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1966.

PARLIAMENT OF TASMANIA.

REPORT
OF THE
DIRECTOR-GENERAL OF HEALTH SERVICES

FOR THE YEAR ENDED 30TH JUNE, 1966.

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



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DEPARTMENT OF HEALTH SERVICES

ADMINISTRATION—

Director-General of Health Services:

Dr. J. Edis, 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.

Senior Medical Officer (Hospitals):

Dr. S. A. Ginsberg, M.B., Ch.B. (Cape Town).

Senior Medical Officer (Geriatrics):

Dr. A. J. Foster, M.B., B.S. (Melb.).

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.—to 12.7.65.

Director of Pathology:

Dr. C. A. Duncan, F.R.A.C.P., 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.—to 21.10.65.

Dr. E. J. McArdle, M.B., Ch.B., B.A.O. (N.U.I.), D.P.H. (N.U.I.), L.M.
(Coombe), D.I.H. (Apoth.), D.I.H. (Eng.)—from 31.12.65.

Dr. K. M. Williams, M.B., Ch.B. (Birm.), M.R.C.S. (Eng.), L.R.C.P. (Lond.),
D.P.H. (R.C.S. & P., Eng.), D.I.H. (Apoth.).

Medical Officer of Health:

Dr. G. Williams, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D. Obst. R.C.O.G. (Lond.), D.P.H. (Syd.).

Chief Inspector:

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

Executive Officer:

G. B. Dineen.

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, B.Sc., M.B., Ch.B., B.A.O., D.P.H., D.P.M., L.M.

Executive Officer:

W. Mansbridge.

Medical Administrator, Lachlan Park Hospital:

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

Senior Psychiatrist:

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

Assistant Superintendent, Lachlan Park Hospital:

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

Medical Superintendent, Northern Chest Hospital:

Dr. J. W. Beveridge, M.B., Ch.B. (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 HOSPITALS:—

General Superintendent, Royal Hobart Hospital:

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.)—to 28.1.66.

Acting Superintendent:

Dr. R. D. Ferris, M.B., B.S. (Melb.), F.R.C.S. (Edin.) F.R.A.C.S.

Medical Superintendent, North-Western General Hospital:

Dr. J. H. Taylor, M.R.C.S. (Eng), L.R.C.P. (London), D.A., F.F.A., (R.C.S.)—
to 14.7.65.

Dr. M. Jooste, M.B., B.Ch., D.A. (Eng.).

Report of the Director-General of Health Services For the Year Ended 30th June, 1966

Department of Health Services,
Hobart, 11th October, 1966.

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, 1965, to 30th June, 1966.

LEGISLATION

School Dental Nursing Service Act, 1965.

This Act made provision for a School of Dental Nursing in Tasmania. It followed the establishment in October, 1964, of a committee composed of officers of the Department of Health Services and representatives of the Tasmanian Branch of the Australian Dental Association, which investigated the methods of attacking the community problem of dental caries.

The Emmerton Bequest Act 1965.

This Act enabled certain moneys payable under the will of the late Henry Thomas Emmerton to the Smithton District Hospital Board to be applied to the provision of accommodation for aged persons at Smithton.

Pharmacy Act 1965.

This Act provided amendments to legislation that has been in operation for over 50 years in order to bring it into line with modern-day requirements.

Nurses' Registration Act 1966.

This amendment made provision for an educationist to be nominated to the Nurses' Registration Board by the Director of Education.

Dentists' Act 1966.

This amendment was introduced in an endeavour to increase the dental manpower in Tasmania, and widened some of the existing provisions relating to the registration of dental practitioners.

St. Vincent's Hospital Loan Guarantee Act 1966.

This Act authorised the Treasurer to guarantee the repayment of certain sums of money proposed to be lent by certain banks to the trustees of the Sisters of Charity of Australia for the purpose of assisting the trustees to effect improvements to and extensions of St. Vincent's Hospital in Launceston.

Notification of Births Act 1966.

The Notification of Births Act 1910, was repealed and replaced with legislation more in keeping with modern practices.

Radio-active Substances Act 1966.

This amendment simplified the administration by enabling the Minister to delegate some of his powers to officers of the Department of Health Services. It made provision for the issue of temporary permits in respect of installation of irradiating appliances.

DEPARTMENTAL REVENUE

The revenue receipts for the financial year 1965-66 amounted to \$1,611,394 being an increase of \$325,464 over the previous financial year 1964-65. Comparative figures are:—

	\$ 1964-65	\$ 1965-66
Pharmaceutical Benefits Commonwealth	415,838	714,819
Red Cross Blood Transfusion—Commonwealth (a)	10,784	12,682
District Nursing Service	18,242	20,431
District Medical Service—Retainers	(b)	47,156
Nelumie Home, Launceston	3,786	813
Mothercraft Home, Hobart	7,736	5,530
Government Analyst and Chemist—Fees	2,954	2,800
Nurses' Registration Board	3,918	4,076
Refund on Bursaries	1,310	1,080
Bacteriological Tanks—Fees	1,026	829
Hotel Health Certificates	1,142	643
Sundry Fees and Licences	886	1,277
Tuberculosis Division	380,942	367,374
St. John's Park, New Town	311,616	312,301
Lachlan Park Hospital	40,712	35,109
Millbrook Rise Hospital	40,442	54,643
Government Institution for Defectives	40,462	28,420
Lachlan Park Farm Suspense—Profit	4,134	1,411
	<hr/> \$1,285,930	<hr/> \$1,611,394

(a) Refund of 30% of operating cost for previous year.

(b) Previously refunded to Estimates (1964-65, \$42,022).

DEPARTMENTAL EXPENDITURE

The expenditure from the Appropriation Act for the financial year 1965-66 was \$10,816,371, an increase of \$1,122,163 over 1964-65. Comparative figures are:—

	\$ 1964-65	\$ 1965-66
Administration—Head Office	211,854	212,384
Hospital and Medical Services—		
Administration	169,576	182,896
Grants to Hospitals	5,232,910	5,841,893
Medical Services—Country Districts	77,356	125,952
District Nursing Service	161,112	167,736
Dental Health Service	144,330	236,469
State Laboratory—Pathology	4,266	4,998
Nurses' Registration Board	3,506	3,737
St. John's Park Hospital	847,398	944,200
Government Analyst and Chemist	43,134	50,561
Public Health—		
Administration and Inspectors	148,696	148,052
National Fitness Section	37,766	42,166
School Medical Service	94,388	110,158
Child Health Service	126,102	134,116
Mothercraft Home	64,538	72,604
Tuberculosis Division	460,254	452,236

	1964-65	1965-66
Psychiatric Services—	\$	\$
Administration	105,850	109,743
Lachlan Park and Millbrook Rise Hospitals	1,484,942	1,688,910
Nelumie Home, Launceston (a)	18,124	1,999
Miscellaneous (Minister for Health) Grants	258,106	285,561
	<hr/> \$9,694,208	<hr/> \$10,816,371

(a) Home closed in July, 1965.

BUILDING PROGRAMME

The expenditure from Loan Funds for the financial year 1965-66 was \$5,698,695, an increase of \$1,636,107 over 1964-65. Important works completed or substantially completed during the year include:—

St. John's Park—New Store, Workshop, Paintshop; New Nurses' Home; Two new floors to Bruce Carruthers Wing; Club House, Bowling Green.

Lachlan Park—17 New Residences and 6 Flats; Roadways; Street Lighting; Water Services; Boiler and Heating Extensions; New Store; Children's Ward; Occupational Therapy Block; Fire Protection Services.

Millbrook Rise—Heating of Hospital and Nurses' Home.

Royal Hobart—Administrative Block—Extensions; New Wing at Vaucluse; Peacock Convalescent, Nurses' Home Extensions.

Launceston General—Squash Court.

Mersey General—Residences.

North-Western General, Spencer Division—Nurses' Home Extensions.

Queen Alexandra Maternity—New Auxiliary Room.

Beaconsfield District—New Nurses' Home.

Lyell District—New Nurses' Home.

Ouse District—New Sitting Room; Extensions Labour Ward.

Smithton District—Nurses' Home Extensions.

Dental Health—Purchase of residences at Beaconsfield, Deloraine, Huonville, Longford, Scottsdale, Smithton. Erection of clinics at Beaconsfield, Huonville, Queenstown, Scottsdale.

District Medical—Improvements to residence at Currie.

District Nursing—Triabunna Extensions.

Ambulance Services—Erection of station at Triabunna.

Child Health—New Centres at Cressy and Spreyton; Improvements Ulverstone Centre.

Works in progress as at 30th June, 1966, include:—

St. John's Park—Fire Protection Services; Heating, Women's Division; Additions Carlton Holiday Homes.

Lachlan Park—Admission Ward; Amenities Block; Hospital and Totally Dependent Block; Mixed Adolescent Ward; Occupational Therapy (West); Female Maximum Security; "C" Ward Conversion.

Royal Hobart—Forecourt Development.

Launceston General—Laundry Extensions.

Mersey General—Intensive Care Unit.

North-Western General—Burnie Division, New Wing; New Nurses' Home. Spencer Division, Psychiatric Wing.

Beaconsfield District—New General Block.

Huon District—Matron's Flat.

Toosey Memorial—Additional Staff Bedrooms.

Dental Health—New residences and surgeries at Glenora and Snug.

District Nursing—George Town Extensions; Redpa, New Centre.

Child Health—New Centre at Perth.

OFFICIAL OPENINGS

On 31st July, 1965, a new Child Health Centre was opened at Howrah.

On 10th September, 1965, a new Mothercraft Section in the old Queen Victoria Hospital, Launceston, was opened as a wing of the new ward block completed during last financial year. The new section has beds for four mothers and cots for 20 babies and will provide an excellent nucleus for the training of Mothercraft nurses in Launceston.

On 1st October, 1965, the Lindsay Miller Psychiatric Clinic of the Launceston General Hospital was opened. The Clinic provides essential and intensive psychiatric treatment for patients in the North, who previously had to come to Hobart. The unit is the first to be established in a scheme for decentralisation of psychiatric services and is a combined unit embodying both in-patient and out-patient hospital facilities.

On 15th October, 1965, a new Child Health Centre was opened at Cressy.

On 7th February, 1966, a School of Dental Nursing, the first of its kind in Australia, was established. Ten students began a two-year training course at the School in February to prepare them to supplement district dental officers in various districts in 1968. The ultimate aim is to maintain a force of 30 dental nurses throughout the State. The course of training is based on the New Zealand system.

On 4th May, 1966, a new Nurses' Home was opened at Peacock Convalescent Hospital in Hobart and is providing much needed accommodation for staff. As a result, six extra beds are available for future patients.

On 30th May, 1966, the new Nurses' Home at St. John's Park Hospital was opened and will provide accommodation for 44 nurses in a two-storey building. Provision has been made for the addition of two extra storeys. As expected, the new home is assisting in the recruitment of staff for St. John's Park.

