partially or fully by dental mechanics.

Ambulance Act 1959

The amendment of this Act provided for the appointment of a Vice-Chairman of the Ambulance Commission, easier machinery procedures for the addition of municipalities to an ambulance district, the provision of Vice-Chairman of Ambulance Boards, and the vacation of office by a member of a municipal council, if at any time he forfeited his seat as a member of the council. It provided also for the deletion of the St. John representative from a Board, if in that district the St. John Council ceased to be the operating body for the Board. The amendment also provided for Ambulance Boards to convey dead bodies and make a charge therefor, long service leave provisions for employees of Boards and agencies, and allowed for the Commission to enter into temporary borrowing by overdraft. The Act also extended the franchise of free ambulance transport to include occupiers of property, their spouses and children under the age of 18 years. The Act also made provision to refund superannuation benefits to former employees.

Tuberculosis Act 1963

This Act is virtually a consolidation of the Tuberculosis Act 1949.

Dangerous Drugs Act 1959

The main purpose of this Act is to correct the defect in control provided by the Principal Act. There were loop-holes in the existing provisions which would materially hamper the process of justice and the control of the abuse of narcotics.

Cremation Act 1934

The amendment to this Act became necessary because the crematoria in Hobart and Launceston are now operated by the local authorities concerned and the councils have different opinions and different procedures. As it was not possible to formulate regulations under the Act to prescribe charges for individual crematoria the only solution was to amend the Act.

Tasmanian Auxiliary Nursing Service Act 1949

This amendment provided for the registration of auxiliary geriatric nurses.

Nurses' Registration Act 1952

This Act provides for the introduction of a course of training for geriatric nursing and for the registration of geriatric nurses.

Launceston War Memorial Community Centre Association (Mothercraft Home Fund) Act 1963

This Act was introduced to enable certain funds held by the Trustees of the Launceston War Memorial Community Centre Association to be made available for use by the Board of Management of the Queen Victoria Maternity Hospital.

Medical Act 1959

This Act was introduced to permit those alien doctors at present practising in Tasmania, who have undergone an examination and have subsequently been registered by the Medical Council as Tasmanian Licenciates in Medicine and Surgery, to place before the Medical Council primary degrees and diplomas obtained by them in European countries. The Medical Council in turn will arrange for the degrees to be translated into English and the proper abbreviations for such degrees to be proclaimed by Statutory Rule.

DEPARTMENTAL REVENUE

The revenue receipts for the year 1963-64 amounted to £464,335, being a reduction of £33,385 from the previous financial year 1962-63. Comparative figures are:—

	1962-63	1963-64
	£	£
Pharmaceutical Benefits	123,624	42,926
Red Cross Blood Transfusion	5,385	5,556
District Nursing Service	11,910	10,415
Nelumie Home	1,069	2,065
Mothercraft Home	4,246	3,556
Poliomyelitis Refunds	206	124
Analysis Fees	973	1,251
Nurses' Registration Board	1,615	1,791
Bacteriological Tanks	469	555
Hotel Health Certificates	603	596
Sundry Fees and Licences	260	1,138
Tuberculosis Division	190,535	190,451
St. John's Park	111,669	150,139
Lachlan Park Hospital	14,798	14,563
Lachlan Park Farm	1,162	3,108
Millbrook Rise Hospital	15,356	16,840
Government Institution for Defectives	13,840	19,261
	<hr/> £497,720	<hr/> £464,335

An amount of £120,752 being Commonwealth Pharmaceutical Benefits, was received on 9th July, 1964, too late for inclusion in the above figures.

DEPARTMENTAL EXPENDITURE

The expenditure from the Appropriation Act for the financial year 1963-64 was £4,280,337, an increase of £288,373 over 1962-63. Comparative figures are:—

	1962-63 £	1963-64 £
Aministration	81,932	92,534
Hospital and Medical Services	65,382	67,442
National Fitness	13,597	14,938
Nurses' Registration Board	1,453	1,781
Medical Services—Country Districts	38,444	41,384
District Nursing Service	80,229	81,285
State Laboratory—Pathology .....	.....	171
Public Health Administration	61,971	60,274
School Medical Service	35,630	40,416
School Dental Service	50,175	64,852
Child Health Service	56,719	59,396
Mothercraft Home	28,254	30,525
Government Analyst	18,668	22,497
Grants to Hospitals	2,113,390	2,272,791
Other Grants	123,910	106,663
Tuberculosis Division—		
Administration	68,031	71,662
Chest Hospitals	148,678	152,435
Psychiatric Services—		
Administration	38,601	42,179
Lachlan Park and Millbrook Rise Hospitals	600,189	657,105
Nelumie Home, Launceston	7,776	8,341
St. John's Park	358,935	391,666
	<hr/> £3,991,964	<hr/> £4,280,337

BUILDING PROGRAMME

The expenditure from Loan Funds for the financial year 1963-64 was £1,916,874 an increase of £258,880 over 1962-63. Important works completed during the year include—

- St. John's Park—Amenities Block; Residence for Executive Officer.
 - Lachlan Park—Two New Chronic Wards.
 - Royal Hobart Hospital—New Out-patients' Department.
 - Launceston General Hospital—Enlarge Mortuary; New Steam Lines and Heating.
 - Cosgrove Park—New Chapel; Extensions to Kitchen and Male and Female Wings.
 - Mersey General Hospital—Provision of Geriatric Division; Extensions to Staff Accommodation; New Maternity Hospital, Devonport.
 - Burnie General Hospital—New Operating Suite; Interim Accommodation for Out-patients; Storage and Artisans.
 - Queen Alexandra Maternity Hospital—New Operating Theatre.
 - Queen Victoria Maternity Hospital—New Nurses' Home.
 - Lyell District Hospital—Purchase of Residence for Secretary.
 - New Norfolk District Hospital—New Hospital, Nurses' Home and Services Block.
 - Scottsdale—Extensions or Improvements to Nurses' Home, Kitchen, Nurses' Dining Room and Stores.
 - Spencer Hospital, Wynyard—New Geriatric Division.
 - St. Marys District Hospital—Extensions; Purchase of Residence.
 - Ulverstone District Hospital—New Nurses' Home and Services Block.
 - Dental Clinics—New Building at Warragul Avenue, New Town; Purchase of Land, Montagu Bay.
 - District Medical Service—New Residence at Dover.
- Works in progress at 30th June, 1964, include—
- Lachlan Park Hospital—Two Maximum Security Wards.
 - Launceston General Hospital—New Psychiatric Unit.
 - Burnie General Hospital—New Wing.
 - Queen Victoria Maternity Hospital—New Wing.
 - Huon Regional Hospital—New Hospital.
 - Ulverstone District Hospital—New Main Block.

OFFICIAL OPENINGS

On the 2nd August, 1963, a new Geriatric Wing at the Spencer Hospital, Wynyard, was officially opened. The main function of this unit will be to segregate the sick from the elderly and increase the numbers who can be admitted.

On Friday, 6th December, 1963 the New Norfolk District Hospital which contains 20 maternity beds and 22 general beds, was officially opened. At the same time a new Municipal Ambulance, purchased on a pound for pound basis with the Department, was handed over to the New Norfolk Ambulance Board.

On Saturday, 14th December, 1963, the new Out-patients' Department of the Royal Hobart Hospital was officially opened. The opening of this new building is a major step forward in the development of the Royal Hobart Hospital and has released accommodation for the establishment of a psychiatric wing.

On Wednesday, 25th March, 1964, the new St. John's Park Holiday Home for the Aged at Carlton Beach was officially opened and record must be made of the valuable assistance provided by the Hobart Apex Club, the Lindisfarne Apex Club and the staff of St. John's Park, who all worked together on these buildings.

On 5th May, 1964, a new operating suite at the Queen Alexandra Maternity Hospital was officially opened. This unit will fill a long needed facility at this hospital.

In May, 1964, a foundation stone was laid at the Lindsay Miller Clinic at the Launceston General Hospital. This clinic will be the first psychiatric clinic established within a general hospital in Tasmania and will contain 16 beds.

DISTINGUISHED VISITORS

On the 13th February, 1964, the Department, in conjunction with the Launceston General Hospital Board, had the honour of entertaining Brigadier F. G. Gallagher, D.S.O., O.B.E., I.S.O., E.D., 2nd in Command of the 8th Division of the Australian Imperial Force, who came to Tasmania to attend a ceremony in the Chapel of Cosgrove Park to unveil a commemorative plaque in memory of those nurses of the 8th Division who were massacred at Banka Island in 1942.

In February, 1964, the Department acted as host to the members of the Public Health Committee of the National Health and Medical Research Council who met in Hobart to discuss an application by the Department of Health Services for the introduction of Sabin Vaccine.

In April, 1964, the Department had pleasure in assisting with the meeting and entertainment of the delegates attending the Australian Cancer Society meeting in Hobart and similarly during May, the Department assisted with the entertainment of delegates who attended the Annual General Scientific Meetings of the Royal Australasian College of Surgeons.

PUBLIC HOSPITAL STATISTICS

(Excluding Chest and Mental Hospitals)

Number of Patients

The number of patients was 944 more than during the previous financial year. The number of general patients increased by 1,213, infectious disease patients decreased by four and maternity cases decreased by 265. The total number of patients was 38,991. The number of persons in the hospitals for the care of the aged and invalids decreased from 1,084 in 1962-63 to 1,083 in 1963-64.

Bed-Days

The number of bed-days shows a net increase of 9,680 compared with those for the previous financial year. Bed-days for general patients increased by 11,104 while bed-days for infectious disease and maternity patients decreased by 26 and 1,398 respectively.

The total number of bed-days was 427,690. The number of bed-days in the hospitals for the care of the aged and invalids was 262,449, an increase of 5,612 over the previous year.

Births

The total for the year was 7,345, a decrease of 169 over the previous financial year.

Receipts

Hospital revenue for the year was £3,913,996, an increase of £345,039 over revenue for 1962-63. Patients' fees, donations and miscellaneous receipts totalled £940,280. Commonwealth contributions in the form of hospital benefits amounted to £348,383, while State grant was £2,625,333.

Payments

Total payments were £3,936,734, an increase of £384,580 over expenditure for 1962-63. The sum of £2,610,426 or 66.38 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 £7 2s. 1d., an increase of 11s. 7d. compared with 1962-63. Out-patients' costs per visit increased from 16s. 5d. in 1962-63 to 18s. 2d. in 1963-64.

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*Accidents*

Accidents, particularly the road accidents, have been the main cause of deaths to the young adults and of crippling disabilities to young adults during the past year.

The impression has been gained that the actual number, severity and multiplicity of fractures in the one individual have increased. It is felt that the way to tackle this problem is by prevention and the efforts being made in this direction are appreciated. Cars fitted with safety belts would minimise many accidents. In addition, there is no doubt that alcohol plays a significant part in the toll of road accidents, and any campaign for road safety must take into account the part played by alcohol in the causation of road accidents. To analyse accidents on the road steps have been taken to introduce a questionnaire to be sent to the superintendents of all major State hospitals. From this questionnaire, it is hoped to get definite information regarding accidents which occur in the State. The individual reported on will be anonymous and nothing of a personal nature divulged in the questionnaire.

Handling of Road Accidents

Some road accidents where the femur has been fractured have not been transported by the road ambulance with the femur immobilised by a Thomas Splint. Steps are being taken to correct this. An endeavour is being made to devise a stretcher on which the patient will be admitted to the hospital, have preliminary X-rays and remain in the Resuscitation Room until transported to the theatre. Minimum handling of the severely injured is essential.

It is necessary to channel all accident cases to the large base hospitals where facilities exist for adequate treatment immediately on arrival. A round-the-clock service to treat such patients is all important. The treatment of major accidents should be carried out only in the larger hospitals at Hobart, Launceston, Mersey, Burnie and Queenstown.

Rehabilitation Centre at Claremont

The Rehabilitation Centre continues to do excellent work. Patients are referred from all parts of the State, and a close liaison exists between the Department of Social Services and the Lady Clark Rehabilitation Centre.

Quite a large number of cases are amputees who are referred here to have physiotherapy while being supplied with their artificial limbs by the Repatriation Limb Centre, and remain there while appropriate fittings are carried out. This is proving a very happy combination. As Claremont has never had to refuse any patient admission, it would be premature as yet to set up a second Rehabilitation Centre in the northern part of the island.

Splints and Surgical Appliances

On the whole, the supply of these is satisfactory and there is no undue delay in the supply of splints.

Treatment of Cerebral Paralysis

This continues to be carried out by Dr. Marshall in the south and in the North by Dr. McIntyre. The accommodation of both the centres is first class and the treatment is very satisfactory. Cerebral paralysis should continue to be the major care of the Crippled Children's Society in both the north and the south.

Surgical tuberculosis is now a very rare condition and in the future it should be entirely eliminated.

Treatment of Traumatic Paraplegics

There have not been many patients who suffered a traumatic paraplegia during the past year. One from the south and one from the north have been transported to the Spinal Injuries Centre, Heidelberg, Victoria. This arrangement has worked very well. Patients have suffered no harm by travelling by aeroplane. They are later returned to this State. An association has been formed for these unfortunate patients to endeavour to further their interests in the community, especially to provide recreation and other facilities for them and see to their needs generally.

Travelling

The Director of Orthopaedics has visited the north, north-west and west coast hospitals at three-monthly intervals. More responsibility has been delegated to the surgeons on the spot, and only in the very major and difficult cases is it necessary to transport patients to the larger centres of Launceston and Hobart.

Ancillary Staffs

The Burnie and Mersey General Hospitals now have physiotherapists and there has been one at Wynyard for a considerable time.

PATHOLOGY SERVICES

The expected increase in pathology examinations has taken place in all centres over the last 12 months.

North-West Coast Area

The bulk of the work is carried out at the Mersey General Hospital, Latrobe, by the Pathologist and his assistants. The Burnie Laboratory is visited regularly. The building of a new laboratory as part of the new Burnie Hospital will be an improvement and will mean the Burnie staff will not be divorced from hospital patients as at present. A small laboratory has been started at Wynyard. Smear tests for gynaecologists in the north-west area are being examined at Latrobe.

Launceston

This laboratory has been through a most difficult period due to staff shortages. At one time, the position was acute and the Hobart laboratory had to help out by performing tests and lending a pathologist for one month. However, it is expected that a bacteriologist will arrive shortly and testing should return to near normal. A private pathologist in Launceston has been performing the Coroner's autopsies.

Hobart

The laboratory at the Royal Hobart Hospital moved to new quarters in the Out-patients' building at the end of 1963. There is now more space and better working conditions. Much new apparatus was acquired, the most important article being an auto-analyser. This machine performs tests in a highly mechanical fashion and records the results on a graph. The initial outlay for such a machine is great but ultimately there is a great saving of manpower. By using this machine, help was given to Launceston during the period of staff shortages.

The quarters formerly occupied by the Royal Hobart Hospital Laboratory were acquired for a new State Health Laboratory. Such a laboratory as this has been a pressing need for some time. The immediate policy will be to step up Papanicolaou Smears, and to perform bacteriology for the Directors of Public Health and Tuberculosis. At a later date it is hoped to extend testing to some branches of virology and mycology and to make a survey of fungus diseases, both animal and human, in Tasmania.

DISTRICT MEDICAL SERVICE

The higher salaries available to District Medical Officers since the new Medical Officers' Principal Award No. 2 was determined, should improve the recruiting difficulties to the District Medical Service and could become a factor which would stabilise the turnover of practitioners in the Service. It is too early yet to assess the final effect, but the Award enables a more realistic approach to be made to the remuneration of District Medical Officers. A summary of the service provided to the various municipalities is provided in Table 8.

HOSPITAL AUXILIARIES

The Department again 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.

There could be directly attributed to the recommendations of the State Drug Advisory Committee, the fact that the number of items which the Central Medical Store has to purchase, stock and distribute, is about one-fifth or less of the number of items which an equivalent wholesale organisation would have to stock. The central purchasing of drugs has also resulted in considerable saving of expenditure on the cost of purchasing drugs.

MEDICAL STATISTICS

Discussions were held with authorities from the Commonwealth Health Department and the Commonwealth Statistician's Department during the year, with a view to introducing a special neo-natal death certificate, which is designed to provide technical information about the causes of death in all deaths of fetuses and infants occurring from the 20th week of gestation to the 28th day of life after birth. The object is to introduce this certificate in all States in order to provide research material which will be processed by the Commonwealth Statistician's Department and evaluated under the auspices of the Commonwealth Health Department.

The Australian Medical Association and the College of Obstetricians and Gynaecologists concur with the project.

This project is to some degree an extension of the survey on all births, carried out in Tasmania a few years ago.

It will be remembered that in 1963 Professor Townsend, Professor of Obstetrics and Gynaecology at the University of Melbourne, completed a 143 page report on the analyses and evaluation of information provided voluntarily by the medical profession in Tasmania on 9,853 births during the years 1960-62.

No other State undertook the voluntary survey requested by the National Health and Medical Research Council, but most States have now agreed to require as a compulsory measure, the completion by doctors of the special death certificate covering the neo-natal period.

