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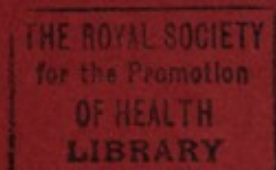


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1966.

PARLIAMENT OF TASMANIA.

REPORT
OF THE
DIRECTOR-GENERAL OF HEALTH SERVICES
FOR THE YEAR ENDED 30TH JUNE, 1965.

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

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PARLIAMENT OF TASMANIA.

REPORT

OF THE

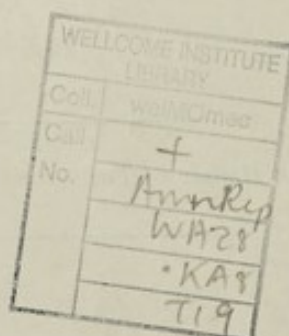
DIRECTOR-GENERAL OF HEALTH SERVICES

FOR THE YEAR ENDED 30TH JUNE, 1965.

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

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1965

DEPARTMENT OF HEALTH SERVICES

ADMINISTRATION—

Director-General of Health Services:

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

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. to 9.3.65 P.
Campbell.

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). to 10.10.64; Dr. R. W. Henning, M.B., B.S. (Syd.).

*Medical Superintendent, Northern Chest Hospital:*Dr. R. W. Henning, M.B., B.S. (Syd.). to 8.10.64.
Dr. T. H. Boston (Part-time).*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 HOSPITAL:—

*General Superintendent, Royal Hobart Hospital:*Dr. P. Nolan, B.A., M.B., B.S. (Melb.). to 4.2.65.
Dr. G. Mackay-Smith, M.B., B.S. (Qld.).*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. (Qld.). to 7.2.65.
Dr. J. H. Taylor, M.R.C.S. (Eng.), L.R.C.P. (London), D.A., F.F.A., (R.C.S.).

Report of the Director-General of Health Services for the Year Ended 30th June, 1965

Department of Health Services,
Hobart,

October 25, 1965.

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, 1964, to 30th June, 1965.

LEGISLATION

Queen Victoria Maternity Hospital Act 1962.

This Act was amended to make minor alterations to the procedure for the Board of Management, and to allow the Board to have temporary or permanent control of Crown Land. The Act also included provision for the Board to remit fees.

Poisons Act 1916.

This Act was amended to provide a temporary expedient means of controlling the administration of sex hormones to animals and poultry destined to be a source of food products on overseas markets.

Hospitals Act 1918

This Act was amended on two occasions during the year. The first amendment allowed for provision for leave of absence of members from meetings of Hospital Boards and the second amendment provided for the implementation of an agreement between the University of Tasmania, the Government and the Board of Management of the Royal Hobart Hospital for the introduction of a Medical School within the University. The amendment also dealt with the qualifications of persons appointed to Boards their tenure of office and included authority for operating banking accounts.

Tasmanian Auxiliary Nursing Service Act.

This amendment provided for a sitting fee for non public servant members of the Radiological Advisory Council. It has also made provision in the Act for the exemption of activity substances, and inserted an annual renewal fee for licences issued under the Act.

Associations Incorporation Act 1964.

This new legislation was introduced to enable benevolent organisations to adopt a simple method of incorporation.

Sale of Blood Act 1964.

This new legislation was introduced to prohibit unauthorised trading in human blood.

DEPARTMENTAL REVENUE

The revenue receipts for the financial year 1964/65 amounted to £642,965, being an increase of £178,630 over the previous financial year 1963/64. Comparative figures are:—

	£ 1963/64	£ 1964/65
Pharmaceutical Benefits Commonwealth (a)	42,926	207,919
Red Cross Blood Transfusion Commonwealth (b)	5,556	5,392
District Nursing Service	10,415	9,121
Nelumie Home, Launceston	2,065	1,893
Mothercraft Home	3,556	3,868
Poliomyelitis Refunds	124	40
Government Analyst & Chemist Fees	1,251	1,477
Nurses' Registration Board	1,791	1,959
Refund on Bursaries .....	.....	655
Bacteriological Tanks—Fees	555	513
Hotel Health Certificates	596	571
Sundry Fees and Licences	1,138	403
Tuberculosis Division	190,451	190,471
St. John's Park, New Town	150,139	155,808
Lachlan Park Hospital	14,563	20,356
Millbrook Rise Hospital	16,840	20,221
Government Institution for Defectives	19,261	20,231
Lachlan Park Farm Suspense Profit	3,108	2,067
	<u>£464,335</u>	<u>£642,965</u>

- (a) Receipt for 1964/65 included an amount of £120,752 claimed in 1963/64 and received on 7th July, 1964.
 (b) Refund of 30% of the operating expenses for the previous financial year.

DEPARTMENTAL EXPENDITURE

The expenditure from the Appropriation Act for the financial year 1964/65 was £4,847,104, an increase of £566,767 over 1963/64. Comparative figures are:—

	£ 1963/64	£ 1964/65
Administration—Head Office	92,534	105,927
Hospital and Medical Services—		
Administration	67,442	84,788
Grants to Hospitals	2,272,791	2,616,455
Medical Services—Country		
Districts	41,384	38,678
District Nursing Service	81,285	80,556
Dental Health Service	64,852	72,165
State Laboratory—Pathology	171	2,133
National Fitness Section	14,938	18,883
Nurses' Registration Board	1,781	1,753
Government Analyst and Chemist	22,497	21,567
St. John's Park Hospital	391,666	423,699
Public Health—		
Administration and Inspectors	60,274	74,348
School Medical Service	40,416	47,194
Child Health Service	59,396	63,051
Mothercraft Home	30,525	32,269
Tuberculosis Division—		
Administration	71,662	77,643
Chest Hospitals	152,435	152,484
Psychiatric Services—		
Administration	42,179	52,925
Lachlan Park and Millbrook Rise Hospitals	657,105	742,471
Nelumie Home, Launceston	8,341	9,062
Miscellaneous (Minister for Health) Grants	106,663	129,053
	<u>£4,280,337</u>	<u>£4,847,104</u>

BUILDING PROGRAMME

The expenditure from Loan Funds for the financial year 1964/65 was £2,031,294, an increase of £114,420 over 1963/64. Important works completed, or substantially completed, during the year include:—

St. John's Park—New Staff Residences: New Sunrooms.
 Lachlan Park—2 Refractory Wards; New Street Lighting: Administration Block Extensions; "G" Ward Conversion.
 Huon District Hospital—New Hospital.
 Launceston General Hospital—New Psychiatric Unit; Paging System.
 Queen Victoria Maternity Hospital—New Wing.
 St. Marys District Hospital—Extensions.
 Toosey Memorial Hospital, Longford—New Kitchen.
 Ulverstone District Hospital—New Main Block.
 Dental Health Service—Purchase of Residence at Sorell; Conversion of Hostel; Conversion of Training Centre.
 Child Health Service—Purchase of Clinic at Ulverstone: Erection of New Clinic at Howrah.
 District Nursing Service—Extensions to Rossarden Centre.
 Ambulance Services—New Sub-station at Waratah.

Works in progress as at 30th June 1965, include:—

St. John's Park—New Nurses' Home: New Store; New Paint Shop and Carpenters' Shop; Fire Protection Services; Club-house for Bowling Green; two new floors to Bruce Carruthers Wing.
 Lachlan Park—New Staff Residences and Flats: New Central Store: "M" Ward Conversion.
 Beaconsfield District Hospital—New Nurses' Home.
 Burnie General Hospital—New Wing; New Nurses' Home.
 Mersey General Hospital—New Residence.
 Ouse District Hospital—New Sitting Room.
 Queen Alexandra Maternity Hospital—New Auxiliary Room.
 Royal Hobart Hospital—Extensions to Administration Block. Peacock Convalescent Hospital—Extensions to Nurses' Home.

OFFICIAL OPENINGS

On the 17th August 1964 a new static dental clinic was opened at Warragul Avenue, New Town. The Warragul Dental Clinic will provide a dental service for school children in the Hobart and metropolitan area and will be headquarters for the re-organised district dental service operating throughout the State. The building will also house the orthodontic unit and will be headquarters of the orthodontic service for the whole of the State.

On the 29th September 1964, Clare House, Clare Street, New Town, a new type of centre for the treatment of nervous illnesses and alcoholism, was opened as an annexe of the Royal Hobart Hospital.

On Friday 11th December 1964, a new ward block and nurses' home at the Queen Victoria Hospital in Launceston, was officially opened, and the existing hospital is to be converted into a Mothercraft Home, ante-natal wards and clinics.

In addition to the new ward block, additional administration facilities have been made available and an excellent out-patients' department. The new five storey ward block provides accommodation for 96 patients, with provision for extensions. The whole block is completely air-conditioned.

On Friday 26th February 1965, a new District Hospital and Nurses' Home was opened at Ulverstone, and the former Levenbank Maternity Hospital and the Ulverstone General Hospital have now been closed.

This new 36-bed hospital incorporates the most modern hospital facilities, and the new Nurses' Home provides for 24 nursing staff, together with a Matron's flat, Senior Sister's quarters and housekeeper's quarters.

DISTINGUISHED VISITORS

On the 26th April, Professor John R. Griffith of the School of Hospital Administration at the University of New South Wales, visited Hobart to be guest speaker at a meeting of Chairmen of Hospital Boards of Management and Secretaries.

During June 1965, the New Zealand Director of Dental Health, Dr. G. H. Leslie, visited Tasmania for discussions in regard to the proposal to establish a school of training for dental nurses.

PUBLIC HOSPITAL STATISTICS (Excluding Chest and Mental Hospitals)

Number of Patients.

The number of patients was 148 more than during the previous financial year. The number of general patients increased by 516, infectious disease patients decreased by 3 and maternity cases decreased by 365. The total number of patients was 39,139. The number of persons in the hospitals for the care of the aged and invalids rose from 1,083 in 1963/64 to 1,101 in 1964/65.

Bed-Days

The number of bed-days shows a net increase of 19,675 compared with those for the previous financial year. Bed days for general patients increased by 23,484, while bed-days for infectious disease and maternity patients decreased by 74 and 3,735 respectively.

The total number of bed-days was 447,365. The number of bed-days in the hospitals for the care of the aged and invalids was 261,563, a decrease of 886 over the previous year.

Births

The total for the year was 6,885, a decrease of 451 over the previous financial year.

Receipts

Hospital revenue for the year was £4,385,333, an increase of £471,337 over revenue for 1963/64. Patients' fees, donations and miscellaneous receipts totalled £1,027,944. Commonwealth contributions in the form of hospital benefits amounted to £375,608, while State grant was £2,981,781.

Payments

Total payments were £4,386,712, an increase of £449,978 over expenditure for 1963/64. The sum of £2,965,893 or 67.61 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 12s. 1d. an increase of 10s. 0d. compared with 1963/64. Out-patients' costs per visit increased from 18s. 2d. in 1963/64 to 20s. 10d. in 1964/65.

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

I draw your attention to the fact that after many years of excellent service to the State, Mr. D. W. L. Parker, O.B.E., M.B., Ch.M., F.R.C.S. (E), M.Ch.Orth. (L'pool), F.R.A.C.S., will be retiring early next year and that after this there will no longer be a post of Director of Orthopaedic Services. During Mr. Parker's services, orthopaedic facilities have been developed not only at the Royal Hobart Hospital, but at the Launceston General Hospital and on the North-west and West Coasts, and these services are now independent.

As he has advocated for many years, Mr. Parker stresses the importance of having accident reception centres situated strategically throughout the State, which are equipped to deal with major accident work 24 hours a day. It is considered that the only function of the District Hospitals in this connection should be in the field of immediate resuscitation where this is necessary, in order to make a patient fit to transport to the nearest major accident centre at the earliest opportunity. Mr. Parker is of the strong opinion that the time taken to transport

severely injured persons to such centres, provided adequate resuscitation measures are maintained on the way, is more than offset by the facilities for saving life and limb available at organised accident reception centres.

Mr. Parker considers that advances could be made in patient handling and the expedition with which serious accidents can reach the operating theatre in a suitable condition for the treatment of their major injuries if a conference was held by persons concerned to examine the whole matter thoroughly. He is of the opinion that such a conference could consist of Superintendents of the major hospitals, the Surgeons dealing with the accident cases, the anaesthetist in charge of resuscitation, the authorities responsible for providing the ambulance services and teaching the drivers and attendants in First Aid.

In addition to considering the organisation, Mr. Parker suggests that such a conference should endeavour to devise some form of stretcher which can be used from the time an accident case is picked up by the First Aid personnel at the site of the accident, until the patient undergoes operation in the operating theatre, without the patient having to be moved off the stretcher at any time. Mr. Parker lays stress on the importance of the proper handling of patients and draws attention to the drop in mortality rate from 80% to 20% in gunshot wounds of the thigh during the First World War after Sir Robert Jones introduced the Thomas Splint in which patients were transported and which resulted in the minimum handling and movement of the limb until the patient reached the operating table. This principle of minimal disturbance of accidents until the time of operation Mr. Parker considers to be vitally important as a general principle in lowering the mortality rate in any severe accident cases.

As Mr. Parker will be leaving the Service early next year, he has asked me to extend his thanks in advance to all the medical and nursing staff at the four General Hospitals, with whom he has been associated during the years and whose co-operation has so greatly aided his work.

PATHOLOGY SERVICES

During the last 12 months, there has again been the usual increase in the number and scope of pathology tests performed throughout Tasmania.

Burnie

Some 36,000 tests were performed in this laboratory last year. These tests were carried out with some difficulty because of the inadequate laboratory facilities, and also because pathologists have to travel from Latrobe quite often. The opening of the laboratory in the New Burnie Hospital will improve matters. Little new equipment will be needed.

Latrobe

The laboratory is functioning smoothly. Some difficulty is experienced in arranging classes for trainee technicians, but this is to a large extent, unavoidable, because of the distance from a technical college.

Launceston

This laboratory still continues to work under difficulties. Recruitment of staff is the main problem and the working staff at any one time is usually only about half the establishment. In addition, the laboratory itself is only a makeshift one. The Hobart laboratories assist to some extent by doing some of the less urgent biochemical analysis.

Hobart

The Hobart Hospital laboratory is performing a large number of tests—many of a complex nature. Owing to the rapid growth of biochemical tests, space became acute and it was necessary to move the Bacteriology branch to the State Health Laboratory.

State Health Laboratory

This laboratory, after a slow start, is now progressing well. Its main functions are medico-legal work, food water and milk analyses, smear tests for cancer, and some of the more complex biochemical estimations. I feel that the establishment of this laboratory was completely justified and that it will play an increasingly important part in pathology in this State. We have been fortunate in obtaining the services of Dr. Cusick as Clinical Pathologist, and we have also been fortunate in acquiring some valuable equipment for routine and research purposes.

DISTRICT MEDICAL SERVICE

Apart from a lack of applicants for the vacant District Medical Officer post at New Norfolk, the establishment of District Medical Offices has been up to strength.

DENTAL HEALTH SERVICES

In August 1964, the School Dental Service became the responsibility of the Headquarters of the Department and shortly afterwards the Minister for Health set up a committee consisting of members of the Department, and with representatives of the Australian Dental Association, to examine the whole field of school dental services and make recommendations for improvements.

A report was issued by the Committee in January, 1965, which contained four main recommendations—

- (a) That all forms of preventive dentistry should be promoted including dental health education.
- (b) That to augment the services of school dentists who are in short supply, there could be established a Dental Nursing Service, on a similar pattern to the New Zealand Service.
- (c) That Dental Districts be established and that District Dentists be deployed to these districts, where they should reside, and that improved conditions of service, both clinically and domestically, be provided for the dentists.
- (d) That a specialist orthodontic service be provided to supplement the general therapeutic dental service.

This report was approved by Cabinet and steps were taken during the rest of the year to plan the implementation of the recommendations.

The following is a summary of the work done by the Dental Health Service during the year 1964/65:—

New Visits	11,173
Repeat Visits	15,488
Total	26,661
 Treatment	 42,811
Fillings	27,184
Extractions	14,995
Cleaning	423
Ortho-Extractions	88

STATE DRUG ADVISORY COMMITTEE

This Committee continued to provide a necessary service to the Central Medical Store organisation of the Supply and Tender Department.

The Committee is not concerned with the administration of the Stores, but with advising on the nature, strengths and varieties of drugs which should be supplied to Public Hospitals and District Nursing Centres by the Stores.

The Committee's concern is to ensure that an adequate range of the highest quality of drugs is supplied, irrespective of cost. At the same time the Committee's advice enables the Stores to avoid—

- (a) duplicating their stocks unnecessarily as far as brands are concerned;
- (b) stocking drugs which should not be required;
- (c) holding a wider range of dose units than is necessary.

HOSPITAL AUXILIARIES

This 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.

GOVERNMENT NURSING SERVICE

Tourist Nursing Service

The Tourist Nursing Service continues to be a valuable source of supplementing staff for the Department in those country hospitals which have been unsuccessful in obtaining staff. It is also used regularly to supplement our staff requirements for the District Nursing Centres Division. We have on occasions been asked to assist the base hospitals when their staffs have been depleted.

Difficulties would have been encountered in country hospitals and district nursing centres were it not for this service. Some small country hospitals have been completely staffed from this service. Some appointees to this staff have resigned after a period of relieving to accept more permanent appointments offered 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.

The Staffs of the District Nursing Centres have been maintained. The invaluable assistance of married trained nurses has been very much appreciated.

The clinical and district visiting services have increased during the year, although inpatient service has declined. In September 1964, the district visiting was introduced in the Oatlands area. This has proved a popular service to the community, especially to older citizens, who appreciate Sister's regular monthly calls. In all districts where district visiting is a routine duty, the very young and elder citizens are visited at least once per month, apart from requested visits.

Lectures to school children in Mothercraft Home Nursing and First Aid were given during the year. Assistance has also been given with immunization campaigns.

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 wish to express our sincere thanks to the Auxiliaries, Associations, Red Cross Trust, 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. G. Mackay-Smith; Dr. C. Petrovsky; Miss D. Hall; Miss N. Winwood; Miss D. M. Thompson; Miss M. McPherson; Mrs. B. M. Stephen—deceased 2nd June, 1965; Miss V. P. Holland, Secretary.

The Board sustained a severe loss by the untimely death of Mrs. B. M. Stephen, Lady Superintendent of the Launceston General Hospital. Mrs. Stephen, by virtue of her long and detailed experience, gave most valuable advice and guidance to the Board in its work.

Meetings

Six meetings have been held during the year.

Legislation and Regulations

Amendments have been requested, but these were not finalised by 30th June.