DISTINGUISHED VISITORS

In February, 1966, the South Australian Minister for Health, Hon. A. J. Shard, accompanied by the Director-General of Public Health, Dr. P. L. Woodruff, and the Assistant Under Secretary, Mr. E. W. Brooks, visited Hobart for the opening of the School of Dental Nursing.

The New Zealand Director of Dental Health, Dr. G. H. Leslie, also visited Hobart from New Zealand for the opening of the School of Dental Nursing.

PUBLIC HOSPITAL STATISTICS

(Excluding Chest and Mental Hospitals)

Number of Patients.

The number of patients was 942 more than during the previous financial year. The number of general patients increased by 1,101, while maternity cases decreased by 159. The total number of patients was 40,081. The number of persons in the hospitals for the care of the aged and invalids decreased from 1,101 in 1964-65 to 1,094 in 1965-66.

Bed-Days.

The number of bed-days shows a net decrease of 4,975 compared with those for the previous financial year. Bed-days for general and maternity patients decreased by 2,579 and 2,396, respectively.

The total number of bed-days was 442,390. The number of bed-days in the hospitals for the care of the aged and invalids was 256,310, a decrease of 5,253 over the previous year.

Births.

The total for the year was 6,554, a decrease of 331 over the previous financial year.

Receipts.

Hospital revenue for the year was \$10,040,709, an increase of \$1,270,043 over revenue for 1964-65. Patients' fees, donations and miscellaneous receipts totalled \$2,460,430. Commonwealth contributions in the form of hospital benefits amounted to \$884,836 while State Grant was \$6,695,443.

Payments

Total payments were \$10,041,699, an increase of \$1,268,275 over expenditure for 1964-65. The sum of \$6,702,837 or 66.75 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 \$17.47, an increase of \$2.26 compared with 1964-65. Out-patients' costs per visit increased from \$2.08 in 1964-65 to \$2.40 in 1965-66.

North-Western General Hospital.

On 1st December, 1965, the Burnie General Hospital and the Spencer Hospital were combined to form the North-Western General Hospital.

The statistics in Tables Nos. 5 and 6 appear as in previous years for the Burnie Hospital and Spencer Hospital. Future statistics will be in respect of the North-Western General Hospital.

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.

SCHOOL DENTAL HEALTH SERVICE

The year was particularly notable because of the introduction of improvements in the dental health services which will become increasingly available to school children during the course of the next few years.

Plans prepared last year for expansion of the District Dental Service by the creation of Dental Districts, the introduction of an Orthodontic Service and the establishment of a School of Dental Nursing, were implemented.

Once the complete establishment of dental surgeons and dental nurses is available, and taking into account the school children attended to by private dental practitioners, it should be possible for all school children in the State who begin to receive complete dental attention at the beginning of their school career, to receive regular annual attention and at the time of this systematic attendance at a dental clinic to have all the necessary care provided for their teeth to maintain them in good condition, i.e. completed treatment once a year.

The present target of thirty dental nurses in the field cannot be achieved until 1970 as it takes two years to train a dental nurse, and we began training the first ten student dental nurses in February, 1966. The first ten graduates will be available for service in December-January, 1967-68 and then ten a year will graduate.

It should be noted that because in New Zealand the dental nursing service has been in existence for forty years, there are no children suffering from gross dental caries and the routine treatment in a child is maintenance of a relatively healthy dentition.

In Tasmania, only by beginning to provide regular complete treatment in the younger children will it be possible to reach the goal of continuing to provide complete treatment as they progress through school.

It is not possible to provide more than emergency treatment for the present on older children, as they pass through their final years at school.

Operative Dental Treatment

	1964-65	1965-66
Total new visits	11,173	18,744
Total repeat visits	15,488	31,062
Total visits	26,661	49,806
Total number of fillings	27,184	44,901
Total number of extractions	14,995	31,914
Other treatment, including cleaning and examinations	43,322	
Miscellaneous operations and treatment (including scaling)		1,052
Total	85,501	77,867

It will be noted that during 1965-66 compared with last year 1964-65, there were marked increases in the work output of the Service as follows:—

	Increase. %
Number of visits to dental surgeries	86.8
Number of fillings	65.2
Number of extractions	112.8

N.B. The number of "treatments", 43,322, shown in the report for the year 1964-65, included examinations, injections of local anaesthetics and so forth and are not recorded this year as they do not indicate work output. They are functions subsidiary to fillings, extractions and scaling and other operative procedures and as such the figure is not now considered to require reporting.

Orthodontic Service.

The orthodontic branch of the School Dental Health Service began operation in September, 1965. Since that time more than 600 patients have been consulting the orthodontist, most on many occasions. The orthodontist conducts regular tours to all parts of the Island and utilises a motor-caravan surgery which is specially equipped as an orthodontic unit.

School of Dental Nursing

On 1st February, 1966, ten student dental nurses began a two years intensive course of training in dentistry at the new School of Dental Nursing. These students will qualify as dental nurses in December, 1967.

All necessary standing orders, a training curriculum and regulations under the School Dental Nursing Service Act were prepared and brought into force late in 1965.

Dental Health Education

In conjunction with the Health Education Council, arrangements are being made to step up dental health education. A considerable amount of material for use by district dentists, dental nurses and school teachers has been prepared and close liaison has been established with the Education Department in the matter.

PATHOLOGY SERVICES

During the last 12 months there was a steady increase in the number and scope of Pathology tests performed throughout Tasmania.

North-West Coast

Several new tests were introduced in this area, where conditions are reasonably satisfactory. There were some staff problems which arose partly due to sickness and partly because of the inability to train technicians in this area.

Launceston

This laboratory continues to work under difficulties, mainly due to staff problems. The vacant positions of Pathologists have been advertised extensively but a suitable applicant was not forthcoming. The laboratory has to depend on assistance from the Honorary Pathologist and from the Commonwealth Health Laboratory.

Hobart

The Royal Hobart Hospital is now under the direction of the Professor of Pathology in the Medical School of the University of Tasmania. The number of tests performed has increased greatly—especially in bio-chemistry, where automation is being increasingly used.

The State Health Laboratory is now playing an important part in Pathology in the State. Many bacteriological analyses were made of food and water, tuberculosis tests were done and special bio-chemical investigations are now available to all practitioners in the State. The scope will shortly be widened to include hormone assays. It is proposed to move hospital bio-chemistry to the State Health Laboratory. Smear tests for cancer were stepped up and over 17,000 separate

smears were examined. This is considered a satisfactory figure and it is expected that the benefits of the smears will be demonstrated by a fall in the mortality from cervical cancer from now onwards. An electron-microscopy unit was started and after several months of experimentation it can now be regarded as operational.

Close liaison is being maintained between the members of the laboratory staff and the University with a view to providing as much assistance as possible for the medical students in the years to come.

The first Tasmanian Medical Technologists will graduate this year and it is hoped their services will be retained in the State.

The introduction of the Anatomy Act 1964, has not occasioned any untoward public reaction to date.

DISTRICT MEDICAL SERVICE

The establishment of District Medical Officers remained fairly stable during the year.

GERIATRIC SERVICES

The appointment of a Senior Medical Officer (Geriatrics) allowed considerable progress in the development of geriatric services to be made.

Assistance has been granted to volunteer organisations in planning homes by providing specialist advice on administration and patient care.

Liaison has been established with the Old People's Welfare Council of Tasmania and a successful conference conducted at Wynyard in February, 1966. Direct help has been granted to Meals on Wheels organisations in Hobart and Devonport. The Red Cross Society continued to provide a meals on wheels service in Launceston.

Geriatric services are being progressively co-ordinated to provide accommodation for the chronically ill and to rehabilitate those aged persons capable of further independent living. The North-Western General Hospital has over twenty beds for rehabilitation purposes and extension to the rehabilitation area of Cosgrove Park is in hand.

It is hoped that continuing progress will be made in the provision of services to allow the full co-operation of family, community and State, in a manner appropriate to the dignity of the aged citizens.

STATE DRUG ADVISORY COMMITTEE

This Committee continued to provide a necessary advisory service.

Plans were initiated for assisting the Supply and Tender Department to introduce a new form of printed catalogue of drugs early next year. The catalogue will be of smaller dimensions and therefore easier to use than the existing roneoed booklet and a new style of pre-printed requisition form will be used in conjunction with the catalogue.

During the latter part of the year the Public Service Commissioner began an enquiry into the matter of the system of control of and supply to hospitals of drugs and other medical stores.

POISONS, NARCOTICS AND THERAPEUTIC GOODS

Several conferences were held during the course of the year to review legislation and administrative organisation required to bring the commitments of the State in the matter of Poisons, Narcotics and Therapeutic Goods control into line with international and Commonwealth requirements.

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

Usually between 30 and 40 nurses visit Tasmania, but during the last year there was a marked decline and only 22 trained nurses joined the Tourist Nursing Service. Less than half completed six months' service before returning to other States.

The Tourist Nursing Service was used to supplement the staff in the District Nursing Service but there was some difficulty in assisting country hospitals which were unable to recruit staff. Some country hospitals were staffed almost entirely by this Service.

District Nursing Centres

Table 9 gives a summary of work performed in the 25 centres during the year. The District Nursing Centre at Southport was closed on 21st August, 1965.

The shortage of nursing sisters continues to be a problem. Vacancies have been filled temporarily from the Tourist Nursing Service and by casual married staff able to assist on occasions.

Although the number of bed-days has declined, home visits have increased. These visits include welfare and care of the aged in their own homes.

We congratulate Miss M. Walsh, the District Nursing Sister at Lilydale, who received the M.B.E. in Her Majesty's Birthday Honours.

NURSES' REGISTRATION BOARD

Personnel

Dr. J. Edis, Chairman; Dr. C. Craig; Dr. G. Mackay-Smith; Dr. C. Petrovsky; Miss D. Hall, resigned as from November, 1965; Miss K. H. Lade, appointed as from January, 1966; Miss N. Winwood; Miss D. M. Thompson; Miss M. McPherson, resigned as from March, 1966; Miss T. M. Williams, appointed as from June, 1966; Miss E. M. Bryant, appointed as from August, 1965; Miss V. P. Holland, Secretary.

Meetings

Seven meetings were held during the year.

Legislation and Regulations

The Nurses' Registration Act was amended to include an Educationist in the membership of the Board.

Amendments were made to various parts of the General Training Curriculum, to include modern day methods, and delete out-dated sections.

Training Schools

General	8	Tuberculosis	1
Midwifery	6	Geriatric	1
Psychiatric	2	Auxiliary (General)	9
Child Health	2	Auxiliary (Geriatric)	1

Student Nurses

1. Applications for training approved—689.		2. Commenced training—517.	
General	340	General	287
Midwifery	158	Midwifery	91
Psychiatric	26	Psychiatric	17
Child Health	28	Child Health	26
Tuberculosis		Tuberculosis	
Geriatric	39	Geriatric	27
Auxiliary (General)	97	Auxiliary (General)	69
Auxiliary (Geriatric)	1	Auxiliary (Geriatric)	

3. Completed training—338.

General	164	Tuberculosis .....	.....
Midwifery	113	Geriatric	6
Psychiatric	12	Auxiliary (General)	28
Child Health	15	Auxiliary (Geriatric) .....	.....