MEDICAL OFFICERS' SALARIES

At the end of 1963 the Public Service Tribunal heard a claim submitted by the Public Service Commissioner, the Director-General of Health Services and the Hydro-Electric Commission jointly for a new salary award for salaried medical practitioners. As a result, the Public Service Tribunal brought down the Medical Officers' Principal Award No. 2 on the 12th December, 1963, which became effective on the full pay period after the 1st January, 1964. The controlling authorities had claimed for a pattern of award which would be much easier to apply than the first award and on the whole the Tribunal complied with the pattern claim. One marked improvement was the scope of discretionary powers provided for the controlling authority.

The Tribunal has accepted the principle that recruiting difficulties could be a factor to be considered in determining salary levels in Tasmania, particularly because there is no medical school and the bulk of recruits, particularly in the specialist ranks and in the District Medical Service, are mainly from the United Kingdom and also from Victoria. The Tribunal also accepted the principle that what are generally recognised throughout the profession as the highest post-graduate qualifications could command monetary advantages. This factor would not only stimulate Service practitioners to further their post-graduate study, but would enable the employing authorities to attract highly qualified recruits in those specialist fields of medicine where competition for recruits is high.

GOVERNMENT NURSING SERVICE

Tourist Nursing Division

The Tourist Nursing Division has continued to be a valuable source of supplementary staff supply for the Department in assisting country hospitals which are unable to obtain their own staffs. It is also used regularly to supplement our staff requirements of the District Nursing Centres Division.

Without the help of this nursing service, country hospitals and district nursing centres would find it difficult to carry on. As in previous years, some of the smaller hospitals are staffed entirely from this pool.

Some appointees to this staff have resigned after a period of relieving to accept senior positions and other more permanent appointments offered to them by Hospital Boards. This procedure has at all times met with the entire approval of the Department.

District Nursing Centres Division

Table 9 gives a summary of work performed during the current year in the 25 centres.

Although the shortage of nursing sisters continues, vacancies have been filled temporarily from the Department's Tourist Nursing Division and by casual married staff able to help on occasions. By this means our centres have been nearly fully staffed.

A clinical service introduced at Dunalley in July, 1963 functions two afternoons per week.

Maintenance and repairs to buildings have been carried out as required by the Department. Equipment has been replaced where needed and new modern articles have been supplied. Much of this supply has again been made possible by assistance from interested associations and community minded individuals.

We again wish to express our sincere thanks to the auxiliaries, associations, committees and individuals who have so generously assisted the Department in the maintenance of the District Nursing Service.

NURSES' REGISTRATION BOARD

Personnel

Dr. J. Edis, Chairman; Dr. C. Craig; Dr. P. Nolan; Dr. C. Petrovsky; Miss D. Hall; Mrs. B. M. Stephen; Miss N. Winwood; Miss D. M. Thompson; Miss M. McPherson; Miss V. P. Holland, Secretary.

Meetings

Six ordinary meetings and one extra-ordinary meeting were held during the year.

AMENDMENT TO NURSES' REGISTRATION ACT 1952

In November 1963, the Act was amended to provide for Registration of Geriatric Nurses, and subsequently the Act was amended to provide for a course of training.

Training Schools

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

Student Nurses

1. Application for training approved—598.

General	321	Tuberculosis	2
Midwifery	134	Geriatric	62
Psychiatric	42	Auxiliary (General)	19
Child Health	12	Auxiliary (Geriatric)	6

2. Commenced training—524.

General	309	Tuberculosis	2
Midwifery	95	Geriatric	62
Psychiatric	26	Auxiliary (General)	12
Child Health	16	Auxiliary (Geriatric)	2

3. Completed training—339.

General	160	Tuberculosis	1
Midwifery	110	Geriatric .....	...
Psychiatric	12	Auxiliary (General)	13
Child Health	18	Auxiliary (Geriatric)	25

4. Resigned or discontinued training for any reason before completion of training—81.

General	63	Tuberculosis .....	...
Midwifery	8	Geriatric	4
Psychiatric	4	Auxiliary (General) .....	...
Child Health .....	...	Auxiliary (Geriatric)	2

5. Total number in training on 30.6.64—932.

General	671	Tuberculosis	3
Midwifery	93	Geriatric	58
Psychiatric	71	Auxiliary (General)	22
Child Health	8	Auxiliary (Geriatric)	6

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	345
Number Passed	324
Number Failed	21

Details of results:—

Subject	Candidates	Passed	Failed
General	165	163	2
Midwifery	104	103	1
Psychiatric	14	3	11
Child Health	19	16	3
Tuberculosis	1	1	...
Auxiliary (General)	17	14	3
Auxiliary (Geriatric)	25	24	1

Registrations

1. Applications approved—704.

General	407	Tuberculosis	3
Midwifery	213	Geriatric .....	...
Psychiatric	7	Auxiliary (General)	36
Child Health	27	Auxiliary (Geriatric)	11

2. Number who renewed registration for the year—1,946, of these 126 were Auxiliary Nurses.

3. Number of persons on the current registrar—3,426, of these 163 are Auxiliary Nurses.

Details of Registration—

	No.	No. of Certificates
General	2,209	2,209
General and Midwifery	724	1,448
General, Midwifery and Child Health	179	537
Midwifery only	23	23
Psychiatric only	75	75
General and Tuberculosis	8	16
Midwifery and Child Health	3	6
General and Child Health	9	18
General and Psychiatric	10	20
General, Midwifery and Tuberculosis	5	15
General, Midwifery and Psychiatric	3	9
Tuberculosis only	6	6
General, Midwifery, Child Health, Psychiatric and Tuberculosis	1	5
General, Midwifery, Child Health and Tuber- culosis	4	16
General, Midwifery, Child Health and Psychi- atric	4	16
	<hr/> 3,263	<hr/> 4,419
Auxiliary	163	163
	<hr/> 3,426	<hr/> 4,582

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 37 people in the State holding post-graduate diplomas as follows:—

Nursing Administration	9	Theatre Management and	
Sister Tutor	6	Teaching	3
Midwife Tutor	4	Public Health Nursing	4
Ward Sister	11		

Central Preliminary Training School

Three Preliminary Blocks have been held—

Students Attended	62	Failed	16
Passed	26	NOT Examined	20

Three Second Blocks have been held—

Students Attended	46	Passed General Nursing	29
Passed Pharmacology	41	Failed	15
Failed	3	Resigned	2

A total of 108 Students 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. At present 20 are in General Training Schools.

Foreign Trained Nurses

Several nurses were accepted to do the required period of training and oral examination necessary for registration but found it too difficult to settle to our training methods and resigned after a short length of time had been spent in one of our Training Schools.

A three-year course in Geriatric Nursing was commenced at St. John's Park Hospital on 1st May, 1964.

DIVISION OF PUBLIC HEALTH

Objects of Public Health Division

Two objects were set out in last year's annual report—to educate individuals and small groups in the way of healthy living, and to provide all members of the community with the healthiest possible environment. In connection with these, the words of the opening sentence of the first annual report of the Department of Public Health are as true today as when they were first written, 60 years ago, by Dr. J. G. C. Elkington; "Incomplete measures in preventive medicine are a serious source of danger to the commonwealth, since they give a delusive sense of security, and thereby invite disaster".

In this report it will be necessary to mention that despite the efforts of some individual members of the Department, in fields necessarily limited by their other day-to-day activities, there is still no organisation for health education in the State. With the general public there is a complete failure to appreciate the fact that health education and health propaganda are two different things, completely divorced from each other.

Health Indicators

Below are set out the figures in recent years of two health indicators recommended by the Expert Committee on Health Statistics of United Nations Organisation:—

DEATHS OF PERSONS AGED 50 AND OVER

Year	Number	Percent of Total Deaths
1954	2,113	78.38
1955	1,942	78.02
1956	1,993	79.31
1957	2,119	79.36
1958	2,139	78.98
1959	2,179	78.38
1960	2,150	80.52
1961	2,239	80.28
1962	2,346	81.74
1963	2,322	82.40

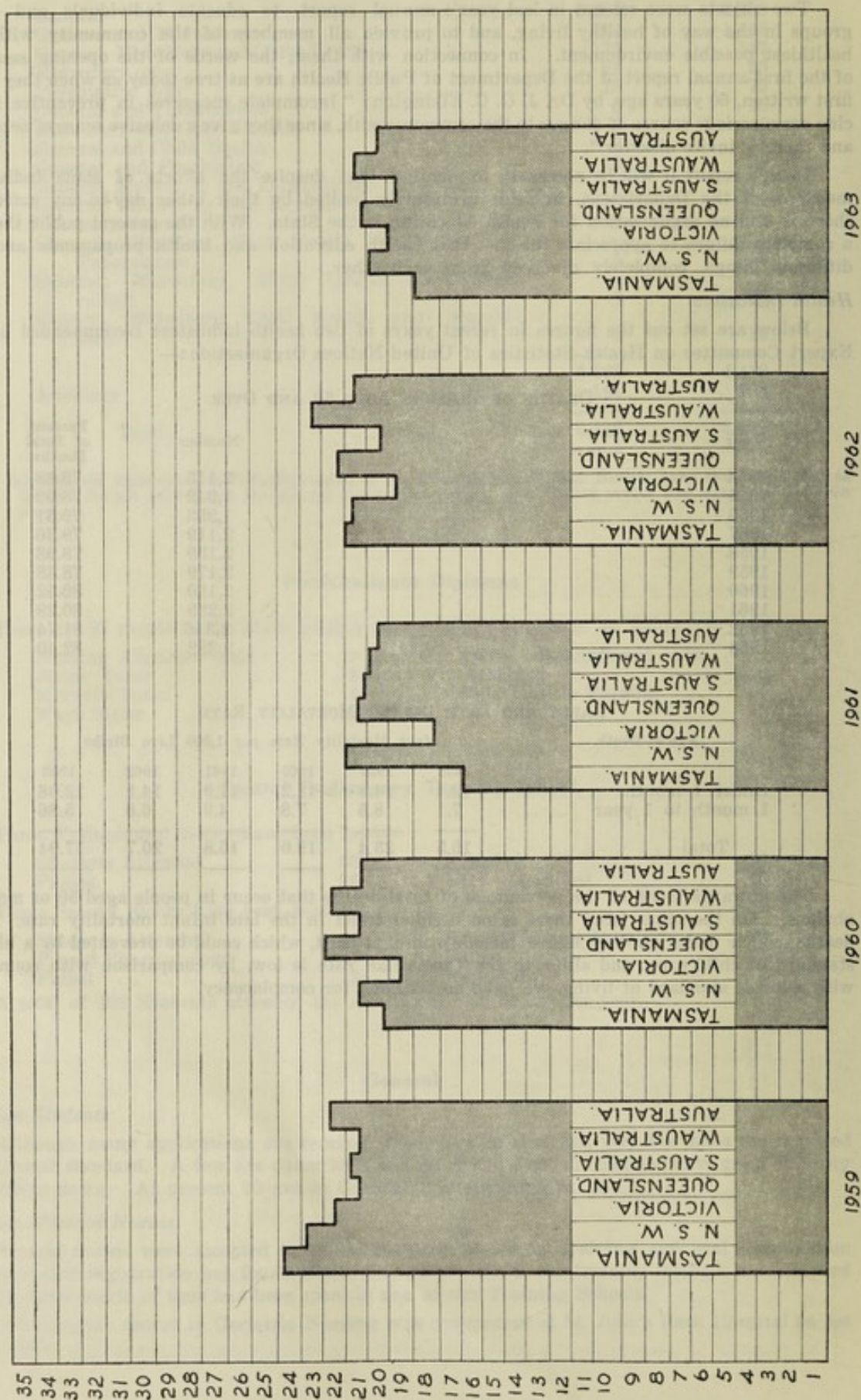
EARLY AND LATE INFANT MORTALITY RATE

Age at Death	Infant Mortality Rate per 1,000 Live Births					
	1958	1959	1960	1961	1962	1963
Under 1 month	12.4	14.8	11.2	11.9	14.1	12.08
1 month to 1 year	7.1	8.6	7.8	4.9	6.6	5.86
Total	19.5	23.4	19.0	16.8	20.7	17.94

The upwards trend of the percentage of total deaths that occur in people aged 50 or more is obvious. On the other hand there is no decided trend in the late infant mortality rate. The deaths which make up this figure include some, at least, which could be prevented by a higher standard of child care; and although the Tasmanian rate is low, by comparison with countries with a lower standard of living, we have no occasion for complacency.

RATE PER 1,000 BIRTHS

INFANT MORTALITY RATES IN AUSTRALIA 1959 - 1963 INCLUSIVE



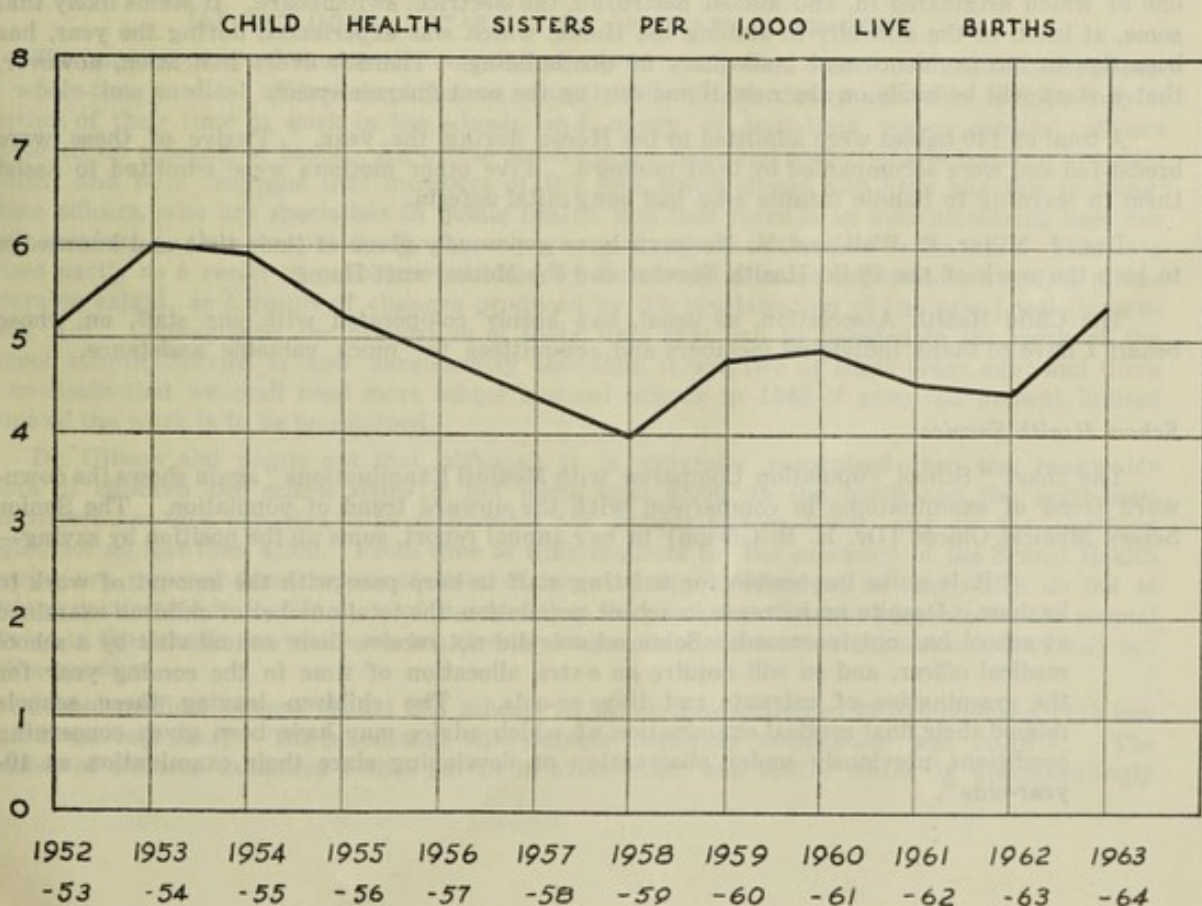
Demography

In the last annual report there was a chart, showing the distribution of the population according to age groups, as revealed by the 1961 census. From their shape, these charts are known as "population pyramids". There will be no point in publishing the same chart again; and fresh figures will not be available until the analysis of the next census is made. However it is necessary to point out that there seems to be a complete lack of appreciation, throughout Australia, of the significance of the population pyramid. It is generally assumed, without enquiry, that Australia is following the same trend as that of several European countries some years ago, and that an ever-increasing proportion of our population consists of old people. Consequently the governments of the States tend to think that the most important need for the next decade will be the provision of geriatric services. A little study of the figures will show that the greatest need for the next 10 years will be housing for young married couples; and whether this be provided by the public or the private sector, it will still make the same demand on national productivity. After that, the stress will be on the need for services for young children—baby health centres, pre-school centres, and schools.

One way of saying this is to point out that, in each year until at least 1985, and perhaps for the rest of this century, the number of voters aged 50 years and over will become a smaller proportion of the total number on the electoral roll than it represented in the previous year. It is for those accustomed to political matters to decide what effect this will have on demands for services to be provided by State Governments; but on the face of it one would expect an increased demand for services for the younger members of the population.