Training Schools

General	8	Tuberculosis	1
Midwifery	6	Geriatric	1
Psychiatric	2	Auxiliary (General)	8
Child Health	2	Auxiliary (Geriatric)	1

Student Nurses

1. Application for training approved—604.			
General	339	Tuberculosis	—
Midwifery	113	Geriatric	55
Psychiatric	13	Auxiliary (General)	58
Child Health	23	Auxiliary (Geriatric)	3
2. Commenced training—568.			
General	332	Tuberculosis	—
Midwifery	91	Geriatric	59
Psychiatric	13	Auxiliary (General)	53
Child Health	18	Auxiliary (Geriatric)	2
3. Completed training—328.			
General	173	Tuberculosis	—
Midwifery	117	Geriatric	—
Psychiatric	9	Auxiliary (General)	9
Child Health	17	Auxiliary (Geriatric)	3
4. Resigned or discontinued training for any reason before completion of training—160.			
General	97	Tuberculosis	—
Midwifery	3	Geriatric	33
Psychiatric	17	Auxiliary (General)	9
Child Health	1	Auxiliary (Geriatric)	—
5. Total number in training on 30.6.65—1012.			
General	721	Tuberculosis	—
Midwifery	96	Geriatric	96
Psychiatric	50	Auxiliary (General)	39
Child Health	4	Auxiliary (Geriatric)	6
1. Examinations for registration held this year:—			
Ordinary	3		
Auxiliary	3		
Number of Candidates	341		
Number passed	318		
Number failed	23		

Details of results:—

Subjects	Candidates	Passed	Failed
General	149	147	2
Midwifery	117	117	—
Psychiatric	33	15	18
Child Health	18	18	—
Tuberculosis	2	2	—
Auxiliary (General)	18	17	1
Auxiliary (Geriatric)	3	1	2

Registrations

1. Applications approved—767.			
General	391	Tuberculosis	2
Midwifery	196	Geriatric	64
Psychiatric	18	Auxiliary (General)	63
Child Health	18	Auxiliary (Geriatric)	15
2. Number who renewed registration for the year—2040, of these 105 were Auxiliary Nurses.			
3. Number of persons on the current register—2686, of these 168 are Auxiliary Nurses.			

Details of Registration—

	No.	No. of Certificates
General	1,315	1,315
General and Midwifery	819	1,638
General Midwifery and Child Health	174	522
Midwifery only	13	13
Psychiatric only	85	85
General and Tuberculosis	9	18

Midwifery and Child Health	2	4
General and Child Health	12	24
General and Psychiatric	17	34
General, Midwifery and Tuberculosis	6	18
General, Midwifery and Psychiatric	3	9
Tuberculosis only	5	5
General, Midwifery, Child Health Psychiatric and Tuberculosis	1	5
General, Midwifery, Child Health and Tuberculosis	4	16
General, Midwifery, Child Health, and Psychiatric	5	20
Geriatric only	44	44
General and Geriatric	1	2
General, Midwifery and Geriatric	1	3
Geriatric and Tuberculosis	2	4
Auxiliary	168	168
Total	2,686	3,947

Post Graduate Diplomas

There are 32 people in the State holding Post Graduate Diplomas as follows:—

Nursing Administration	7	Ward Sister	10
Sister Tutor	5	Theatre Management and Teaching	3
Midwife Tutor	3	Public Health Nursing	4

Central Preliminary Training School

Students carried over from 30.6.64.

Number of students	20	Failed	7
Passed	12	Resigned	1

Three Preliminary Blocks have been held—

Students attended	52	Resigned	1
Passed	27	III—to complete later	1
Failed	23		

Three Second Blocks have been held—

Students attended	36	Resigned	1
Passed Pharmacology	18	Passed General Nursing	21
Failed	17	Failed	14

A total of 108 Students attended the School during the year.

General

Foreign Students

Although many applications are received from foreign students, very few have the required educational standard. At present eleven (11) are in General Training Schools.

DIVISION OF PUBLIC HEALTH

Objects of the Public Health Division

It is difficult to improve on the definition of Public Health in the fourth report of the Expert Committee on Public Health Administration of the World Health Organisation:—

“Public Health is the science and art of preventing disease, prolonging life, and promoting mental and physical health and efficiency through organised community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organisation of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery to ensure to every individual a standard of living adequate for the maintenance of health, so organising these benefits as to enable every citizen to realize his birthright of health and longevity”.

It will be seen that Public Health means a great deal more than the sporadic attempts for the improvement of the environment with which it is associated in the minds of many people; and that it is essentially a matter for team work.

Health Indicators

The two sets of figures recommended by the Expert Committee on Health Statistics of the United Nations Organisation, for use as health indicators are the percentage of all deaths that occur in persons aged 50 years and over, and the early and late infant mortality rates. These are set out, below.

DEATHS OF PERSONS AGED 50 AND OVER

Year	Number	Percent of Total Deaths
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
1964	2,629	82.83

EARLY AND LATE INFANT MORTALITY RATES PER 1000 LIVE BIRTHS.

Age at Death	1958	1959	1960	1961	1962	1963	1964
Under 1 month	12.4	14.8	11.2	11.9	14.1	12.08	13.82
1 month—1 year	7.1	8.6	7.8	4.9	6.6	5.86	6.3

Demography

In the figures, given above, it is obvious that there is a slight upward trend in the percentage of total deaths that occur at, or above, the age of 50. This does not in any way invalidate the statement made in the last two annual reports, that children represent a higher proportion than ever before of our population. The population pyramid in Tasmania is essentially that of a community whose younger age groups are increasing rapidly. It has been suggested in various places that this trend may reverse in the next few years; the basis on which the suggestion is made is usually that the number of births in the State declined from 8894 in 1962 to 8530 in 1963 to 8252 in 1964. The drop is not great. Minor variations do occur from year to year in figures like these; and it would be wise to wait for several more years before we conclude that the tendency for them to drop will be sustained.

In the last twenty years there has been a record increase in the number of children in the country. Many of these, born in the years immediately after the War, are now approaching marriageable age.

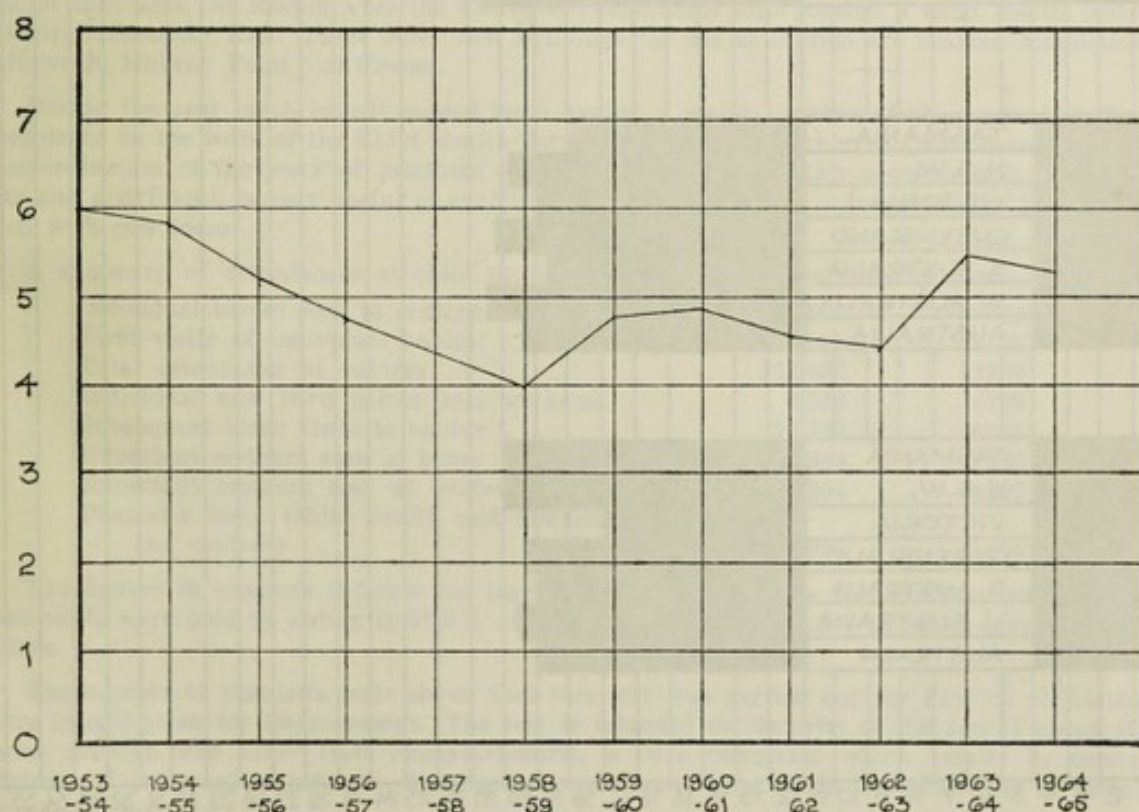
On the information at present available, there is little reason to believe that there will be a significant decrease in the demand for services for mothers and young children in the next few years; and that is as much as one can say until information from the next census is available.

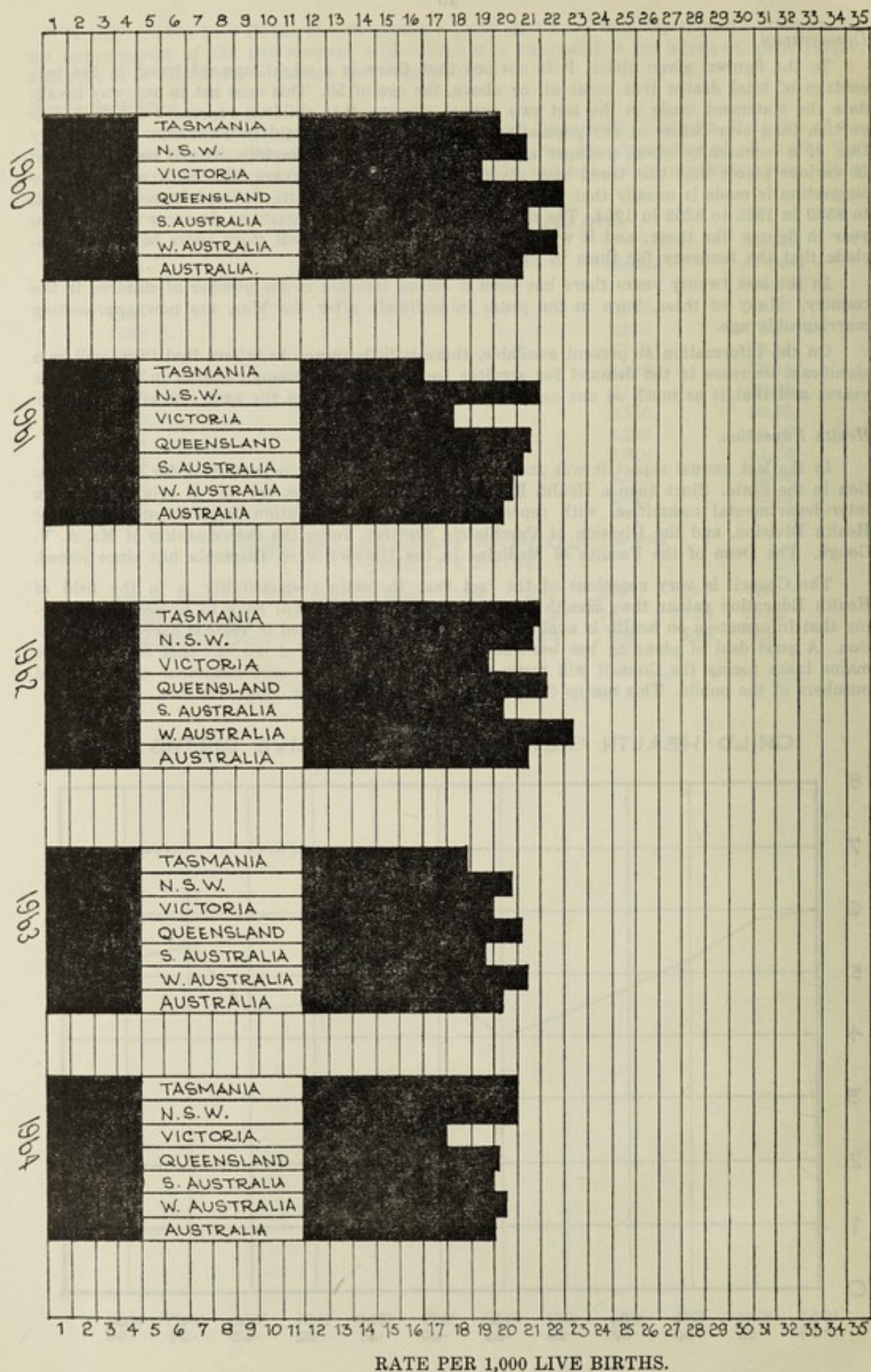
Health Education.

In the last annual report it was stated that there was still no organisation for health education in the State. Since then a Health Education Council has been set up. It originated as an inter-departmental committee, with representatives of the Education Department, the Public Health Division, and the Division of Psychiatric Services, under the chairmanship of Mr. A. V. Gough. The Dean of the Faculty of Medicine in the University of Tasmania has since joined.

The Council is very conscious of the fact that its main responsibility is in the field of Health Education rather than Health Propaganda; and that it will have to proceed by ensuring that information on health is available to those already engaged in various aspects of education. A good deal of planning has been done, in full recognition of the fact that success in the major tasks facing the Council will mean changing the attitude and behaviour of individual members of the public. This means that the programme will be a long-term one.

CHILD HEALTH SISTERS PER 1,000 LIVE BIRTHS





Advantage was taken of the current re-organisation of the primary school syllabus to introduce some physiological subjects into the curriculum. An elementary knowledge of physiology is the basis upon which a healthy mode of life is built. The liaison between the Curriculum Branch of the Education Department and the Division of Public Health, thus established, will be maintained.

Recommendations were placed before you on the broad planning of a long-term anti-smoking campaign. Investigations into the problem of infectious hepatitis in school children resulted in a survey of school toilet facilities, on which were based recommendations for improvement. Other matters considered by the Council include the introduction of a menu for school tuck-shops, the advice given to their pupils by some athletic coaches, the hazards to the wearers of luminous-dialled pocket watches from radiation, and the necessity for some action to reduce injuries due to the injudicious use of fire crackers.

The Council anticipates that, with definite information on the funds available in the coming financial year, it will be able to make definite plans for an attack on some of the problems of Health Education, though it emphasises once again that the programme will be a long-term one.

Child Health Services

The chart shows, quite clearly, that the slight gain in staff reported last year, has not been maintained and that, in proportion to the number of births, the staff is well below the level of 1953/54. There has been considerable staff turnover during the year. Ten full-time sisters and one part-time sister were appointed; eight sisters resigned (two to join the staff of the Mothercraft Home) and one died. Five of the new appointees joined the district staff on completion of their course of training at the Mothercraft Home.

New centres at Claremont, Mount Nelson, and Rosebery opened during the year. The first two are held in accommodation lent for the purpose. At Rosebery, Child Health work used to be the responsibility of sisters on the staff of the District Hospital; but staff changes and shortages militated against the success of this plan, and this year a triple-certificated sister already working part-time for the School Health Service in the area has agreed to take over the Child Health work.

At Devonport re-planning of an existing building which was municipal property, with some additions, enabled us to achieve, with the co-operation of the Council, a centre in Best Street which serves a very useful function for mothers and babies and also as headquarters for the staff in that area. At Risdon Vale the Clarence Commission incorporated a child health centre in their Community Hall. Three other new buildings for use as centres are nearing completion, at Howrah, Midway Point and Cressy.

During the year much benefit ensued from having a senior member of the medical staff to concentrate on the work of the Child Health Service. Dr. Mair has achieved a considerable degree of co-ordination of the work of members of the staff; and the monthly news bulletin, which she edits and distributes, is very useful in enabling those who work in isolated centres to keep in touch with new ideas.

A summary of attendances at child health centres, and of home visits by sisters, is:—

Individual babies seen at centres	17,907	(—14)
First visits of individual babies	5,847	(—88)
Total attendance at centres	135,620	(2808)
Individual new born babies seen at home	6,339	(199)
Subsequent home visits to babies	70,174	(6565)
Expectant mothers seen at home	1,694	(123)
Expectant mothers seen at centres	1,504	(297)
Phenistix tests (child health and district nursing centres)	6,886	(1214)

The figures in brackets indicate the increase or decrease from the previous year. First home visits were paid by sisters to 79.6% of all babies born; and 76.3% of babies born attended centres.

The number of phenistix tests shows that this test was carried out for 81% of all births. There is still room for improvement. The test is intended to discover, at the age of about six weeks, children who suffer from phenylketonuria, a rare complaint which results in mental deficiency if untreated in infancy. Arrangements are now being made to tighten the screening for phenylketonuria.

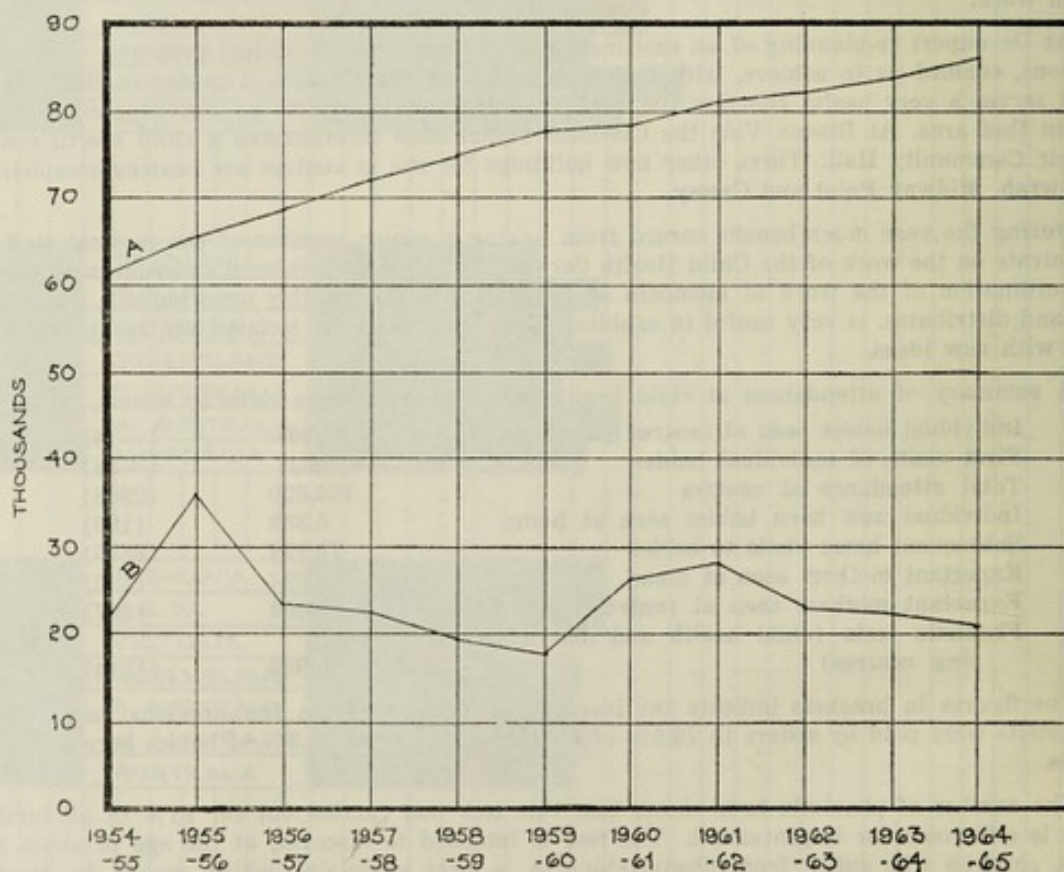
One of the most important functions of the Child Health Service is health education. This is partly at an individual level, and partly by discussion with groups of people. The figures of attendance at centres and of home visits indicates the width of the field that can be covered by individual health education. There is some lag in the organisation of group discussions at centres; but this is a need which cannot be catered for adequately until it is possible to make more adequate arrangements for refresher courses and in-service training for the staff.