4. Resigned or discontinued training for any reason before completion of training—164.

General	103	Tuberculosis .....	.....
Midwifery	6	Geriatric	29
Psychiatric	5	Auxiliary (General)	20
Child Health	1	Auxiliary (Geriatric) .....	.....

5. Total number in training at 30.6.66—1,058.

General	754	Tuberculosis .....	.....
Midwifery	91	Geriatric	85
Psychiatric	53	Auxiliary (General)	61
Child Health	14	Auxiliary (Geriatric) .....	.....

Examinations

1. Examinations for registration held during the year.

All subjects together	3	Number of Candidates	359
Child Health alone	1	Number passed	346
Geriatric alone	1	Number failed	13
Auxiliary	2		

Details of results—

Subject	Candidates	Passed	Failed
General	170	166	4
Midwifery	117	116	1
Psychiatric	19	12	7
Child Health	15	15	.....
Tuberculosis .....	.....	.....	.....
Geriatric	8	8	.....
Auxiliary (General)	30	29	1
Auxiliary (Geriatric) .....	.....	.....	.....

Registrations.

1. Applications approved—817.

General	435	Geriatric	12
Midwifery	242	Mental Deficiency	1
Psychiatric	22	Auxiliary (General)	72
Child Health	22	Auxiliary (Geriatric) .....	.....
Tuberculosis	1	Auxiliary (Psychiatric)	10

2. Number who renewed registration for the year—2,260, of these 139 were Auxiliary Nurses.

3. Number of persons on the current register—2,891, of these 177 are Auxiliary Nurses.

Details of Registration—

	No.	No. of Certificates.
General	1,416	1,416
General and Midwifery	875	1,750
General, Midwifery and Child Health	189	567
Midwifery only	10	10
Psychiatric only	87	87
General and Tuberculosis	8	16
Midwifery and Child Health	1	2
General and Child Health	16	32
General and Psychiatric	20	40
General, Midwifery and Tuberculosis	6	18
General, Midwifery and Psychiatric	3	9
Tuberculosis only	5	5
Geriatric	60	60
General and Geriatric	3	6
General, Midwifery and Geriatric	1	3

Details of Registration—Continued.

	No.	No. of Certificates.
Geriatric and Tuberculosis	2	4
General, Psychiatric and Geriatric	1	3
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
Mental Deficiency	1	1
Auxiliary	177	177
Total	2,891	4,247

Post-Graduate Diplomas

34 people in the State hold 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	6

Central Preliminary Training School

Three Preliminary Blocks were held:—

Students attended	41		
General Nursing—			
Passed	22	Examinations not completed	17
Failed	2		
Anatomy and Physiology—			
Passed	22	Examinations not completed	17
Failed	2		
Hygiene—			
Passed	22	Examinations not completed	17
Failed	2		
First Aid—			
Passed	21	Examinations not completed	17
Failed	3		

Three Second Blocks were held:—

Students attended	37		
Pharmacology—			
Passed	27	Failed	10
General Nursing—			
Passed	23	Failed	14

A total of 78 students attended the School during the year.

General

Foreign Students

Although many applications were received from foreign students, very few had the required educational standard. At present seven (7) are in training.

DIVISION OF PUBLIC HEALTH

Health Indicators

Below are set out the figures in recent years of two health indicators recommended by the Expert Committee on Health Statistics of U.N.O.:—

(1) Deaths of Persons Aged 50 and Over—

Year	Number	% 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

Year.	Number	% of Total Deaths.
1962	2,346	81.74
1963	2,322	82.40
1964	2,629	82.83
1965	2,509	82.45

(2) Early and Late Infant Mortality Rate—

Age at death	1960	1961	1962	1963	1964	1965
Under 1 month	11.2	11.9	14.1	12.08	13.82	11.02
1 month-1 year	7.8	4.9	6.6	5.86	6.30	5.58
Total	19.0	16.8	20.7	17.94	20.12	16.60

Demography

Despite minor fluctuations from year to year in the last ten years, the overall trend in the percentage of deaths that occur at or above the age of 50 has been upwards. On the other hand, there has been a quite random fluctuation in the late (1 month-1 year) infant mortality rate, which is probably associated with the fact that, in comparison with most countries of the world, these figures have been low in Tasmania for a considerable time. In the light of present knowledge, any substantial reduction in the next few years seems unlikely.

In the last two or three years, the Tasmanian birth rate has begun to fall. A deduction is made from this by some people who assume firstly that this process will continue and accelerate, and secondly that, in consequence, there will be a substantial drop in the total number of births, year by year. In the annual report for the year ended 30th June, 1963, there appeared a chart, known as a population pyramid, showing the distribution of the population according to age groups, as revealed by the 1961 census. It is hoped that information from the 1966 census will be available in time to enable a similar chart to be prepared next year. In the meantime, a study of the 1963 annual report will reveal that the population pyramid in Tasmania is essentially that of a community whose younger age groups are increasing rapidly. In that population pyramid there was an enormous discrepancy between the adults, and the young people in the 15-19 and 10-14 age groups. These young people, then aged 15-19, are now aged 20-24. This is reflected in a substantial increase in the number of marriages. During the next few years, those who were in the 10-14 age group at the 1961 census will also become adult; and one can expect that the effect of a slight drop in the birth rate will in the future be more than offset by the increase in the number of young adults who will be commencing their families, even if they make use of modern contraceptive knowledge to space the births of their children.

Child Health Services

The benefit of having a senior member of the medical staff responsible for the policy of the Child Health Services becomes more obvious year by year.

Vital Statistics

Births during the year 1965 totalled 7,535 and the rate was 20.40. The total births were 717 fewer than last year while the rate fell by 2 per thousand. It should be noted that the average age of marriage of females is 21 years. In the 15-19 age group, there are now 4,500 more females than there were in the previous five year grouping. When looking at the number of marriages and the number of births over the past decade, the number of births appear to be related to the number of marriages. Four years ago the number of marriages was at one of its lowest points. There has been a marked increase in the number of marriages in the past three years, and though accepting that there are other sociological factors at work, it would appear that the fall in numbers of births will tend to level out, though the rate is likely to continue its downward trend meantime.

The infant mortality rate for the year was 16.59, deaths totalling 125. This was made up of 83 deaths in the first month and 42 during the rest of the first year. The improvement was in the early infant mortality rate though this was only slightly better than that for the year 1963 when the infant mortality rate was 17.94.

A Perinatal Mortality Survey will be started during the coming year.

Staff

The overall position with regard to staff improved over the year. There are now 49 members—45 full-time sisters, 3 part-time and 1 mothercraft nurse. During the year 8 full-time and 1 part-time members were appointed. Three of the new sisters hold health visitors certificates. Only one newly qualified sister joined the staff. Four full-time and one part-time sister resigned.

There were 6.17 sisters per 1,000 births.

Centres

94 static centres are being used. One new centre was opened with the building of the hospital at Gowrie Park. A sister from Devonport holds a clinic there once a fortnight.

Three new buildings replacing other premises, were officially opened during the year. These were at Midway Point, Howrah and Cressy. In all, the Department now owns 47 Child Health Centres, local committees own 18 and in the remaining 29, the Centre is operated in a hall, surgery or other building.

A review of the Launceston area indicated the need for new centres in two suburbs—Waverley and Prospect. Negotiations are under way for land in these areas.

In Burnie, a large home building programme in the Acton area is taking place, and preliminary discussions have been held about a centre in this area.

Annual Return of Figures

This has as usual been sent to the Child Health Association, and will be published in full in their Annual Report in September.

Visits to newborn babies by Child Health and District Nursing Sisters totalled 6,193, being 82.1% of the babies born. During the year 6,266 new babies attended the centres and this was 83.1% of the total. This is a reversal of the usual pattern where the number attending has been less than the number of first visits. The total attendances of 146,517 at Child Health and District Nursing Centres represents an all time high.

Tests for Phenylketonuria

Phenistix tests were carried out on 6,189 babies, 80.8% of the total. There were no positive results.

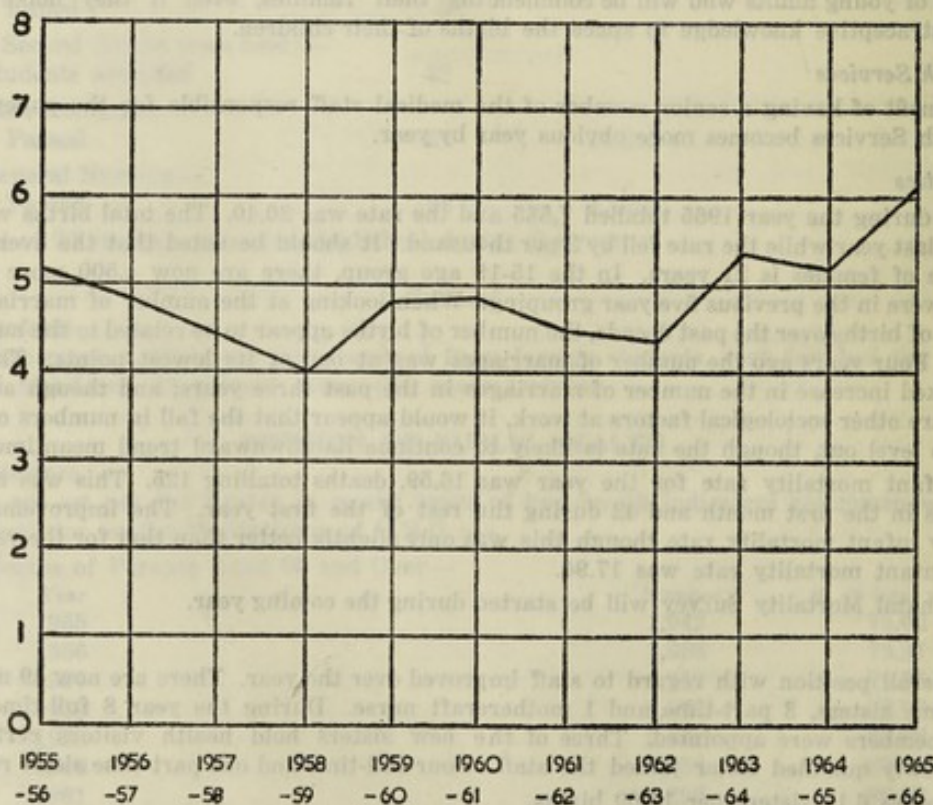
Arrangements were made through the Department for the implementation of the Guthrie Test in maternity hospitals.