Child Health Service

The chart "Child Health Sisters per 1,000 Live Births" shows that, despite an increase during this year, the staff is still below the level of 10 years ago. In view of the increasing population in the younger age groups, there will be need for more staff if we are even to maintain the existing ratio. This work is, in essence, health education. It is felt that some of the difficulty in attracting trainees in the past has been due to the rather narrow conception of the training course for the Child Health Certificate, which has tended to concentrate on digestive upsets in babies rather than on the child as a member of the community. In the last training course at the Mothercraft Home an attempt was made to widen the interest by adding a number of lectures on various aspects of public health. These are necessarily given by members of the staff of the Division who have many other things to occupy their time; but there is nobody who can spare time to concentrate on planning an integrated course of training to include these wider interests. This, and the institution of in-service training to ensure that our present staff keep up-to-date are two of our greatest needs; and they can be met only by the appointment to the staff of somebody qualified to do this work.



In an attempt to find out what factors in relation to employment in the Child Health Service might be responsible for difficulties in recruiting staff, a carefully worded questionnaire was sent to all sisters at present employed in the service. Each was asked to answer the questions and return the document unsigned. This has given valuable information about several aspects of the work of the service; and it will enable an improvement to be made in some of the conditions of employment.

At the end of June the staff consisted of 41 full-time sisters, one part-time sister, and one mothercraft nurse. Two sisters were absent for some months, attending a course of training at the College of Nursing in Melbourne; and it is pleasing to record that each was awarded the Diploma in Public Health Nursing of the College.

There are now 103 centres of which 10 are travelling units. The work of the sister who visits Flinders Island has been facilitated by provision of a building with rooms for child health work at Whitemark. The Mersey Hospital Board has kindly made available space in the Out-patients Department building at Devonport, to enable a weekly clinic to be held for mothers living in the Don Road area of Devonport.

Dr. Catherine Mair commenced duty as Medical Officer-in-Charge of the Child Health Service early in 1963-64. Her appointment has relieved the Director of Public Health of much of the routine medical administration of the service. The advantages of having a senior medical officer who can concentrate on this work have already become apparent.

A total of 6,250 first visits to newborn babies was paid by sisters working from Child Health Centres and District Nursing Centres. This means that more than 70% of babies born during the year received a visit. Similarly 74% of new babies attended Child Health Centres.

Mothercraft lectures were given by sisters in 33 schools and 528 certificates were granted. It is pleasing to report that there has been some increase in the numbers reached by this very practical form of health education.

Tests for phenylketonuria at centres totalled 5,672, all of which were negative. There is some reason to believe that more tests were done, but not recorded. There is also no record of some tests done at District Nursing Centres, though this is being corrected. Dr. Mair has arranged for this information to be available in future.

Almost every year mention is made of the difficulties occasioned in the work of the Mothercraft Home because of the age of the building. During the year there were two fires at the Home, one of which originated in, and almost destroyed, the electrical switchboard. It seems likely that some, at least, of the difficulty in staffing the Home, which was experienced during the year, has been due to inconvenience and inadequacy of the building. There is every indication, however, that a start will be made on the new Home during the next financial year.

A total of 140 babies were admitted to the Home during the year. Twelve of these were breast-fed and were accompanied by their mothers. Five other mothers were admitted to assist them in learning to handle infants who had congenital defects.

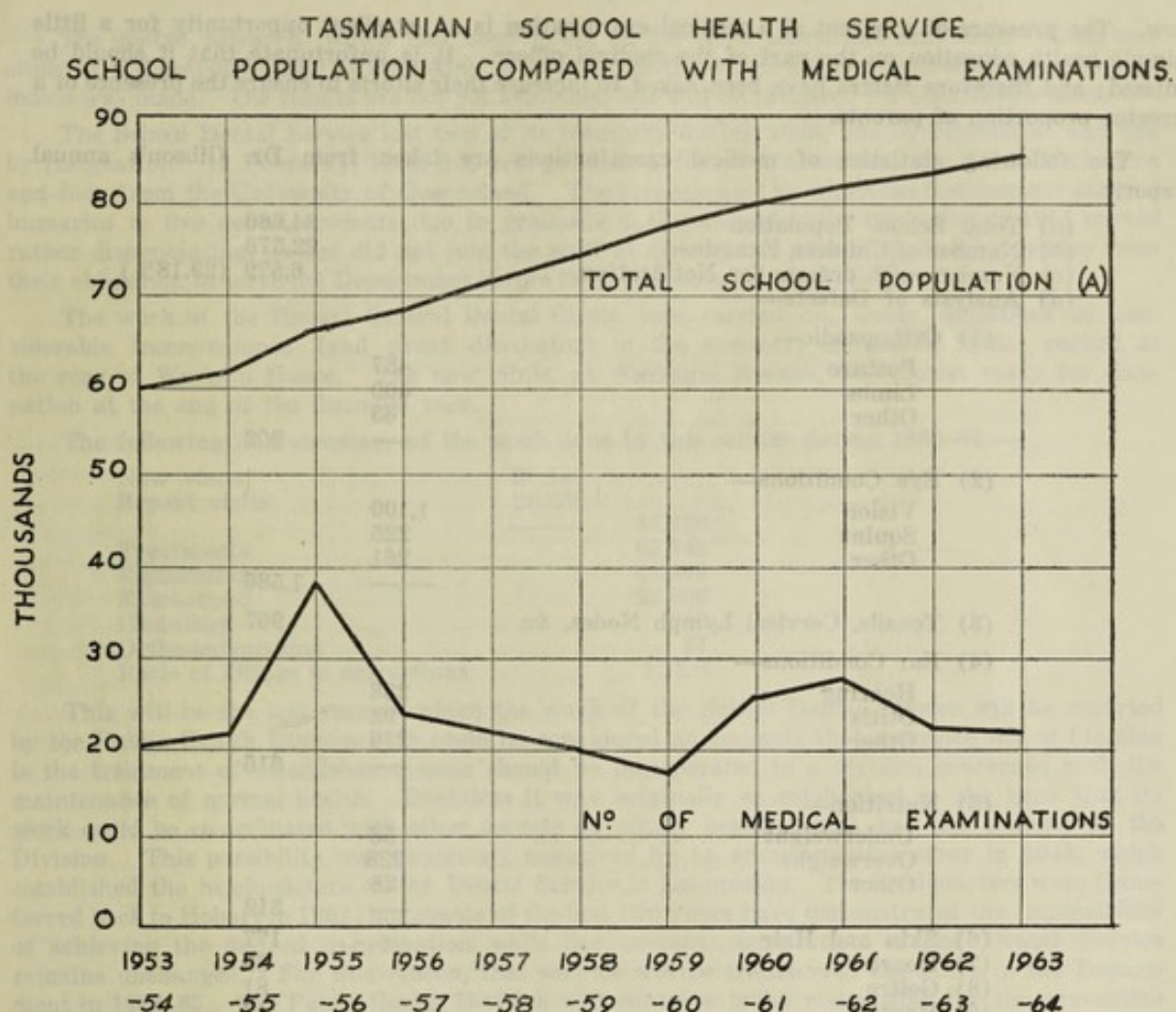
Drs. J. Millar, R. Wall and N. Newman have generously given of their time and knowledge to help the work of the Child Health Service and the Mothercraft Home.

The Child Health Association, as usual, has keenly co-operated with our staff, on whose behalf I have to thank individual members and committees for much valuable assistance.

School Health Service

The chart "School Population Compared with Medical Examinations" again shows the downward trend of examinations in comparison with the upward trend of population. The Senior School Medical Officer (Dr. H. B. Gibson) in her annual report, sums up the position by saying—

"It is quite impossible for existing staff to keep pace with the amount of work to be done. Despite an increase in school population, the total number of children examined at school has not increased. Some schools did not receive their annual visit by a school medical officer, and so will require an extra allocation of time in the coming year for the examination of entrants and 10-year-olds. The children leaving these schools missed their final medical examination at which advice may have been given concerning conditions previously under observation or developing since their examination as 10-year-olds",



(A) INCLUDES STATE & PRIMARY SCHOOLS.

The medical staff of the service consists partly of whole-time school medical officers, partly of whole-time medical officers employed on many public health duties and able to give only a portion of their time to work in the schools, and partly of part-time school medical officers employed on a sessional basis. All of the second group have had post-graduate training in public health; and it is desirable that members of the first group should also have had this training. These officers, who are specialists in public health, find that there is an ever-increasing need for their services, as they are practically the only group of experts in this field in the State. This need arises partly as a result of problems produced by the steady increase in population, and, to a considerable extent, as a result of changes produced by the proclamation of the new Local Government Act. Consequently the proportion of their time that can be devoted to the work of the School Health Service is now considerably less than it was two or three years ago; and there is no doubt that we shall need more school medical officers in 1965 if even the present limited scope of the work is to be maintained.

Dr. Gibson also points out that, although it is generally recognised that the reasonable quota of children per school sister is not more than 3,000, in the south and the north-west our sisters are each expected to be responsible for approximately 3,600, and in the northern region for no less than 4,200. From time to time requests for the extension of the School Health Service are received from representatives of some of the independent schools which do not at present participate in it. In view of the fact that the present staff is not adequate for the normal service to the schools for which we are already responsible, any further extension is obviously out of the question.

School medical officers visited 283 schools in which they examined 22,576 children (113 less than in the last year). The percentage with defects requiring notification was 29.18%. The number of children examined with a parent in attendance was 3,070, which is disappointingly

low. The presence of a parent at a medical examination is an excellent opportunity for a little simple health education on the part of the medical officer. It is unfortunate that it should be missed; and therefore sisters have been asked to increase their efforts to ensure the presence of a greater proportion of parents.

The following statistics of medical examinations are taken from Dr. Gibson's annual report:—

(a) Total School Population	84,660	
(b) Number of Children Examined	22,576	
(c) Number with defects for Notification	6,579	(29.18%)
(d) Analysis of Defects—		
(1) Orthopaedic—		
Posture	437	
Limbs	400	
Other	65	
	—	902
(2) Eye Conditions—		
Vision	1,100	
Squint	225	
Other	261	
	—	1,586
(3) Tonsils, Cervical Lymph Nodes, &c.		967
(4) Ear Conditions—		
Hearing	288	
Otitis	92	
Other	236	
	—	616
(5) Nutrition—		
Underweight	58	
Overweight	228	
Other	26	
	—	312
(6) Skin and Hair		177
(7) Heart		89
(8) Goitre		81
(9) Hernia		47
(10) Speech		47
(11) Other		469

Other statistics of interest in Dr. Gibson's report include:—

(1) Children Examined with Parent in Attendance		3,070
(2) Sisters' Interviews with Parents—		
(a) At School	4,728	
(b) Home Visits	5,058	
	—	9,786
(3) Immunisation History of Children Entering School—		
Immunised against diphtheria	7,636	84.67%
Immunised against tetanus	7,571	83.95%
Immunised against whooping cough	7,560	83.80%
Immunised against poliomyelitis	8,113	89.96%
Immunised against smallpox	778	8.62%
(4) Immunisation history of children born in 1952 and examined at school in 1963:—		
NOT vaccinated against smallpox	5,273	88.54%
(5) Eye Tests—1952 age group—		
Total tested		5,854
Normal vision both eyes		5,456
Defective vision one eye		198
Defective in both eyes		188
Number wearing glasses		379
(6) Colour Vision—1952 age group—		
	Number Tested	Red-Green Blind
Boys	2,908	149
Girls	2,856	8
		Ratio
		1 in 19.5
		1 in 357.0

The goitre research, which has been going on for some years, has continued. A further study of a therapeutic trial of thyroxine in cases of goitre which are not controlled by potassium iodide was made. The results are not yet available, but will be prepared for publication later.

The School Dental Service lost two of its members during 1963, one by retirement and one by resignation. In February, 1964, five new graduates joined the service, one from Melbourne and four from the University of Queensland. The arrangement by which the Government granted bursaries to five dental students due to graduate in Queensland at the beginning of 1964 proved rather disappointing, as one did not join the staff at all, and two others applied for release from their obligation to serve the Department before they had been here for six months.

The work of the Hobart Central Dental Clinic was carried on, under conditions of considerable inconvenience (and great discomfort in the summer) in mobile clinics parked at the rear of Westella House. The new clinic, at Warragul Avenue, was almost ready for occupation at the end of the financial year.

The following is a summary of the work done by this service during 1963-64:—

New visits	20,140	
Repeat visits	26,238	
		46,378
Treatments		65,545
Restorations		41,299
Extractions		23,806
Cleanings		940
Ortho-extractions		87
Ratio of fillings to extractions		1.73:1

This will be the last year in which the work of the School Dental Service will be reported by the Public Health Division. It could be considered an anomaly that a service whose function is the treatment of established disease should be incorporated in a division concerned with the maintenance of normal health. Doubtless it was originally so established in the hope that its work could be co-ordinated with other aspects of school health which are the concern of the Division. This possibility was completely negated by an administrative error in 1948, which established the headquarters of the Dental Service in Launceston. The headquarters were transferred back to Hobart in 1961; but events of the last two years have demonstrated the impossibility of achieving the desired co-ordination while the present constitution of the Dental Service remains unchanged. For this reason, that service will be transferred elsewhere in the Department in 1964-65. The Public Health Division will continue to be responsible for the preventive aspects of dental health, such as fluoridation and nutrition education.

Nutrition Advisory Service

Dietary surveys were carried out in Bothwell, Branxholm, Derby and Bridgewater. Surveys had previously been conducted in Bothwell in 1958, 1959 and 1960; and these indicated that the milk, fruit, and vegetable intake of school children were quite inadequate. The present investigation shows that considerable improvement has been effected. The Nutrition Officer comments that this is an excellent example of the influence of a headmaster interested in the physical welfare of his pupils.

The surveys in Branxholm and Derby revealed the fact that, although these two places are so near to each other, the dietary patterns are quite different. This may be due to a difference in outlook between agricultural and mining population—a hypothesis which will be further investigated by the Nutrition Officer next year.

The Bridgewater survey confirmed the finding at Collinsvale last year, that proximity to a city does not necessarily mean that diets are adequate.

The teachers of the Lady Gowrie School and Child Health students are helping this year with the collection of information concerning the food intake of pre-school children. This is designed as a project in which mothers, students and trained staff work together, thus benefiting each group in terms of either nutrition education or investigation training and the obtaining of factual information concerning the nutrient intake of pre-school children.

Our School Medical Sisters have had reasonably good results in their efforts with overweight children in primary schools. These children are still followed up this year. However, the sisters felt that children of 12 or 13 years have a more personal interest in their weight, and will therefore be able to co-operate more wholeheartedly. Each sister therefore selected seven overweight teenagers, who had a history of overweight, to work with. This project has also attracted the interest of teachers-in-training and some adult teachers, who, as a consequence, have asked for assistance with their weight problem.

Homogenised plain and homogenised flavoured school milk were introduced in May of this year in the Launceston area. It appears that it made the milk more acceptable to the children because the milk intake increased by 15 per cent. In former years it was customary for the school milk consumption to decrease considerably during these winter months.

The following articles written by the Nutrition Officer were published:—

"Animal Fats in relation to Arterial Disease in Humans"—The Journal of the Dietetic Association of Victoria, September, 1963.

"Factory Processed Potatoes"—Tasmanian Journal of Agriculture 34, No. 4, 1963.

"Processed Potatoes"—The Journal of the Dietetic Association of Victoria, December, 1963.

"The Advantages and Disadvantages of Homogenised Milk".

Industrial Hygiene

Although the Director has had extensive experience in industrial hygiene, pre-occupation with other responsibilities has prevented him from using this experience in the conduct of actual surveys of working conditions in factories and mines. The Division has, in past years, entered this field occasionally, usually in an *ad hoc* investigation of a complaint. However, the appointment of Dr. K. M. Williams as Regional Medical Officer of Health in the north has added another member well qualified in industrial hygiene to our staff. During 1963-64 Dr. Williams carried out a number of surveys in various industries in and around Launceston. As a result, a number of cases of early industrial disease (e.g., chrome ulcers, lead poisoning) were discovered, and management of the factories concerned was advised about preventive measures.

All other States in Australia provide services of this kind to industry. Dr. Williams' work points to the need to extend our activities to other parts of Tasmania; but the possibility of doing so will depend of the feasibility of an increase in medical staff, and this depends on finance. The question should be approached from the point of view that, in the long run, it is far cheaper for the State to provide services that will prevent the onset of industrial diseases than to provide hospitals for these cases when the diseases are established.

Environmental Sanitation and Food Control

During the year the problems of the Health Inspectorate of the Division have centered largely around the disposal of sullage and sewage, and the operation of the new Local Government Act. The latter has thrown a greatly increased burden on our staff, partly because the Department now has greatly increased responsibilities, e.g., in respect of some types of building, and partly because the public health staff of local authorities, being unfamiliar with the new legislation, has tended to lean very heavily on our officers for advice.

With a view to assisting the municipal health inspectors the Division organised a four-day study course which was held in Launceston in February. This course dealt with many of the problems that will arise in the implementation of the new legislation. Particular mention must be made of the invaluable assistance given in the conduct of the course by the Assistant Parliamentary Draftsman, Mr. F. D. Cumbræ-Stewart, whose wide knowledge of the Act contributed very largely to the success of the conference.

Progress in the installation of sewage treatment at many points where it is greatly needed continues to be extremely slow, and there is very little real progress to report.

Equally depressing for those concerned with the public health is the attitude of many who mistakenly look on the septic tank as a satisfactory alternative to sewage treatment in developing areas on the outskirts of towns, and who rail against officers of the Division, whose duty is to safeguard health, for "impeding development".