The work of the Mothercraft Home continued under the circumstances outlined in the previous annual reports, of unsatisfactory working conditions and difficulty in holding good staff. The main function of the Home is to provide training to two groups of students, sisters who aim at a Child Health certificate, and girls who wish to train as Mothercraft Nurses. There is an unduly high turnover in the second group. In the past, attempts have been made to select trainees likely to finish the course, sometimes by intelligence testing, sometimes by interview; but a high resignation rate continues, many girls spending only a few days at the Home before deciding that they are not suited to this type of work. As Matron points out, one of the reasons for this may be the fact that they find themselves handling quite severely retarded and handicapped babies from the commencement of their training, and this is an experience for which they are not emotionally prepared. This situation results from the absence of an institution somewhere else for these children. As a result they have to be admitted to the Mothercraft Home because there is no other place to which to send them, regardless of the fact that their presence in the Home disorganises training and tends to stultify one of its main functions.

A report on the state of the building by a health inspector was the basis of a list of defects, the correction of which is necessary for the improvement of working conditions for

TASMANIAN SCHOOL HEALTH SERVICE

SCHOOL POPULATION (A) COMPARED WITH MEDICAL EXAMINATIONS (B).



(A) INCLUDES STATE AND PRIVATE SCHOOLS

the remainder of its time in use as a mothercraft home. During the year Mrs. Kane resigned as Matron; Miss M. Doering, an experienced Child Health sister who has the Victorian diploma in Public Health Nursing, was appointed in her place; and another experienced Child Health sister, Miss Wallace, has joined the staff as Sub-Matron. But the other positions on the staff tend to be filled on a short-term basis; and this leads to a degree of instability, undesirable in a teaching institution.

The Child Health Association has accorded the usual keen co-operation to members of the staff working in the field. Drs. J. Millar, R. Wall and N. Newman continued their generous contribution to the work of the Child Health Service and/or the Mothercraft Home.

School Health Service

The downward trend of medical examinations, in comparison with the upward trend of school population, that has been a feature of the chart for a number of years, has continued. This is a reflection of the extent to which other necessary duties occupy the time of some of the whole-time medical officers of the Division. At the same time, the demand has increased, not only owing to increase in school population, but also because of the extension of the service to certain Church and other private schools.

School medical officers visited 369 schools and examined 20,310 children, a decrease from 22,576 last year. The number of children examined with a parent attending was 5,178, which represents a considerable increase, but is still not good enough. The presence of a parent affords an excellent chance for a little direct health education by the school medical officer; and it is unfortunate that this opportunity is so seldom available. The percentage of children examined who were found to have defects requiring notification rose to 36.88%

The following statistics of medical examinations are taken from the annual report of the Senior School Medical Officer:—

Total School Population	86,023	
Number of Children Examined	20,310	
Number with Defects for Notification	7,493 (36.88%)	
Analysis of Defects—		
(1) Orthopaedic		
Posture	440	
Limbs	439	
Other	75	954
(2) Eye Conditions		
Vision	1,007	
Squint	222	
Other	199	1,428
(3) Tonsils, Cervical Lymph Nodes, &c.		889
(4) Ear Conditions—		
Hearing	351	
Otitis	119	
Other	107	577
(5) Nutrition—		
Underweight	71	
Overweight	259	
Other	45	375
(6) Skin and Hair		201
(7) Heart		144
(8) Urogenital System		193
(9) Lungs		91
(10) Mental Stability		76

(11) Speech	70
(12) Goitre	60
(13) Hernia	37
(14) Other	279

Other statistics of interest include—

(1) Defects followed up and known to have been treated—

	Dental Defects	Other Defects
1964/65 examinations	422	1,373
1963/64 examinations	372	1,228

(2) Immunisation history of children entering school—

Immunised against diphtheria	8,134	85.86%
Immunised against tetanus	8,053	85.01%
Immunised against Whooping cough	8,044	84.91%
Immunised against poliomyelitis	8,591	90.68%
Immunised against smallpox	977	10.31%

(3) Immunisation history of children born in 1953, and examined in 1964/65—

NOT immunised against diphtheria	301	5.01%
NOT immunised against tetanus	284	4.72%
NOT immunised against poliomyelitis	232	3.86%
NOT immunised against smallpox	5,144	85.63%

The high percentage of children not immunised against smallpox in a country so exposed to risk of infection from air traffic is a matter for concern.

(4) Eye Tests—1953 age group—

Total tested	5,968
Normal vision both eyes	5,489
Defective vision one eye	217
Defective, both eyes	261
Number wearing glasses	436

(5) Colour Vision—1953 age group—

	Number Tested	Red-Green Blind	Ratio
Boys	2,870	129	1 in 22
Girls	3,067	9	1 in 341

Testing for colour vision is time-consuming. In view of the small number found, and the relative unimportance of colour vision in the occupations normally sought by women, some thought will be given to discontinuing these tests in girls.

The School Health Service has continued its investigations of the problems of goitre in children, under the general direction and with the very able assistance of Dr. F. W. Clements of the Institute of Child Health, University of Sydney. A State-wide survey by Dr. Clements and Dr. H. B. Gibson in May and June 1965 confirmed that the large goitres, previously common, had practically disappeared; compared with approximately 20% in the first survey in 1949. A paper on various aspects of this work was contributed to the A.N.Z.A.A.S. congress in August 1965.

The Sunshine Home has always been closely associated with the School Health Service. It enables some of the children selected by our staff to have a health-giving holiday which otherwise might not be available. Hitherto the selection has been by members of our staff; but in future it will be by the welfare section of the Education Department. School sisters will continue to nominate children whom they consider would profit from a holiday at the Home.

Nutrition Advisory Service

Dietary surveys were conducted at Devonport, Winnaleah, Ringarooma, Mathinna, St. Marys, Collinsvale, Molesworth, Rose Bay, Dover and South Bruny. These surveys are necessary to ensure that our knowledge of the dietary pattern in various parts of Tasmania is kept up to date. Some of them are conducted with the assistance of the Home Arts teacher, and the information gained assists her in her teaching in the school.

The consumption of school milk continued to increase and is now 97% during the warmer period and 84% during the winter.

Industrial Hygiene.

Once again most attention has been given to this aspect in the Northern Region, where Dr. K. M. Williams acts as factory medical officer to the Railway Workshops, and has visited a

number of other industrial establishments in Launceston. He points out that there are some anomalies in the standards at present in use for eyesight in various types of employment in the Railways. This matter will be taken up with the appropriate authority.

Environmental Sanitation and Food Control

As usual, the problems of the Health Inspectorate have been mostly those associated with the disposal of sullage and sewage, and adequate control of the processing of food. During the year, the policy of the Department on septic tanks was quite clearly set down on paper, and was sent to all local authorities. It can be summarised thus:

- (1) In subdivisions in which the area of land available will be that of the normal suburban building block, septic tanks will not normally be approved unless the Council can guarantee full sewerage within two years.
- (2) Alternatively, where the Council can guarantee full sewerage in five years, reticulation within the subdivision, with a temporary treatment plant and an approved outfall, will be permitted.
- (3) Other cases will be treated on their merits.

The thought behind the first part of the policy is that, in some soil, disposal drains will function satisfactorily for a short time, but not for long. The effluent from the septic tank, and the sullage, then create a nuisance. People can be expected to tolerate this for a year or eighteen months, but not indefinitely. The observation that absorption drains function satisfactorily for only a limited time, is based on practical experience and is confirmed by experimental work at the University of California, published in recent years. The alternative of installing reticulation in a subdivision with a local temporary treatment plant, enables a council to get the local portion of the sewerage installation completed and to provide treatment when perhaps connection with the main treatment works for the town would represent a large capital outlay which cannot be justified for a few years until the district develops. The third possibility, namely that cases other than those of subdivisions in which the blocks are of normal suburban size will be treated on their merits, enables septic tanks to be installed in places in which a sufficient area of ground can be reserved for disposal of drainage.

It is pleasing to report that some progress is being made. The Launceston City Council is pushing on with the sewerage of West Launceston, an area in which the soil is almost useless for drainage disposal. The completion of the sewerage disposal works at Kingston and the extension of the trunk sewers feeding it will enable development to proceed in a considerable portion of Kingston and Blackman's Bay; and the Kingborough Commission is now turning its attention to Snug, in which a number of serious sullage nuisances exist. Campbell Town has commenced the installation of sewerage for part of the town. Extension of existing sewers has taken place in Wynyard, Burnie, Ulverstone, Devonport, St. Leonards, Clarence, Glenorchy and a few others. The mere extension of the sewers is not, in itself, enough; and it is disturbing that Launceston continues to pour its sewage, untreated, into the Tamar, while Burnie, Ulverstone, Devonport and the City of Hobart have outfalls discharging untreated sewage at points where it can pollute bathing beaches. They are not the only ones; but they are among the potentially worst offenders.

In many parts of the State the supervision of meat continues to be unsatisfactory, though pressure from overseas has resulted in considerable improvement in the conditions in some slaughtering places that aspire to export licences. The average country slaughter-house is so constructed that it cannot be satisfactorily kept clean. Officers of the Public Health Division have drawn up a series of recommendations for the construction of these buildings, based largely on the recommendations of the World Health Organisation. These have been distributed to local authorities, and it is hoped that they will be applied in the construction of new premises. It is difficult to see how some of the worst of the existing premises can be re-licensed on 1st January 1966 if the municipal medical officer of health does his duty as set out in Section 646 of the Local Government Act.

Section 645 of the same Act sets out the arrangement for the inspection of meat slaughtered in one municipality and sold for consumption in another. In the past few years this has been honoured in the breach in some districts; but it is hoped to enforce it in 1966. This will be a major step in achieving meat supervision; but, of course, will leave untouched the problem of inspection of meat for local consumption. It is not generally understood by the public that practically all the country-killed meat is uninspected.

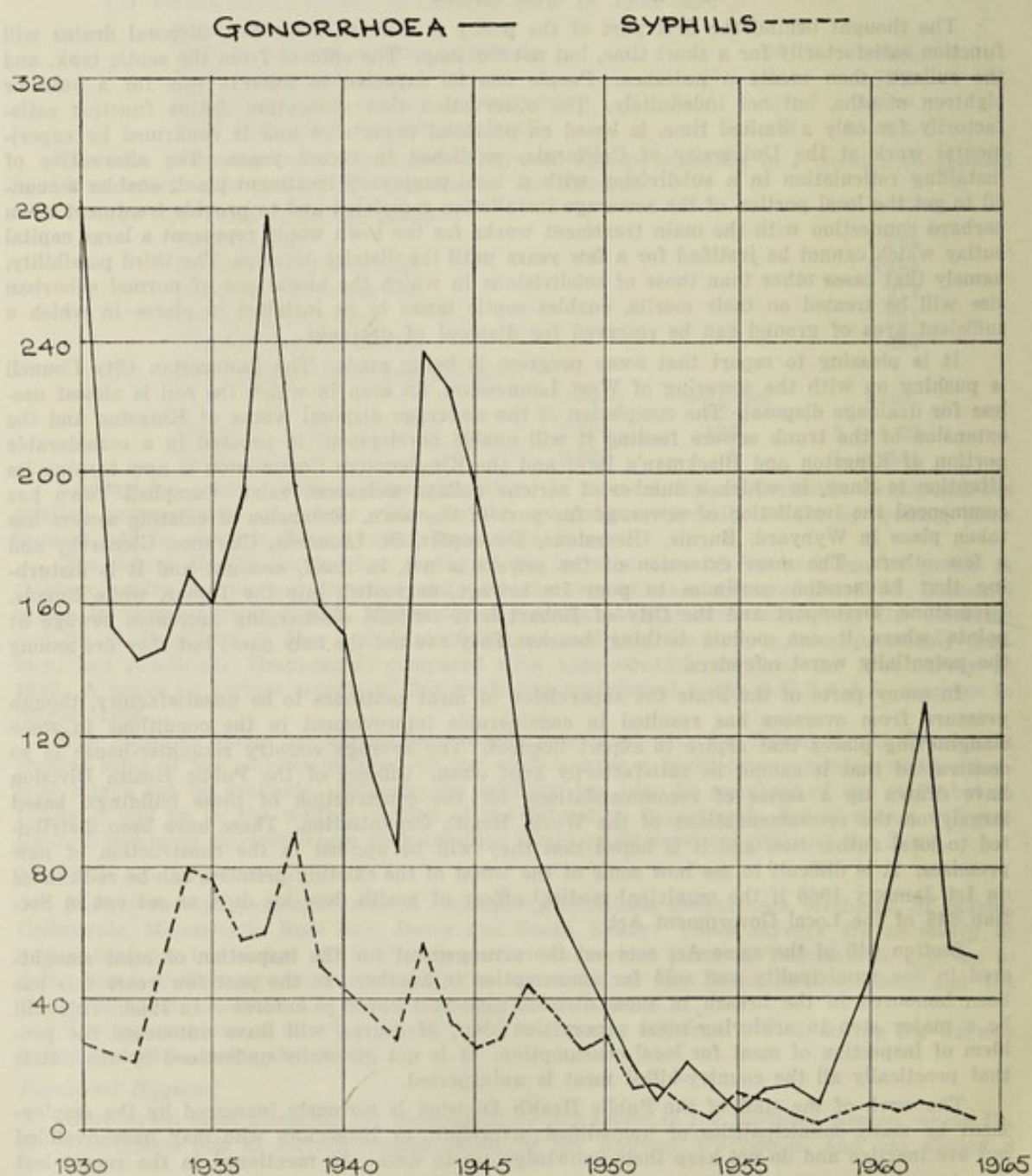
The work of the staff of the Public Health Division is seriously increased by the employment by many municipalities of unqualified inspectors, or inspectors who may have qualified but are inactive and do not keep their knowledge up to date. As mentioned in the report last

year, this, to a considerable extent, is a reflection of the small size of municipalities in Tasmania, and their consequent inability to provide opportunities for employment likely to attract qualified applicants. It is to be hoped that, as a result of the work of the Municipal Commission, we shall see the establishment of stronger local government units in the future.

The extent to which local authorities are content to rely on untrained or semi-trained personnel for advice on public health matters is shown by the situation about municipal medical officers of health. At present, by agreement with the municipalities concerned, the Public Health Division supplies fully trained medical officers of health to Kingborough, Bruny, Glenorchy, Burnie, Wynyard and Waratah. Clarence is the only other municipality in the State whose medical officer has had post-graduate training in Public Health.

NOTIFICATIONS OF INFECTIOUS DISEASE

VENEREAL DISEASE RATES PER 100,000 OF POPULATION



In consequence of their reliance on untrained staff, the local authorities, consciously or unconsciously, rely to a considerable extent on the staff of the Public Health Division for advice that should be available locally. This has thrown a heavy strain on our staff. However, this extra work began to decrease a little towards the end of the year, as those concerned became more familiar with the legislation.

Infectious Diseases

Once again there has been a slight trend downwards in the notifications of venereal disease. This is depicted in graphic form in the chart. It will be seen that our figures are not as low as they were ten years ago, but are falling. This is interesting in view of claims made elsewhere in Australia that these diseases, particularly gonorrhoea, are increasing. While it is possible that we do not receive notifications of all cases treated (and there is no satisfactory way of checking this), it seems unlikely that we received a substantially lower percentage in 1964/65 than in 1962/63.

There has been a substantial decline in notifications of infectious hepatitis. The most probable explanation is that the epidemic which we had for most of the last two years has now produced a fairly substantial level of immunity in the community.

On the other hand there has been a very considerable increase in the notifications of scarlet fever. This at present is a mild disease, though the name tends to worry the public who have had handed down to them the tradition of scarlet fever as a killer, which it was 100 years ago.

There is nothing else in the tables showing notifications of infectious diseases which seems to call for comment. The most important achievement in this field was the carrying-out of a campaign of immunisation of school children against poliomyelitis with Sabin oral vaccine. As recorded in the last report, the Commonwealth Minister for Health, on the recommendation of the National Health and Medical Research Council, agreed to issue a supply of Sabin vaccine to Tasmania for use during 1964/65. It was agreed that this was to be a pilot campaign to study the administrative problems of using this vaccine in Australia; consequently we decided that the work would best be done by the staff of the School Health Service, who responded nobly to the call for extra work. The form in which the vaccine was available at that time was not the most convenient for our purpose; but all the difficulties were overcome by co-operation among the staff. As the vaccine at that time was issued in lieu of a fourth "booster" dose of Salk vaccine (as used in some of the mainland States), it was restricted to those who had already had three doses of Salk. The campaign in schools was an unqualified success. Specimens of blood were obtained before and six weeks after the administration of the Sabin vaccine from 135 "volunteers". Examination of these specimens by the staff of Commonwealth Serum Laboratories revealed that the vaccine had produced a very substantial rise in immunity. As a result of the success of this campaign, the Commonwealth Minister for Health has now agreed to make Sabin vaccine available generally in Tasmania for immunisation against poliomyelitis.

This decision ends an administrative dilemma which has lasted for about two years. It has been obvious for some time that the immunity produced by the original campaign with Salk vaccine in 1956/57/58 will have waned considerably and that those people who were immunised then needed something more. For this reason some of the Australian States advocated a fourth dose of Salk vaccine about two years ago. In view of the advantages of Sabin vaccine, it seemed obvious to us that a change should be made to that vaccine at that stage. The delays since we originally raised this question have been somewhat worrying; and it is a relief that now the vaccine will be generally available.

DIVISION OF PSYCHIATRIC SERVICES

Administration

On 1st December 1964 the Mental Health Act 1963 was proclaimed and the Mental Hospitals Act 1858, the Mental Deficiency Act 1920 and the Sexual Offences Act 1951 were thereby repealed.

Apart from a few very minor defects, the new legislation has worked very smoothly and is a great improvement on the previous legislation.

The most striking result of the legislation is that patients detained in hospital have been reduced from 75% of all patients to about 25%. The informal patients now number 75% of the total.

A large amount of work was necessary during the first six months of the operation of the Act, for within this period all patients detained under the old Acts had to be examined, reclassified, and documents prepared, where necessary, for transfer to the provisions of the new Act.

Hospitals

Lachlan Park Hospital

The daily average number of patients has risen from 710.997 in 1964 to 874.778 in 1965, with an absolute general increase in bed numbers of 179 over the year. This is due to the transfer of Mental Deficiency Board patients to Lachlan Park Hospital strength. It has been gratifying to note the drop in the admission of Alcoholics by 25 over the year, i.e., 182 in 1964 compared with 157 in 1965. Of the total admissions, Alcoholic Psychosis has been the highest of all other forms of illness, second being C.M.D. without Epilepsy, with a total of 93, followed by Schizophrenia, with a total of 85. Many have been re-admissions, but one notable feature has been the sharp increase of Senile Dementias from 22 in 1964 to 60 in 1965.

Following the introduction of the new Mental Health Act, the numbers of Informal patients in Hospital has markedly increased as opposed to those compulsorily detained.

MEDICAL STAFF—There are five (5) permanent Medical members of staff, of whom three are Psychiatrists, one temporary Medical member of staff and two (2) part-time Assistant Psychiatrists.

NURSING STAFF—The Hospital as a whole is short of nurses, both Male and Female; approximately 80 vacancies existing on the Female side and 21 on the Male, making a total of approximately 100. The shortage of trained female nurses makes adequate treatment most difficult. There are no trained social workers available.