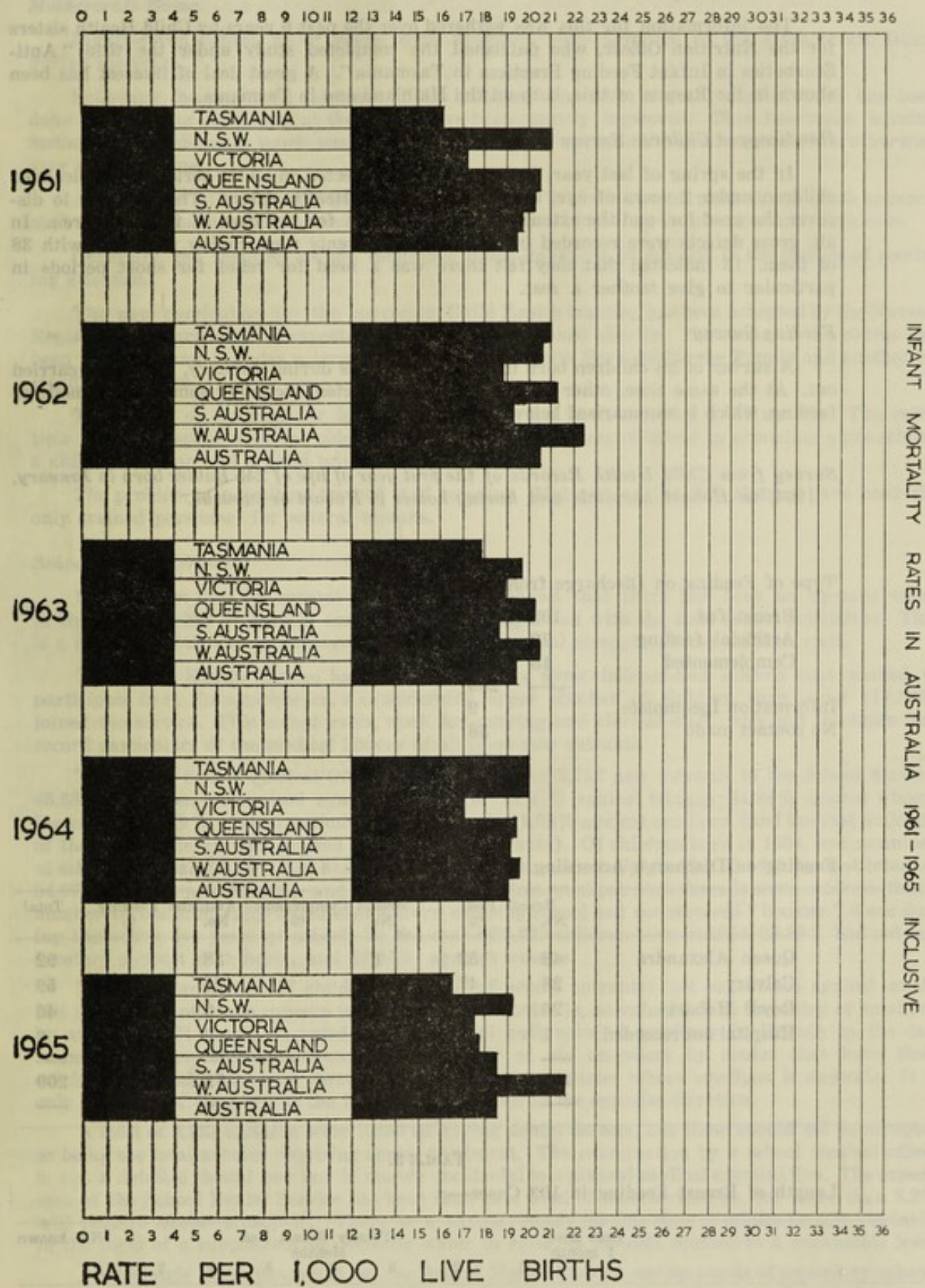
During the year there were discussions between the Nutrition Officer and others concerned with diets for babies and infants found to be suffering from phenylketonuria.

Surveys

Three surveys were completed during the year.

CHILD HEALTH SISTERS PER 1,000 LIVE BIRTHS





Vitamin C Survey

The information for this was gathered over the past 5 years by Child Health sisters for the Nutrition Officer, who published the completed study under the title "Anti-Scorbutics in Infant Feeding Practices in Tasmania". A great deal of interest has been shown in the Results of this, both on the Mainland and in Tasmania.

Handicapped Children Survey

In the spring of last year, information was collected on all the seriously handicapped children under 2 years of age, known to the Child Health sisters. The aim was to discover the need for, and the extent of, accommodation for the care of these children. In all, gross defects were recorded in 60 children. Parents were coping very well with 38 of them. 15 indicated that they felt there was a need for relief for short periods in particular to give mother a rest.

Feeding Survey

A survey of all children born in Hobart hospitals during January, 1964, was carried out. At the same time, other information was collected, including some on the mode of feeding, which is summarised below:—

Survey from Child Health Records of the first year of life of 245 Babies born in January, 1964, in Hobart hospitals and having homes in Hobart or suburbs.

TABLE 1.

Type of Feeding on Discharge from Hospital—

Breast fed	103	
Artificial feeding	79	
Complemented	18	
	200	
Information Incomplete ..	9	
No contact made	36	
	245	

TABLE 2.

Feeding on Discharge According to Place of Birth—

	Breast Fed No.	Fed %	Breast No.	Complement %	Artificial No.	Feeding %	Total
Queen Alexandra	48	52	6	....	38	....	92
Calvary	28	47	5	....	26	....	59
Royal Hobart	26	59	7	....	13	....	46
Hospital not recorded	1	....	....	....	2	....	3
	103	51.5	18	9	79	39.5	200

TABLE 3.

Length of Breast Feeding in 103 Cases—

	Less than 1 month		Totally Breast Fed Months							Not known
	1	2	3	4	5	6	7	8		
Number	12	75	57	38	22	12	9	7	2	16
% of 200 cases	6	37	28	19	11	6	4	3	1	8

NOTE.—By the age of 6 weeks, all babies complemented on discharge were completely weaned.

Mothercraft Home

Eighty-seven babies, 28 of whom were boarders, were admitted to the Mothercraft Home during the year.

Following the report on the state of the buildings last year, a great deal of work has been done and working conditions at the Home have been greatly improved. This has made nursing methods and techniques much easier and they generally enhance the environment of an otherwise very drab building.

A great deal of equipment has been acquired, and it has been well utilised and much appreciated. Cots and bedding in particular have lessened the risk of cross-infection and accidents.

Generally, the facilities at the Home are much improved, or are still in the process of receiving attention.

The new curriculum for the course in Child Health training has been accepted by the Nurses' Registration Board and it is expected that it will be published shortly. The scope of the course has been extended and includes a large section on Community Services for the Family and another on Health Education.

The course of training for Mothercraft Nurses has been extended to 15 months. The extra time is mainly spent with the older child, the experience being obtained by attending a pre-school, a children's home and a child minding centre.

The problem of recruiting trained staff remains. Matron and the Sub-Matron have been the only trained personnel for several months.

School Health Service

For the first time for several years, the chart shows that there has been an upward trend in the total number of medical examinations in comparison with the total school population. This is a direct reflection of an improvement in the numerical strength of the medical staff.

The School Health Service has been extended to those independent schools that wished to participate in it. In consequence, a considerably larger number of children than usual (11,320) joined the service. This meant extra work for nursing and clerical staff, who had to obtain and record particulars of the medical history of all these new entrants.

The Senior School Medical Officer observed that, of 9,732 new entrants to the School Service, 85.38% had been immunised against diphtheria; 82.47% against tetanus; 84.84% against whooping cough; 92.39% against poliomyelitis; and only 11.09% against smallpox (and the vast majority of these are children who entered Australia as migrants). Of children born in 1954, and examined at school this year, 93.21% had had some immunisation against diphtheria; 93.19% against tetanus; 94.97% against poliomyelitis, and only 13.88% against smallpox; but there is some evidence that a number of children fully immunised before entering school had not received "booster" doses during their first five years at school. In the case of 6,633 children born in 1954, 35.88% had not had boosters against diphtheria, and 28.85% against tetanus.

The high proportion of children (86.12% of school entrants) not vaccinated against smallpox is a matter of grave concern in a country like Australia, so vulnerable to the entry of smallpox by air travel. It should be noted that periodical outbreaks of smallpox in Britain in the last twenty years have almost all been due to the entry of air travellers by routes that have their origin in Australia and pass through various Asiatic countries where smallpox is endemic. It is only a matter of time before the infection will travel in the opposite direction.

A total of 3,231 children were listed as having dental defects, but these should not be accepted as being the total number requiring dental treatment. The examination by a school medical officer is not a detailed dental one but is merely incidental to a general medical examination. The experience of the School Dental Service has been that, in a total of 34,609 children, far more than 3,231 will require dental treatment. There is a simple remedy for this state of affairs readily available, in the form of a supplement to domestic water to raise its fluoride content to a reasonable level.

Audiometric tests, conducted by the School Health Service among pupils of secondary schools have revealed among members of the school cadet units a number of cases of high-frequency deafness undoubtedly induced by the noise of rifle-firing. Prevention of noise-induced deafness of this type is quite simple and depends on the use of ear defenders, which should be compulsory during rifle practice. The results of the investigation have been sent to the Commonwealth Director-General of Health, with the request that he should ask the Department of the Army to ensure that cadets wear ear defenders.

For the last fourteen years, the staff of the School Health Service has carried on a steady programme of research into the incidence of endemic goitre in Tasmania. This work has been carried out under the general direction of Dr. F. W. Clements, of the School of Public Health, University of Sydney. It has added a considerable amount to the knowledge available in Australia about this condition. An attempt is now being made to discover the influence of heredity on thyroid enlargement. This involves the compilation of detailed histories of the occurrence of goitre in a group of families in the Huon district. A study is also being made from school medical records, of variations in goitre in twins.