One solution that is often suggested in an endeavour to reduce the capital cost of sewerage reticulation should be mentioned here. This is the use of combined stormwater and sullage disposal pipelines. At first sight, the idea of using the one pipeline to convey both stormwater and sullage (including, usually, septic tank effluent) is attractive; it means only one house connection, one pipe, one trench, and one outfall. In theory the whole line is completely flushed out by each shower of rain. The whole idea seems delightfully simple and straightforward.

Practical experience shows that rains do not provide a complete cleansing of the line; and during dry spells, when there may be no flushing for weeks at a time, the local water supply is over-taxed and can least afford the quantity of water needed for supplementary flushing.

However, this year perhaps there is something on the credit side to record. The Kingborough Commission has almost completed a sewage treatment plant at Kingston, and is constructing mains to serve a considerable portion of that town, and is to be congratulated on this forward step.

Existing sewerage reticulation has been extended in Burnie, Ulverstone, Devonport, Hobart, Glenorchy, Clarence and in part of the area around Launceston at present in the municipalities of Westbury, St. Leonards and Lilydale. (The situation produced by lack of treatment at Burnie has been mentioned; a similar problem has already arisen at Devonport, and may arise at Ulverstone.) The Campbell Town Council, under considerable pressure, has instructed its engineers to prepare a plan for sewerage part of the town. Plans for Geeveston and Rosebery are also being considered by the relevant local authorities. The Longford Council is to be congratulated for voluntarily considering plans for sewerage that town. St. Leonards has completed a new treatment works near Hoblers Bridge. The Hydro-Electric Commission has installed a temporary treatment plant for Gowrie Park. It will have a useful life of 10-12 years, by which time the future development of this area will be more obvious, and a decision can be made about the necessity for a permanent plant.

The introduction of the Local Government Act has widened the definition of places of public entertainment and places of assembly. The checking of plans of buildings in this category, though urgently needed in the interests of the public, does represent a serious burden to our limited staff, particularly at a time when the health inspectors of local authorities tend to rely on them for advice on new legislation.

In many parts of the State, the supervision of meat is most unsatisfactory. This matter has achieved prominence on account of the action of some countries overseas, in requiring that meat exported from Australia should pass through a system of inspection of a standard equal to that prevailing in the country concerned. Proper meat inspection must include inspection of the animal while still alive, and immediately after slaughter. In large abattoirs, an inspector can be present all the time; and this arrangement, if faithfully carried out, is also satisfactory. What is not satisfactory is for slaughtering to go on for most of the day, and for an inspector to make a brief visit for an hour or so. The fact is that whole time inspectors are employed only in the abattoirs at King Island, Smithton, Somerset, Burnie, Launceston, St. Leonards, Longford, Sorell and Derwent Park.

The extent to which local authorities are content to rely on untrained or semi-trained personnel for advice on public health matters continues to be a matter for concern. Bruny, Burnie, Kingborough and Waratah have taken advantage of a scheme by which they obtain the services of an officer of the Division with post-graduate training in Public Health, as their medical officer of health. Glenorchy, appointed a holder of the D.P.H.; Clarence has had one for at least 10 years. Spring Bay and Glamorgan have a medical officer of health who is a qualified health inspector. Nowhere else in Tasmania is there a local authority with a medical officer of health with more than the brief basic training in public health received by medical students.

A similar state of affairs exists in the employment of qualified health inspectors. Of all the municipal health inspectors in the State, 30 possess one or more certificates of qualification. Eight of these are employed by the cities of Hobart and Launceston, three in Glenorchy, two in Burnie and two in Clarence, leaving 15 qualified inspectors in the rest of the State. Sixteen municipalities have an unqualified inspector, and nine have none at all. This, in turn, is a reflection of the small size of municipalities in Tasmania. It is to be hoped that, in consequence of the Local Government Act, there will be some amalgamation of municipalities to produce districts whose size will justify the appointment of one man to concentrate on the work of health inspection and another to do the odd jobs, such as collecting dog registration fees, looking for noxious weeds, &c. Only by such a move can we hope to attract qualified inspectors to the State.

Infectious Disease

There has been a slight drop in the total number of notifications of venereal disease. It is difficult to estimate the significance of this, when the trend since 1958 has been upwards. Once again, an analysis of the age and sex distribution (Table 12) shows that the majority of the cases are in young people; indeed, out of a total of 43 female cases, 30 were under 20-years-of-age.

Table 11 gives details of notifications of notifiable diseases according to municipalities, and Table 13 shows notifications in each calendar month.

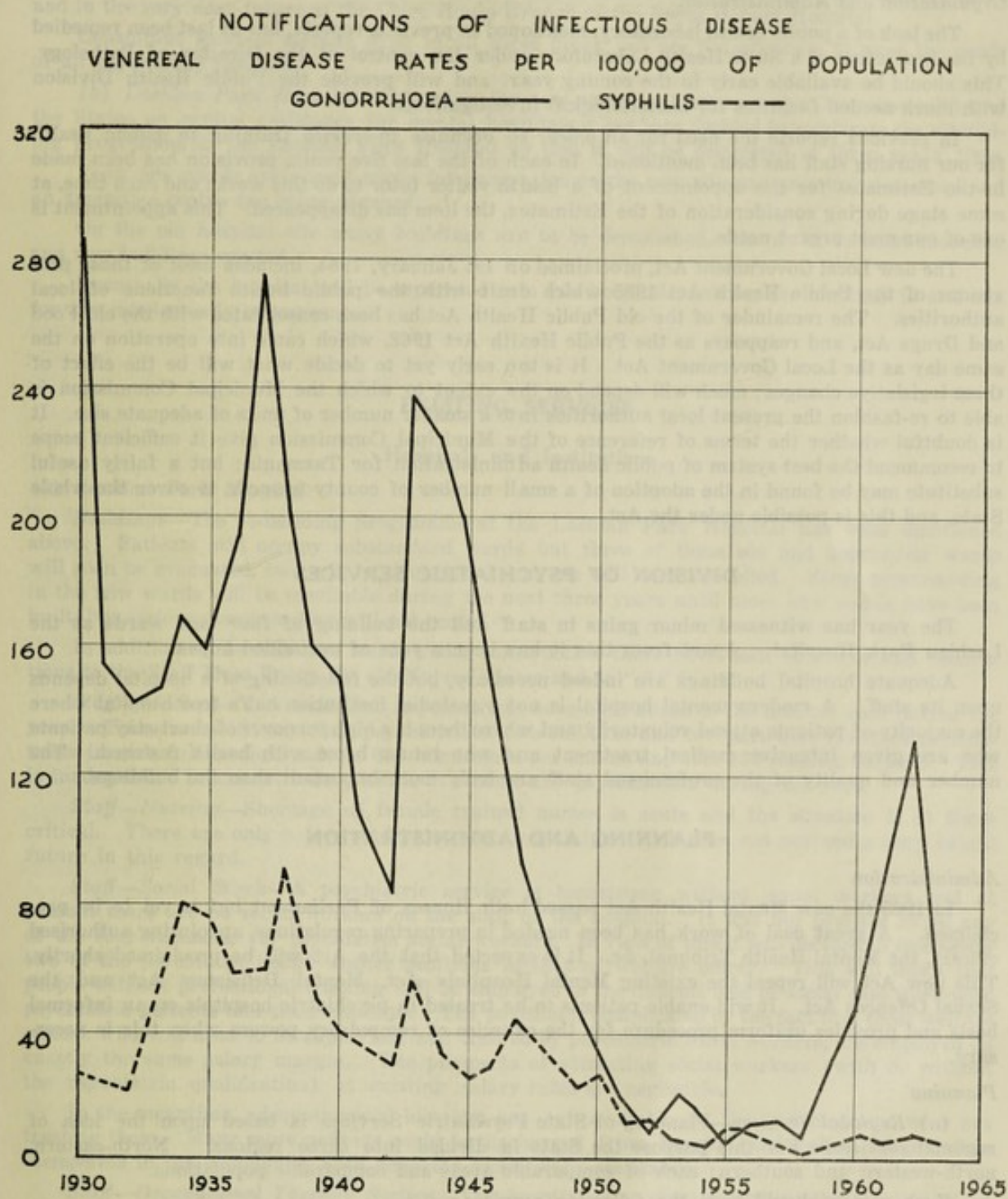
Once again there has been an increase in notifications of infectious hepatitis. In the present state of our knowledge, the only control measure than can be suggested is strict attention to good personal hygiene. This, in turn, depends on the availability of adequate washing facilities in the immediate vicinity of toilets; and "adequacy" in this connection implies plenty of hot water plenty of soap, and individual towels (which can be of paper).

There were 149 notifications of scarlet fever, which at present seems to be a mild disease. This mildness is often attributed to treatment with modern antibiotics; but it would be unwise to rely on this explanation. The history of this disease in Western Europe has been one of astonish-

ing fluctuations in severity. In the last three centuries there have been periods lasting 40 or 50 years in which it has been completely trivial; and others in which it has been extremely severe, producing what have been described as "devastating, death-dealing epidemics". The transition from one phase to the other has been sometimes abrupt, sometimes more gradual, but always inexplicable.

It will be noted that there were 16 notifications of hydatids. It is doubtful whether the figure signifies anything, as the investigations of Dr. T. C. Beard have shown that many medical practitioners fail to notify this disease. It is pleasing to record that, by the end of 1963-64, the institution of a service for testing dogs, to see whether they are carrying the parasite of the disease was in sight.

There was one notification of suspected poliomyelitis; but subsequent investigation did not confirm the diagnosis. The last outbreak of this disease was in 1960-61; and enquiries then revealed that the attack rate in the unimmunised was more than 15 times as great as that in persons who had had three doses of Salk vaccine. Although it was realised that the immunity produced by the main campaign with this vaccine in 1956-57-58 must be waning, this difference in the attack rate seemed to suggest that we could safely wait a little longer before embarking on a campaign for a "booster" dose, instead of following the example of some of the mainland States in advocating a fourth dose of Salk in 1962 or 1963. One hesitates to claim that events have vindicated this judgment; but the fact remains that we have not had an outbreak of poliomyelitis, despite its presence in other parts of Australia. This interval was used for a prolonged series of negotiations for a supply of Sabine vaccine, which has been used so successfully in most other parts of the world. It is pleasing to record that, towards the end of the year, the Commonwealth Minister for Health, on the recommendation of the National Health and Medical Research Council, agreed to issue a supply of Sabin to Tasmania for use as a "booster" during 1964-65.



Organisation and Administration

The lack of a public health laboratory, mentioned in previous reports, has at last been remedied by the institution of a State Health Laboratory under the control of the Director of Pathology. This should be available early in the coming year, and will provide the Public Health Division with much needed facilities for bacteriological investigations.

In previous reports the need for an officer to organise in-service training in public health for our nursing staff has been mentioned. In each of the last five years, provision has been made in the Estimates for the appointment of a health visitor tutor to do this work; and each time, at some stage during consideration of the Estimates, the item has disappeared. This appointment is one of our most urgent needs.

The new Local Government Act, proclaimed on 1st January, 1964, includes most of those provisions of the Public Health Act 1935 which dealt with the public health functions of local authorities. The remainder of the old Public Health Act has been consolidated with the old Food and Drugs Act, and reappears as the Public Health Act 1962, which came into operation on the same day as the Local Government Act. It is too early yet to decide what will be the effect of these legislative changes; much will depend on the extent to which the Municipal Commission is able to re-fashion the present local authorities into a smaller number of units of adequate size. It is doubtful whether the terms of reference of the Municipal Commission give it sufficient scope to recommend the best system of public health administration for Tasmania; but a fairly useful substitute may be found in the adoption of a small number of county councils to cover the whole State, and this is possible under the Act.

DIVISION OF PSYCHIATRIC SERVICES

The year has witnessed minor gains in staff and the building of four new wards at the Lachlan Park Hospital. Apart from this it has been a year of unfulfilled hopes.

Adequate hospital buildings are indeed necessary, but the functioning of a hospital depends upon its staff. A modern mental hospital is not a custodial institution but a true hospital where the majority of patients attend voluntarily and where there is a high turnover of short-stay patients who are given intensive medical treatment and who return home with health restored. The number and quality of the professional staff are truly more important than the buildings.

PLANNING AND ADMINISTRATION*Administration*

In 1963 the new Mental Health Act passed both Houses of Parliament but is yet to be proclaimed. A great deal of work has been needed in preparing regulations, appointing authorised officers, the Mental Health Tribunal, &c. It is expected that the Act will be proclaimed shortly. This new Act will repeal the existing Mental Hospitals Act, Mental Deficiency Act and the Sexual Offences Act. It will enable patients to be treated in psychiatric hospitals on an informal basis and provides uniform procedure for the exercise of compulsory powers when this is necessary.

Planning

(a) *Regional Services*—Planning of State Psychiatric Services is based upon the idea of regional services. For this purpose the State is divided into three regions. North-eastern, north-western and southern; each of comparable areas and comparable populations.

Each region should have the following services—

- (i) A regional psychiatric rehabilitation hospital.
- (ii) Psychiatric units at general hospitals within the region.
- (iii) A child psychiatric clinic.
- (iv) Day hospital facilities.
- (v) Consultant services to smaller hospitals within the area.

A psychiatric unit is under construction at the Launceston General Hospital and psychiatric units are being planned for the Spencer Hospital, Wynyard and the Royal Hobart Hospital.

A building for a child psychiatric unit was acquired in Hobart a year ago, but it has not been possible to open it because of inability to recruit staff. Because of heavy building commitments at the Lachlan Park Hospital (which is the base psychiatric hospital for all three regions) and difficulties in recruiting staff, no move has been made as yet for the establishment of child psychiatric clinics in the north-eastern and north-western regions.

Day hospital facilities will be provided at the psychiatric units at Launceston and Wynyard and in the very near future at the Clare House Branch of the Royal Hobart Hospital.

Consultant services already exist in all three areas, but are not adequate to meet the needs of all psychiatric patients.

(b) *Lachlan Park Hospital*—Following the new agreement between the Commonwealth and the States on capital assistance for mental hospitals it has been decided to accelerate the rebuilding programme at the Lachlan Park Hospital so that it will be completed in three years' time.

Four new wards are almost ready for occupation on the new site and an admission ward and an amenities centre are being planned.

On the old hospital site many buildings are to be demolished, others are to be re-modelled and new buildings erected.

Eventually the hospital will be separated into two hospitals, one for the mentally ill and one for the intellectually subnormal.

EXISTING SERVICES

Hospitals and Institutions

(a) *Lachlan Park Hospital*

Buildings—The re-building programme at the Lachlan Park Hospital has been mentioned above. Patients still occupy substandard wards but three of these old and depressing wards will soon be evacuated, two will be demolished and one will be re-modelled. Some overcrowding in the new wards will be inevitable during the next three years until more new wards have been built, but serious overcrowding will not occur.

In addition to the four new wards under construction there have been additions and renovations to the Staff Mess Room, the old Nurses' Home and to "J" Ward.

Staff—Medical—Two assistant psychiatrists have been added to the medical staff during the year. There are still only four psychiatrists, two full-time and two part-time assistant psychiatrists to give full medical care to 600 admissions per annum and over 850 resident patients. This is inadequate. It has not been possible to recruit any psychiatrists during the year.

Staff—Nursing—Shortage of female trained nurses is acute and the situation is at times critical. There are only a few student nurses in training which does not portend a very bright future in this regard.

Staff—Social Work—A psychiatric service is hamstrung without social workers and at present there are no social workers on the staff of the hospital. It was not possible to fill any of the four vacancies for psychiatric social workers. In view of this it was decided to re-classify two of the psychiatric social worker positions to that of welfare officer. This will mean that people without professional training will be employed in the difficult field of social case work with psychiatric patients and their relations. The position is complicated by the fact that these welfare officers who will need to be supervised and trained by psychiatric social workers, are employed on exactly the same salary margin. The prospects of attracting social workers (with or without the psychiatric qualification) at existing salary rates are negligible.

In the meantime, adequate social histories are not available to the psychiatrists who are treating them. Many more patients could be discharged from hospital and helped to maintain themselves in the community with adequate social work assistance.

Staff—Occupational Therapy Section—The hospital is at present without the services of an occupational therapist. However, a new position of Occupational Instructor has been filled and it is hoped that a new position of Occupational Supervisor will be filled in the near future.

Staff—Physiotherapy—The hospital employs one physiotherapist whose work has been of great value to spastic patients and others.

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(b) *Millbrook Rise*

This small neurosis hospital continues to have less than its full complement of patients. This is largely due to the fact that it is not a free hospital. However, it provides intensive psychiatric and nursing treatment for patients with severe neuroses and early psychoses without the stigma of admission to a mental hospital.

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(c) *Government Institution for Defectives, New Norfolk*

This institution, technically separate from the Lachlan Park Hospital, is in reality a part of the Lachlan Park Hospital.

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(d) *"Nelumie", Government Institution for Defectives, Launceston*

For a period of some months this institution was without a Matron or a Sister. It functions as a hostel for high grade female mental defectives.

Extra-Mural Psychiatric Services

(a) *Headquarters Clinic*

During the year the new position of Senior Medical Officer Psychiatrist (Adult Psychiatry) was filled, but the Child Psychiatrist position has remained vacant, there being no suitably trained applicants. The old position of Psychiatrist has remained vacant, the Senior Medical Officer doing some of the forensic work and reports for other Government departments.