BUILDINGS—During the year good progress has been achieved in the re-building programme. Four new wards have been occupied providing better accommodation and facilities for patients and staff. The reconstruction of two wards, a Central Store and extensions to the Administrative Block are well advanced.

The construction of three Medical Officers' residences and the building of six houses, is the first stage in the planned development of a Staff Housing scheme to assist in recruitment.

Major renovations have been undertaken to the Male Residential and Ward B.1.

Millbrook Rise

The staffing position at this Hospital has improved and it is now able to accept its full quota of 30 patients. In recent months it has been full to capacity. A central heating system is now being installed.

During the year a rubber-surfaced bowling green was opened. This was a staff-patient project for which all funds were raised by the staff. This is a valuable addition to the therapeutic and recreational amenities of the Hospital.

Nelumie

This hostel for unstable adult female subnormals has been less than half full for a considerable time and it has been decided to close it down and transfer the 8 patients to St. John's Park Hospital, where there is provision for such patients.

Regional Services

Southern Region and Headquarters of the Division

The vacant position of Psychiatrist was filled by the appointment of a Psychiatrist from Lachlan Park Hospital. This has been offset by the additional work involved in providing psychiatric treatment at Clare House, a psychiatric day hospital opened by the Royal Hobart Hospital.

The Alcoholism Information Centre, established in 1963, is staffed by a Welfare Officer and receptionist and continues to provide a valuable service. A second Welfare Officer in this field is about to be appointed.

A Psychiatric Social Worker vacancy has been filled by a part-time officer and this has relieved the excessive caseload of other offices.

The position of Senior Medical Officer in the field of Child Psychiatry is still vacant and it has consequently not been possible to establish a Child Psychiatric Clinic.

Psychiatrists of the Division and of the Lachlan Park Hospital continue to work as Honoraries and as Clinical Assistants in the psychiatric clinics and wards of the Royal Hobart Hospital.

North-Eastern Region

Two psychiatrists based upon Launceston continue to provide a regional service. In addition to holding Honorary appointments at the Launceston General Hospital, visits are made to outlying district hospitals.

North-Western Region

One Psychiatrist, based upon Burnie, continues to provide a regional service, travelling extensively to the major centres of population in this area.

Patients under Guardianship

There are some 80 patients under the guardianship of individuals or of the Guardianship Board. This Board has replaced the former Mental Deficiency Board. Supervision of these patients is undertaken by regional psychiatrists and by Psychiatric Social Workers and Welfare Officers of the Division.

DIVISION OF TUBERCULOSIS

During the year ended 30th June, 1965, a total of 81 new cases of tuberculosis were notified to the Division of Tuberculosis.

This figure shows an appreciable drop on the previous year, when 105 cases were recorded.

Sex and form of disease of the 81 new cases is shown in Table 14.

The incidence of the disease is again found to be much higher among the male population, males representing approximately 68% of the total cases.

In Table 15 the 66 pulmonary cases are classified according to Sex, Age, Stage of Disease and Bacillary Status at time of notification; 52 of these 66 cases were more than 35 years of age at the time of notification.

In addition to the 66 pulmonary cases discovered among Tasmanian residents, 4 persons with active pulmonary tuberculosis were found amongst crew members of visiting ships. These were given initial treatment in our Chest Hospitals, prior to returning to their own countries for completion of treatment.

Supervision of Pulmonary Cases

Of the 66 pulmonary cases, 35 were admitted to the Tasmanian Chest Hospital, 27 to the Northern Chest Hospital and 2 others to the Repatriation Hospital. One case was surgically treated at a public hospital and discharged to home for convalescence. The remaining case was notified as the result of post-mortem examination.

As previously mentioned, 4 crew members of visiting ships also received treatment in chest hospitals, as also 2 interstate transferees.

Migrants

The number of notifications among persons born outside Australia has shown a sharp decline this year, there being only 5 in this category for the year ended 30th June, 1965, as compared with 13 for the previous year. Four of this year's total were born in England, and one in Yugoslavia.

Tuberculosis Allowances

At the beginning of the year there were 84 persons receiving the Tuberculosis Allowance. During the year, a further 87 claims were received, of these 71 were granted. A total of 90 allowances were cancelled during the period, leaving 65 still operative, plus 4 payments transferred from other States. Total current at end of year, 69.

Chest Clinics

With the reduced demand for in-patient treatment and generally shorter period of hospitalisation, the Chest Clinic will increasingly become the focal point for the treatment and supervision of the tuberculous patient, so that the continued success of the Anti-Tuberculosis Campaign will, to a large extent, depend upon the efforts of the Chest Clinic, by ensuring that all patients under their control do, in fact, come under periodic review.

Table 20 is a summary of the new registrations, re-attendances, and epidemiological surveys carried out by the Chest Clinics during the past year.

TECHNICAL DIVISION (GOVERNMENT ANALYST LABORATORY)

Staff

The staff was further depleted during the year by the resignation of a trainee chemist to accept a more remunerative post in industry.

With only one chemist available for the General section, some extremely important investigations affecting the health of the community, such as Pesticides in Foods and Waters, cannot be undertaken, whilst work for the Departments of Agriculture and Forestry is either seriously curtailed or postponed.

Housing and Equipment

Adequate housing of the laboratory still remains an urgent requirement.

The recent delivery of Beckman I.R.9 and D.K.-2A recording spectrophotometers has brought the essential instrumentation of the laboratory to a level of reasonable parity with mainland State laboratories. Providing suitable operating staff becomes available the acquisition of this equipment will greatly enhance the work of the laboratory in regards to food and agricultural problems.

Summary of work

Samples for Analysis

The materials examined totalled 4,424, which, despite the staff loss represented an increase of 816 over last year. A major increase in plant material examined was mainly responsible for the greater numbers handled, but samples in connection with human poisoning continued their upward trend.

Consultative and Advisory Work.

This part of the laboratory service has again been in wide demand. Inquiries for assistance in solving varied problems in Government and private enterprise have involved a considerable amount of the time of senior staff.

Food Chemistry

There were 134 more samples examined than last year, the increase being largely caused by the number of canned baby foods. Analysis of these shows that in the main they are a poor substitute for home prepared products.

A total of 267 samples of milk, mostly official samples, were analysed. With most milk passing through large processing concerns, very few samples are found to be watered or otherwise sub-standard, but the occasional foreign body is still found.

The illegal addition of preservative, in the form of sulphur dioxide, to minced meat, caused the submission of some 50 samples. A number of successful prosecutions were obtained.

Agricultural Chemistry

A total of 2,569 samples were examined by the Agricultural Laboratory.

The four-fold increase in samples submitted by the Forestry Department (256) was a feature of the section. One officer is now engaged full time on an important research project connected with this Department, which contributes a considerable amount to the economy of the State.

Several investigations by the Department of Agriculture officers into problems of the fruit industry have occupied much of the year, 146 samples being examined.

Manufacturers of animal feeding stuffs continue to submit their products for analysis before export or sale on the local market. Most products are of a satisfactory quality.

A total of 25 exhibits in connection with animal poisoning were examined. Strychnine was detected in six cases and arsenic in two.

Forensic Chemistry and Toxicology.

A total of 58 exhibits in connection with 19 crimes were submitted by the Police, representing a slight increase on the previous year. Court appearances by senior staff were involved in most cases.

Toxicological specimens (146) in connection with 32 cases, mostly untimely deaths of humans were examined.

Nineteen out of 92 bloods examined for the presence of alcohol gave negative results. Most of the samples were related to motor vehicle accidents. The alcohol found ranged from 18 milligrams per 100 millilitres up to 390. Figures obtained continued to emphasise the unfortunate influence of alcohol on the road toll.

Industrial Hygiene

Samples of biochemical specimens, together with air and gases, may be grouped together with those specifically taken under this heading to give a total of about 100.

Premises covered ranged from private companies and the Hydro-Electric Commission to interstate ships.

Much assistance in the provision of adequate protection of workers and the public resulted from the investigations.

Waters and Corrosion Problems

The number of examinations carried out by the Water laboratory continued at a fairly consistent level.

Routine fluorine checks for several municipalities were carried out and the examination of proposed waters schemes for many Tasmanian towns has been undertaken. The increased interest in underground water sources noted last year was maintained with primary producers submitting samples for advice.

Only 20 waters were received in connection with the Water Research Foundation investigation into Hydro-Electric Commission pipeline growths.

Assistance was given to the Public Works Department on causes of nodules on the old floating bridge.

Miscellaneous

Drugs and medicines, disinfectants and cleaning materials were examined for the Supply and Tender Department.

Fuel oils for use in Diesel locomotives were submitted by the Railways Branch of the Transport Commission.

Several cements have been analysed in an attempt to determine the cause of breakdowns in buildings. Non adherence to specification was usually detected.

A serious explosion in a high school chemistry laboratory was investigated by senior officers, who were able to establish the cause from their analytical results.

ST. JOHN'S PARK HOSPITAL

Geriatric Training School

The Geriatric Training School is progressing very satisfactorily and proving an asset in the training of the Geriatric staff. For the period May 1964 to May 1965, 133 students passed through this school, and 35 students sat for the first year examination. 26 passed and 9 failed. 15 students sat for the second year examination—5 passed and 10 failed. Great interest is being shown in the training, preliminary classes have been included and refresher courses have been inaugurated. Nursing at St. John's Park has improved immensely since the inauguration of the Geriatric nursing course.

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

The Holiday Homes have been occupied almost continuously during the past year and 138 males and 60 females enjoyed a holiday at Carlton. This opportunity for a holiday has proved very beneficial to patients and in many cases their health has improved considerably by the change of environment. The staff of St. John's Park are continuing the voluntary work at Carlton, and have almost completed erecting the 10-bed convalescent ward with all conveniences. There have been many visitors to the Home and all have been impressed by the splendid facilities available.

Bowling Green

The St. John's Park Bowling Club has been formed and a constitution prepared and approved by the Southern Tasmanian Bowling Association. Invitations have been extended to all members of the staff to join the Club, and all active patients are automatically members. During the coming year representatives from the Southern Tasmanian Bowling Club will be visiting St. John's Park to teach Club members to play the game of bowls.

Physiotherapy and Domiciliary Services

Continued progress has been made in the Physiotherapy Section. It is very gratifying to see the interest taken in physiotherapy by the elderly people, but disappointing to find that we are unable to cope with demands through lack of staff.

Social Activities and Amenities Provided for the Patients

During the past year special attention has been given to providing additional comforts and change of environment for patients. Trips were provided to the country, the mountain, the seaside, Salmon Ponds, National Park, Port Arthur and Orford, and various organisations were encouraged to take patients out in cars.

The annual picnic consisting of a river trip on the M.V. Cartela was provided for patients by the staff of St. John's Park. Daily picnics and visits to Carlton were arranged for patients.

One of the patients a Mr. "Chum" Harwood celebrated his 100th birthday. He received a telegram from His Excellency the Governor, Sir Charles Gairdner, and the Hon. the Premier, Mr. E. Reece. A birthday party was provided for him by the Waterside Workers' Federation and a splendid time was had by "Chum" and all patients.

Occupational Therapy and Handcraft

All newly admitted patients are encouraged to take up occupational therapy and handcraft work, and during the past year many new faces were seen in the Handcraft Section and much enjoyment has been given to patients.

Medical Attention

The medical attention provided for patients is insufficient and it is very gratifying to know that two medical officers have been appointed, and will take up their positions in the near future. This is urgently required.

Study Weekend

Study days for geriatrics were held at St. John's Park on the 5th and 6th March, 1965, by the State Committee College of Nursing. This included lectures by Doctors A. D. Corney, A. J. Foster and W. D. Jackson. There were over 100 official guests and a very successful weekend was concluded at Carlton with a barbecue tea and social evening. Most of the visitors were most impressed with the work being done at St. John's Park.

Future Planning

During the year much progress has been made with new buildings. The sunrooms and social rooms are under construction, two new floors to the Bruce Carruthers Hospital for women, the nurses home, the new store, the artisans' workshops and the bowling green club house are all in the course of construction. It is very pleasing to see the progress being made in these buildings, as they are very necessary for the future development of St. John's Park.

Religion

During the year the spiritual welfare of 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.

Special mention must be given to the Rev. Latta and Rev. Father Nicholls, who have been continuous visitors.

Appreciation

During the past year much enjoyment has been provided for 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, 60 and Over Club and R.S.L. Hospital Visiting Committee, etc. 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 £1,000 in equipment and social entertainment.

NATIONAL FITNESS SECTION

The filling of two field staff vacancies resulting from the two new positions created in 1962/63 relieved to some extent the staff shortage, and made possible much needed re-organisation of work in the Section.

Additional responsibilities were delegated to Regional Organisers based at Regional Offices at Hobart, Launceston and Devonport, particularly in the field of administration and control of Field Staff work.

The Regional office at Hobart was housed with State headquarters and those at Launceston and Devonport in premises leased by the National Fitness Council of Tasmania. Local district offices were also maintained at Moonah and Ulverstone in premises made available in Indoor Recreation Centres by courtesy of the owners, and at Burnie in Departmental premises.

The appointment of an Assistant to act as Executive Secretary to the Youth Council of Tasmania was invaluable to that organisation in its work of co-ordinating the work of Youth Organisations in Tasmania. The attachment of the office to the Section opened the way for future expansion of National Fitness services to youth work promotion. Under direction of the State Supervisor acting as Chief Executive Officer of the National Fitness Council of Tasmania, the Section implemented the policies 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 and finance, equipment and facilities for programmes conducted were provided from National Fitness funds.

The most significant feature of work during the year was once again the community acceptance of the need for well designed Indoor Recreation Centres. New Centres were completed at Launceston and Clarence and Deloraine.

Officers of the Section continued to give considerable assistance in stimulating public interest, establishing local controlling organisations, planning construction, administration and usage of new and proposed centres, as well as by assisting controlling organisations with usage and administration of existing centres.

Very strong movements were assisted in the Penguin, New Norfolk, Cygnet and Esperance Municipalities and with initial moves in a number of other areas. The most pleasing aspect of this development was increased interest and acceptance of responsibility by Municipal authorities.

The rapid increase in the number of centres established has necessitated some limiting of executive responsibilities by National Fitness staff in conducting centres and their activities. However, the local controlling organisations are accepting the additional work. This has allowed the relatively small National Fitness staff to continue its assistance to other forms of Recreation and Youth work.

Youth camping programmes were conducted in National Fitness Council camp establishments and camping programmes by other community organisations were assisted. Adventure camping and other outdoor activities such as canoeing, mountaineering and bushwalking received increased attention. The success of these latter activities was particularly pleasing in view of the extensive natural facilities available in Tasmania. Although qualified leadership and instruction remains a difficulty in these fields, the potential leadership resulting from Adventure Camp programmes is most encouraging.

Full scale promotion of the Duke of Edinburgh's Award Scheme in Tasmania was not possible owing to staffing limitations. However, the movement made steady progress.

Community interest in the establishment and conduct of youth clubs continued to grow. Every assistance, both advisory and practical, was given to the responsible groups and committees.

Conduct of sports coaching classes for young people continued to be a feature of practical work of the Section. An interesting development was the increase in popularity of classes and activities organised for people of older age groups, particularly for housewives.

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.

DENTAL CONSULTANT

With the fluoridation of the metropolitan water supplies on 8th September, 1964, Hobart became the first capital city in the Commonwealth to introduce this public health measure. This achievement is another milestone in Tasmania's preventive health record. The proportion of the population receiving the benefits of fluoridation has now risen to approximately 30% (Beaconsfield/West Tamar 10,000 approximately; Launceston 45,000 approximately; Hobart 45,000 approximately).

Fluoride is added to the Hobart water supply at three points—Ridgeway reservoir outlet, Barossa reservoir and Domain reservoir. The fluoride level rose almost immediately at the

latter two points, but required several months in the Ridgeway reticulation system, due to the requirement to build up concentration in a holding reservoir. Analyses carried out in conformity with the Fluoride Committee requirements have disclosed that balance of dosage has been achieved satisfactorily.

Following the Hobart action, much of the controversy surrounding fluoridation died down and few, if any, formal complaints have been received by either the Department or the Hobart City Council. This was also the experience following fluoridation of Launceston and West Tamar/Beaconsfield.

Whilst no formal survey is being undertaken at Launceston, no "results" of fluoridation will stem from the city as from Beaconsfield (10 year results published last annual report 1963/64). However, dental practitioners in Launceston claim a clinically detectable diminution of caries rates in pre-school and early school children. Such experience was also detected after 2-3 years of fluoridation at Beaconsfield.

Statistically significant data should be available from the Hobart area in future years, if survey proposals now in the hands of the Dental Health Service are implemented.

In view of the recent disclosure that 90% of dental caries in adults in fluoridated areas can now be prevented with the utilisation of topical fluoride techniques to boost the effect of water fluoridation, it is concurrently recommended that all efforts be made to extend the implementation of fluoridation in the State, as a matter of urgency.

One undesirable result of the unfavourable attitudes of certain municipalities towards fluoridation has been an intensive sales campaign by manufacturers of fluoride tablets. These are being offered to municipalities in bulk lots as an alternative to water fluoridation and are being welcomed by many local authorities as an expedient means of shelving the responsibility of a decision for fluoridation. The consultant has emphasised that whereas in individual cases tablet distribution has been shown to be effective, as a public health measure, there is little merit in the distribution of fluoride in this form.

In July 1964, the consultant was seconded to the Queensland State Health Department to lecture in a series of seminars through that State. Seven major country centres were visited, up to fifty municipalities were represented at the seminar lectures.

Other activities of the consultant involved the continuation of liaison with overseas and interstate bodies and authorities, the furnishing and receipt of information to both the Department and municipal authorities.

HANDICAPPED CHILDREN'S ADVISORY COUNCIL

The Council met on three occasions during the year and the last meeting was attended by the Hon. the Minister.

It was agreed at this meeting that the functions of the Council should be completely reviewed and the activities supported by Statutory powers.

This matter has been considered by Cabinet and as a result, the suggestion will be investigated by a sub-committee.

STAFF

I wish to express my thanks to the Chief Medical Officer (Dr. J. R. Macintyre) for his kindness in acting for me on a number of occasions during my absence.

I wish to acknowledge my grateful thanks to the Directors, senior officers and staff of the Department for their whole-hearted support during the year. I also wish to draw your attention to the very competent and conscientious manner in which they have carried out their duties.

JOHN EDIS, F.R.C.O.G., (Lond.), M.R.C.S.
(Eng.), L.R.C.P. (Lond.), F.H.A.
Director-General of Health Services.

APPENDIX

STATISTICAL TABLES

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STATISTICAL TABLES

For year ended 30th June, 1964

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International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Diseases, W.H.O. List A.	A
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TABLE 1.
*International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Deaths in Tasmanian Public Hospitals
For the Year Ended 30.6.65—W.H.O. List A.*
Intermediate List of (150 Groups of) Diseases.

[illegible]

TABLE 1—continued.

Cause Groups	Patients				Age Groups												Disposition				R.	R.T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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TABLE 1—continued.