Nutrition Advisory Service

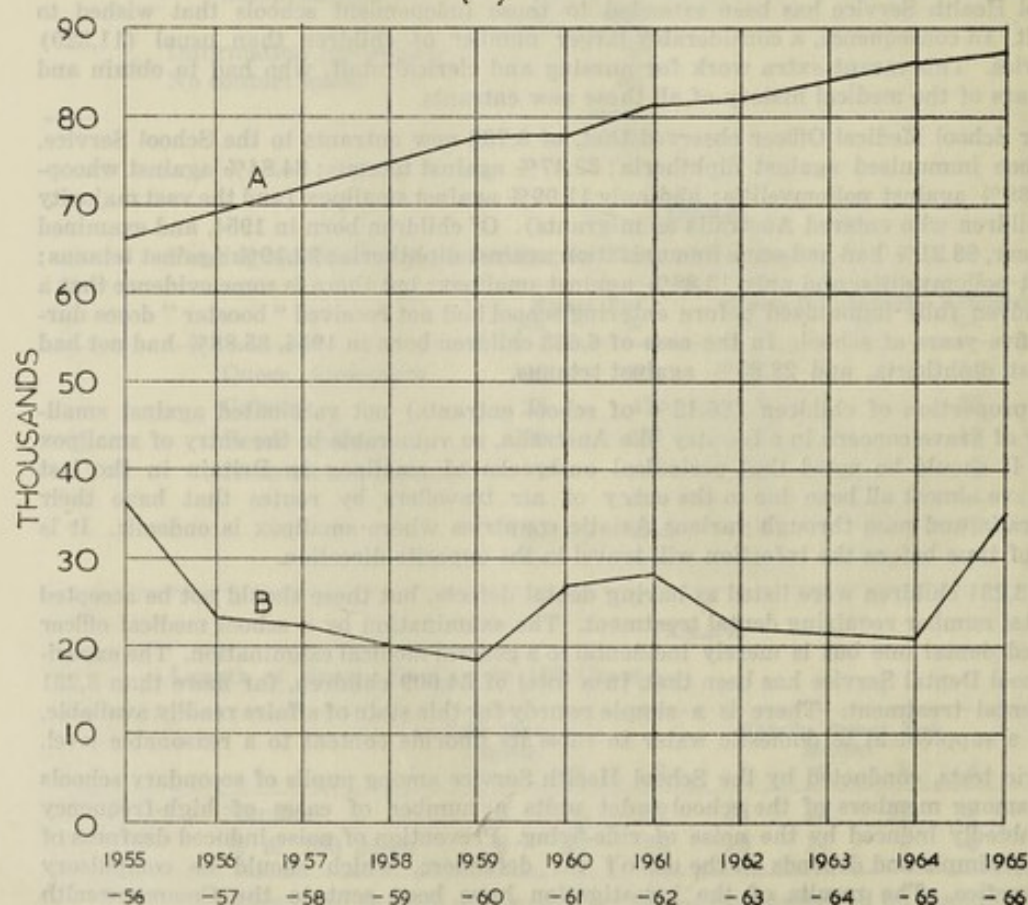
Five years ago, the Nutrition Officer commenced a survey on the Vitamin C intake of a group of children attending Child Health Centres. This survey was originally suggested by the Director of Public Health, to see whether, in fact, the consumption of black currant juice as a source of Vitamin C is as high as some dentists would have us believe. The results, at the end of five years, have been published elsewhere, and indicate, among other things, that black currant juice is not as popular as has been suggested.

The practice of conducting dietary surveys in about ten schools, in various parts of Tasmania, was continued, to ensure that our knowledge of the dietary pattern is kept up to date.

The Nutrition Officer gave an increased number of nutrition lectures to teachers in training at Launceston and Hobart, and assisted in Health Education by lectures on dietary subjects to various public bodies.

TASMANIAN SCHOOL HEALTH SERVICE

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



(A) INCLUDES STATE & PRIVATE SCHOOLS

Industrial Hygiene

The Regional Medical Officer of Health in the North continued his work as factory medical officer to the Railway Workshops, where he has gradually effected a very considerable improvement in working conditions. He has visited a number of other industrial establishments in Launceston, and has been responsible for the elimination of a number of unsafe practices in some of them.

In the South, industrial hygiene surveys have been sporadic, and have had to be fitted into other work whenever possible, because no member of the medical staff has been available to concentrate on this important subject.

The appointment of Dr. E. J. McArdle as Regional Medical Officer of Health in the North-West will provide a medical officer qualified in Industrial Hygiene; it is to be hoped that he will be able to spare some time from other work to supervise the growing number of industrial establishments in this region.

Environmental Sanitation and Food Control

New Building Regulations, introduced on 1st January, 1966, changed in some respects, the method of dealing with plans of places of assembly, and should result in fewer delays.

New regulations under the Public Health Act, in respect of slaughterhouses, were gazetted early in the year 1966.

As in previous years, the main problems of the Health Inspectorate were associated with the disposal of sewage and sullage, and the processing and handling of food.

Existing sewers are being extended in Launceston, St. Leonards, Glenorchy, Kingborough, Devonport, Burnie, Beaconsfield, Geeveston and Campbell Town; but in some cases this extension is a matter of grave concern, because it further overloads an already inadequate treatment plant. An example of this occurs in the Riverside area of Beaconsfield, where the existing small sewage treatment plant is quite incapable of coping with less than half the load that is now directed to it. Therefore, it is adding its quota of untreated sewage to the Tamar which also receives completely untreated sewage from the City of Launceston; but the City Council is planning for the installation of an adequate treatment plant. In the City of Glenorchy large extensions to the treatment plant at Prince of Wales Bay came into service during the year; and the Hobart City Council is making good progress with its installation at Macquarie Point. In the Municipality of Clarence, a "package" sewage treatment plant has been installed at Geilston Bay; this bay is grossly polluted with septic tank effluent and sullage, and while the new plant will only cope with portion of this pollution, it is a step in the right direction. 1,115 applications for septic tanks were received during the year of which 62 were rejected.

Supervision of the handling of meat represents one of the most difficult problems of the Public Health Division at the present time. The Local Government Act sets out quite clearly the method of licensing of slaughterhouses (which is a responsibility of the local authority). The licence expires at the end of each calendar year, and therefore a new licence must be issued if the premises are to be used for slaughtering after 1st January. The issue of this new licence is dependent upon a satisfactory report from a medical officer of health.

The introduction of the State Health Laboratory has enabled the systematic collection of information about water supplies to begin. The substantial increase in sampling in the last year has revealed the existence of a number of polluted water supplies, and many doubtful ones. One legislative weakness is that, though the Waterworks Clauses Act requires the operator of a water undertaking to supply wholesome water, there is no legal standard by which this can be judged. There is need for a standard, preferably based on recommendations by some internationally recognised body such as World Health Organisation.

Notifiable Diseases

The decline in notifications of infectious hepatitis, mentioned last year, has continued. It is hoped that this decline is an indication that the epidemic in the community during the last three years has now produced a fairly substantial level of immunity. On the other hand, there has been a substantial increase in notifications of rubella and scarlet fever, both in fairly mild form.

In connection with infectious disease, the outstanding event of the year arose from the decision of the Commonwealth Government to accede to our request for Sabin vaccine for general use instead of Salk poliomyelitis vaccine. This enabled us to organise a campaign throughout the State for adults and those children who did not receive a full course of Sabin vaccine in 1964-65.

It is satisfactory to record that, in approximately eighteen months from the first use of this vaccine in Tasmania, we have succeeded in reaching about 50% of the population of the State, including a much higher percentage of the more susceptible age-groups. There is no doubt that the ease of administration of oral vaccine was an important factor in this achievement.

During the year, there were three notifications of cases of suspected poliomyelitis, but only one of these was confirmed. This was a very severe illness, with almost complete paralysis, in a young man. Neither he, nor any member of his family, had ever had a dose of poliomyelitis vaccine, despite the fact that he had been employed by a local authority that has regular immunisation sessions for the public.

NOTIFICATION OF INFECTIOUS DISEASE VENEREAL DISEASE RATES PER 100,000 OF POP.

GONORRHOEA — SYPHILIS - - - -



Details of infectious diseases notified in each municipality are shown in Table 11. The figures for each month are shown in Table 13.

Table 12 furnishes information on the age and sex distribution of venereal diseases notified during the year.

National Fitness

The staff of the National Fitness Section was transferred to the Division of Public Health at the beginning of 1966. This was a logical move, because the objectives of the National Fitness movement come with the definition of Public Health.

Two new staff positions were created during the year; a Field Organiser to promote the National Fitness Council's adventure camping programme and the Duke of Edinburgh's Award scheme, and a female Field Officer to promote the Council's programme among women and girls. Both positions were advertised and will be filled in the latter half of 1966.

Office accommodation is adequate, except in Launceston, where it is most unsatisfactory. Various suggestions have been made for a new office in the North, the most satisfactory being a proposal to provide accommodation for the staff in the regional office of the Public Health Division. This will necessarily have to await the completion of a new building planned to take the place of that now used by the Division at 90 Cameron-street. It is to be hoped that this building will not be long delayed.

Because of the rapidly increasing community demand for service in this field, the promotion of amateur sport played an increasing role in physical recreation and fitness programmes. Over the year, new sports have been introduced to the State and controlling bodies established. This year has seen quite a spectacular rise in the numbers participating in sporting activities both indoor and outdoor. The rise has been particularly evident in associations and groups which officers of the Section have initiated.

Close liaison was maintained with local government and other authorities interested in the provision of facilities and the promotion of National Fitness.

An advisory service to schools and other authorities operating the Duke of Edinburgh's Award Scheme, was provided on a very limited basis. It will not be possible to promote this movement adequately until the Field Organiser recently appointed takes up his position.

HEALTH EDUCATION COUNCIL

Members at 30th June, 1966

Professor C. H. Barnett; Mr. N. H. Campbell; Dr. T. H. G. Dick; Mr. P. Hughes; Dr. H. M. L. Murray (Chairman); Mr. R. C. Porter; Dr. A. D. Ross; Dr. G. Williams (Secretary); Mr. A. J. Winter.

Activities

Diets and Coaching

The problem of coaching for sport and the use of dietary supplements was referred for investigation by the National Fitness Council. A press statement was issued in the name of the National Fitness Council drawing the attention of parents to the matter. However, this was too late in the year to have much impact on the swimming season. It is planned to issue, prior to the summer of this year, a suggested coaching programme and dietary needs to be written by Department of Education coaches and vetted by members of the physical education and physiology departments of the University of Tasmania. This will be accompanied by supporting mass media publicity.

Fireworks

Following liaison with the Police, St. John Ambulance, Hospitals, the Tasmanian Ophthalmological Society and the Mines Department, a resolution was placed before the Ministers for Health and Mines, that the maximum permitted explosive charge of fireworks be decreased. This will be incorporated into legislation in due course.

Smoking

During the first term of the school year the Council undertook its first survey into the smoking habits and attitudes of children in the Tasmanian schools. The results indicated a problem exists. It was resolved to continue further surveys with the dual role of collecting information and using the questionnaire as a means to institute anti-smoking information to the school children.

Nutrition

The suggested menu for school tuck shops, the National Health and Medical Research Council "Guide to School Tuck Shops", together with an offer of qualified speakers to address interested groups, was circulated to schools. In the latter part of the year a sub-committee was formed to examine the Minister for Health's request for an educational programme on diet and dental hygiene. In collaboration with dental officers of the Department of Health Services, a programme was drawn up which based its approach on the School Dental Services and the Science and Domestic Arts Teachers of the Department of Education.

New Publications

(a) Leaflets—

Innocent Heart Murmurs in Children.

Advice to Users of Chain Saws.

Suggested Menu for School Tuck Shops.

(b) Booklets—

The Exceptional Child (a manual of educational facilities in Tasmania for handicapped children).

Liaison with Other Bodies

Discussions and correspondence have been held with representatives of the Tasmanian Cancer Committee, the Australian Dental Society, Australian Medical Society, the Hydatids Eradication Council, the Alcoholics Information Service, National Fitness Council, and the Hobart State Schools' Sports Association, with considerable interchange of material and suggestions for co-operation. The prevailing attitude of co-operation offers hope for the future.