There is one clinical psychologist and two psychiatric social workers. There are vacancies for additional social workers and psychologists.

(b) *North-Eastern Regional Service*

The two psychiatrists serving this area are handicapped by the lack of a social worker and psychologist. The position of social worker is vacant and it is hoped that a position of psychologist is about to be created.

(c) *North-Western Regional Service*

One psychiatrist based at Burnie, provides psychiatric services to the various hospitals in this area.

(d) *Services to General Hospitals*

Division psychiatrists continue to provide consultant services to all general hospitals in the State.

(e) *Psychological Service*

Patients are referred for examination from the Royal Hobart Hospital, medical practitioners, Commonwealth and State departments. Visiting services are provided to the southern, northern and north-western regions of the State. One psychologist from the headquarters of the Division has endeavoured to meet this demand for psychological services in all these areas. Additional staff is urgently required.

(f) *Social Work Service*

The present strength of the Division is two full-time psychiatric social workers and two welfare officers. Work has been carried out supervising mentally defective patients and case work, with patients from Lachlan Park Hospital, Millbrook Rise and elsewhere.

A need exists for the recruitment of trained psychiatric social workers or social workers with experience in the psychiatric field.

MENTAL DEFICIENCY BOARD

The Board conducted meetings at monthly intervals throughout the year. Each of the Government institutions for mental defectives at St. John's Park, New Norfolk and Nelumie, Launceston, were inspected upon two occasions.

The number of persons detained by the Board is 392, of which 289 are placed in institutions and 103 are in the community under guardianship or supervision. Further details are shown in Table 35.

During the year a number of persons were referred to the Board for ascertainment under the Act, by parents, through the courts or by other agencies. Of these persons 21 were ascertained to be mentally defective.

The Board has continued to achieve the rehabilitation of defectives in the community under guardianship or supervision. Orders for the detention of 10 persons were terminated during the year.

Development of a mental defective colony on the site of the Lachlan Park Hospital will be accelerated following the introduction by the Commonwealth Government of the States Grants (Mental Health Institutions) Act 1964. Planning provides for five new buildings and conversion of four existing buildings. On completion it is proposed the institution will have 457 beds and will allow the transfer of all mental defectives from St. John's Park to the institution at New Norfolk.

Mrs. P. J. Read, the nominee of the Director of the Clinic resigned as a board member during the year, and Dr. T. H. G. Dick of the Division of Psychiatric Services was appointed in her place.

With the introduction of the Mental Health Act 1963 now imminent this will be the last report of the Mental Deficiency Board. All those persons now detained under the Mental Deficiency Act will be liable to continued detention either in hospital or under the Guardianship Board constituted under the Mental Health Act.

The services rendered by the Mother Prioress of the Convent of the Good Shepherd, Mount St. Canice, Sandy Bay, where 19 girls are detained, and to the Matron of the Salvation Army Home, Lansdowne Crescent, in caring for a further six mentally defective persons, are greatly appreciated.

Our thanks are extended to all officers of the Board, the Superintendent, Matron and staffs of the several institutions for mental defectives, for their devotion to duty and assistance rendered in carrying out the functions of the Board since its inception.

DIVISION OF TUBERCULOSIS

The decline in the number of new cases notified has slowed up since 1960, and during the year ended 30th June, 1964, there were 105 new cases of tuberculosis, compared with 111 the previous year. It could not be expected that the rapid reduction of incidence observed from 1957 to 1960 would continue for long, and, in fact, the general trend in the number of notifications in Tasmania is paralleled throughout the world in countries which have reached an advanced stage in their anti-tuberculosis programme.

Tables 14 and 15 which analyse these new cases in some detail show that a high proportion are older than 35 years of age, and that there is a preponderance of men, 61 out of the 79 new cases of lung tuberculosis being male. This higher incidence in older men, also parallels world-wide trends.

Table 15 also shows the proportion of pulmonary cases which were advanced, moderately advanced and minimal, and these figures indicate an improvement over the previous year; thus there are 5% advanced cases, compared with 11% the previous year, and 54% moderately advanced cases, compared with 58% the previous year.

Supervision of Cases

Of the 79 pulmonary cases, 69 were admitted to the chest hospitals in Hobart and Evandale, five cases were admitted to the Repatriation Hospital, two received treatment at other hospitals, and the remaining three were placed under domiciliary supervision of chest clinics.

Migrants

During the year, 13 migrants were notified as tuberculosis cases. The country of birth of these persons is given as United Kingdom 7, and one each Poland, Hungary, Yugoslavia, Ukraine, Estonia and Holland. In six cases, the length of residence in Australia exceeded 10 years.

Tables 16, 17, 18, 19 and 20 call for no special comment.

Tuberculosis Allowances

As at the 30th June, 1964, there were 89 persons receiving assistance under provisions of the Commonwealth Tuberculosis Allowance Act. A total of 107 new claims were received during the year of which 82 were approved, 21 rejected, and four were still awaiting finalisation. There were 87 allowances cancelled during the year.

Chest Clinics

Notwithstanding the generally improved tuberculosis position, as indicated by the continued decline in new notifications and the reduced demand for hospital accommodation, the work of the chest clinic, on the other hand, has shown no appreciable falling off. This is, of course, understandable, when it is considered that nearly all the new cases discovered each year are sooner or later added to the clinic case load for supervision and treatment as out-patients, and are kept under clinic supervision to a greater or lesser extent during practically the whole of their lifetime.

Strict adherence to this policy is regarded as a most important facet of tuberculosis control. It would seem, therefore, that the level of chest clinic responsibilities will show no appreciable easing off until such time as the yearly crop of new cases registered is less than the number de-registered, due either to the decease of aged patients, or patients transferred from clinic control.

Table 21 gives a summary of new registrations and re-attendances at the chest clinics during the year, also figures covering epidemiological surveys carried out during the year.

TECHNICAL DIVISION (GOVERNMENT ANALYST LABORATORY)

Staff

The improvement in the staffing level reported last year has been partially offset by the loss of a newly-qualified cadet.

In a State where the expansion of both primary and secondary industries is paramount, it is essential that the salaries of State professional officers must be capable of attracting and retaining the class of officer necessary for this expansion.

Housing and Equipment

Although there has been no immediate improvement in the existing inadequate housing of the laboratory, it appears that this situation may be solved within the foreseeable future.

During the year the purchase of an U.V. spectrophotometer, cathode ray polarograph and a P.E. 800 gas chromatograph, together with incillary equipment, has partially relieved the paucity of modern instrumentation available. Two major items necessary to augment the scope of those now available, namely recording ultraviolet and infrared spectrophotometers, remain to be purchased. These latter instruments will enable existing gaps in the detection and determination of drugs and other organic materials to be filled.

Summary of Work

Samples for Analysis

The materials examined numbered 3,608, an increase of 436 on the previous year. The major increases were in soil, water, food, blood alcohol, sewage and animal poisoning samples. There were decreases in the number of plant material, toxicological and fertiliser samples submitted.

MATERIALS EXAMINED		SOURCES OF SAMPLES	
Soils	1,459	State Departments—	
Water	749	Agriculture	1,251
Food	361	Health	250
Plants	287	Coroners	145
Toxicology	103	Police	104
Sewage	80	Forestry	67
Blood alcohol	74	Inland Fisheries	65
Feeding stuffs	68	Hydro-Electric Commis-	
Fertilisers	63	sion	60
Biochemical specimens	41	Supply & Tender	57
Animal poisoning	37	Metropolitan Water	
Fuel	37	Board	30
Crime exhibits	35	Agricultural Bank	18
Cleaning materials	27	Transport (Railways) ..	14
Drugs and medicines	27	Mines	10
Building materials	16	Labour & Industry	7
Disinfectants	16	Public Works	6
Liquors	16	Rivers & Water Supply	
Corrosion	15	Commission	3
Cosmetics	10	Social Welfare	1
Trade wastes	10	Public	679
Air and gases	9	Local Authorities	357
Pesticides	8	Firms	295
Detergents	2	University (Water	
Textiles	2	Research Founda-	
Human milk	1	tion)	157
Paint	1	Hospitals	26
Miscellaneous	54	Commonwealth Depart-	
		ments	6
	<u>3,608</u>		<u>3,608</u>

Consultive and Advisory Work

Again there has been a wide demand for this laboratory service. Inquiries and requests for chemical information have emanated from other departments, both State and Commonwealth, from business firms and the general public.

Whilst not involving actual chemical analyses, these requests make great demands on the knowledge and time of senior staff. The value of this service is not capable of accurate assessment, nor is the time spent in so contributing to this State's public welfare accounted for in the tables presented above.

Food Chemistry

Of the 361 samples, 295 were from official sources, an increase of 161 on last year's figures. Of the official samples, 213 were of milk.

Food samples found not to comply with the Regulations numbered 100 milks and 26 other foods. A number of successful prosecutions were obtained.

With foods other than milk, foreign bodies were the most common cause of failure (one loaf of bread contained a small bird) accounting for 16 of the failed samples.

One bottle of a popular soft drink was found to contain six (6) per cent of nicotine sulphate. The access point of this highly poisonous material was not discovered and, fortunately, no harm came to the purchaser's family. The presence of this deadly poison in such a product illustrates the extreme care and rigid inspection programme which manufacturers must maintain when handling re-usable containers.

Agricultural Chemistry

Samples connected with agricultural pursuits numbered 1,805 of the total submitted for analysis (3,608). Milk samples from dairymen and water samples for stock, irrigation or dairy use are not included in these 1,805 samples.

In the two years following the establishment of the Agronomy Division laboratory, it has been possible to extend the testing services available to other sections of the Department of Agriculture. The effective use of this service may be gauged from the fact that this year 1,459 soils were examined as against 1,483 for 1961-62, the last year agronomy trial soils were submitted, and which included 826 from that source.

An increasing number of soil and plant samples are being submitted by the Forestry Department, but, due to staff shortages, samples from this source have had to be severely restricted. It is hoped that the staff problem can be overcome in the next year and that this laboratory will be able to accept for analysis all the samples necessary to the current research programmes of the Forestry Department.

Following the discovery in the preceding year of a large number of sub-standard fertilisers on the market, a further corroborative survey was made. Resulting from this, a collaborative study with one of the largest manufacturers disclosed that both the mixing procedure of the manufacturer and the sampling techniques of the inspectors were at fault.

Animal feeding stuff samples showed a heartening change of source during the year. Manufacturers submitted a large number to check the quality before submission to both the local and overseas markets.

Forensic Chemistry and Toxicology

The number of exhibits from the Police in connection with crimes again remained low (35 from 12 cases). Later court attendances were involved in most cases. Examinations of sawdust, paint, paint flakes, glass fragments, petrol and oil, and defaced writings were made in connection with thefts, break-and-enter, hit-and-run, arson and alteration to a document (will). The number of sawdust, glass and paint flake examinations was again very low when compared with exhibits of several years ago, possibly due to the current fashion of cuffless trousers.

Toxicological specimens numbered 103 from 22 cases. Barbiturates were involved in nine cases, strychnine in three cases, and seven cases proved negative. Sedormid, chloral hydrate and an unidentified substance numbered one each.

Voluntary blood test specimens taken from motor vehicle drivers showed a concentration in excess of 150 milligrams of alcohol per 100 millilitres in 15 of 19 cases (23 specimens) and, of these, 10 were in excess of 200 milligrams per 100 millilitres. The remainder of the specimens (51) were mainly taken from deceased persons (road accident victims, accidental deaths, murder victim, suicides and persons found dead without cause). Alcohol was present in all but seven cases.

Industrial Hygiene

The samples received in connection with industrial health are not listed separately in the tables above, being included in the categories of air and gas, biochemical specimens, building materials and paint. The number of these samples (31) is the lowest for a number of years and 23 of these are from employer sources.

The decrease in total sample numbers and the increased samples from employer sources may be assumed to be a measure of the realisation that the proper design of plant, together with the provision of adequate protective equipment for the worker, is to the mutual benefit of all parties concerned. The decrease in samples submitted is in no way associated with a lack of vigilance by the departmental authorities concerned.

Waters and Corrosion Problems

The further continuance of the dry seasons of the past three years is again reflected in the large number of samples submitted by, or on behalf of, farmers seeking sources of both domestic and general farm supplies. Unfortunately, many of the samples derived from artesian sources have proved to be too saline for most purposes and their use could not be recommended.

The study of growths in canals and pipelines of the Hydro-Electric Commission, at present being undertaken at the University by a research fellow of the Australian Water Research Foundation, has been assisted by the analysis of 152 water and five deposit samples. This investigation is still continuing.

Miscellaneous

A number of drugs and medicines, disinfectants and cleaning materials were examined for the Supply and Tender Department.

The Mines Department submitted a number of fuels for use with domestic oil heating appliances. A number were found to have a flash point below the safety level. It is understood that the deficiencies disclosed have been remedied by the companies concerned.

Regular check tests have been made of the fluoridated water supplies in Tasmania and these have shown that plant control is of the high degree of accuracy laid down by the authority.

Another increase in the number of animal poisoning samples is viewed with alarm because of the risks to children. Most cases have been of an "epidemic" nature and occurred in densely populated areas. The poison most frequently found was strychnine.

ST. JOHN'S PARK HOSPITAL

Visit by His Excellency the Governor

His Excellency the Governor, Sir Charles Gairdner, and Lady Gairdner, visited Gellibrand House on 16th March, 1964.

Geriatric Training

Since St. John's Park Hospital was declared a training school for Auxiliary Nurses (Geriatric Section) on 3rd July, 1957, seven examinations have been held under the jurisdiction of the Nurses' Registration Board and to date 107 persons have passed the examination. Twenty-four students were successful during the past year.

Geriatric Training School

The Nurses' Registration Board approved St. John's Park Hospital as a training school for Geriatric Nurses, and on 1st November, 1963, this hospital was declared a training school by legislation. This provides a three-year training course for male and female students desirous of learning geriatric nursing.

The first year course was started on the 5th May, 1964. Additional interest has been shown by the students undergoing the first year training, as they realise they can now become fully qualified Geriatric Nurses.

St. John's Park Holiday Homes for the Aged at Carlton

This holiday home was opened officially on 25th March, 1964 and has proved to be most beneficial. Over 100 patients of St. John's Park have spent a holiday at Carlton since Christmas 1963 and the change of environment has been good for them. The patients appreciated their holiday very much and returned to St. John's Park more contented and happier in their outlook.

The staff of St. John's Park are continuing the voluntary work at Carlton and are at present erecting a 10-bed convalescent ward with all conveniences, together with concrete paths. This work is progressing very satisfactorily. Many persons from the mainland and other hospitals have visited the Holiday Homes at Carlton and have been astounded at the work put into this project. The splendid work and assistance given in the voluntary completion of this project, by the Lindisfarne Apex Club and the staff of St. John's Park, will benefit St. John's Park so much in the future.

Staff Amenities Block

The first meals were provided for the staff in this block on 30th September, 1963. Approximately 156 persons are provided with mid-day meals, morning and afternoon teas in the building.

In addition to providing first class meals for the staff, the amenities block gives the staff the opportunity of fellowship which it has been lacking over the past years.

Euchre, darts and table tennis tournaments have been held in the amenities block in the evenings.

Bowling Green

This green has now been completed by the artisan staff of St. John's Park and the grass has been sown. It is anticipated that the green will be available for play in the new year.

To supply the proper amenities for the bowling green, a club house is urgently needed.

Physiotherapy and Domiciliary Services

Continued progress has been made in the Physiotherapy Department. It is very gratifying to see the interest taken in physiotherapy by the elderly persons. It is hoped to establish a domiciliary service at St. John's Park so that the aged persons of Hobart may visit this service, receive physiotherapy treatment and return to their private homes.

Conversion of Cemetery into a Park

The transfer of gravestones to Cornelian Bay Cemetery in accordance with St. John's Park Improvement Act 1961, was completed during the year.

Final remains to be removed were those of John Beamont (discoverer of the Great Lake in 1817), which were re-interred at Miena on 21st October, 1963.

The only memorial now remaining is the Forster Monument which, being a large monolith, is a noted landmark.

It is proposed to landscape the area to provide a quite park for the residents of St. John's Park.

Social Activities and Amenities Provided for the Patients

During the past year considerable progress has been made in providing additional comforts and change of environment for the patients. Trips were provided to the country, the mountain, the seaside, Salmon Ponds, National Park and various organisations were encouraged to take patients out in cars. The annual picnic, consisting of a river trip in the "M.V. Cartela", was provided for the patients by the staff. Daily picnics to Carlton were arranged for the patients.

Occupational Therapy and Handcraft

Special attention has been given in this particular field during the year and the patients have enjoyed many happy hours in occupational therapy and handcraft work. Several first prizes were taken at the Royal Hobart Show by the articles entered by the patients.

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 persons who have helped in the spiritual comfort of the patients, especially the Rev. Gilbert Latta and Rev. 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 Mothers' Club, Salvation Army, Sixty and Over Club and R.S.L. Hospital Visiting Committee, &c. Sincere thanks are due to these organisations 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 £2,300 in equipment and social entertainment.