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES	Cause Groups	Patients			Age Groups										Disposal				R.	R.T.				
		M.	F.	Total	Under 1		1-4		5-9		10-19		20-44		45 Plus		Improved				Unchanged		Dead	
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.
AN 146 Superficial injury, contusion and crushing with intact skin surface		132	49	181	3	1	9	8	6	7	39	8	53	10	22	15	126	48	4	1	2	..	..	..
AN 147 Effects of foreign body entering through orifice		72	79	151	3	3	18	11	3	8	16	5	17	22	13	30	71	74	2	6	3	1	1	1
AN 148 Burns		144	89	233	9	2	46	39	27	13	17	6	32	15	14	14	147	91	..	..	..	11	11	1
AN 149 Effects of poisons		128	170	298	2	2	45	38	4	7	16	29	32	64	29	39	129	162	8	8	1	1	2	..
AN 150 All other unspecified effects of external causes		101	65	166	2	..	11	11	5	10	23	11	42	15	18	18	98	57	5	5	2	3	3	3
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS		..	5,213	5,213	..	..	..	..	..	..	..	713	..	4,491	..	9	..	5,213	..	..	..	..	..	..
Y Code—		51	103	154	9	1	9	3	3	4	2	13	14	64	14	18	..	..	51	105	..	..	..	..
Y 01 Pregnancy—Normal delivery		13	10	23	1	..	..	1	..	1	..	2	2	2	10	4	..	..	14	11	..	..	..	..
Y 02 Medical or special examination without complaint or finding indicating need of observation of medical case	
Y 04 Follow-up examination after operation, injury or disease without finding indicating need for further medical care	
Y 05 Carrier or suspected carrier of infective organisms without complaint or sickness		15	10	25	14	8	1	..	..	..	..	..	..	1	..	1	..	..	16	19	..	..	1	..
Y 08 Healthy person accompanying sick relative		6	13	19	1	..	1	1	..	..	..	1	..	1	4	10	..	..	7	13	..	..	1	..
Y 09 Other person without complaint or sickness		20	4	24	15	..	5	..	1	1	..	..	..	2	..	..	239	4	..	..	..	..	..	..
Y 11 Admitted for cosmetic plastic surgery		4	8	12	..	..	..	..	..	..	..	..	..	1	3	3	4	4	..	..	..	..	..	..
Y 18 Fitting of a prosthetic device		2,773	2,673	5,446	2,773	2,673	..	..	..	..	..	..	..	..	..	..	2,773	2,673	..	..	..	..	..	..
Y 20 Normal newborn baby—single birth		176	192	368	176	192	..	..	..	..	..	..	..	..	..	..	157	177	..	1	19	14	..	..
Y 21 Immature newborn baby—single birth		28	28	56	28	28	..	..	..	..	..	..	..	..	..	..	97	28	..	1	..	..	..	..
Y 22 Twin normal with mate liveborn		15	11	26	15	11	..	..	..	..	..	..	..	..	..	..	14	9	1	..	..	2	..	..
Y 23 Twin normal with mate stillborn	
Y 24 Twin immature with mate liveborn	
Y 25 Twin immature with mate stillborn	
Y 26 Multiple born normal, mates all liveborn	
Y 27 Multiple born normal, one or more mates still born	
Y 28 Multiple born immature, mates all liveborn		2	1	3	2	1	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..
Y 29 Multiple born immature, one or more mates stillborn	
TOTALS		15,522	21,756	37,278	3,620	3,312	1,389	1,007	1,290	968	1,778	2,593	2,854	9,321	4,631	4,555	15,108	21,519	1,092	1,107	630	565	2,604	139

LEGEND—R = The number of cases re-admitted for the same complaint.

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

TABLE 3.
Duration of Hospitalisation and number of Deaths in Accident Cases in Tasmania (including Re-admissions)
for the Year ended 30th June, 1965.

Nature of Injury	DAYS										Total Cases	61 and over	No. of Deaths
	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	
AN 138 Fracture of skull	153	70	20	18	2	4	4	1	..	..	1	..	15
AN 139 Fracture of spine and trunk	35	28	16	6	4	6	5	2	..	..	3	8	3
AN 140 Fracture of limbs	647	155	87	45	32	29	36	24	27	22	13	8	46
AN 141 Dislocation without fracture	59	26	12	5	2	1	3	1	..	..	1	1	..
AN 142 Sprains and strains of joints and adjacent wounds	73	26	10	6	4	..	1	..	1	1	..	..	..
AN 143 Head injury (excluding fracture)	447	55	13	16	5	2	2	..	..	..	4	..	18
AN 144 Internal injury of chest abdomen and pelvis	23	24	7	3	2	..	..	1	..	1	1	..	5
AN 145 Lacerations and open wounds	534	106	42	16	17	5	4	3	4	2	..	..	3
AN 146 Superficial injury, contusion and crushing with intact skin surface	129	33	12	2	1	1	..	..	1	..	..	..	2
AN 147 Effects of foreign body entering through an orifice	130	11	4	2	4	..	..	1	..	1	..	..	..
AN 148 Burns	54	47	35	27	23	7	13	6	5	6	3	3	4
AN 149 Effects of poisons	220	52	11	9	3	3	1	1	..	..	..	..	2
AN 150 All other and unspecified effects of external causes	111	31	10	6	5	2	..	3	..	..	..	..	5
TOTAL	2,615	664	279	161	104	60	69	43	42	37	27	14	103

TABLE 4.
The I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospitals in Tasmania for the Year ended 30th June, 1965.

Occupations	Nature of Injury													Total
	AN 138	AN 139	AN 140	AN 141	AN 142	AN 143	AN 144	AN 145	AN 146	AN 147	AN 148	AN 149	AN 150	
	Fracture of skull	Fracture of spine and trunk	Fracture of limbs	Dislocation without fracture	Sprains and strains of joints and adjacent muscles	Head injury (excluding fracture)	Internal injury of chest, abdomen, and pelvis	Lacerations and open wounds	Superficial injury, contusion and crushing with intact skin surface	Effects of foreign body entering through orifice	Burns	Effects of poisons	All other and unspecified effects of external causes	
00 Architects, Engineers and Surveyors	3		6	1		2	1	5					3	
01 Chemists, Physicists, Geologists and other Physical Scientists			1			1								
02 Biologists, Veterinarians, Agronomists and Related Scientists								1						
03 Physicians, Surgeons and Dentists				1		1						1		
04 Nurses and Midwives			1		9	1			4		1	1		
05 Professional Medical Workers not elsewhere classified and Medical Technicians	4	1	6										3	
06 Teachers														
07 Clergy and Related Members of Religious Orders														
09 Artists, Writers &c.														
OX Draughtsmen and Science and Engineering Technicians not elsewhere classified														
OY Other Professional, Technical and Related Workers	3		4	1				2		1	1	1	1	
10 Administrators and Executive Officials, Government	2	1						1		1				
11 Directors, Managers and Working Proprietors	1		3					1						
20 Book-keepers and Cashiers	5	3	7		1	1		7	1	1	1			
21 Stenographers and Typists	2		5	1	1	5	1	3		1	1			
22 Other Clerical Workers	9	2	19	6	2	9	2	11	2	2	1	1	1	
30 Working Proprietors, Wholesale and Retail Trade		1	3				1	8	1					
31 Insurance and Real Estate Salesmen, Salesmen of Securities and Services and Auctioneers										1				
32 Commercial Travellers—Manufacturers' Agents			1					1						
33 Salesmen, Shop Assistants and Related Workers			13	1	1	3	1	12	6					
40 Farmers and Farm Managers	6	2	26		1	3	1	12	8	2	1	7	2	
41 Farm Workers not elsewhere classified	4	6	26	2	8	3	3	22	8	2	1	6	1	
42 Fishermen and Related Workers	2	1	15	3	7	14		29	1	1	1		2	
43 Fishermen and Related Workers	2	1								1				
44 Loggers and other Forestry Workers	7			2	3	9	1	32	7	2		1	1	
50 Miners and Quarrymen	3		4		4	5		11	6		2		4	
51 Well Drillers and Related Workers			2			2		1	1				2	
59 Miners, Quarrymen and Related Workers not elsewhere classified		2				2		3						
60 Deck Officers, Engineer Officers and Pilots (Ship)		2	1		1	1		3	2			1		
61 Deck and Engine-room Ratings (Ship) Barge Crew and Boatmen			1											

TABLE 7
GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30TH JUNE, 1965

No.	Hospital	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year	Bed-Days		
		General	Hospital	Total	General	Hospital	Total		Not Qualified for Hospital Benefits	Qualified for Hospital Benefits	Total
1	Cosgrove Park	108.94	121.39	230.33	140	134	274	345	39,763	44,307	84,070
2	St. John's Park	180.65	272.10	452.75	260	295	555	694	65,938	99,315	165,253
3	Spencer ..	18.16	15.38	33.54	10	25	35	62	6,627	5,613	12,240
	TOTALS ..	307.75	408.87	716.62	410	454	864	1,101	112,328	149,235	261,563

TABLE 5.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30th June, 1965.

No.	Hospital	Daily Average of Occupied Beds	Balance at 1st July, 1964		MAINTENANCE RECEIPTS							No.	MAINTENANCE PAYMENTS (NET)											Balance at 30th June, 1965		In-Patients' Cost			Out-Patients' Cost			No.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
					Common-wealth Hospital Benefits	State Grant	In-Patient Fees	Out-Patient Fees	Sundries, Donations, Interest, Rent, Misc. Receipts	Total Receipts	Salaries and Wages		Provisions	Domestic	Dispensary and Surgical	Admin. and Misc.	Repairs	Total Maintenance Payments	Special Expenditure	Total Payments	Debit	Credit	Per Daily Occupied Bed			Per Patient	Per Attendance	Per Patient	Per Attendance																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
			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 Maintenance Payments	Special Expenditure	Total Payments	Yearly Increase	Cost Per Daily Occupied Bed	Cost Per Out-Patient Attendance												
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	%	£ s. d.	£ s. d.												
1961-62	216,067	6.34	2,373,571	69.62	2,600,334	25.51	11,568	6.33	3,499,490	100	2,370,299	66.66	33,843	9.83	314,639	9.36	262,286	7.76	136,201	4.40	93,296	2.43	..	..	3,866,375	100	7.90	125 11	15 10
1962-63	256,284	7.19	2,453,234	65.65	2,715,518	24.91	11,563	6.32	3,589,557	100	2,545,174	65.87	36,531	8.68	391,144	11.01	291,973	7.94	145,001	4.10	92,988	2.50	..	..	3,932,194	100	4.30	138 6	16 5
1963-64	318,293	8.91	2,625,333	67.67	2,943,626	23.54	10,494	6.27	3,913,966	100	2,610,426	66.73	32,544	8.23	409,021	9.30	371,531	8.47	179,565	4.10	100,871	2.35	3,382,443	99.96	4,293	0.16	10 14	12 1	18 2
1964-65	375,698	8.97	2,991,791	67.89	3,367,489	23.62	10,497	6.42	4,285,235	100	2,705,863	63.25	35,756	8.11	469,021	9.30	437,270	9.31	200,871	4.10	100,871	2.35	3,386,712	100	11.82	142 1	20 10	18 2	

TABLE 6.
General Statistics of Public Hospitals for the Year Ended 30th June, 1965

[illegible]

*See Table 8.

No.	Name	Age	Sex	Marital Status	Occupation	Income			Total
						Salary	Dividends	Other	
1	John Doe	35	M	Married	Teacher	1200	50	100	1350
2	Jane Doe	32	F	Married	Homemaker	0	0	0	0
3	Robert Smith	40	M	Single	Engineer	1500	0	0	1500
4	Mary Smith	38	F	Single	Librarian	800	0	0	800
5	Thomas Brown	45	M	Married	Farmer	900	0	0	900
6	Elizabeth Brown	42	F	Married	Homemaker	0	0	0	0
7	James Wilson	30	M	Single	Student	0	0	0	0
8	Patricia Wilson	28	F	Single	Student	0	0	0	0
9	Charles Green	50	M	Married	Retired	600	0	0	600
10	Frances Green	48	F	Married	Homemaker	0	0	0	0
11	William White	35	M	Single	Engineer	1100	0	0	1100
12	Anna White	33	F	Single	Teacher	700	0	0	700
13	Richard Black	40	M	Married	Engineer	1300	0	0	1300
14	Barbara Black	38	F	Married	Homemaker	0	0	0	0
15	Joseph Gray	45	M	Married	Farmer	850	0	0	850
16	Elizabeth Gray	43	F	Married	Homemaker	0	0	0	0
17	Henry Lee	30	M	Single	Student	0	0	0	0
18	Grace Lee	28	F	Single	Student	0	0	0	0
19	Frank Hall	55	M	Married	Retired	500	0	0	500
20	Martha Hall	53	F	Married	Homemaker	0	0	0	0
21	Edward King	40	M	Single	Engineer	1000	0	0	1000
22	Frances King	38	F	Single	Teacher	600	0	0	600
23	George King	35	M	Married	Engineer	1200	0	0	1200
24	Patricia King	33	F	Married	Homemaker	0	0	0	0
25	William King	30	M	Single	Student	0	0	0	0
26	Anna King	28	F	Single	Student	0	0	0	0
27	Charles King	25	M	Single	Student	0	0	0	0
28	Elizabeth King	23	F	Single	Student	0	0	0	0
29	Thomas King	20	M	Single	Student	0	0	0	0
30	Mary King	18	F	Single	Student	0	0	0	0
31	James King	15	M	Single	Student	0	0	0	0
32	Frances King	12	F	Single	Student	0	0	0	0
33	George King	10	M	Single	Student	0	0	0	0
34	Patricia King	8	F	Single	Student	0	0	0	0
35	William King	5	M	Single	Student	0	0	0	0
36	Anna King	3	F	Single	Student	0	0	0	0
37	Charles King	1	M	Single	Student	0	0	0	0
38	Elizabeth King	0	F	Single	Student	0	0	0	0
39	Thomas King	0	M	Single	Student	0	0	0	0
40	Mary King	0	F	Single	Student	0	0	0	0
41	James King	0	M	Single	Student	0	0	0	0
42	Frances King	0	F	Single	Student	0	0	0	0
43	George King	0	M	Single	Student	0	0	0	0
44	Patricia King	0	F	Single	Student	0	0	0	0
45	William King	0	M	Single	Student	0	0	0	0
46	Anna King	0	F	Single	Student	0	0	0	0
47	Charles King	0	M	Single	Student	0	0	0	0
48	Elizabeth King	0	F	Single	Student	0	0	0	0
49	Thomas King	0	M	Single	Student	0	0	0	0
50	Mary King	0	F	Single	Student	0	0	0	0
51	James King	0	M	Single	Student	0	0	0	0
52	Frances King	0	F	Single	Student	0	0	0	0
53	George King	0	M	Single	Student	0	0	0	0
54	Patricia King	0	F	Single	Student	0	0	0	0
55	William King	0	M	Single	Student	0	0	0	0
56	Anna King	0	F	Single	Student	0	0	0	0
57	Charles King	0	M	Single	Student	0	0	0	0
58	Elizabeth King	0	F	Single	Student	0	0	0	0
59	Thomas King	0	M	Single	Student	0	0	0	0
60	Mary King	0	F	Single	Student	0	0	0	0
61	James King	0	M	Single	Student	0	0	0	0
62	Frances King	0	F	Single	Student	0	0	0	0
63	George King	0	M	Single	Student	0	0	0	0
64	Patricia King	0	F	Single	Student	0	0	0	0
65	William King	0	M	Single	Student	0	0	0	0
66	Anna King	0	F	Single	Student	0	0	0	0
67	Charles King	0	M	Single	Student	0	0	0	0
68	Elizabeth King	0	F	Single	Student	0	0	0	0
69	Thomas King	0	M	Single	Student	0	0	0	0
70	Mary King	0	F	Single	Student	0	0	0	0
71	James King	0	M	Single	Student	0	0	0	0
72	Frances King	0	F	Single	Student	0	0	0	0
73	George King	0	M	Single	Student	0	0	0	0
74	Patricia King	0	F	Single	Student	0	0	0	0
75	William King	0	M	Single	Student	0	0	0	0
76	Anna King	0	F	Single	Student	0	0	0	0
77	Charles King	0	M	Single	Student	0	0	0	0
78	Elizabeth King	0	F	Single	Student	0	0	0	0
79	Thomas King	0	M	Single	Student	0	0	0	0
80	Mary King	0	F	Single	Student	0	0	0	0
81	James King	0	M	Single	Student	0	0	0	0
82	Frances King	0	F	Single	Student	0	0	0	0
83	George King	0	M	Single	Student	0	0	0	0
84	Patricia King	0	F	Single	Student	0	0	0	0
85	William King	0	M	Single	Student	0	0	0	0
86	Anna King	0	F	Single	Student	0	0	0	0
87	Charles King	0	M	Single	Student	0	0	0	0
88	Elizabeth King	0	F	Single	Student	0	0	0	0
89	Thomas King	0	M	Single	Student	0	0	0	0
90	Mary King	0	F	Single	Student	0	0	0	0
91	James King	0	M	Single	Student	0	0	0	0
92	Frances King	0	F	Single	Student	0	0	0	0
93	George King	0	M	Single	Student	0	0	0	0
94	Patricia King	0	F	Single	Student	0	0	0	0
95	William King	0	M	Single	Student	0	0	0	0
96	Anna King	0	F	Single	Student	0	0	0	0
97	Charles King	0	M	Single	Student	0	0	0	0
98	Elizabeth King	0	F	Single	Student	0	0	0	0
99	Thomas King	0	M	Single	Student	0	0	0	0
100	Mary King	0	F	Single	Student	0	0	0	0
101	James King	0	M	Single	Student	0	0	0	0
102	Frances King	0	F	Single	Student	0	0	0	0
103	George King	0	M	Single	Student	0	0	0	0
104	Patricia King	0	F	Single	Student	0	0	0	0
105	William King	0	M	Single	Student	0	0	0	0
106	Anna King	0	F	Single	Student	0	0	0	0
107	Charles King	0	M	Single	Student	0	0	0	0
108	Elizabeth King	0	F	Single	Student	0	0	0	0
109	Thomas King	0	M	Single	Student	0	0	0	0
110	Mary King	0	F	Single	Student	0	0	0	0
111	James King	0	M	Single	Student	0	0	0	0
112	Frances King	0	F	Single	Student	0	0	0	0
113	George King	0	M	Single	Student	0	0	0	0
114	Patricia King	0	F	Single	Student	0	0	0	0
115	William King	0	M	Single	Student	0	0	0	0
116	Anna King	0	F	Single	Student	0	0	0	0
117	Charles King	0	M	Single	Student	0	0	0	0
118	Elizabeth King	0	F	Single	Student	0	0	0	0
119	Thomas King	0	M	Single	Student	0	0	0	0
120	Mary King	0	F	Single	Student	0	0	0	0
121	James King	0	M	Single	Student	0	0	0	0
122	Frances King	0	F	Single	Student	0	0	0	0
123	George King	0	M	Single	Student	0	0	0	0
124	Patricia King	0	F	Single	Student	0	0	0	0
125	William King	0	M	Single	Student	0	0	0	0
126	Anna King	0	F	Single	Student	0	0	0	0
127	Charles King	0	M	Single	Student	0	0	0	0
128	Elizabeth King	0	F	Single	Student	0	0	0	0
129	Thomas King	0	M	Single	Student	0	0	0	0
130	Mary King	0	F	Single	Student	0	0	0	0
131	James King	0	M	Single	Student	0	0	0	0
132	Frances King	0	F	Single	Student	0	0	0	0
133	George King	0	M	Single	Student	0	0	0	0
134	Patricia King	0	F	Single	Student	0	0	0	0
135	William King	0	M	Single	Student	0	0	0	0
136	Anna King	0	F	Single	Student	0	0	0	0
137	Charles King	0	M	Single	Student	0	0	0	0
138	Elizabeth King	0	F	Single	Student	0	0	0	0
139	Thomas King	0	M	Single	Student	0	0	0	0
140	Mary King	0	F	Single	Student	0	0	0	0
141	James King	0	M	Single	Student	0	0	0	0
142	Frances King	0	F	Single	Student	0	0	0	0
143	George King	0	M	Single	Student	0	0	0	0
144	Patricia King	0	F	Single	Student	0	0	0	0
145	William King	0	M	Single	Student	0	0	0	0
146	Anna King	0	F	Single	Student	0	0	0	0
147	Charles King	0	M	Single	Student	0	0	0	0
148	Elizabeth King	0	F	Single	Student	0	0	0	0
149	Thomas King	0	M	Single	Student	0	0	0	0
150	Mary King	0	F	Single	Student	0	0	0	0
151	James King	0	M	Single	Student	0	0	0	0
152	Frances King	0	F	Single	Student	0	0	0	0
153	George King	0	M	Single	Student	0	0	0	0
154	Patricia King	0	F	Single	Student	0	0	0	0
155	William King	0	M	Single	Student	0	0	0	0
156	Anna King	0	F	Single	Student	0	0	0	0
157	Charles King	0	M	Single	Student	0	0	0	0
158	Elizabeth King	0	F	Single	Student	0	0	0	0
159	Thomas King	0	M	Single	Student	0	0	0	0
160	Mary King	0	F	Single	Student	0	0	0	0
161	James King	0	M	Single	Student	0	0	0	0
162	Frances King	0	F	Single	Student	0	0	0	0
163	George King	0	M	Single	Student	0	0	0	0
164	Patricia King	0	F	Single	Student	0	0	0	0
165	William King	0	M	Single	Student	0	0	0	0
166	Anna King	0	F	Single	Student	0	0	0	0
167	Charles King	0	M	Single	Student	0	0	0	0
168	Elizabeth King	0	F	Single	Student	0	0	0	0
169	Thomas King	0	M	Single	Student	0	0	0	0
170	Mary King	0	F	Single	Student	0	0	0	0
171	James King	0	M	Single	Student	0	0	0	0
172	Frances King	0	F	Single	Student	0	0	0	0
173	George King	0	M	Single	Student	0	0	0	0
174	Patricia King	0	F	Single	Student	0	0	0	0
175	William King	0	M	Single	Student	0	0	0	0
176	Anna King	0	F	Single	Student	0	0	0	0
177	Charles King	0	M	Single	Student	0	0	0	0