The programme for the coming financial year is one of expansion of the Council's activities. It is planned that an attempt be made to use radio, television, journals, Adult Education programmes, to bring to the public factual health education. The long term project of increasing the content of health education in schools, Teachers' Training course, and University Curriculae is to continue.

DIVISION OF PSYCHIATRIC SERVICES

Administration

The Mental Health Act continued to function satisfactorily except for some minor "machinery" problems.

In November, 1965, a conference of the heads of the Australian and New Zealand psychiatric services and statistical services was held in Hobart. The purpose of the conference, which sat for a week, was to achieve uniformity in the reporting of mental health statistics throughout Australia and New Zealand. The new system of statistical reporting will begin with a census of all mental hospital patients on 30th June, 1966, to coincide with the Commonwealth Census of the whole population. Statistics will be recorded on a punch-card system which will enable meaningful statistics to be available for the whole of Australia.

Hospitals

Lachlan Park Hospital

881 patients remained in the Hospital on 30th June, 1966, and this was 7 less than the previous year. The total number of patients under care during the year rose from 1,591 to 1,896 and the total admitted and returned from 882 to 1,008. First admissions dropped from 512 to 475, but re-admissions rose from 89 to 419. This was due to each second and subsequent admission now being shown as a re-admission. Discharges from hospital rose from 474 to 734. There was a rise in the number of deaths because of the increase in the age of chronic patients.

Statistics are shown in Tables 22-25 inclusive.

The staff position on the male side improved slightly and there are now 53 trained staff of an establishment of 68 trained staff. On the female side the position is still serious, there being a marked lack of trained staff. Out of an establishment for 68 trained staff there are only 29 positions filled. On the male side all positions for student nurses and nursing orderlies are filled to capacity. The female establishment shows a marked lack of student nurses although nursing aid positions are almost up to establishment.

The medical staff consists of nine (9) Doctors, of whom three are Psychiatrists who can act as Responsible Medical Officers under the new Act, and two (2) are part-time. It is hoped that in the coming year it will prove possible to recruit Psychiatrists. The lack of Psychiatric staff means that the evolution of the hospital towards the establishment of a Therapeutic Community is necessarily slow.

There are no trained social workers on the staff of the Hospital. This imposes great handicaps upon the medical staff, for they often lack basic information about the patient's history, home conditions &c.

With the completion and demolition of old wards and buildings, the planned development of the Hospital in two areas, East and West, is progressing. There were some problems with moderate overcrowding due to the demolition of a number of wards.

Works completed during the year were the re-modelling of the old "G" and "M" Wards, construction of six (6) flats, six (6) staff residences and a new Central Store.

Work is well advanced in the building of a further seventeen (17) staff residences, mixed adolescent ward, hospital and totally dependent ward, female maximum security ward and two (2) Occupational Therapy Centres, while contractors have commenced on the Amenities Centre, admission ward and male maximum security ward (West Hospital).

Other major works undertaken or in progress, are the provision of mechanical and electrical services, heating and ventilation and fire protection services to wards and buildings in the West Hospital area, and the installation of the fourth boiler to supply steam for reticulation to the West Hospital.

A number of escapes occurred from Ward 10, and some of these have been the subject of a Board of Enquiry. In this connection it must be emphasised that there are perhaps not more than ten or a dozen patients in the hospital who require secure detention for the protection of the public or the protection of property. Mentally ill patients seldom present any problem. Great problems are occasioned by the presence in the hospital of a few criminals of slightly subnormal intelligence who have sufficient brains to plan escapes with considerable cunning, and who incite other subnormal patients to rebel against authority. There is considerable difference of opinion as to whether these subnormal criminals should be treated in prison or in hospital. They do not respond readily either to penal or medical treatment and they are a disrupting influence in both prisons and in hospitals. It is considered that criminals should be treated by penal methods unless there is evidence that medical treatment is superior to penal treatment.

Millbrook Rise

Although the actual number of admissions dropped, the daily average was maintained slightly above last year's level. The staff position was good as regards senior nurses but there were severe shortages in junior nurses and domestics, which threw heavy burdens on the senior staff. The central heating, after initial teething troubles, has made life much more comfortable for patients and staff.

Statistics are shown in Tables 26 and 27.

Regional Services

Southern Region and Headquarters

The time of the Director of Psychiatric Services was largely taken up with administration. The other two Psychiatrists were almost wholly occupied in clinical psychiatry, most of their time being spent at Clare House, the psychiatric day hospital. This day hospital (a branch of the Royal Hobart Hospital) has been in great demand and the case load rose far higher than anticipated. The nursing and medical strength is inadequate for the number of patients attending in spite of the part-time services of a general practitioner.

The Alcoholism Information Centre was very active in the educational field. A second Welfare Officer (Alcoholism) was appointed and these officers performed a valuable function in arranging hospitalisation of alcoholics as well as their educational and rehabilitation work.

A Child Care Officer appointed in a Psychiatric Social Worker vacancy later transferred to another Department, and this leaves a social worker vacancy.

Negotiations are proceeding for the recruitment of a Senior Medical Officer Child Psychiatrist. The building acquired some years ago for the establishment of a Child Psychiatric Clinic has not been occupied by the Division.

North Eastern Region

One of the two psychiatrists in this region resigned and another very competent psychiatrist was appointed in his place. They provide a psychiatric service to the Launceston General Hospital and other hospitals in the area, as well as carrying out examinations for the courts, the Police and other Government Departments. At present they work one day each a week at Burnie and Devonport.

North Western Region

The psychiatrist in this area resigned during the year. The position has been advertised in Australia and Overseas without success.

The population in this area warrants the employment of two psychiatrists, together with the necessary ancillary social work and psychological assistance.

Guardianship

There are some 80 patients under guardianship in the community. These are the responsibility of individual guardians or of the Guardianship Board. The Board's social workers, who are officers of the Division, do a large amount of supervision of these patients.

DIVISION OF TUBERCULOSIS

A total of 66 new tuberculosis cases in all forms was notified during the year. The source of the notifications is given in Table 17 and the municipalities in Table 18. Being 15 less than for the previous year, this reflects the satisfactory continued decline in the incident rate of tuberculosis in this State.

Sex and Form of the 66 new cases is given in Table 14. From this it will be seen that the incidence is not so pronounced among the male population as in previous years, representing 53% of the total, as against 68% last year. For pulmonary cases only, the males represent 60% this year, as against 72.8% last year.

Classification of the 57 cases of pulmonary tuberculosis, according to Age, Sex, Stage of Disease and Bacteriology at time of notification is given in Table 15.

Classification of Primary Tuberculosis, Tuberculous Pleural Effusion and other non-pulmonary cases according to sex and age is given in Table 16.

Table 19 gives the classification according to age and sex of deaths with Tuberculosis the main or contributing cause.

Supervision of Pulmonary Cases

Hospitalisation of pulmonary cases was effected in all cases where in-patient treatment was considered desirable. Twenty-seven persons were admitted to the Tasmanian Chest Hospital, and a further 23 to the Northern Chest Hospital, and one case to the Repatriation Hospital.

One patient living on King Island preferred to travel to the Royal Melbourne Hospital for treatment. In two instances treatment by private physicians was considered satisfactory. There was one admission still pending at the close of the year.

In two instances, the notification resulted from postmortem examination.

Migrants

During the year there were 10 notifications among persons born outside Australia. Birthplaces of these were—United Kingdom (4), Hong Kong (1), China (1), Holland (1), Italy (1), Germany (1) and New Zealand (1).

In 7 cases the length of residence in Australia exceeded 10 years, and a few of these were of much longer duration. Two other persons had residence of 7 and 5 years respectively.

Tuberculosis Allowance Payments

At the beginning of the year, 69 persons were receiving the allowance. During the year, an additional 69 new claims were received, of these 49 were approved, plus one transferred from interstate. 76 allowances were cancelled during the year, leaving 43 still current at 30th June, 1966, i.e., a decrease of 26 on the previous year.

Chest Clinics

With the continued improved State tuberculosis position, resulting in a reduced demand and shorter period of in-patient treatment being required, the Chest Clinic is increasingly important as the focal point of tuberculosis control. The Chest Clinic will be responsible for the supervision, treatment and control of a greater number of patients, and will also investigate the "suspected" case, and case contacts. The conducting of periodical Epidemiological Surveys will also engage the attention of the Clinic staff. A summary of attendances at the various Clinics during the year is given in Table 20.

Mass X-ray statistics are given in Table 21.

TECHNICAL DIVISION (Government Analyst Laboratory)

Staff

The appointment of a senior chemist in the Agricultural section and a new cadet chemist was partly offset by the resignation of a former cadet chemist for a far more remunerative post in industry. Two appointments to other vacancies were not taken up by the appointees.

It is hoped that all vacancies (nearly thirty per cent of the total staff) may be filled in the near future. Presently, it is necessary to curtail or postpone important work connected with pesticides residues in food and water, air pollution problems and research programmes of the Departments of Agriculture and Forestry.

Housing and Equipment

It has not yet proved possible to relieve the gross overcrowding of personnel and equipment.

The recent installation of an atomic absorption spectrophotometer, purchased by the Department of Agriculture, will enable us to provide a faster and wider coverage of their analysis demands.

Summary of Work

The materials examined number 4,123, a decrease on the previous year mainly caused by restrictions necessary to overcome staff shortages and extensive absences of senior staff resulting from illness and long-service leave.

The largest number ever of soil samples was examined (see table below) and there was a notable increase in sewage and sewage effluent samples examined. A notable decrease in plant samples occurred and toxicological samples dropped considerably. The number of food samples (other than milks) showed a sharp decrease. Other samples of varying categories remained static.

Materials Examined

Soils	1,617
Plant material	670
Water (for fluoride)	304
Water	290
Sewage, effluents, seepage	272
Milk (cow's)	244
Food (other than milk)	117
Toxicological specimens	95
Blood Alcohol	81
Air samples	65
Criminal investigation	60
Fertilizers	56

Animal toxicology	45
Drugs and medicines	39
Detergents, soaps, &c.	27
Feeding stuffs	27
Biochemical specimens	18
Fuels and lubricants	14
Corrosion products	13
Pesticides	7
Building materials	5
Dust	2
Disinfectants	1
Milk (human)	1
Paper	1
Miscellaneous	52

4,123

Source of Samples

Government Departments—

Agriculture	1,487
Health	287
Hydro-Electric Commission	182
Coroners	157
Police	108
Forestry	96
Supply and Tender	48
Public Works	39
Labour and Industry	23
Rivers and Water Supply	13
Inland Fisheries	10
Transport	7
Education	6
Agricultural Bank	1
Public and firms	1,096
Local authorities (22)	528
Hospitals and institutions	27
Commonwealth Departments	5
University	3

4,123

Consultative and Advisory Work

Considerable time has been spent by senior staff in answering a wide range of enquiries and requests for chemical information or solutions to problems encountered by other Departments, firms, industries and the general public.