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

NATIONAL FITNESS SECTION

Two new positions of Regional Organiser have been filled, and when two vacant field officer positions are filled the present shortage of field staff will be alleviated to some extent.

Under direction of the State Supervisor acting as Chief Executive Officer of the National Fitness Council of Tasmania, the section implemented the policy of the Council throughout the State. Clerical work in connection with activities and projects promoted by the section was undertaken by clerical staff employed by the National Fitness Council of Tasmania, from Commonwealth funds. Field staff were based at headquarters, Hobart, at regional offices at Devonport and Launceston and at Burnie and Moonah.

Finance, equipment and facilities for promotion programmes conducted, were provided from National Fitness Council funds. The recent allocation of finance by the State Government to establish indoor recreation centres throughout the State has influenced the work of the section to a considerable extent. Local organisations have relied heavily on officers of the section for planning the centres and their administration and usage. The centres have also provided fine and convenient facilities for the conduct of beginners and coaching classes and the promotion of new sports associations, clubs and activities. The centres, particularly those at Burnie, Devonport and Moonah and the Training Centre maintained by the National Fitness Council at Launceston, have been used very effectively to extend physical recreation in the community. During the coming year a field officer will be stationed at Ulverstone to work in conjunction with the Ulverstone Indoor Recreation Centre. Current construction of new centres at Montagu Bay and Launceston will require an increasing amount of assistance. With the small staff available it has been found that work in connection with these centres has forced certain other fields of national fitness work to be curtailed. With National Fitness Council resources, an information and advisory service to youth organisations and sports and recreation associations and clubs has been maintained.

Youth camping programmes have been assisted, and the National Fitness Camps establishments at Port Sorell and Port Esperance administered. Adventure camping and the promotion of outdoor activities such as canoeing and mountaineering and the Duke of Edinburgh Award Scheme have received increased attention. Results of this work have been most encouraging, particularly with regard to the potential leadership forthcoming from adventure camp training. Adequate promotion of the Duke of Edinburgh Award Scheme can only be done by the appointment of a competent officer for this purpose.

During the year provision was made for the appointment of an officer to carry out executive duties for the Youth Council of Tasmania. The appointment of this officer will provide the opportunity for greater co-operation with the Youth Council and the co-ordination of youth work throughout the State.

A great increase of interest by the community in the establishment of youth clubs has been apparent, and every possible assistance, both practical and advisory was given to the responsible groups and committees. Close liaison was maintained with local government and other authorities interested in the provision of facilities and the promotion of other aspects of national fitness.

FLUORIDATION

This year has seen considerable progress in this State. Late in 1963 the National Health and Medical Research Council re-affirmed its endorsement of fluoridation of public water matter. The Hobart City Council, following three petitions requisitioning a referendum, all of which were rejected by the Council, became the first capital city of Australia to decide to fluoridate its water supply. This enabled one-third of the population of the State to benefit from this health measure.

Despite the fact that one or two municipal councils have appeared to be militantly opposed to fluoridation, it is confidently expected that the Hobart City Council's example—set both by enquiry and implementation—will be followed by other authorities upon recognition of their civic responsibility to adopt a proven public health measure.

The cost of dental services, the chronic shortage of qualified dental man power, and the population increase will predictably induce strong community pressure for fluoridation, which may well demonstrate the lack of wisdom of those authorities which to date have refused either to consider or implement the measure. For example, the fluoridation of Hobart's water supply will cover approximately 60,000 people. However, for the same cost, it may well have been possible (if the appropriate authorities had consented) to have covered the areas of the West Derwent

and Southern Regional Schemes, to cover an additional 60,000 persons at least. These areas would have included New Norfolk, Glenorchy, Bridgewater, Richmond, Brighton and Clarence. Similarly, large population areas could readily be served by the fluoridation of Burnie, Devonport and Ulverstone's water systems—all areas of high oral disease incidence.

In the past year, several important events have occurred which directly affect the fluoridation issue. In Eire, the High Court found for fluoridation and rejected the case brought by a private citizen to have fluoridation stopped. The importance of this is that the decision was made despite testimony from opponents from America, Switzerland, Italy and South Africa. The Court considered this evidence and rejected it. The second important action was that of the Privy Council of the United Kingdom, which upheld the fluoridation of Low Hutt, New Zealand, against the action of an appeal. The Privy Council appeal established that the addition of fluoride to a water supply does not affect the purity of the water, as defined in the Act.

Perhaps the most significant biological news relating to fluoride has stemmed from the School of Public Health, Harvard University. This is the finding that "sodium fluoride in doses varying from 50-150 mg. daily favours the absorption of calcium and greatly strengthens bones", and that there have been no signs of toxicity at these doses. This dosage averages 50 times the amount of fluoride recommended for the prevention of dental caries. This research has given rise to the hypothesis that "disadvantageous effects on bone structure of the adult population may be associated with the prolonged use of drinking water that contains an insufficient concentration of fluoride". It is now suggested that the "time is not far off when there will be good evidence to indicate that the older person will have more to gain from fluoridation than the child—not only will he have better teeth (his own) and thus be able to secure better nutrition in his old age, but he may also have stronger bones".

In August, 1963 the Department held a seminar on fluoridation at Cosgrove Park, Launceston, and field demonstrations at Beaconsfield School, Riverside and Distillery Creek water plants. The object of the seminar was to inform municipal councils, health workers and politicians of the various aspects of fluoridation and to demonstrate results of 10 years fluoridation on children at Beaconsfield. Those attending totalled 114, and included 21 municipalities; 12 local dentists; two medical practitioners; 42 staff of Public Health Division; 12 interstate visitors from South Australia, Victoria, Queensland and New South Wales; two Members of Parliament, including the Minister for Health; and the Mayor of Launceston, Dr. Turnbull. The seminar was eminently successful. Lecturers included the Director of Public Health (Dr. H. M. L. Murray), the Government Analyst (Mr. M. Shipp), Mr. A. Strom (a civil engineer), Dr. T. E. Canning, dentist, Dr. M. Flynn (Chief Medical Officer, Sydney Metropolitan Water Board), and Dr. P. C. Brothers, Consultant on Fluoridation. As a direct result of the seminar, by invitation of the Queensland Government, Dr. Brothers toured Queensland for a series of seminars on behalf of the Queensland Health Department. Following these seminars, 11 water authorities have voted to implement fluoridation. Six other lectures have been given to various organisations in the course of the year.

The Beaconsfield survey has now completed 10 years, and the 10-year preliminary figures are as follows:—

PREVALENCE AND SEVERITY RATES OF DENTAL CARIES AT BEACONSFIELD

Children aged 6, 7, 8 years drinking reticulated water (i.e., fluoridated since 1953)

	1953 Number of Children = 34	1963 Number of Children = 73
	Per 100 Erupted Teeth	Per 100 Erupted Teeth
D.M.F. 6-year molar	52.54	19.62
D.M.F. all permanent teeth	25.12	9.99
Tooth mortality (teeth missing or requiring extraction because of gross caries) 6-year molars	6.60	1.50
Tooth mortality (teeth missing or requiring extraction because of gross caries) all permanent teeth	2.80	0.70

Children aged 6, 7, 8 living outside reticulated water supply (i.e., no consumption of fluoridated water at home, but an appreciable intake at school from the age of 5 or 6)

	1953 Number of Children = 37 Per 100 Erupted Teeth	1963 Number of Children = 13 Per 100 Erupted Teeth
D.M.F. 6-year molar	50.01	44.00
D.M.F. all permanent teeth	22.89	19.69
Tooth mortality (teeth missing or requiring extraction because of gross caries) 6-year molars	9.00	6.00
Tooth mortality (teeth missing or requiring extraction because of gross caries) all permanent teeth	3.75	2.90

Children aged 9, 10, 11 years drinking reticulated water (i.e., fluoridated since 1953)

	1953 Number of Children = 30 Per 100 Erupted Teeth	1963 Number of Children = 67 Per 100 Erupted Teeth
D.M.F. 6-year molar	92.90	57.48
D.M.F. all permanent teeth	38.25	16.34
Tooth mortality (teeth missing or requiring extraction because of gross caries) 6-year molars	46.10	14.40
Tooth mortality (teeth missing or requiring extraction because of gross caries) all permanent teeth	10.00	3.22

Children aged 9, 10, 11 living outside reticulated water supply (i.e., no consumption of fluoridated water at home, but an appreciable intake at school from the age of 5 or 6)

	1953 Number of Children = 31 Per 100 Erupted Teeth	1963 Number of Children = 19 Per 100 Erupted Teeth
D.M.F. 6-year molar	83.74	80.29
D.M.F. all permanent teeth	36.09	24.19
Tooth mortality (teeth missing or requiring extraction because of gross caries) 6-year molars	33.30	30.17
Tooth mortality (teeth missing or requiring extraction because of gross caries) all permanent teeth	8.60	6.05

D.M.F. = Decayed. Missing. Filled.

HANDICAPPED CHILDREN'S ADVISORY COUNCIL

The Handicapped Children's Advisory Council met on one occasion during the year. The main subject of discussion was the recommendation to the Government of a financial contribution to the Retarded Children's Association to assist in the operation of the Oakdale Occupational Therapy Centre on the Eastern Shore.

It is pleasing to record that the Government has accepted the recommendation of the Council and financial assistance will be forthcoming to the Association in 1964-65.

STAFF

As is my custom I would wish to draw your attention to the excellent work carried out by all officers of the Department during the year. My best thanks are due to all directors, senior officers and staff for their loyal co-operation and conscientious application to duty.

This is the last time that I express my own personal thanks to the Director of Tuberculosis, Dr. J. H. R. Tremayne, for his assistance over the years and for the able way in which he acted for me during my various absences. Dr. Tremayne has taken up an appointment as Director of Tuberculosis with the Commonwealth Department of Health. I wish him the best of good fortune in his new appointment. At the same time I wish to welcome Dr. L. F. Young who, until now, was Senior Medical Officer in the Division of Tuberculosis to his appointment as Director of Tuberculosis, and I look forward to a pleasant association.

To those officers who left the Department during the year I wish to express my best wishes for their future and I also wish to 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.

HANDICAPPED CHILDREN'S ADVISORY COUNCIL

The Handicapped Children's Advisory Council met on one occasion during the year. The main subject of discussion was the recommendation of the Council to the Department of Health to the Handicapped Children's Association to assist in the operation of the Council's Operational Committee on the East of London.

It is pleasing to record that the Government has accepted the recommendation of the Council and financial assistance will be forthcoming to the Association in 1964-65.

As my return I would wish to draw your attention to the excellent work carried out by all officers of the Department during the year. It is a pleasure to be able to say that the Department has been successful in its endeavours to bring about a better understanding and co-operation between the various departments and the public.

APPENDIX

STATISTICAL TABLES

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TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30th June, 1964.

No.	Hospital	Daily Average of Occupied Beds	MAINTENANCE RECEIPTS (NET)										No.	MAINTENANCE PAYMENTS (NET)										Balance at 30th June, 1964		In-Patients' Cost		Out-Patients' Cost		No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
			Balances at 1st July, 1963					Total Receipts						Salaries and Wages					Provisions												Domestic					Dispensary and Surgical					Admin. and Misc.					Repairs					Total Payments																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
			Debit	Credit	£	£	£	£	£	£	£	£		£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£

Comparison

Year	Commonwealth Aid		State Aid		Patients' Fees		Sundries, Donations, Interest, Rent, Miscellaneous Receipts		Total Receipts		Salaries and Wages		Provisions		Domestic		Dispensary and Surgical		Administration and Miscellaneous		Repairs		Total Payments		Yearly Increase		Cost Per Daily Occupied Bed		Cost Per Out-Patient Attendance	
	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%	£	%
1960-61	222,466	7.03	2,129,697	67.25	865,595	25.44	8,875	0.28	3,166,543	100	2,067,936	65.32	330,071	10.46	331,512	10.50	249,980	7.64	122,688	3.88	63,014	2.00	2,136,201	100	6.60	114	3	14	8	
1961-62	216,067	6.34	2,273,571	69.62	869,254	25.71	11,508	0.33	3,489,400	100	2,270,259	66.66	334,943	9.83	318,439	9.36	262,288	7.59	135,229	4.00	85,284	2.45	2,485,275	100	7.90	125	11	15	10	
1962-63	256,584	7.19	2,443,934	68.48	856,876	24.61	11,563	0.32	3,568,567	100	2,343,276	66.97	369,254	8.88	291,144	11.01	281,933	7.94	145,091	4.19	82,048	2.39	2,552,154	100	4.30	130	6	16	5	
1963-64	345,383	8.91	2,623,333	67.07	929,766	25.75	10,494	0.27	3,913,990	100	2,610,426	66.58	324,544	8.23	291,444	9.32	345,235	8.76	163,635	4.14	101,450	2.56	2,936,734	100	10.83	142	1	18	2	

PUBLIC HOSPITAL

No.	Hospital	Average of Occupied Beds	Patients as of July 1, 1963		Grand Total	Grand Total
			Inpatient	Outpatient		
1	General Hospital	518.88	12,402	68,735	107,237	107,237
2	General Hospital	518.88	12,402	68,735	107,237	107,237
3	General Hospital	518.88	12,402	68,735	107,237	107,237
4	General Hospital	518.88	12,402	68,735	107,237	107,237
Totals ..		718.28	12,402	68,735	107,237	107,237
5	Maternity Hospital	518.88	12,402	68,735	107,237	107,237
6	General Hospital	518.88	12,402	68,735	107,237	107,237
Totals ..		504.44	12,402	68,735	107,237	107,237
7	General Hospital	518.88	12,402	68,735	107,237	107,237
8	General Hospital	518.88	12,402	68,735	107,237	107,237
9	General Hospital	518.88	12,402	68,735	107,237	107,237
10	General Hospital	518.88	12,402	68,735	107,237	107,237
11	General Hospital	518.88	12,402	68,735	107,237	107,237
12	General Hospital	518.88	12,402	68,735	107,237	107,237
13	General Hospital	518.88	12,402	68,735	107,237	107,237
14	General Hospital	518.88	12,402	68,735	107,237	107,237
15	General Hospital	518.88	12,402	68,735	107,237	107,237
16	General Hospital	518.88	12,402	68,735	107,237	107,237
17	General Hospital	518.88	12,402	68,735	107,237	107,237
18	General Hospital	518.88	12,402	68,735	107,237	107,237
19	General Hospital	518.88	12,402	68,735	107,237	107,237
20	General Hospital	518.88	12,402	68,735	107,237	107,237
21	General Hospital	518.88	12,402	68,735	107,237	107,237
22	General Hospital	518.88	12,402	68,735	107,237	107,237
Totals ..		222.71	12,402	68,735	107,237	107,237
Totals ..		1,101.24	12,402	68,735	107,237	107,237
23	General Hospital	518.88	12,402	68,735	107,237	107,237
24	General Hospital	518.88	12,402	68,735	107,237	107,237
25	General Hospital	518.88	12,402	68,735	107,237	107,237
26	General Hospital	518.88	12,402	68,735	107,237	107,237
Totals ..		711.07	12,402	68,735	107,237	107,237
27	General Hospital	518.88	12,402	68,735	107,237	107,237
28	General Hospital	518.88	12,402	68,735	107,237	107,237
29	General Hospital	518.88	12,402	68,735	107,237	107,237
30	General Hospital	518.88	12,402	68,735	107,237	107,237
Totals ..		20.00	12,402	68,735	107,237	107,237
GRAND TOTAL		1,822.04	12,402	68,735	107,237	107,237

Year	Community Aid	State Aid	Patients' Fees	Hospital, Interest, Rent, Miscellaneous
	1	2	3	4
1963-64	222,400	7,000	2,170,000	47,235
1962-63	218,000	6,500	2,170,000	47,235
1961-62	208,000	7,100	2,170,000	47,235
1960-61	218,000	6,500	2,170,000	47,235

General Statistics of Public Hospitals for the Year ended 30th June, 1964

4866 Vallejo St.

TABLE 7

GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30TH JUNE, 1964

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	116.04	107.05	223.09	160	114	274	324	42,471	39,180	81,651
2	St. John's Park	192.08	268.92	461.00	260	295	555	707	70,302	98,424	168,726
3	Spencer ..	32.98	..	32.98	35	..	35	52	12,072	..	12,072
TOTALS ..		341.10	375.97	717.07	455	409	864	1,083	124,845	137,604	262,449

TABLE 8

DISTRICT MEDICAL SERVICE

Summary of attendances for the Year Ended 30th June, 1964

District Medical Officer	Total No. of Patients Attended	SEX		DIAGNOSIS			CLASSIFICATION				TIME FOR EXAMINATION			PLACE OF EXAMINATION			Mileage	X-Rays	Admitted to Hospital	Referred to Specialist	Remarks
		M.	F.	Medical	Surgical	Ante-Natal	Public	Private	Workers' Compensation Cases	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Domiliary Visits					
Brany Is. ..	36	15	21	36	..	..	34	..	2	..	36	..	..	17	..	19	271	..	..	..	Service Terminated July 1963 ..
Cygnnet ..	4,085	1,892	2,193	3,078	807	200	2,924	467	99	595	3,028	263	194	3,114	Nil	971	3,990	32	32	35	..
Esperance	6,275	2,949	3,326	4,842	1,241	192	5,623	108	249	295	5,893	311	71	3,545	1,289	1,441	9,101	53	19	14	..
Evandale	3,886	1,831	2,055	3,787	95	4	2,851	977	3	55	2,974	905	7	3,095	740	51	2,099	..	..	..	..
Flinders Is.	3,783	2,040	1,743	2,787	895	101	3,286	289	162	46	3,385	340	58	3,183	360	240	*	36	40	9	..
Glamorgan	4,867	2,128	2,739	3,959	599	309	4,494	99	95	179	4,539	299	29	1,987	1,608	1,272	16,066	39	32	50	..
Snug ..	6,302	3,016	3,286	4,939	1,308	55	4,647	456	159	1,040	5,441	800	61	4,602	877	823	5,271	5	22	6	..
King Is. ..	5,753	2,785	2,968	5,434	106	213	5,374	26	269	84	5,238	499	16	4,177	1,285	291	*	..	..	..	..
New Norfolk	7,523	3,906	3,617	5,638	1,481	404	6,492	498	393	140	6,834	575	114	5,716	1,467	340	9,049	75	51	13	..
Maydena ..	4,101	2,088	2,013	3,402	630	69	3,464	174	249	214	3,540	345	216	2,704	695	702	7,435	7	8	14	..
Portland ..	5,780	2,774	3,006	4,904	662	214	3,482	1,310	4	984	4,554	1,179	47	3,422	137	2,221	10,367	45	39	42	..
Penguin ..	8,631	4,020	4,611	7,670	926	35	6,890	1,049	24	668	7,588	895	148	7,889	302	440	6,495	90	29	154	..
Ringarooma	2,894	1,212	1,682	2,426	352	86	2,338	46	32	478	2,841	46	7	1,187	1,481	226	11,702	..	26	14	..
Tasman ..	5,093	2,335	2,758	3,636	1,216	241	3,694	343	217	839	4,406	601	86	3,144	1,083	866	8,240	24	91	28	..
..TOTALS ..	69,009	32,991	36,018	56,538	10,348	2,123	55,593	5,842	1,957	5,617	60,897	7,058	1,054	47,782	11,324	9,903	90,086	406	389	379	..