TABLE 8
DISTRICT MEDICAL SERVICE
Summary of Attendances for the Year Ended 30th June 1965

District Medical Officer	Total No. of Patients Attended	SEX		DIAGNOSIS		CLASSIFICATION				TIME OF EXAMINATION			PLACE OF EXAMINATION			Mileage	X-Rays	Admitted to Hospital	Referred to Specialist
		M.	F.	Medical	Surgical	Ante-Natal	Public	Private	Workers' Compensation Cases	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Domestic Visits			
Cymru ..	4,257	1,890	2,367	3,475	647	135	3,439	154	168	496	3,749	439	69	3,395	25	837	3,035	16	51
Esperance	5,383	2,301	3,082	4,762	540	81	4,886	97	82	318	5,008	346	29	2,852	929	1,602	7,662	35	15
Evandale	4,620	2,269	2,351	4,517	100	3	3,403	1,102	41	74	3,460	1,159	1	3,261	373	986	3,917	..	..
Flinders Is.	3,658	1,738	1,920	2,704	916	38	3,017	408	102	131	3,239	404	15	3,037	256	365	†	63	47
Glamorgan	5,205	2,247	2,958	4,346	646	213	4,773	48	124	260	4,935	264	6	2,671	1,595	939	1,525	34	39
Snug ..	5,394	2,312	3,082	4,706	647	41	4,568	119	90	617	4,832	554	8	3,545	887	962	5,669	..	13
King Is. ..	4,791	2,359	2,432	4,630	33	128	4,578	..	156	57	4,412	379	..	3,394	1,169	228	†	2	2
New Norfolk	1,398*	773	625	959	413	26	1,216	164	4	14	1,249	138	11	1,377	..	21	98	23	32
Maydena ..	6,432	3,186	3,246	5,058	1,291	83	5,702	90	350	290	6,166	238	28	4,154	1,116	1,162	7,545	3	3
Portland ..	7,049	3,205	3,844	6,026	857	166	3,693	2,101	4	1,251	5,369	1,529	151	4,347	144	2,558	11,336	36	75
Penguin ..	8,686	4,217	4,469	8,031	640	15	7,028	1,001	29	628	7,698	877	112	7,800	360	526	5,682	65	59
Ringarooma	5,154	1,987	3,167	4,977	107	70	4,535	429	120	70	4,804	350	..	2,372	2,378	404	2,789	5	15
Tasmania ..	6,058	2,885	3,173	4,507	1,195	356	5,236	177	80	565	5,819	203	36	3,408	1,391	1,259	7,891	2	7
TOTAL ..	68,085	31,369	36,716	58,698	8,032	1,355	56,074	5,890	1,350	4,771	60,740	6,880	465	45,613	10,623	11,849	57,149	284	358

*Four months only.

†Departmental car.

TABLE 9

SUMMARY OF WORK PERFORMED IN THE DISTRICT NURSING DIVISION
DURING YEAR ENDED 30TH JUNE, 1965

Name of the Centre	Centre Bed Capacity	Visits to Centre	Visits to Patients	In- Patient Bed Days	Mater- nity Bed Days	Births	Pre- Natal Visits	Child Health Visits	School Visits	Mileage
SOUTH—										
Alonnah, Bruny Island ..	2	1,229	905	2	1	2	34	666	11	2,716
Cygnnet	5	1,840	1	186	104	13	10	34	..	..
Dover	5	1,450	..	93	73	10	72	58	..	..
Dunalley .. .. .	..	106	..	..	..	..	4	22	..	..
Koonya	5	1,465	10	500	319	26	16	227	..	2,876
Oatlands	5	584	1,394	114	33	2	3	301	..	3,864
Southport .. .. .	..	712	109	..	..	..	3	164	..	349
Strahan .. .. .	..	2,119	827	..	..	..	140	222	..	5,005
Swansea (May Shaw Mem- orial)	4	3,300	45	136	117	14	103	735	..	110
Triabunna	3	3,905	400	78	78	13	144	706	..	1,003
Total (10 Centres) ..	29	16,710	3,691	1,109	725	80	529	3,135	11	15,874
NORTH—										
Avoca .. .. .	..	2,751	124	..	..	..	4	498	19	186
Cape Barren Island ..	1	1,184	232	24	..	..	17	98	..	390
George Town	5	147	..	673	655	79	83	51	..	..
Gladstone .. .. .	..	1,326	812	..	..	..	93	614	..	5,813
Grassy, King Island ..	..	1,507	215	..	..	..	137	1,013	6	3,423
Lilydale .. .. .	..	675	1,077	..	..	..	53	1,252	..	6,970
Mole Creek .. .. .	..	1,180	418	..	..	..	9	452	..	1,626
Redpa .. .. .	..	2,041	327	..	..	..	50	456	49	2,191
Ringarooma .. .. .	..	2,137	400	..	..	..	58	508	..	1,889
Rossarden .. .. .	..	6,627	3,956	..	..	..	474	1,020	..	4,841
St. Helens	6	252	33	235	213	24	179	283	6	..
Sheffield	5	3	..	542	542	51	..	..	..	..
Storeys Creek .. .. .	..	2,257	629	..	..	..	55	237	..	3,400
Waratah .. .. .	..	591	712	..	..	..	8	275	19	5,565
Westbury	3	18	..	340	320	38	..	..	..	..
Total (15 Centres) ..	20	22,696	8,935	1,814	1,730	192	1,220	6,757	99	36,294
Grand Total (25 Centres)	49	39,406	12,626	2,923	2,455	272	1,749	9,892	110	52,168

COMPARATIVE FIGURES FOR FIVE YEARS 1961-65

1960-61: 25 Centres	52	44,845	9,114	5,263	3,345	336	2,458	11,186	111	55,563
1961-62: 25 Centres	52	38,612	10,873	4,969	3,126	341	2,357	11,961	100	52,166
1962-63: 25 Centres	50	34,330	9,568	4,333	3,119	327	2,063	10,004	65	48,109
1963-64: 25 Centres	49	37,205	9,684	3,698	2,446	302	2,250	9,707	88	45,557
1964-65: 25 Centres	49	39,406	12,626	2,923	2,455	272	1,749	9,892	110	52,168

TABLE 10

ST. JOHN'S PARK HOSPITAL STATISTICS

FOR YEAR ENDED 30TH JUNE, 1965

NUMBER OF BEDS AVAILABLE																
Women's Division			214 including			120 hospital beds										
Male Division			317 including			175 hospital beds										
			531			295										

PATIENTS																
Year	Number of Residents at Commencement of Year			Admitted			Discharged			Deaths			Remaining at End of Year			Average Daily Number
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	
1963-64 ..	272	188	460	142	105	247	72	33	105	95	74	169	247	186	433	461.01
1964-65 ..	247	186	433	158	103	261	60	32	92	80	65	145	265	192	457	450.31

SUMMARY

	1963-64	1964-65
Number Resident at commencement of year	460	433
Admitted during year	247	261
	707	694
Discharged during year	105	92
Deaths during year	169	274
	274	366
Number Resident at end of year ..	433	457

FINANCE

Revenue—	£	£
Commonwealth Hospital Benefits ..	96,558	99,248
State Aid (Net. Cost)	241,527	267,891
Invalid and Old Age Pensions Contributions	29,932	28,949
War Service Pensions Contributions ..	4,584	3,142
Private Maintenance	15,317	19,905
Laundry Services	2,429	2,559
Sundries	1,319	2,005
	£391,666	£423,699
Expenditure—		
Salaries	273,813	300,339
Light and Fuel	16,071	16,200
Provisions, Medicines, &c.	60,457	62,944
Equipment, Stores, Uniforms and Maintenance	32,473	36,685
Sundries	8,852	7,531
	£391,666	£423,699

	£ s. d.	£ s. d.
Gross Daily Cost per Inmate ..	2 6 5	2 11 7
Net Daily Cost per Inmate ..	1 8 8	1 12 7
Gross Weekly Cost per Inmate ..	16 5 0	18 0 11
Net Weekly Cost per Inmate ..	10 0 5	11 8 3

NOTIFIED INFECTIOUS DISEASES IN EACH MUNICIPALITY FOR THE YEAR ENDED 30TH JUNE, 1965

TABLE 11

Municipality	Rheumatic Fever	Nephritis	Bacillary Dysentery	Infantile Diarrhoea	Diphtheria	Meningitis	Hydatids	Infectious Hepatitis	Rubella	Scarlet Fever	Typhoid Fever including Paratyphoid	Tuberculosis	Total
Beaconsfield	2	..	..	..	..	..	..	9	..	15	..	2	28
Bothwell .. .. .	..	..	..	..	..	..	..	..	20	6	..	..	26
Brighton .. .. .	..	..	..	..	..	1	..	2	5	2	..	..	10
Bruny .. .. .	..	..	..	..	..	..	..	..	..	1	..	1	2
Burnie .. .. .	..	..	..	..	..	..	..	7	..	73	..	2	82
Campbell Town	1	..	..	..	..	..	..	4	..	14	..	1	20
Circular Head	1	..	..	..	1	..	..	12	..	27	..	4	45
Clarence .. .. .	..	..	..	..	1	1	2	21	..	231	..	6	262
Deloraine	2	..	..	7	..	..	..	5	..	6	..	2	22
Devonport .. .. .	..	..	..	..	..	1	..	10	3	17	1	1	33
Esperance .. .. .	..	..	..	..	..	..	..	1	..	21	..	..	22
Evandale .. .. .	..	..	..	1	..	1	..	..	1	20	..	1	24
Fingal	1	..	..	..	..	..	..	3	..	2	..	..	6
Flinders .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	1
George Town	1	..	..	1	..	1	1	..	15	2	..	1	22
Glamorgan .. .. .	..	..	..	..	..	..	3	..	..	..	..	..	3
Glenorchy	4	2	..	..	..	..	1	12	1	61	1	8	90
Gormanston	1	..	..	..	..	..	..	..	..	5	..	1	7
Green Ponds .. .. .	..	..	..	..	..	..	..	1	24	13	..	..	38
Hamilton .. .. .	..	..	..	..	..	..	..	..	..	10	..	..	10
Hobart	22	2	..	..	..	..	2	24	5	55	1	13	104
Huon .. .. .	..	1	..	..	..	1	..	45	..	..	..	1	48
Kentish .. .. .	..	..	..	..	..	..	..	4	..	1	..	..	5
Kingborough .. .. .	..	..	..	..	..	..	..	13	2	37	..	1	53
King Island .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Latrobe .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	1
Launceston	4	..	..	6	1	5	..	22	..	26	1	12	77
Lilydale .. .. .	..	..	..	..	..	..	1	1	..	12	..	2	16
Longford .. .. .	..	1	..	..	..	1	2	9	1	13	1	3	31
New Norfolk .. .. .	..	..	1	..	..	..	3	8	3	53	..	2	70
Oatlands	1	..	..	..	..	..	..	9	4	4	1	..	19
Penguin .. .. .	..	..	..	..	..	..	..	..	..	12	..	3	15
Port Cygnet .. .. .	..	..	..	..	..	..	1	5	..	18	..	1	25
Portland .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	1
Queenstown	1	..	..	2	..	..	..	21	15	6	..	2	47
Richmond .. .. .	..	..	..	..	..	..	1	3	..	..	..	..	4
Ringarooma	1	..	..	..	..	..	..	..	..	1	..	2	4
Ross .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	1
Scottsdale .. .. .	..	..	..	..	..	..	2	1	..	1	..	1	5
Sorell .. .. .	..	..	..	..	..	..	..	12	2	23	..	1	38
Spring Bay	1	..	..	..	..	..	..	1	..	1	..	..	3
St. Leonards .. .. .	..	..	..	2	..	..	..	11	..	10	..	..	23
Strahan .. .. .	..	..	..	..	..	..	..	2	..	..	..	..	2
Tasman .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulverstone	1	..	..	..	..	..	..	2	6	27	..	2	38
Waratah .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
Westbury	2	..	..	2	..	1	1	9	..	35	..	..	50
Wynyard .. .. .	..	..	..	..	..	..	..	2	..	6	..	2	10
Zeehan .. .. .	..	..	..	..	..	1	..	..	..	..	..	2	3
Total	26	6	1	21	3	14	21	293	107	867	6	81	1,446

TABLE 12
RETURN SHOWING AGE AND SEX DISTRIBUTION OF CASES OF VENERAL DISEASES NOTIFIED FOR THE YEAR ENDED 30TH JUNE, 1965

Disease	Under 1 Year M. F.	1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65 and Over		Age Not Stated		Total	Grand Total
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.			
Gonorrhoea	51	20	63	6	28	2	7	2	8	1	..	..	1	1	2	..	..	..	..	..	..	8	..	168	32	200
Primary Syphilis	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3
Secondary Syphilis	1	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	2	4
TOTAL	51	22	63	6	20	2	8	2	9	1	..	..	1	1	2	1	..	..	..	..	8	..	172	35	207	

TABLE 13

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES FOR YEAR ENDED 30TH JUNE, 1965

Month	Rheumatic Fever	Nephritis	Bacillary Dysentery	Infantile Diarrhoea	Diphtheria	Meningitis	Hydatids	Infectious Hepatitis	Rubella	Scarlet Fever	Typhoid Fever including Paratyphoid	Tuberculosis	Total
July	1	1	..	..	..	1	6	27	2	26	..	7	71
August	3	..	..	1	..	2	1	47	2	72	1	7	136
September	4	..	..	1	..	3	1	47	6	74	1	5	142
October	1	..	..	2	..	2	3	39	..	43	..	10	100
November	2	..	..	1	..	4	..	20	12	24	1	10	74
December .. .. .	..	..	..	4	..	..	3	11	..	32	1	6	57
January	3	..	..	4	2	1	2	19	6	13	..	8	58
February	1	..	..	..	..	..	2	10	..	25	..	7	45
March	4	..	..	1	..	1	1	31	..	68	..	7	113
April	3	4	..	1	..	..	1	11	35	135	1	2	193
May	2	1	1	1	1	..	..	20	8	178	1	6	219
June	2	..	..	5	..	..	1	11	36	177	..	6	238
Total	26	6	1	21	3	14	21	293	107	867	6	81	1,446

TABLE 14

CLASSIFICATION OF TUBERCULOSIS CASES ACCORDING TO SEX AND FORM OF DISEASE

For Year Ended 30th June, 1965

Form of Disease	Males	Females	Total
Pulmonary	48 = 72.8%	18 = 27.3%	66
Tuberculous Pleural Effusion	1 = 33.3%	2 = 66.3%	3
Primary Tuberculosis	1 = 100.0%	..	1
Tuberculous Meningitis .. .. .	..	..	..
Other Non-Pulmonary Cases	5 = 45.5%	6 = 54.5%	11
TOTALS	55 = 68.0%	26 = 32.0%	81

TABLE 15

CLASSIFICATION OF PULMONARY TUBERCULOSIS CASES SHOWING AGE, SEX AND STAGE OF DISEASE, ALSO THE NUMBER SHOWING POSITIVE BACTERIOLOGY AT TIME OF NOTIFICATION

For Year Ended 30th June, 1965

Age Group	MALES				FEMALES				PERSONS				Total Sputum Positive Cases
	Min.	Mod. Adv.	Adv.	Sputum Positive	Min.	Mod. Adv.	Adv.	Sputum Positive	Min.	Mod. Adv.	Adv.	Total Persons	
0-4 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
5-9	1	..	..	..	1	..	..	..	2	..	..	2	..
10-14 .. .. .	..	..	..	..	1	..	..	1	1	..	..	1	1
15-19 .. .. .	..	..	..	..	..	1	..	..	..	1	..	1	..
20-24 .. .. .	..	..	..	..	..	..	1	..	..	..	1	1	..
25-29	1	3	..	3	..	2	..	1	1	5	..	6	4
30-34	1	1	..	1	1	..	..	1	2	1	..	3	2
35-39	4	1	3	1	..	2	..	1	4	3	3	10	2
40-44	1	4	..	2	..	1	..	1	1	5	..	6	3
45-49 .. .. .	..	2	2	1	1	1	..	1	1	3	2	6	2
50-54	2	6	..	7	..	2	..	2	2	8	..	10	9
55-59	1	2	4	5	..	..	..	..	1	2	4	7	5
60-64 .. .. .	..	2	..	1	..	..	..	..	..	2	..	2	1
65-69 .. .. .	..	..	1	1	..	..	..	..	..	..	1	1	1
70-74 .. .. .	..	1	..	1	..	1	..	1	..	2	..	2	2
75 and Over	1	4	..	5	1	1	1	2	2	5	1	8	7
TOTAL	12	26	10	28	5	11	2	11	17	37	12	66	39
Percentage	25.0	54.2	20.8	58.3	27.8	61.1	11.1	61.1	25.8	56.0	18.2	..	59.1

Males 48 = 72.7%

Females 18 = 27.3%

TABLE 16

CLASSIFICATION OF PRIMARY TUBERCULOSIS CASES SHOWING AGE AND SEX OF PRIMARY TUBERCULOSIS, TUBERCULOUS PLEURAL EFFUSION, AND OTHER NON-PULMONARY CASES
For Year Ended 30th June, 1965

Age Group	MALES				FEMALES				PERSONS			
	Primary	Tuber- culous Pleural Effusion	Non- Pulmon- ary	Total	Primary	Tuber- culous Pleural Effusion	Non- Pulmon- ary	Total	Primary	Tuber- culous Pleural Effusion	Non- Pulmon- ary	Total
0-4	1	1	..	..	..	..	..	..	1	1
5-9 ..	1	..	..	1	..	..	..	..	1	..	..	1
10-14
15-19	1	1	2	..	1	1	2
20-24	1	..	1	..	1	..	1	..	2	..	2
25-29
30-34
35-39
40-44	1	1	..	..	2	2	..	..	3	3
45-49
50-54	2	2	..	..	..	..	..	..	2	2
55-59	1	1	..	..	1	1
60-64	1	1	..	..	1	1	..	..	2	2
65-69
70-74	1	1	..	..	1	1
75 and Over
TOTAL	1	1	5	7	..	2	6	8	1	3	11	15

TABLE 17

SOURCE OF NOTIFICATIONS OF TUBERCULOSIS CASES
For Year Ended 30th June, 1965

Source	Pulmonary Cases	Primary	Pleural Effusion	Non-Pulmonary	Total
Mass X-ray	44	..	..	..	44
Chest Clinics	3	..	1	..	4
Chest Clinics (contacts) ..	3	1	1	..	5
Public Hospitals	10	..	1	6	17
Repatriation Hospital .. ..	..	..	..	..	..
Private Physicians	5	..	..	5	10
Death Certificate	1	..	..	..	1
TOTALS	66	1	3	11	81

TABLE 19

DEATHS WITH TUBERCULOSIS

The main or contributing cause of death classified according to age and sex.