Food Chemistry

Of the 361 samples, 320 were from official sources and of these, 218 were milk.

Official food samples found not to comply with the Regulations were 90 milks and 44 other foods. There were 2 milks containing filth, 2 were watered, the remainder failed from minor quality defects.

Of 43 mince meat and sausage meat samples, 30 were found to contain sulphur dioxide preservative in contravention of the Regulations. Defects in standard were found in 9 other foods and 6 others contained filth or other foreign material.

Agricultural Chemistry.

Samples solely connected with agricultural pursuits numbered 2,368, a decrease of 199 from last year. Soil samples rose by 431 to a record 1,617, but plant materials fell by 597, due mainly to unavoidable restriction of intake.

Bark measles investigations by the Plant Pathology Division provided over 200 samples for both soils and plant materials. The largest single source of both soils and plants was the Horticulture Division (441 soils and 322 plant samples). The Agronomy Division provided 120 barley samples for trial plots.

Animal poisoning samples almost doubled those received last year. This increase is deplorable, particularly as many of the samples submitted were baits found lying in places accessible to young children as well as animals. Strychnine is still the most common poison used and the results of ingestion by a child can well be imagined.

Forensic Chemistry and Toxicology

Court appearances by senior staff were involved with most of the 60 exhibits connected with 16 cases submitted by the Police.

Toxicological specimens involved 95 specimens from 28 cases.

Of the 81 bloods examined for the presence of alcohol, 15 showed nil result. The alcohol found ranged from 14 milligrams per 100 millilitres up to 470. In the samples where alcohol was found 68% exceeded a concentration of 150 milligrams per 100 millilitres. Most of the specimens were connected with road traffic accidents (22 driving-under-the-influence charges and 52 coronial inquiries).

Industrial Hygiene

These samples appear under such categories as "biochemical specimens", "dust", "air", &c., in the above table. In all, these total approximately 80.

Samples were examined for the presence of toxic metal concentrations, harmful amounts of exhaust gas products, &c. in premises connected with Government and private industrial processes and interstate "roll-on-roll-off" ferries.

In some cases procedures for the protection of workers and members of the general public were given.

Waters and Corrosion Problems

In this report the water samples examined for fluoride content are shown separately from those submitted for other examination. During the period reviewed there were 7 samples per week (until February, when fortnightly checks were instituted) from Hobart fluoridation scheme and the return for waters examined would otherwise have been unduly inflated.

The control of fluoride addition to the three presently treated supplies has been shown to be uniformly good. Agreement between the control and laboratory checks, as well as correlation of the fluoride usage, gallonage of water treated and the achieved concentration has remained on a very high plane.

The increasing interest of municipalities for better water supplies and of the primary producer for artesian supplies of water has remained at a high level.

Miscellaneous

During the year under review there has been an increasing interest in the sewage effluents discharged from various local authorities' treatment plants. This has resulted in an upsurge in the number of these samples examined (272).

The fluoridation of water supplies in the two major cities of this State, and the use of modern surfactants in the home, has resulted in easier determination of the causative agent in "seepage" problems, previously confined to more "hit-or-miss" methods, with a corresponding increase in requests for the examination of these problems.

Drugs and medicines from the Central Medical Store of the Supply and Tender Department, fuel oils for the Transport Department, corrosive products from various sources, and samples best categorised as "miscellania" comprise the balance of the samples examined.

ST. JOHN'S PARK HOSPITAL

Geriatric Training School

The Geriatric Training School is maintaining a steady rate of progress and the training received by the nursing staff is most evident in their work throughout the wards.

During the year 112 students passed through the school. In the first year examination 10 passed and 33 failed. In the second year examination 12 passed and 6 failed. In the third year all 7 candidates passed. Eight General trained nurses sat for the Post-Graduate course (Geriatric) and all were successful.

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

The holiday homes have been occupied continuously during the year and 246 males and 65 females spent a holiday at Carlton. It is hoped that the new 10 bed convalescent ward will be occupied in the near future. Work is progressing very satisfactorily on the erection of five additional chalets, a sun/dining room, another staff residence and a bathroom block and toilets. With the completion of these units it will be possible for the centre to accommodate 32 patients.

Bowling Green

Although still in its infancy, the St. John's Park Bowls Club continued to make progress and the club-house being constructed by the artisan staff is nearing completion. During the coming year the patients will be encouraged to learn to play the game of bowls.

Social Activities and Amenities Provided for Patients

Patients still continue to enjoy the outings provided for them to the country, the mountain, the seaside, Salmon Ponds, National Park, Port Arthur and Orford and other beauty spots and thanks are due to the various organisations who have assisted in these outings.

Occupational Therapy and Handcraft

Patients are encouraged to take an interest in occupational therapy and handcraft work, and some of them again took prizes in the Handcraft Section at the Royal Hobart Show.

60 and Over Club

Membership of the Club formed during the year is open to all the Geriatric patients and the members have elected their own committee. The Club is using the new sunrooms in the Male Division as its headquarters and both male and female patients are able to meet here daily.

Medical Attention

A full time Medical Officer was appointed during the year and the appointment of a second Medical Officer is eagerly awaited.

The appointment of the Departmental Senior Medical Officer (Geriatrics) has already proved of benefit to the Hospital.

Building Operations

Buildings completed and occupied during the year were the Nurses' Home, Sunrooms, Artisans' Workshop, Residence for the Senior Physiotherapist and two residences for male nursing staff in Gregson-avenue, New Town.

A residence was purchased in Lenah Valley for the Medical Officer.

Steady progress was made with the two new floors to the Bruce Carruthers Wing and the new store, and these will be occupied in the near future.

Appreciation

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

Statistics are shown in Table 10.

CONSULTANT IN PREVENTIVE DENTISTRY

It should be a matter of concern that the state of fluoridation in Tasmania has remained the same as it was 12 months ago, when approximately 10,000 persons were drinking fluoridated water in West Tamar-Beaconsfield, 45,000 approximately in Launceston and 45,000 approximately in Hobart.

On the credit side, at the close of the year at least three municipalities are considering water fluoridation. No progress has been achieved beyond approval in two municipalities. Installation of equipment is now completed at Rosebery, but fluoridation had not commenced at 30th June.

Centres visited and organisations lectured during the year were St. Marys Child Health Association, Campbell Town Council, Longford (public meeting), Devonport, Rosebery, Launceston, Burnie Council, Smithton Council, Ulverstone Council, Scottsdale Council and Longford Rotary Club.

Liaison was continued with intra and interstate and international bodies and the press clipping and fluoridation library were maintained. Information and advice was given to both Departmental and Municipal authorities.

The Consultant has recommended (a) that confirmatory, random sampled surveys be undertaken in Launceston, Hobart and a control area to assess the degree of effect of fluoridation and (b) that those water supplies provided by the State Government be fluoridated at the earliest expedient opportunity (i.e. North East Regional and South East Regional Schemes).

THE HANDICAPPED CHILDREN'S ADVISORY COUNCIL

The Council met twice during the year.

At the January meeting the Council was informed that Cabinet had decided to appoint a sub-committee to investigate the possibility of the Council being established as a supported body by legislation.

Dr. Ailsa Marshall, the Medical Officer, Cerebral Palsy, attended the January meeting to discuss the question of her undertaking a survey of handicapped children. She explained that in recent years there had been a considerable change in attitude by the medical practitioners, in that they now appear to be referring patients for specialist opinion frequently. She felt that at this stage a survey would be of little value for the cost and time involved.

At a meeting held in May subsidies to handicapped children's bodies were considered and in all cases the subsidies when payable were recommended for renewal.

STAFF.

It is with deep regret that I record the death of Dr. J. H. R. Tremayne, who was an esteemed officer of the Department for many years and recently resigned from the position of Director of Tuberculosis to take up an appointment as Director of Tuberculosis with the Commonwealth Department of Health.

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

For year ended 30th June, 1966.

	Table No.
International Classification of Diseases, Injuries, Pregnancies, Births and Causes of Diseases, W.H.O. List A.	1
Causes of Injury, A. E. Code, and Nature of Injury, A.N. Code	2
I.L.O. International Standard Classification of Occupations of Individuals sustaining Accidents necessitating admission to hospital	3
Duration of Hospitalisation and number of deaths in accident cases	4
Public Hospital Statistics	5-7
District Medical Service—Attendances	8
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St. John's Park Hospital Statistics	10
Notifiable Infectious Diseases according to Municipalities	11
Venereal Diseases—Age and Sex Distribution	12
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Lachlan Park Hospital Statistics	22-25
Millbrook Rise Statistics	26-27

TABLE 1—continued.

[illegible]

TABLE 1—continued.