*Departmental Car

TABLE 9

SUMMARY OF WORK PERFORMED IN THE DISTRICT NURSING CENTRES DIVISION
DURING YEAR ENDED 30TH JUNE, 1964

Name of Centre	Hospital Bed Capacity	Visits to Centre	Visits to Patients	In- Patients Bed Days	Mater- nity Bed Days	Births	Pre- Natal Visits	Child Health Visits	School Visits	Mileage
SOUTH—										
Alonnah, Bruny Is. ..	2	749	727	5	4	2	38	703	4	242
Cygnat	5	825	12	341	207	23	3	163	..	..
Dover	5	621	..	371	111	19	133	2	..	..
*Dunally .. ..	..	141	..	..	..	..	4	10	..	..
Koonya	5	2,953	1	468	196	26	50	213	..	4,252
Oatlands	5	461	14	205	53	5	57	336	..	879
Southport .. ..	..	688	509	..	..	..	24	383	..	646
Strahan .. ..	..	1,507	581	..	..	..	98	176	..	6,069
Swansea (May Shaw Mem- orial)	4	2,980	71	331	261	25	225	521	..	159½
Triabunna	3	3,833	243	133	75	9	119	533	..	874
Total (10 Centres) ..	29	14,758	2,158	1,854	907	109	751	3,040	4	13,121
NORTH—										
Avoca .. ..	..	2,647	113	..	..	..	45	319	14	208
†Cape Barren Island ..	1	985	198	19	1	..	30	123	..	259
George Town	5	129	..	724	598	92	99	47	..	..
Gladstone .. ..	..	1,459	866	..	..	..	109	746	..	4,302
Grassy, King Island ..	..	2,092	113	..	..	..	208	1,210	..	4,433
Lilydale .. ..	..	886	1,233	..	..	..	50	1,073	..	7,361
Mole Creek .. ..	..	1,331	157	..	..	..	12	565	..	1,630
Redpa .. ..	..	1,828	228	..	..	..	2	547	37	2,051
Ringarooma .. ..	..	1,294	137	..	..	..	38	419	..	1,006
Rossarden .. ..	..	6,353	3,261	..	..	..	635	803	..	3,667
St. Helens	6	131	7	412	316	32	199	339	2	..
Sheffield	5	25	..	465	456	47	..	16	..	..
Storeys Creek .. ..	..	2,646	643	..	..	..	52	239	4	4,618
Waratah .. ..	..	607	569	..	..	..	13	212	27	2,901
Westbury	3	34	1	224	168	22	7	9	..	..
Total (15 Centres) ..	20	22,447	7,526	1,844	1,539	193	1,499	6,667	84	32,436
Grand Total (25 Centres)	49	37,205	9,684	3,698	2,446	302	2,250	9,707	88	45,557

*Opened 1st July, 1963.

†Closed during Annual Leave.

COMPARATIVE FIGURES FOR FIVE YEARS 1960-1964

1959-1960: 25 Centres ..	52	42,189	11,080	5,712	4,088	321	2,377	9,793	75	58,909
1960-1961: 25 Centres ..	52	44,845	9,144	5,263	3,345	336	2,458	11,186	111	55,563
1961-1962: 25 Centres ..	52	38,612	10,873	4,969	3,126	341	2,357	11,961	100	52,166
1962-1963: 25 Centres ..	50	34,330	9,568	4,333	3,119	327	2,063	10,004	65	48,109
1963-1964: 25 Centres ..	49	37,205	9,684	3,698	2,446	302	2,250	9,707	88	45,557

TABLE 11

NOTIFIED INFECTIOUS DISEASES IN EACH MUNICIPALITY DURING THE YEAR 1963-1964

Municipality	Rheumatic Fever	Nephritis	Bacillary Dysentery	Gastro-Enteritis	Meningitis	Glandular Fever Not notifiable as from 1/1/64	Hydatids	Infectious Hepatitis	Rubella	Scarlet Fever	Typhoid Fever including Paratyphoid	Tuberculosis	Other	Total
Beaconsfield	1	1	..	..	1	..	..	8	..	3	..	1	(a) 1	16
Bothwell .. ..	..	..	..	..	..	..	..	8	..	..	..	..	..	8
Brighton .. ..	..	..	..	..	..	..	..	4	..	..	..	..	..	6
Bruny .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Burnie .. ..	..	..	..	..	..	..	..	3	..	5	..	3	..	11
Campbell Town .. ..	..	..	..	..	..	..	..	7	..	4	..	1	..	12
Circular Head	1	..	..	..	1	..	1	6	..	1	..	3	..	13
Clarence	3	..	2	..	2	3	1	147	1	37	..	5	..	202
Deloraine .. ..	..	..	..	2	..	..	2	5	..	5	..	1	..	15
Devonport .. ..	..	..	..	..	..	..	..	24	..	..	1	3	..	28
Esperance .. ..	..	..	..	..	..	..	..	2	..	6	..	1	..	9
Evandale .. ..	..	..	..	1	1	..	..	1	..	2	..	..	..	5
Fingal .. ..	..	..	..	..	..	1	1	6	..	..	..	1	..	9
Flinders .. ..	..	..	..	..	..	..	..	23	4	..	1	2	..	30
George Town .. ..	..	..	..	2	..	..	..	7	..	..	..	..	..	9
Glamorgan .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Glenorchy	6	..	1	..	..	..	..	172	..	23	1	12	..	215
Gormanston	2	..	..	..	..	..	..	20	1	..	..	..	..	23
Green Ponds .. ..	..	..	..	..	..	..	..	6	..	..	..	..	..	6
Hamilton .. ..	..	..	..	..	1	..	1	57	2	..	..	2	..	63
Hobart	6	1	3	..	1	2	..	108	9	15	..	14	..	159
Huon .. ..	..	..	..	..	..	1	1	18	..	..	..	1	..	21
Kentish .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Kingborough	2	..	..	..	1	3	..	51	..	12	..	1	..	70
King Island .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Latrobe .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Launceston	7	..	2	7	..	1	1	29	1	9	..	17	(b) 1	75
Lilydale .. ..	..	..	..	..	..	..	..	2	..	3	..	1	..	6
Longford .. ..	..	..	..	1	..	..	1	37	..	1	..	6	..	46
New Norfolk .. ..	..	..	..	1	..	..	1	89	..	..	..	6	..	97
Oatlands .. ..	..	..	..	..	..	..	2	4	..	1	..	..	..	7
Penguin .. ..	..	..	..	..	..	..	1	17	..	..	..	..	..	18
Port Cygnet .. ..	..	..	..	..	..	..	..	5	..	1	..	1	..	7
Portland .. ..	..	..	..	..	..	..	..	4	..	1	..	..	..	5
Queenstown .. ..	..	..	..	..	..	..	..	65	3	..	..	5	..	73
Richmond .. ..	..	..	..	..	..	..	1	3	..	..	..	..	..	4
Ringarooma .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Ross .. ..	..	..	..	..	..	..	..	1	..	6	..	..	..	7
Scottsdale .. ..	..	..	..	..	..	..	..	3	..	2	..	2	..	7
Sorell .. ..	..	..	..	..	..	..	..	8	..	1	..	4	..	13
Spring Bay	1	..	..	..	..	..	..	2	..	..	..	1	..	4
St. Leonards .. ..	..	..	..	..	..	..	..	3	2	3	..	3	(c) 1	12
Strahan .. ..	..	..	..	..	..	..	..	13	..	..	..	..	..	13
Tasman	1	..	..	..	..	..	..	2	5	..	..	..	..	8
Ulverstone	2	..	..	..	..	..	1	14	..	..	..	3	..	20
Waratah .. ..	..	..	..	..	..	..	..	3	..	..	..	..	..	3
Westbury	1	..	..	1	..	..	1	5	..	3	..	2	..	13
Wynyard .. ..	..	..	..	..	..	..	..	1	..	..	..	1	..	2
Zeehan .. ..	..	..	..	..	..	..	..	1	..	2	..	1	..	4
TOTAL	33	2	9	15	8	11	16	997	28	149	3	105	3	1,379

(a) Malaria. (b) Encephalitis. (c) Brucellosis.

TABLE 12
RETURN SHOWING AGE AND SEX DISTRIBUTION OF CASES OF VENEREAL DISEASES NOTIFIED DURING THE YEAR 1963-64

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.	
Gonorrhoea	37	27	57	8	19	1	7	1	6	..	2	1	1	..	2	..	1	..	1	..	..	..	2	..	135	38	173
Primary Syphilis	1	1
Secondary Syphilis	2	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	3	4	7
Tertiary Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	2
Total	39	30	57	8	19	1	7	1	7	..	2	1	1	..	2	1	1	..	1	..	1	..	3	1	140	43	183

TABLE 13

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING THE YEAR 1963/64

Month	Rheumatic Fever	Nephritis	Bacillary Dysentery	Gastro-Enteritis	Meningitis	Glandular Fever Not notifiable as from 1/1/64	Hydatids	Infectious Hepatitis	Rubella	Scarlet Fever	Typhoid Fever including Paratyphoid	Tuberculosis	Other	Total
July .. ..	..	..	1	..	1	1	2	73	1	9	1	12	..	101
August .. ..	..	..	2	..	1	3	2	109	..	4	1	8	..	130
September	3	..	1	..	1	1	2	87	..	8	..	9	..	112
October	9	..	3	2	2	2	..	122	..	4	..	10	(c) 1	155
November	1	..	1	1	1	3	2	87	1	4	1	4	(a) 1	107
December	5	..	..	..	2	1	1	71	..	10	..	8	..	98
January	4	..	..	5	..	..	1	80	..	1	..	11	(b) 1	103
February	1	2	1	2	..	..	2	79	..	5	..	8	..	100
March	1	..	..	1	..	..	..	106	8	18	..	8	..	142
April	2	..	..	3	..	..	1	63	5	22	..	7	..	103
May .. ..	..	..	..	1	..	..	..	55	9	30	..	12	..	107
June	7	..	..	..	..	..	3	65	4	34	..	8	..	121
TOTAL	33	2	9	15	8	11	16	997	28	149	3	105	3	1,379

(a) Malaria. (b) Encephalitis. (c) Brucellosis.

TABLE 14

CLASSIFICATION OF TUBERCULOSIS PATIENTS
ACCORDING TO SEX AND FORM OF DISEASE

For year ended 30th June, 1964

Form of Disease	Males	Females	Total
Pulmonary	61	18	79
Tuberculous Pleural Effusion	5	3	8
Primary Tuberculosis ..	1	2	3
Non-Pulmonary Tuberculosis	5	10	15
Total	72 = 68.6%	33 = 31.4%	105

TABLE 15

CLASSIFICATION OF PULMONARY TUBERCULOSIS CASES ACCORDING TO AGE, SEX AND STAGE OF DISEASE

For Year Ended 30th June, 1964

Age Group	MALES				FEMALES				PERSONS				
	Min.	Mod. Adv.	Adv.	Sputum Positive	Min.	Mod. Adv.	Adv.	Sputum Positive	Min.	Mod. Adv.	Adv.	Total Persons	Total Sputum Positive
0-4	1	1	..	1	1	..	..	..	2	1	..	3	1
5-9 .. ..	..	1	..	..	..	..	..	..	..	1	..	1	..
10-14 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
15-19	1	1	..	..	..	..	..	..	1	1	..	2	..
20-24	1	1	..	..	1	..	..	..	2	1	..	3	..
25-29	1	..	..	1	..	..	..	..	1	..	..	1	1
30-34	1	3	..	2	1	..	..	1	2	3	..	5	3
35-39	4	5	..	3	2	1	..	2	6	6	..	12	5
40-44	3	5	..	2	3	2	1	3	6	7	1	14	5
45-49 .. ..	..	8	1	8	..	1	..	1	..	9	1	10	9
50-54	2	3	2	3	..	2	..	1	2	5	2	9	4
55-59 .. ..	..	2	..	1	2	..	..	1	2	2	..	4	2
60-64	3	2	..	4	..	..	..	..	3	2	..	5	4
65-69	2	..	..	..	..	..	..	..	2	..	..	2	..
70-74	2	3	..	2	1	..	..	1	3	3	..	6	3
75 .. ..	..	2	..	2	..	..	..	..	..	2	..	2	2
TOTAL	21	37	3	29	11	6	1	10	32	43	4	79	39
Percentage ..	34.4	60.7	4.9	47.5	61.2	33.3	5.5	55.5	40.5	54.4	5.1	..	49.4

Total Males: 61 = 77.2% Total Females: 18 = 22.8%.

TABLE 16

CLASSIFICATION OF PRIMARY TUBERCULOSIS, PLEURISY WITH EFFUSION AND OTHER NON-PULMONARY CASES

For Year Ended 30th June, 1964.

Age Group	MALES				FEMALES				PERSONS			
	Primary	Pleurisy with Effusion	Non-Pulmonary	Total	Primary	Pleural Effusion	Non-Pulmonary	Total	Primary	Pleural Effusion	Non-Pulmonary	Total
0-4	1	1	..	..	..	..	..	..	1	1
5-9	2	2	..	..	..	..	..	..	2	2
10-14	2	..	2	1	..	..	1	1	2	..	3
15-19 ..	1	1	..	2	1	..	..	1	2	1	..	3
20-24	1	..	1	..	1	1	2	..	2	1	3
25-29	1	1	..	..	1	1
30-34	1	1	..	..	..	..	..	..	1	1
35-39	4	4	..	..	4	4
40-44	1	1	2	..	1	1	2
45-49	1	1	..	..	1	1	..	..	2	2
50-54
55-59	1	1	..	..	1	1
60-64	1	1	..	..	1	1
65-69	2	..	2
70-74	1	..	1	..	1	..	1	..	..	..	..
75 and over
TOTAL	1	5	5	11	2	3	10	15	3	8	15	26

TABLE 17

SOURCE OF NOTIFICATIONS OF TUBERCULOSIS CASES

For year ended 30th June, 1964

			Pulmonary Cases	Primary	Pleural Effusion	Non- Pulmonary	Total
Mass X-ray .. ..	..	..	50	..	1	..	51
Chest Clinics .. ..	..	..	10	..	..	3	13
Chest Clinics (Contacts) ..	..	..	3	..	2	..	5
Public Hospitals .. ..	..	..	8	..	3	8	19
Repatriation Hospital .. ..	..	..	2	..	..	..	2
Private Physicians .. ..	..	..	6	3	2	4	15
Total .. ..	..	..	79	3	8	15	105

TABLE 18

TUBERCULOSIS CASES NOTIFIED BY EACH MUNICIPALITY

For year ended 30th June, 1964

Municipality	No. of Cases
Beaconsfield	1
Bothwell .. ..	..
Brighton .. ..	..
Bruny Island .. ..	..
Burnie	3
Campbell Town	1
Circular Head	3
Clarence	5
Deloraine	1
Devonport	3
Esperance	1
Evandale .. ..	..
Fingal	1
Flinders Island	2
George Town .. ..	..
Glamorgan .. ..	..
Glenorchy	12
Gormanston .. ..	..
Green Ponds .. ..	..
Hamilton	2
Hobart	14
Huon	1
Kentish .. ..	..
Kingborough	1
King Island .. ..	..
Latrobe	1
Launceston	17
Lilydale	1
Longford	6
New Norfolk	6
Oatlands .. ..	..
Penguin .. ..	..
Port Cygnet	1
Portland .. ..	..
Queenstown	5
Richmond .. ..	..
Ringarooma .. ..	..
Ross .. ..	..
Scottsdale	2
Sorell	4
Spring Bay	1
St. Leonards	3
Strahan .. ..	..
Table Cape	1
Tasman .. ..	..
Ulverstone	3
Waratah .. ..	..
Westbury	2
Zeehan	1
Total	105