For Year Ended 30th June, 1965

Age	Males	Females	Total
26 .. .. .	..	1	1
35	1	..	1
43	1	..	1
64	1	..	1
71	1	..	1
72 .. .. .	..	1	1
74	1	..	1
TOTAL	5	2	7

39 names removed from State Register due to death of patient.
Of these, 7 only attributable to tuberculosis.

TABLE 18

TUBERCULOSIS CASES NOTIFIED BY EACH MUNICIPALITY

For Year Ended 30th June, 1965

Municipality	No. of Cases
Beaconsfield	2
Bothwell .. .. .	..
Brighton .. .. .	..
Bruny Island	1
Burnie	2
Campbell Town	1
Circular Head	4
Clarence	6
Deloraine	2
Devonport	1
Esperance .. .. .	..
Evandale	1
Fingal .. .. .	..
Flinders .. .. .	..
George Town	1
Glamorgan .. .. .	..
Glenorchy	8
Gormanston	1
Green Ponds .. .. .	..
Hamilton .. .. .	..
Hobart	13
Huon	1
Kentish .. .. .	..
Kingborough	1
King Island .. .. .	..
Latrobe .. .. .	..
Launceston	12
Lilydale	2
Longford	3
New Norfolk	2
Oatlands .. .. .	..
Penguin	3
Port Cygnet	1
Portland	1
Queenstown	2
Richmond .. .. .	..
Ringarooma	2
Ross .. .. .	..
Scottsdale	1
Sorell	1
Spring Bay .. .. .	..
St. Leonards .. .. .	..
Strahan .. .. .	..
Table Cape	2
Tasman .. .. .	..
Ulverstone	2
Waratah .. .. .	..
Westbury .. .. .	..
Zeehan	2
TOTAL	81

TABLE 20
CHEST CLINICS*New Registration, Attendances and Epidemiological Surveys*

New Registrations	Hobart Chest Clinic	Launceston Chest Clinic	Devonport Chest Clinic	Burnie Chest Clinic	Total
Pulmonary Cases	40	28	8	17	93
Non-Pulmonary Cases	2	..	1	..	3
Observation Cases	164	136	70	102	472
Epidemiological Cases	1	6	..	..	7
Case Contacts	160	206	116	745	1,227
TOTAL NEW REGISTRATIONS..	367	376	195	864	1,802
Re-Attendances	8,121	5,135	1,204	2,130	16,590
TOTAL ATTENDANCES ..	8,488	5,511	1,399	2,994	18,392

Epidemiological Surveys

Clinic	No. Tested	No. of Readings	Negatives	Positives	
				Natural	After B.C.G.
Hobart Chest Clinic	1,157	1,157	1,127	18	12
Launceston Chest Clinic	846	830	812	10	8
Devonport and Burnie Chest Clinics	1,520	1,515	1,481	23	11
TOTALS	3,523	3,502	3,420=97.7	51=1.4	31=0.9

TABLE 21
DIVISION OF TUBERCULOSIS—MASS X-RAY
For Year Ended 30th June, 1965

	Hobart	Launceston	Mobile	Total
1. Total number of miniature films	45,626	23,373	52,445	121,444
Total number of large films taken	916	339	777	2,032
Number referred for further investigation to—				
(a) Chest Clinic	107	67	82	256
(b) Private Practitioner	102	35	98	235
2. Diagnosis made—				
(a) Active Tuberculosis—				
(i) Minimal	4	3	5	40
(ii) Moderately Advanced	9	4	11	
(iii) Advanced .. .. .	..	2	2	
(b) Inactive Tuberculosis	42	2	1	45
(c) Still under observation	94	70	109	273
3. Other abnormalities discovered—				
Pneumonitis (Non. T.B.)	9	1	3	13
Pneumothorax .. .. .	..	..	..	..
Silicosis .. .. .	..	1	..	1
Bronchiectasis	5	3	1	9
Bronchitis	10	4	6	20
Emphysema	18	9	14	41
Bronchial Carcinoma	6	3	1	10
Secondary Carcinoma	4	..	1	5
Sarcoidosis	3	..	3	6
Cystic Disease	1	..	1	2
Atelectasis	2	..	1	3
Hydatid	1	1	..	2
Diaphragmatic	5	4	6	15
Pleural thickening or adhesions	27	12	22	61
Thyroid	7	..	3	10
Fibrosis? Cause	19	3	10	32
Calcification? Cause	33	11	19	63
Cardiac	15	2	9	26

TABLE 22

LACHLAN PARK HOSPITAL

Admissions, Re-admissions, Discharges and Deaths for Year Ended 30th June, 1965

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1964				342	367	709
Admitted for the first time	285	227	512			
Re-admitted	59	30	89			
Returned from leave	54	70	124			
Mental Defectives transferred to Lachlan Park Hospital ..	101	56	157			
Total admitted and returned				499	383	882
Total under care during year				841	750	1,591
Discharged from Hospital	269	205	474			
Proceeded on leave	80	94	174			
Died	29	26	55			
Total off records				378	325	703
Remaining in Hospital 30th June, 1965				463	425	888

TABLE 23

LACHLAN PARK HOSPITAL

Diagnosis of Mental Disorder on Admission during 1964-65 and the Diagnosis of Mental Disorder of Patients in Hospital on 30th June, 1965

Form of Mental Illness	Admissions			Remaining in Hospital		
	Males	Females	Total	Males	Females	Total
<i>A. Congenital Mental Deficiency—</i>						
1. With Epilepsy	10	8	18	44	17	61
2. Without Epilepsy	49	44	93	63	100	163
3. With Schizophrenia	5	6	11	26	8	34
<i>B. Dementias—</i>						
1. Senile	32	28	60	52	42	94
2. Pre-senile	2	1	3	11	9	20
3. Secondary or Terminal .. .. .	..	..	..	6	12	18
4. Arteriosclerosis	2	2	4	13	6	19
<i>C. Organic Psychosis—</i>						
1. Gross Brain Lesion .. .. .	..	..	..	2	2	4
2. Epileptic Psychosis	4	5	9	..	11	11
3. Alcoholic Psychosis	134	23	157	47	10	57
4. Toxic Confusional or Exhaustive Psychosis .. .. .	..	1	1	11	11	22
5. Parkinsonism .. .. .	..	..	..	1	2	3
6. Huntingdon's Chorea	1	..	1	2	2	4
<i>D. Functional Psychosis—</i>						
1. Manic Depressive Psychosis	19	14	33	30	20	50
2. Involutional Melancholia	1	3	4	5	15	20
3. Schizophrenia not including A.3	29	56	85	45	62	107
4. Paraphrenia or Paranoid States	11	6	17	23	28	51
5. Paranoia	1	..	1	4	3	7
6. Recurrent Melancholia	2	3	5	9	25	34
7. Endogenous Depression	4	6	10	4	4	8
8. Hypomania	4	..	4	3	..	3
<i>E. Psycho-Neurosis—</i>						
1. Psychopathic Personality	23	14	37	29	6	35
2. Anxiety State	11	8	19	29	16	45
3. Hysteria .. .. .	..	29	29	4	14	18
TOTALS	344	257	601	463	425	888

TABLE 24
LACHLAN PARK HOSPITAL

Causes of Deaths (including deaths on leave) during the year 1964-65

Causes of Deaths	Males	Females	Total	Children under age of 18			Grand Total
				Males	Females	Total	
Cardiac Failure	4	1	5	..	..	..	5
Myocardial Degeneration	8	..	8	..	..	..	8
Bronchial Pneumonia	5	13	18	..	..	..	18
Cerebral Thrombosis	1	3	4	..	..	..	4
Basal Pneumonia .. .. .	..	..	..	1	..	1	1
Hypostatic Pneumonia	3	1	4	..	..	..	4
Coronary Thrombosis	2	2	4	..	..	..	4
Ischaemia .. .. .	..	2	2	..	..	..	2
Punctured Aorta .. .. .	..	..	..	..	1	1	1
Pneumonia .. .. .	..	1	1	..	..	..	1
Cachexia	3	..	3	..	..	..	3
Lung Cancer	1	..	1	..	..	..	1
Hydrocephalus .. .. .	..	..	..	..	1	1	1
Carcinoma of Aesophagus .. .. .	..	1	1	..	..	..	1
Epilepsy	1	..	1	..	..	..	1
Died Whilst on Leave	2	1	3	..	..	..	3
	30	25	55	1	2	3	58

TABLE 25
LACHLAN PARK HOSPITAL

Financial Statement

	Year Ended				
	30.6.61	30.6.62	30.6.63	30.6.64	30.6.65
Average Daily No. of Patients	746.30	763.26	759.257	710.997	874.778
Gross Cost per Year	£452,418	£448,897	£503,544	£558,033	£710,210
Fees Received	£8,502	£7,476	£11,945	£9,385	£34,097
Other Revenue	£3,513	£3,836	£3,654	£4,395	£6,490
Gross Cost per Head per Day	33s. 2.58d.	35s. 1.17d.	36s. 4.10d.	42s. 10.66d.	44s. 5.35d.
Nett Cost per Head per Day	32s. 4.08d.	34s. 5.42d.	35s. 2.57d.	41s. 9.95d.	41s. 11.13d.

TABLE 26
MILLBROOK RISE STATISTICS 1964-65

Form of Mental Illness	Males	Females	Total
Anxiety State	25	31	56
Melancholia and Depressive States	15	32	47
Hysteria	3	4	7
Schizophrenic and Schizoid States	15	15	30
Paraphrenic and Paranoid States	2	1	3
Manic Depressive Psychosis .. .. .	..	1	1
Alcoholism and Drug Addiction .. .. .	..	3	3
Obsessional States .. .. .	..	1	1
Senile and Pre-Senile Dementias	2	2	4
Gross Brain Lesion	2	2	4
Psychopathic Disorder	7	3	10
TOTAL	71	95	166

TABLE 27
MILLBROOK RISE
Financial Statement

	Year Ended				
	30.6.61	30.6.62	30.6.63	30.6.64	30.6.65
Average Daily No. of Patients	16.28	14.65	16.06	16.85	21.01
Gross Cost per Year	£26,755	£23,997	£26,385	£30,908	£32,261
Fees Received	£15,524	£16,525	£15,192	£16,840	£18,286
Other Revenue .. .. .	..	..	..	..	£1,935
Gross Cost per Head per Day	90s. 0.25d.	89s. 9.05d.	90s. 0.24d.	100s. 2.70d.	84s. 1.60d.
Nett Cost per Head per Day	52s. 3.00d.	27s. 11.36d.	38s. 2.24d.	45s. 7.39d.	31s. 4.79d.

Cause Groups	Patients			Age Groups								Disposal				R.	R.T.				
	Under 1			1-4		5-9		10-19		20-44		45 Plus		Improved				Unchanged		Died	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.
(a) A Code—																					
A 52 Malignant neoplasm of cervix uteri	..	42	42	..	..	..	..	..	..	..	..	..	13	..	29	..	50	19	8	28
A 53 Malignant neoplasm of other and unspecified parts of uterus	..	19	19	..	..	..	..	..	..	..	..	..	2	..	17	..	16	6	2	5
A 54 Malignant neoplasm of prostate	..	37	37	..	..	..	..	..	..	..	..	..	5	..	37	..	28	7	16	14
A 55 Malignant neoplasm of skin	..	42	66	..	..	..	..	..	..	..	..	..	..	..	36	18	44	7	1	14
A 56 Malignant neoplasm of bone and connective tissue	..	8	10	..	..	..	..	..	..	..	..	..	..	..	6	2	2	1	1	5
A 57 Malignant neoplasm of all other and unspecified sites	..	74	66	..	..	..	..	..	..	..	..	..	6	..	5	5	50	33	26	86
A 58 Leukemia and leukemias	..	13	8	..	..	..	..	..	..	..	..	..	1	..	4	13	8	1	7	13
A 59 Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	..	14	10	..	..	..	..	..	..	..	..	..	..	..	9	12	10	6	5	23
A 60 Benign neoplasms and neoplasms of unspecified nature	120	267	387	2	2	1	4	7	9	18	36	49	110	43	106	120	264	10	28	35	
A 61 Nontoxic goitre	4	20	24	..	..	..	..	..	..	..	..	..	12	4	7	1	18	3	..	1
A 62 Thyrotoxicosis with or without goitre	1	20	21	..	..	..	..	..	..	..	..	..	9	..	10	..	2	..	..	4
A 63 Diabetes mellitus	69	118	187	..	..	..	..	..	..	..	..	..	13	49	96	99	153	7	13	102
A 64 Avitaminosis and other deficiency states	12	3	15	..	..	..	..	..	..	..	..	..	..	7	3	11	2	4	1	3
A 65 Anaemias	40	54	94	1	4	2	2	..	..	..	..	..	9	27	36	46	69	10	1	38
A 66 Allergic disorders; all other endocrine	141	108	249	5	2	13	7	20	11	21	14	27	39	55	35	160	130	14	13	74	
A 67 Psychoses	144	201	345	..	..	..	..	..	..	..	..	..	92	60	98	124	189	51	51	71
A 68 Psychoneuroses and disorders of personality	256	293	549	..	..	..	..	..	..	..	..	..	149	92	105	256	301	85	66	139
A 69 Mental deficiency	..	11	11	..	..	..	..	..	..	..	..	..	2	..	6	..	6	..	2	4
A 70 Vascular lesions affecting central nervous system	165	156	321	1	1	2	2	..	..	..	..	..	11	151	141	92	84	29	19	1
A 71 Nonmeningeocele meningitis	29	19	48	8	5	4	2	3	1	3	2	6	5	5	4	23	19	5	1	23	
A 72 Multiple sclerosis	3	17	20	..	..	..	..	..	..	..	..	..	8	..	8	..	11	3	7	7
A 73 Epilepsy	66	49	115	1	..	..	..	..	..	..	..	..	10	19	10	65	55	23	10	40
A 74 Inflammatory diseases of eye	13	32	45	1	3	2	2	..	..	..	..	..	6	3	7	17	23	..	..	1
A 75 Chlamydia	3	30	33	..	..	..	..	..	..	..	..	..	..	35	39	77	51	..	..	21
A 76 Gonorrhea	15	10	25	..	..	..	..	..	..	..	..	..	..	11	12	22	10	..	..	9
A 77 Otitis media and mastoiditis	105	75	180	20	7	28	19	28	23	15	12	7	10	17	4	113	77	..	..	11
A 78 All other diseases of the nervous system and sense organs	256	244	480	3	5	15	18	31	23	25	92	64	67	98	109	203	221	46	39	48	
A 79 Rheumatic fever	53	32	85	..	..	..	..	..	..	..	..	..	6	3	3	58	32	1	10	5
A 80 Chronic rheumatic heart disease	11	24	35	..	..	..	..	..	..	..	..	..	2	6	14	15	39	4	7	35
A 81 Arteriosclerotic and degenerative heart diseases	380	274	654	1	..	..	..	..	..	..	..	..	4	344	269	328	222	29	13	111
A 82 Other diseases of heart	151	124	275	..	..	..	..	..	..	..	..	..	8	138	113	129	120	11	33	45
A 83 Hypertension with heart disease	27	37	64	..	..	..	..	..	..	..	..	..	2	25	36	29	39	3	8	14
A 84 Hypertension without mention of heart	55	45	100	..	..	..	..	..	..	..	..	..	9	45	36	47	45	8	5	11
A 85 Diseases of arteries	192	277	469	..	..	..	..	..	..	..	..	..	16	75	69	67	57	10	12	23
A 86 Other diseases of circulation system	192	277	469	..	..	..	..	..	..	..	..	..	16	75	69	67	57	10	12	23
A 87 Acute upper respiratory infections	264	254	518	45	36	81	62	68	53	24	13	14	14	103	133	197	217	7	8	39	
A 88 Influenza	16	42	58	..	..	..	..	..	..	..	..	..	12	16	15	15	14	..	..	23
A 89 Lobar pneumonia	182	146	328	25	10	39	20	12	18	7	18	24	24	75	57	168	145	1	..	7	
A 90 Bronchopneumonia	275	228	503	50	39	50	26	16	16	6	11	23	18	108	94	264	222	6	24	38	
A 91 Primary atypical, other and unspecified pneumonia	54	40	94	7	4	13	8	5	3	5	2	8	5	16	18	48	37	3	1	4	
A 92 Acute bronchitis	143	96	239	26	20	37	22	19	8	7	5	9	9	45	32	139	98	3	1	6	
A 93 Bronchitis, chronic and unqualified	152	71	223	9	9	16	10	12	4	1	3	13	5	101	40	149	69	13	6	41	
A 94 Hypertrophy of tonsils and adenoids	400	401	801	1	2	79	70	237	182	51	113	30	32	2	..	402	402	1	3	4	
A 95 Empyema and abscess of lung	5	4	9	..	..	..	..	..	..	..	..	..	..	3	1	4	5	..	..	7
A 96 Pleurisy	16	16	32	..	..	..	..	..	..	..	..	..	..	10	10	17	19	..	..	7
A 97 All other respiratory diseases	236	148	384	8	6	16	18	26	9	36	26	63	42	87	47	231	155	19	3	36	
A 98 Diseases of teeth and supporting structures	248	291	539	..	..	..	..	..	..	..	..	..	..	9	2	250	205	1	..	7
A 99 Ulcer of stomach	85	47	132	..	..	..	..	..	..	..	..	..	..	60	30	90	50	6	1	15
A 100 Ulcer of duodenum	88	45	133	..	..	..	..	..	..	..	..	..	..	33	20	54	23	4	1	16
A 101 Gastritis and duodenitis	29	19	48	..	..	..	..	..	..	..	..	..	..	11	4	37	48	2	3	11
A 102 Appendicitis	431	326	757	1	..	42	39	8	4	203	181	130	80	46	18	425	315	10	16	3	
A 103 Intestinal obstruction and hernia	379	170	549	19	7	36	8	16	6	26	8	84	32	198	109	379	147	32	19	36	
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn	152	149	301	34	25	29	32	11	10	11	22	28	20	39	40	153	150	9	2	23	

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES

(a) A Code—

Cause Groups

	Patients		Age Groups										Disposal				R.	R.T.		
			Under 1		1-4		5-9		10-19		20-44		45 Plus		Improved		Unchanged		Died	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 105 Cirrhosis of liver	16	10	..	..	..	..	..	..	..	..	..	..	..	..	12	10	..	..	1	3
A 106 Cholelithiasis and cholecystitis	272	231	..	..	..	..	..	..	..	..	..	..	..	..	144	226	..	..	5	25
A 107 Other diseases of digestive system	77	585	13	6	28	23	10	23	46	72	76	87	69	108	252	18	5	11	64	
A 108 Acute nephritis	17	19	1	..	..	..	1	5	4	5	4	2	8	17	18	1	1	1	1	
A 109 Chronic, other and unspecified nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 110 Infection of kidney	25	28	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 111 Calculi of urinary system	81	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 112 Hyperplasia of prostate	179	179	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 113 Diseases of breast	..	34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 114 Other diseases of genito-urinary system	298	1,082	33	..	50	11	26	19	45	96	36	533	108	423	359	1,063	32	86	7	169
A 115 Sepsis of pregnancy, childbirth and the puerperium	..	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 116 Toxemia of pregnancy and the puerperium	..	356	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 117 Haemorrhage of pregnancy and childbirth	..	217	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 118 Abortion without mention of sepsis or toxemia	..	590	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 119 Abortion with sepsis	..	32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 120 Other complications of pregnancy, childbirth and the puerperium	..	1,243	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 121 Infections of skin and subcutaneous tissue	361	268	15	9	43	37	34	15	59	44	169	65	101	98	388	275	3	6	3	46
A 122 Arthritis and spondylitis	113	107	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 123 Muscular rheumatism and rheumatism unspecified	26	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 124 Osteomyelitis and periostitis	32	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 125 Ankylosis and acquired musculo-skeletal deformities	45	112	3	2	6	3	4	2	12	8	10	18	10	79	76	129	4	5	..	..
A 126 All other diseases of skin and musculoskeletal system	540	343	10	5	25	12	18	10	81	48	225	109	181	159	568	360	31	15	1	93
A 127 Spina bifida and meningocele	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 128 Congenital malformations of circulatory system	14	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 129 All other congenital malformations	97	65	6	5	2	1	2	2	2	2	2	2	..	..	9	6	13	9	2	4
A 130 Birth injuries	8	15	6	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 131 Postnatal asphyxia and asphyxiolysis	14	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 132 Infections of the newborn	8	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 133 Haemolytic disease of newborn	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 134 All other defined diseases of early infancy	61	23	49	17	11	3	..	3	1	..	..	..	..	..	..	..	..	..	..	..
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unspecified	22	30	18	26	3	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..
A 136 Sexility without mention of psychosis	17	34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 137 Ill-defined and unknown causes of morbidity and mortality	711	660	9	14	60	32	73	53	107	127	208	202	254	232	603	562	117	104	13	35
(b) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONING, VIOLENCE, &c.)																				
Cause Groups																				
AN 138 Fracture of skull	253	56	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 139 Fracture of spine and trunk	91	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 140 Fracture of limbs	685	392	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 141 Fracture without fracture	92	33	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 142 Strains and sprains of joints and adjacent muscles	81	32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 143 Head injury (excluding fracture)	265	134	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 144 Internal injury of chest, abdomen, and pelvis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 145 Laceration and open wounds	57	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 146 Superficial injury, contusion and crushing with intact skin surface	639	296	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
AN 147 Effects of foreign body entering through orifice	134	49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	69	72	1	3	17	8	9	8	10	4	19	14	13	35	65	70	4	4	..	..

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES		Cause Groups		Age Groups												Disposition				R.	R.T.			
				Under 1			1-4		5-9		10-19		20-44		45 Plus		Improved		Unchanged			Died		
				M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.			F.	M.	F.
AN 148 Burns	142	97	3	4	47	46	21	2	25	6	30	17	17	16	33	148	96	4	4	1	3	15	0	
AN 149 Effects of poisons	139	167	..	5	60	57	6	14	19	38	51	33	51	21	33	141	165	5	2	..	2	9	..	
AN 150 All other unspecified effects of external causes	83	48	131	..	12	7	7	2	17	14	34	11	14	13	14	79	52	4	1	5	..	7	3	
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																								
Y Code—																								
Y 1 Pregnancy—Normal delivery	..	5,566	..	..	..	..	..	..	..	703	..	4,853	..	..	10	..	5,565	..	..	..	1	..	..
Y 00 Medical or special examination without complaint or finding indicating need of observation of medical condition	34	118	6	4	4	..	..	4	5	14	7	83	12	13	..	..	..	35	128	..	..	11	..
Y 04 Follow-up examination after operation, injury or disease without finding indicating need for further medical care	5	7	12	..	..	..	..	..	..	1	..	2	2	5	2	..	..	8	14	..	..	10	..
Y 05 Carrier or suspected carrier of infective organisms without complaint or sickness	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 08 Healthy person accompanying sick relative	22	22	44	21	16	1	1	..	..	2	..	2	2	..	1	..	..	23	23	..	..	1	1
Y 09 Other person without complaint or sickness	16	22	38	1	1	..	1	..	2	3	1	5	11	13	..	..	..	18	24	..	..	4	..
Y 11 Admitted for cosmetic plastic surgery treatment	13	1	14	8	4	..	1	..	..	..	..	..	1	2	..	13	1	..	..	..	..	..	..
Y 18 Fitting of a prosthetic device	8	2,897	2,979	2,897	1	1	1	..	..	..	4	..	..	..	..	6	2	3	..	..	..	3	..
Y 20 Normal newborn baby—single birth	236	236	472	236	236	..	..	..	..	..	..	..	..	..	..	2,979	2,897	..	..	..	..	..	..
Y 21 Immature newborn baby—single birth	57	38	95	57	38	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 22 Twin normal with mate liveborn	4	1	5	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 23 Twin normal with mate stillborn	30	17	47	30	17	..	..	..	..	..	..	..	..	..	..	27	14	1	1	2	3	..	..
Y 24 Twin immature with mate liveborn	1	1	2	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Y 25 Multiple born normal, mates all liveborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 26 Multiple born normal, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 27 Multiple born immature, mates all liveborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 28 Multiple born immature, mates all liveborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Y 29 Multiple born immature, one or more mates stillborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS	15,419	21,885	37,304	3,889	3,566	1,169	881	1,213	859	1,785	2,535	2,985	9,787	4,378	4,307	15,107	21,682	1,124	670	539	2,880	130	..	

LEGEND—R. = The number of cases re-admitted for the same complaint.
 RT = The number of cases transferred to a second hospital for a complaint which has already resulted in a coded return from the first hospital.

TABLE B.
(External) Causes of Injury (Accidents, Poisonings, Violence, &c.)
Year Ended 30th June, 1964.
A.E. Code.

Cause of Accident	Cause Groups													Total
	Fracture of skull AN 138	Fracture of spine and trunk AN 139	Fracture of limbs AN 140	Dislocation without fracture AN 141	Sprains and strains of joints and adjacent muscles AN 142	Head injury (excluding fracture) AN 143	Internal injury of chest, abdomen, and pelvis AN 144	Lacerations and open wounds AN 145	Superficial injury, con- tusion and crushing with intact skin surface AN 146	Effects of foreign body entering through orifice AN 147	Burns AN 148	Effects of poisons AN 149	All other and unspeci- fied effects of external causes AN 150	
AE 138 Motor vehicle accidents	98	58	197	14	12	218	25	146	49	..	2	1	12	832
AE 139 Other transport accidents	9	3	20	4	..	21	2	11	6	..	..	..	3	79
AE 140 Accidental poisoning	..	..	..	..	..	..	..	..	..	..	..	151	..	151
AE 141 Accidental falls	56	35	588	42	48	149	12	93	54	2	1	..	11	1,091
AE 142 Accident caused by machinery	7	7	41	2	2	6	4	153	7	1	..	..	4	234
AE 143 Accident caused by fire and explosion of combustible material	2	..	..	..	..	..	..	4	3	..	72	1	1	83
AE 144 Accident caused by hot substance, corrosive liquid, steam, and radiation	..	..	..	..	1	..	..	..	..	1	152	1	1	156
AE 145 Accident caused by firearms	2	..	10	..	..	..	3	31	..	1	1	..	2	50
AE 146 Accidental drowning and submersion	..	..	..	..	..	..	..	..	..	..	..	..	10	10
AE 147 All other accidental causes	94	16	220	63	50	89	17	394	57	134	11	25	83	1,253
AE 148 Suicide and self-inflicted injury	1	1	..	..	..	1	1	8	..	1	..	126	2	141
AE 149 Homicide and injury purposely inflicted by other persons (not in war)	20	1	1	..	..	14	2	5	5	..	..	..	2	50
AE 150 Injury resulting from operations of war	..	..	..	..	..	1	..	1	2	1	..	..	..	5
Readmissions	19	11	109	18	3	8	2	57	6	..	17	9	10	269
Total including readmissions..	308	132	1,186	143	116	507	68	903	189	141	256	314	141	4,404
Total excluding readmissions	289	121	1,077	125	113	499	66	845	183	141	239	306	131	4,135

TABLE D.

The I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to Hospitals in Tasmania for the Year ended 30th June, 1964.

Occupation	Nature of Injury													Total
	AN 138	AN 139	AN 140	AN 141	AN 142	AN 143	AN 144	AN 145	AN 146	AN 147	AN 148	AN 149	AN 150	
00 Architects, Engineers and Surveyors	2	1	2	1	..	1	1	5	1	1	1	..	..	16
01 Chemists, Physicians, Geologists and other Physical Scientists	..	..	1	..	..	..	..	1	..	1	..	..	..	3
02 Biologists, Veterinarians, Agronomists and Related Scientists	..	..	..	..	..	..	..	..	..	1	..	..	..	1
03 Physicians, Surgeons and Dentists	1	..	2	..	..	..	..	..	1	1	..	..	..	4
04 Nurses and Midwives	2	..	1	..	9	5	..	13	6	1	2	10	3	46
05 Professional Medical Workers not elsewhere classified and Medical Technicians	..	..	1	..	1	..	..	2	..	..	..	..	..	3
06 Teachers	5	..	6	1	1	4	..	4	..	..	..	..	..	25
07 Clergy and Related Members of Religious Orders	..	..	..	..	1	1	..	..	..	..	..	..	..	1
08 Artists, Writers &c.	..	..	3	..	1	1	..	..	..	..	..	..	..	5
09 Draughtsmen and Science and Engineering Technicians not elsewhere classified	2	..	6	..	1	1	..	3	2	1	2	1	..	7
OY Other Professional, Technical and Related Workers	1	2	1	..	1	1	..	5	2	1	2	1	..	22
10 Administrators and Executive Officials, Government	1	..	1	..	1	..	..	1	1	..	..	..	..	4
11 Directors, Managers and Working Proprietors	3	3	12	..	1	3	2	12	1	3	1	2	2	45
20 Book-keepers and Cashiers	..	..	..	..	..	1	..	..	..	..	..	..	..	1
21 Stenographers and Typists	2	..	4	..	..	3	..	3	1	2	2	2	3	19
22 Other Clerical Workers	11	2	17	3	3	11	2	17	4	1	..	2	3	75
30 Working Proprietors, Wholesale and Retail Trade	..	2	4	..	..	3	..	3	1	..	1	2	..	16
31 Insurance and Real Estate Salesmen, Salesmen of Securities and Services and Auctioneers	1	..	2	..	..	..	1	1	..	..	..	..	..	5
32 Commercial Travellers—Manufacturers' Agents	..	..	1	1	..	2	..	..	..	..	..	1	1	6
33 Salesmen, Shop Assistants and Related Workers	6	3	14	2	1	11	3	10	2	..	1	3	1	57
40 Farmers and Farm Managers	12	8	16	5	6	6	1	14	5	2	2	1	3	81
41 Farm Workers not elsewhere classified	1	1	9	5	4	10	2	16	2	3	4	1	2	60
43 Fishermen and Related Workers	..	2	4	..	1	2	..	3	..	..	..	..	..	12
44 Loggers and other Forestry Workers	1	2	12	4	5	10	1	24	6	..	2	1	3	71
50 Miners and Quarrymen	..	2	13	1	3	5	..	7	4	2	1	1	2	44
51 Well Drillers and Related Workers	4	..	1	..	..	..	..	..	..	1	1	..	..	2
52 Mineral Treathers	..	..	..	..	..	..	..	..	..	..	..	..	1	1
59 Miners, Quarrymen and Related Workers not elsewhere classified	..	..	1	..	1	2	..	..	3	..	..	..	..	7
60 Deck Officers, Engineer Officers and Pilots (Ship)	..	..	..	..	..	..	..	1	..	..	..	..	..	1
61 Deck and Engine-room Ratings, Barge Crew and Boatmen	4	2	2	..	1	5	..	4	3	1	1	..	1	23
62 Aircraft Pilots, Navigators, &c.	..	1	..	..	..	..	..	..	..	..	..	..	..	1
63 Drivers and Firemen—Railway Engine	2	..	1	1	..	..	..	1	..	..	..	..	5	1
64 Drivers (Road Transport)	4	2	16	3	3	6	3	17	2	3	..	3	1	63
65 Conductors and Brakemen (Railway)	1	..	..	..	..	..	..	2	..	..	..	..	..	3
66 Inspectors, Supervisors, Traffic Controllers and Despatchers (Transport)	..	..	..	..	1	..	..	1	1	..	..	..	..	3

TABLE D—continued.

Occupation	Nature of Injury													Total
	AN 138	AN 139	AN 140	AN 141	AN 142	AN 143	AN 144	AN 145	AN 146	AN 147	AN 148	AN 149	AN 150	
67 Telephone, Telegraph and Related Workers	5	1	5	..	1	1	..	3	..	1	..	..	1
68 Postmen and Messengers	2	..	2	..	1	1	..	3	..	..	..	..	..
69 Workers in Transport and Communication Occupations not elsewhere classified	1	1	1	1	2	..	1	4	3	..	2	1	1	
70 Spinners, Weavers, Knitters, Dyers and Related Workers	6	..	5	3	..	1	..	6	2	1	1	2	3	
71 Tailors, Cutters, Furriers and Related Workers	..	..	..	..	..	..	..	..	..	..	..	1	..
72 Leather Cutters, Lasters and Sewers and Related Workers	1	..	..	..	..	2	..	1	..	..	..	..	..
73 Furnacemen, Rollers, Drawers, Moulders and Related Workers	3	..	14	5	3	3	1	22	4	..	6	1	1	
75 Toolmakers, Machinists, Plumbers, Welders, Platers and Related Workers	6	4	14	6	1	17	1	21	4	1	3	2	7	
76 Electricians and Related Electrical and Electronics Workers	5	1	5	3	2	2	1	8	2	..	2	1	3	
77 Carpenters, Joiners, Cabinetmakers, Coopers and Related Workers	12	4	24	3	1	11	..	37	4	1	..	2	4	
78 Painters and Paperhangers	1	..	1	2	..	3	..	2	..	1	..	..	..
79 Bricklayers, Plasterers and Construction Workers not elsewhere classified	2	..	3	1	1	2	..	9	5	1	..	1	1	
80 Compositors, Pressmen, Engravers, Bookbinding and Related Workers	2	1	4	..	..	1	..	..	1	..	..	1	..
81 Potters, Kilnmen, Glass and Clay Formers and Related Workers	..	..	..	1	..	..	..	..	..	..	1	1	..
82 Millers, Bakers, Brewmasters and Related Food and Beverage Workers	5	..	1	2	..	1	1	6	..	..	1	1	1
83 Chemical and Related Process Workers	..	..	6	..	..	3	..	1	..	..	..	2	..
85 Craftsmen and Production and Process Workers not elsewhere classified	5	1	4	1	..	7	1	9	2	2	1	1	..	
86 Packers, Labellers and Related Workers	3	..	4	..	..	2	..	2	..	..	..	..	..
87 Stationery, Engine and Excavating and Lifting Equipment Operators and Related Workers	1	1	8	2	2	3	..	12	1	1	1	..	..
88 Longshoremen and Related Freight Handlers	2	3	4	1	2	1	..	3	1	1	1	..	..
89 Labourers not elsewhere classified	23	16	68	8	23	47	8	96	20	4	16	13	6	
90 Firefighters, Policemen, Guards and Related Workers	3	..	8	..	..	2	..	2	..	..	..	1	..
91 Housekeepers, Cooks, Maids, and Related Workers	..	2	1	1	..	3	..	2	..	4	1	2	3	
92 Waiters, Bartenders and Related Workers	2	2	2	..	..	1	..	2	..	..	2	..	1
93 Barbers, Hairdressers, Beauticians and Related Workers	..	..	..	..	..	..	..	2	..	..	..	..	..
95 Launderers, Dry Cleaners and Pressers	..	1	..	..	..	1	..	..	1	..	..	2	..
96 Athletes, Sportsmen and Related Workers	..	..	..	..	..	1	..	..	1	..	..	..	..
97 Photographers and Related Camera Operators	..	..	..	..	..	..	..	..	1	..	..	..	..
99 Service, Sport and Recreation Workers not elsewhere classified	1	..	3	..	..	1	..	1	1	..	..	2	11
X1 New Workers seeking employment	..	1	2	..	..	1	1	2	1	..	..	1	..
X2 Workers Reporting Occupations Unidentifiable or Inadequately Described	17	7	37	3	1	25	3	21	8	7	3	4	2	
X3 Workers not Reporting any Occupation	12	4	24	6	..	12	1	20	2	1	1	5	5	
X4 Children not attending school	28	1	88	2	2	79	4	120	16	35	106	125	19	
X5 Full-time Students and Scholars	53	10	293	28	11	120	16	164	27	20	41	22	21	
X6 Housewives engaged in Home Duties	11	8	133	13	14	23	6	58	18	27	18	66	19	
X7 Inmates of Institutions	2	2	6	..	1	2	..	2	..	..	2	1	..
X8 Members of the Armed Forces	..	..	..	..	..	1	..	1	..	..	..	..	..
X9 Pensioners	9	13	145	6	2	17	3	33	12	13	13	21	6	
TOTALS	289	121	1,077	125	113	499	66	845	183	141	239	306	131	
													4,135	

Note.—*Denotes pensioners who indicated former occupations.