TABLE 19

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

For Year Ended 30th June, 1964

Age	Male	Female	Total
0-44	1	..	1
45-49	2	..	2
50-54	1	..	1
55-59	1	1	2
60-64	3	..	3
65-69 .. ..	..	..	..
70 and Over	2	1	3
Total	10	2	12

TABLE 20

CHEST CLINICS

New Registrations, Re-attendances and Results of Epidemiological Surveys

For Year Ended 30th June, 1964

New Registrations	Hobart	Launceston	Devonport	Burnie	Total
Pulmonary Cases	21	19	4	23	67
Observation Cases	128	135	91	79	433
Case Contacts	190	257	76	116	639
TOTAL	339	411	171	218	1,139
Re-attendances	10,605	5,467	1,753	1,856	19,681
TOTAL ATTENDANCES	10,944	5,878	1,924	2,074	20,820

Epidemiological Surveys

Tested	Read	Negative	Positive	
			Natural	After Previous B.C.G.
1,387	1,387	1,346	26	15

TABLE 21

DIVISION OF TUBERCULOSIS—MASS X-RAY

For Year Ended 30th June, 1964

	Hobart	Launceston	Mobile	Total
1. Total number of miniature films	40,379	24,484	50,402	115,265
Number referred for further investigation to—				
(a) Chest Clinic	67	48	88	203
(b) Private Practitioner	78	31	53	162
2. Diagnosis made—				
(a) Active Tuberculosis—				
(i) Minimal	16	2	9	51
(ii) Moderately advanced	1	13	10	
(iii) Advanced .. .. .	..	..	..
(b) Inactive Tuberculosis	19	1	4	24
(c) Still under observation	16	19	45	80
3. Other abnormalities discovered—				
Pneumonitis non-T.B.	8	1	3	12
Pneumothorax	1	1	..	2
Silicosis	3	..	1	4
Bronchiectasis	2	..	4	6
Bronchitis	2	4	..	6
Emphysema	10	3	10	23
Bronchial Carcinoma .. .. .	..	2	1	3
Secondary Carcinoma	2	3	2	7
Sarcoidosis	1	2	5	8
Cystic Disease	2	..	1	3
Atelectasis	1	..	1	2
Hydatid .. .. .	..	..	1	1
Diaphragmatic abnormality	8	3	2	13
Pleural thickening or adhesions	23	10	14	47
Thyroid abnormality	4	..	1	5
Fibrosis? Cause	8	8	9	25
Calcification? Cause	18	7	20	45

TABLE 22

LACHLAN PARK HOSPITAL

Admissions, Re-admissions, Discharges and Deaths during the year 1963-1964

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1963				340	347	687
Admitted for the first time	207	131	338			
Re-Admitted	103	82	185			
Returned from trial leave	48	93	141			
Total admitted and returned				358	306	664
Total under care during year				698	653	1,351
Discharged from Hospital	242	149	391			
Proceeded on trial leave	89	117	206			
Died	25	20	45			
Total off records				356	286	642
Remaining in Hospital 30th June, 1964				342	367	709

TABLE 23

LACHLAN PARK HOSPITAL

Numbers of patients on, returning from and discharged from trial leave during 1963-64

	Males	Females	Total	Males	Females	Total
Remaining on trial leave 30th June, 1963				64	98	162
Proceeded on trial leave during year				89	117	206
Total on trial leave during year				153	215	368
Returned from trial leave during year	48	93	141			
Discharged from trial leave during year	26	26	52			
Died whilst on trial leave	1	..	1			
Total loss				75	119	194
Remaining on trial leave 30th June, 1964				78	96	174

TABLE 24

LACHLAN PARK HOSPITAL

Manner in which patients were admitted during the year 1963-1964

How Admitted	Males	Females	Total
Private Order	33	51	84
Justice's Order	6	4	10
Magistrate's Order	7	..	7
Voluntary Boarders	238	154	392
Inebriates Hospitals Act	24	3	27
Section 13A .. .. .	..	..	..
Attorney General's Warrant	1	1	2
Sex Offenders Act	1	..	1
Returned from trial leave—1963-1964	48	93	141
	358	306	664
First Admission	207	131	338
Second Admission	47	38	85
Third Admission	22	14	36
Fourth Admission	10	8	18
Fifth and over admission	24	22	46
Returned from trial leave	48	93	141
	358	306	664

TABLE 25

LACHLAN PARK HOSPITAL

Form of mental disorder on admission during 1963-1964 and the form of mental disorder of patients in Hospital on 30th June, 1964

Form of mental illness	ADMISSIONS			REMAINING IN HOSPITAL		
	Males	Females	Total	Males	Females	Total
<i>A. Congenital mental deficiency:</i>						
1. With Epilepsy	6	3	9	33	30	63
2. Without Epilepsy	13	17	30	34	63	97
3. Schizophrenia	3	8	11	20	9	29
<i>B. Dementias:</i>						
1. Senile	14	8	22	27	32	59
2. Pre-senile	3	3	6	9	8	17
3. Secondary or Terminal	4	6	10	5	12	17
4. Arteriosclerosis	5	2	7	10	4	14
<i>C. Organic Psychosis:</i>						
1. Gross Brain Lesion	1	1	2	2	2	4
2. Dementia Paralytica .. .. .	..	..	..	..	..	..
3. Epileptic Psychosis	2	9	11	3	9	12
4. Alcoholic Psychosis	162	20	182	39	11	50
5. Toxic, Confusional or Exhaustive Psychosis	4	6	10	10	10	20
6. Parkinsonism	1	1	2	1	2	3
7. Huntingdon's Chorea .. .. .	..	2	2	..	3	3
<i>D. Functional Psychosis:</i>						
1. Manic Depressive Psychosis	23	19	42	30	20	50
2. Involutional Melancholia .. .. .	..	9	9	..	13	13
3. Schizophrenia not including A.3.	28	26	54	43	51	94
4. Paraphrenia or Paranoid States	5	13	18	23	27	50
5. Paronia .. .. .	..	..	..	4	2	6
6. Recurrent Melancholia	2	32	34	9	31	40
<i>E. Psycho-Neurosis:</i>						
1. Psychopathic Personality	8	5	13	11	4	15
2. Anxiety State	21	15	36	23	18	41
3. Hysteria	3	8	11	3	4	7
4. Drug Addiction	2	..	2	3	2	5
TOTALS	310	213	523	342	367	709

TABLE 26.
LACHLAN PARK HOSPITAL.

Table showing Admissions and Re-admissions, Discharges, Deaths and the number of Patients remaining in Hospital on 30th June for each of the last 10 years.

Year	Admissions and Re-Admissions			Discharges						Deaths, including Deaths on Trial Leave				Discharged from Trial Leave				Remaining in Hospital on 30th June						
	Recovered			Improved			Unimproved			Total			Discharged from Trial Leave				Remaining in Hospital on 30th June							
	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total						
1954-55	124	101	225	12	5	17	15	10	25	11	4	15	38	19	57	31	35	66	32	41	73	353	407	760
1955-56	124	100	224	29	19	48	23	9	32	7	1	8	59	29	88	24	45	69	16	41	57	378	388	766
1956-57	149	121	270	16	11	27	63	33	96	6	2	8	85	46	131	49	41	90	46	43	89	369	382	751
1957-58	219	160	379	4	..	4	130	85	215	14	5	19	148	90	238	31	36	67	36	37	73	382	375	757
1958-59	181	201	382	17	15	32	86	51	137	29	18	47	132	85	217	37	55	92	32	40	72	382	398	780
1959-60	278	139	417	10	15	25	72	53	125	44	16	60	126	84	210	49	71	120	33	27	60	463	351	814
1960-61	245	247	492	20	30	50	122	60	182	36	14	50	178	104	282	38	32	70	14	28	42	340	415	755
1961-62	188	193	381	46	43	89	70	63	133	29	23	52	145	129	274	22	43	65	22	24	46	347	421	768
1962-63	254	171	425	31	32	63	70	41	111	68	64	132	169	137	306	22	36	58	20	20	40	340	347	687
1963-64	310	213	523	32	7	39	149	105	254	61	37	98	242	149	391	26	26	52	26	20	46	342	367	709

TABLE 27.

LACHLAN PARK HOSPITAL.

Table showing the number of Admissions, Discharges and Deaths for the Year 1963-64; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.

Patients Discharged from Trial Leave are Classed as Recovered.

Admissions										Discharges									
First Admission					Treated Before					New Admissions					Recovered				
Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Total
207	131	338	103	82	185	310	213	523		32	7	39	149	105	254	61	37	98	45
Recoveries per cent of Total New Admissions										Percentage of Deaths to Average Daily Number Resident									
Males	Females	Total	Males	Females	Total	Males	Females	Total	Average Daily Number Resident	Males	Females	Total	Males	Females	Total	Males	Females	Total	Percentage of Deaths to Average Daily Number Resident
10.32	3.3	7.45	78	70	74.8	342	367	709	7.3	5.45	6.34	7.3	5.45	6.34	7.3	5.45	6.34	7.3	5.45

TABLE 28

LACHLAN PARK HOSPITAL

Table showing Coincidental Periods the Ages of Patients Admitted to and Discharged from the provisions of the Mental Hospitals Act and of those that Died during the Year 1963-64

New Admissions			Discharged from the Provisions of the Mental Hospitals Act												Deaths		
Ages	Recovered			Improved			Unimproved			Total			Males	Fe- males	Total		
	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total	Males	Fe- males	Total					
Under 5 years ..	2	8	10	..	..	..	1	1	2	..	4	4	1	5	6	1
5 years and under 10 years	5	8	13	..	..	..	..	1	1	2	..	1	..	2	2	..
10 years and under 15 years	8	4	12	..	..	..	3	2	5	2	4	6	5	6	11	..
15 years and under 20 years	17	13	30	..	..	..	4	2	6	4	5	9	8	7	15	1
20 years and under 25 years	24	10	34	..	..	..	6	10	16	6	..	6	12	10	22	..
25 years and under 30 years	28	12	40	..	..	2	2	8	10	3	1	4	19	9	28	..
30 years and under 35 years	35	21	56	..	..	3	13	12	25	3	..	3	19	12	31	1
35 years and under 40 years	42	30	72	..	..	6	22	18	40	10	6	16	37	25	62	..
40 years and under 45 years	51	23	74	..	..	10	35	19	54	16	..	16	61	20	81	2
45 years and under 50 years	..	22	19	5	1	6	13	10	23	11	1	12	29	12	41	3	
50 years and under 55 years	..	28	23	1	3	4	14	10	24	..	3	12	15	25	40	2	
55 years and under 60 years	..	18	13	3	..	3	12	..	12	..	..	3	18	..	18	2
60 years and under 65 years	..	8	10	1	..	1	5	3	8	..	..	..	6	3	9	..
65 years and under 70 years	..	9	5	14	..	1	4	4	8	..	..	..	4	5	9	3
70 years and under 75 years	..	9	5	14	..	..	1	3	4	..	..	..	1	3	4	8
75 years and under 80 years	..	4	4	8	1	..	..	2	2	3	1	4	4	3	7	1
80 years and under 85 years	..	..	4	1	..	1	2	..	2	..	2	2	3	2	5	1
85 years and under 90 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
90 years and under 95 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
95 years and under 100 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	310	213	523	32	7	39	149	105	254	61	37	98	242	149	391	25	
																45	

TABLE 29

LACHLAN PARK HOSPITAL

Causes of Deaths (including Deaths on trial leave) during the year 1963-1964

Cause of Death	Males	Females	Total	Children under age of 18			Grand Total
				Males	Females	Total	
Cerebral Thrombosis	2	2	4	..	..	..	4
Carcinoma of the Breast .. .. .	..	1	1	..	..	..	1
Broncho-Pneumonia	2	1	3	..	..	..	3
Coronary Thrombosis .. .. .	..	1	1	..	..	..	1
Terminal Heart Failure	3	1	4	..	..	..	4
Myocardial Degeneration	1	..	1	..	..	..	1
Carcinomatosis	1	1	2	..	..	..	2
Cardiac Failure	9	6	15	1	..	1	16
Broncho-Pneumonia .. .. .	..	1	1	..	..	..	1
Aortic-Aneurism .. .. .	..	1	1	..	..	..	1
Euraemia	1	..	1	..	..	..	1
Congestive Cardiac Failure .. .. .	..	1	1	..	..	..	1
Pulmonary Embolus .. .. .	..	1	1	..	..	..	1
Unknown	1	..	1	..	..	..	1
Status Epilepticus	1	..	1	..	..	..	1
Hypo-Static Pneumonia	1	1	2	..	..	..	2
Pulmonary Oedema	2	..	2	..	..	..	2
Influenza .. .. .	..	2	2	..	..	..	2
Died whilst on trial leave	1	..	1	..	..	..	1
TOTAL	25	20	45	1	..	1	46

TABLE 30

LACHLAN PARK HOSPITAL STATISTICAL RECORD

	Males	Females	Total
Population of Tasmania 31.3.64	185,990	182,077	368,067
Proportion of patients per 1,000 of population (including patients on trial leave) ..	2.32	2.11	2.21
Proportion of admissions of certified patients per 1,000 of population (not including patients returned from trial leave)	34	33	35
NOTE.—Admissions, not including voluntary boarders	72	59	131

TABLE 31

LACHLAN PARK HOSPITAL

Financial Statement

	Year Ended				
	30.6.60	30.6.61	30.6.62	30.6.63	30.6.64
Average daily number of patients	783.29	746.30	763.26	759.257	710.997
Gross cost per year	£445,304	£452,418	£488,897	£503,544	£558,033
Fees received	£7,844	£8,502	£7,476	£11,945	£9,385
Other revenue	£1,689	£3,513	£3,836	£3,654	£4,395
Gross cost per head per day	31s. 0.75d.	33s. 2.58d.	35s. 1.17d.	36s. 4.10d.	42s. 10.66d.
Nett cost per head per day	30s. 4.81d.	32s. 4.08d.	34s. 5.42d.	35s. 2.57d.	41s. 9.95d.

TABLE 32

GOVERNMENT INSTITUTION FOR MENTAL DEFECTIVES

Financial Statement

	Year Ended				
	30.6.60	30.6.61	30.6.62	30.6.63	30.6.64
Average daily number of patients	43.18	86.96	91.15	105.94	152.06
Gross cost per year	£24,548	£52,717	£58,384	£70,260	£119,344
Fees received	£4,234	£8,143	£12,827	£13,840	£19,261
Other revenue .. .. .	..	..	..	..	..
Gross cost per head per day	31s. 0.79d.	33s. 2.58d.	35s. 1.17d.	36s. 4.10d.	42s. 10.66d.
Nett cost per head per day	25s. 9.43d.	28s. 1.00d.	27s. 4.63d.	29s. 2.25d.	35s. 11.54d.

TABLE 33

MILLBROOK RISE STATISTICS, 1963-1964

Form of Mental Illness	Males	Females	Total
Anxiety State	26	18	44
Melancholia and Depressive States	14	38	52
Hysteria	3	4	7
Schizophrenia and Schizoid States	14	11	25
Paraphrenia and Paranoid States	1	1	2
Manic Depressive Psychosis .. .. .	..	..	..
Alcoholism	2	..	2
Senile and Pre-Senile Dementia .. .. .	..	..	..
Gross Brain Lesion	2	2	4
Psychopath	2	3	5
Total Admissions during year	64	77	141

TABLE 34

MILLBROOK RISE

Financial Statement

	Year Ended				
	30.6.60	30.6.61	30.6.62	30.6.63	30.6.64
Average daily number of patients	17.31	16.28	14.65	16.06	16.85
Gross cost per year	£27,100	£26,755	£23,997	£26,385	£30,908
Fees received	£13,992	£15,524	£16,525	£15,192	£16,840
Other revenue .. .. .	..	..	..	..	..
Gross cost per head per day	85s. 6.36d.	90s. 0.25d.	89s. 9.05d.	90s. 0.24d.	100s. 2.7d.
Nett cost per head per day	41s. 4.56d.	52s. 3.00d.	27s. 11.36d.	38s. 2.24d.	45s. 7.39d.

TABLE 35

MENTAL DEFICIENCY BOARD

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

	Male	Female	Total
<i>Government Institution for Defectives:</i>			
New Norfolk	120	63	183
"Karingal" New Town	34	..	34
St. John's Park, New Town .. .. .	..	33	33
"Nelumie", Launceston .. .. .	..	7	7
<i>Other Institutions:</i>			
Convent of the Good Shepherd .. .. .	..	19	19
Salvation Army Home .. .. .	..	6	6
Lachlan Park Hospital	5	2	7
<i>In the Community:</i>			
Under Guardianship of Supervision	56	47	103
TOTAL	215	177	392
<i>New and discontinued orders:</i>			
New Placements	16	5	21
Orders terminated	6	4	10
Orders lapsed	1	1	2
Deaths	3	1	4