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES	Patients		Age Groups										Disposal				R.	R.T.			
			Under 1		1-4		5-9		10-19		20-44		45 Plus		Improved				Unchanged		Died
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.
(a) A Code—																					
Cause Groups																					
A 103 Intestinal obstruction and hernia ..	448	193	641	27	3	33	10	25	11	33	3	108	52	222	114	458	184	23	14	5	9
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn ..	154	183	337	37	38	37	33	8	6	13	26	23	21	36	59	158	190	10	6	4	2
A 105 Cirrhosis of liver ..	12	7	19	..	..	..	..	..	..	3	..	1	1	8	6	11	5	1	2	2	2
A 106 Cholelithiasis and cholecystitis ..	84	250	334	..	..	..	..	..	..	1	7	23	100	60	143	90	256	5	13	2	3
A 107 Other diseases of digestive system ..	297	259	556	22	18	14	20	33	19	20	37	81	75	127	150	285	279	35	24	11	8
A 108 Acute nephritis ..	35	17	52	..	..	..	..	14	5	8	6	1	2	7	2	34	17	3	2	..	..
A 109 Chronic, other and unspecified nephritis ..	36	44	80	..	..	..	..	3	8	6	8	9	10	16	17	31	47	9	6	8	6
A 110 Infections of kidney ..	49	104	153	..	..	..	..	5	8	2	25	11	42	31	27	44	98	6	9	3	3
A 111 Calculi of urinary system ..	78	35	113	..	..	..	..	2	..	..	1	32	17	44	17	72	32	18	6	2	..
A 112 Hyperplasia of prostate ..	149	..	..	..	..	..	..	..	..	..	..	3	..	145	19	133	22	7	..	..	..
A 113 Diseases of breast ..	1	50	51	..	..	..	..	..	..	..	7	1	24	..	1	48	..	4	..	..	..
A 114 Other diseases of genito-urinary system ..	326	1,068	1,394	29	2	51	15	29	21	44	113	56	522	117	395	339	1,064	27	77	7	4
A 115 Sepsis of pregnancy, childbirth and the puerperium ..	..	30	30	..	..	..	..	..	..	..	4	..	26	..	..	28	..	2	..	..	..
A 116 Toxæmia of pregnancy and the puerperium ..	..	327	327	..	..	..	..	..	..	..	66	..	261	..	..	355	..	9	..	..	..
A 117 Haemorrhage of pregnancy and childbirth ..	..	180	180	..	..	..	..	..	..	..	36	..	143	..	1	193	..	8	..	1	21
A 118 Abortion without mention of sepsis or toxæmia ..	..	451	451	..	..	..	..	..	..	..	75	..	399	..	7	468	..	11	..	..	27
A 119 Abortion with sepsis ..	..	27	27	..	..	..	..	..	..	..	..	6	21	..	..	28	..	..	..	..	1
A 120 Other complications of pregnancy, childbirth and the puerperium ..	..	1,298	1,298	..	..	..	..	..	..	..	178	..	1,025	..	5	1,344	..	23	..	1	158
A 121 Infections of skin and subcutaneous tissue ..	351	252	603	14	4	52	38	34	23	60	40	111	56	80	91	356	273	7	3	3	3
A 122 Arthritis and spondylitis ..	121	130	251	..	..	3	2	5	1	6	7	32	26	75	94	125	127	14	16	3	34
A 123 Muscular rheumatism and rheumatism unspecified ..	24	27	51	..	..	..	..	2	1	2	6	16	12	4	8	27	27	3	3	2	4
A 124 Osteomyelitis and periostitis ..	38	29	58	..	..	..	..	5	1	11	5	9	4	10	6	44	18	3	3	..	12
A 125 Ankylosis and acquired musculo-skeletal deformities ..	68	110	178	2	3	5	3	10	2	9	19	20	27	22	56	75	123	10	6	..	35
A 126 All other diseases of skin and musculo-skeletal system ..	484	362	846	11	7	29	16	19	17	81	58	163	103	181	161	504	367	31	29	5	1
A 127 Spina lida and meningococci ..	8	4	12	4	1	..	..	2	..	..	..	1	..	1	2	3	2	..	..	..	81
A 128 Congenital malformations of circulatory system ..	24	30	54	9	6	2	3	4	7	3	7	6	6	1	5	13	16	18	6	2	6
A 129 All other congenital malformations ..	131	83	214	34	21	15	17	23	13	40	14	5	13	14	5	114	91	38	20	7	68
A 130 Birth injuries ..	8	6	14	8	9	..	..	..	..	..	..	..	..	..	..	11	8	1	1	..	1
A 131 Postnatal asphyxia and atelectasis ..	11	9	20	11	9	..	..	..	..	..	..	..	..	..	..	11	8	..	1	..	..
A 132 Infections of the newborn ..	10	9	19	10	9	..	..	..	..	..	..	..	..	..	..	8	6	..	..	3	..
A 133 Haemolytic disease of newborn ..	4	12	16	4	12	..	..	..	..	..	..	..	..	..	..	2	12	..	..	..	..
A 134 All other defined diseases of early infancy ..	35	33	68	28	28	6	5	1	..	..	..	..	..	..	..	33	32	3	2	..	3
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unspecified ..	47	49	96	27	26	10	6	8	13	2	4	..	..	..	..	44	46	3	1	1	3
A 136 Senility without mention of psychosis ..	27	38	65	..	..	..	..	..	..	..	..	..	..	27	38	11	14	9	14	10	11
A 137 Ill-defined and unknown causes of morbidity and mortality ..	659	670	1,329	21	19	45	32	58	35	98	163	194	179	243	242	552	573	115	114	15	14
(b) CLASSIFICATION OF NATURE OF INJURY (ACCIDENTS, POISONINGS, VIOLENCE, ETC.)																					
Cause Groups																					
AN 138 Fracture of skull ..	250	58	308	..	2	17	9	9	6	76	11	104	15	44	15	233	59	20	24	13	18
AN 139 Fracture of spine and trunk ..	119	49	168	..	..	1	1	1	..	22	11	42	10	54	28	123	47	7	8	2	6
AN 140 Fracture of limbs ..	707	458	1,165	1	1	43	19	116	57	203	64	193	50	149	267	771	438	28	23	4	28
AN 141 Dislocation without fracture ..	101	48	149	..	..	1	1	1	1	31	7	41	13	22	26	98	48	2	3	1	..
AN 142 Sprains and strains of joints and adjacent muscles ..	98	44	142	..	..	1	1	3	1	20	5	54	11	20	26	101	44	2	1	10	8
AN 143 Head injury (excluding fracture) ..	511	181	692	3	5	50	36	52	25	149	54	186	27	71	34	489	177	20	3	3	11
AN 144 Internal injury of chest, abdomen, and pelvis ..	72	15	87	..	..	3	2	5	4	24	3	26	3	14	3	73	219	14	14	1	3
AN 145 Laceration and open wounds ..	652	220	872	..	..	72	42	60	28	157	49	236	64	125	37	665	215	14	14	3	4

TABLE 1—continued.

INTERMEDIATE LIST OF (150 GROUPS OF) DISEASES	Cause Groups	Patients		Age Groups										Disposal				R.	R.T.				
		M.	F.	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.
AN 146 Superficial injury, contusion and crushing with intact skin surface		127	55	182	..	..	6	6	14	37	14	47	8	23	21	55	4	..	..	..	7	1
AN 147 Effects of foreign body entering through orifice		62	54	106	1	1	8	6	4	6	8	18	12	10	21	52	3	1	1	1	1	1	
AN 148 Burns		159	105	264	6	7	50	31	8	31	14	34	14	18	11	157	5	6	3	1	13	26	
AN 149 Effects of poisons		175	212	387	1	3	82	60	7	16	23	50	79	19	41	164	200	11	12	1	3	1	
AN 150 All other unspecified effects of external causes		126	63	189	1	1	13	10	4	5	31	51	16	26	20	122	62	7	5	1	7	1	
SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS																							
Y Code—		
Y 01 Pregnancy—Normal delivery		
Y 02 Medical or special examination without complaint or finding indicating need of observation of medical care		
Y 03 Follow-up examination after operation injury or disease without finding indicating need for further medical care		
Y 04 Carrier or suspected carrier of infectious organisms without complaint or sickness		
Y 05 Healthy person accompanying sick relative		
Y 06 Other person without complaint or sickness		
Y 07 Admitted for cosmetic plastic surgery treatment		
Y 08 Fitting of a prosthetic device		
Y 09 Normal newborn baby—single birth		
Y 10 Immature newborn baby—single birth		
Y 11 Normal newborn baby—multiple birth		
Y 12 Twin normal with male liveborn		
Y 13 Twin normal with male stillborn		
Y 14 Twin immature with male liveborn		
Y 15 Twin immature with male stillborn		
Y 16 Multiple born normal, males all liveborn		
Y 17 Multiple born normal, one or more males still born		
Y 18 Multiple born immature, males all liveborn		
Y 19 Multiple born immature, one or more males stillborn		
TOTALS		16,419	22,124	38,543	3,660	3,314	1,310	1,002	1,387	1,064	1,957	2,828	3,184	9,188	4,921	15,912	21,865	1,142	1,117	713	500	2,675	151

LEOPND—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 2.
(External) Causes of Injury (Accidents, Poisonings, Violence, &c.)
Year Ended 30th June, 1966.
A.E. Code.

Cause of Accident	Classification of Nature of Injury													Total
	Cause Groups													
	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	Effects of foreign body entering through orifice	Burns	Effects of poisons	All other and unspecified effects of external causes	
	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	
AE 138 Motor vehicle accidents	113	78	201	10	19	328	15	153	45	1	4	..	29	
AE 139 Other transport accidents	10	..	32	3	..	17	7	8	6	..	1	..	4	
AE 140 Accidental poisoning	..	..	..	..	..	..	..	..	..	..	..	160	1
AE 141 Accidental falls	61	50	607	68	61	179	25	107	43	..	..	..	30
AE 142 Accidents caused by machinery	4	6	65	4	1	9	1	142	12	3	4	..	5	
AE 143 Accidents caused by fire and explosion of combustible materials	1	..	..	1	..	..	..	5	1	..	63	..	1
AE 144 Accidents caused by hot substance, corrosive liquid, steam and radiation	2	..	..	..	..	1	..	..	1	..	158	1	3
AE 145 Accidents caused by firearms	..	..	1	1	..	2	1	42	..	..	1	..	2
AE 146 Accidental drowning and submersion	..	..	1	..	..	..	..	..	..	..	..	..	1
AE 147 All other accidental causes	93	31	250	61	61	123	33	397	60	95	32	79	107	
AE 148 Suicide and self-inflicted injury	..	3	3	..	..	..	1	13	..	4	..	147	2
AE 149 Homicide and injury purposely inflicted by other persons (not in war)	24	..	5	1	..	33	3	5	5	..	1	..	3	
AE 150 Injury resulting from operations of war	..	..	..	..	..	..	1	..	..	1	..	..	1
Readmissions	19	18	132	3	6	19	6	35	8	1	16	4	8	
Total including readmissions	327	186	1,297	152	148	711	93	907	190	107	280	391	197	
Total excluding readmissions	308	168	1,165	149	142	692	87	872	182	106	264	387	189	

TABLE 4.
Duration of Hospitalisation and number of Deaths in Accident Cases in Tasmania (including Re-admissions)
for the Year ended 30th June, 1966.

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	191	67	42	11	4	1	1	1	2	..	1	1	5	13
AN 139 Fracture of spine and trunk	42	45	24	16	9	11	8	2	3	6	4	1	15	6
AN 140 Fracture of limbs	647	174	120	63	50	42	26	16	15	17	19	12	96	37
AN 141 Dislocation without fracture	94	23	18	5	1	2	1	1	2	..	2	..	3	1
AN 142 Sprains and strains of joints and adjacent muscles	78	38	16	4	5	3	1	1	1	..	..	..	1	..
AN 143 Head injury (excluding fracture)	567	89	16	14	1	2	7	2	3	3	1	2	4	148
AN 144 Internal injury of chest abdomen and pelvis	37	18	20	8	4	2	1	1	2	..	..	..	..	711
AN 145 Laceration and open wounds	680	130	46	24	8	7	8	7	2	6	1	..	7	93
AN 146 Superficial injury, contusion and crushing with intact skin surface	134	33	13	5	1	1	2	..	..	..	..	..	1	907
AN 147 Effects of foreign body entering through an orifice	93	6	5	1	..	..	1	..	..	..	..	..	1	190
AN 148 Burns	72	67	47	24	17	11	11	4	1	..	..	..	..	107
AN 149 Effects of poisons	305	59	14	5	2	4	..	1	8	3	2	1	13	1
AN 150 All other and unspecified effects of external causes	135	39	9	4	4	2	..	..	..	1	..	..	1	280
TOTAL	3,055	788	390	184	106	88	67	36	39	36	30	18	149	4,986

TABLE 8.

PUBLIC HOSPITALS—Summary of Receipts and Payments, Costs, &c., for Year ended 30th June, 1966.

No.	Hospital	Daily Average of Occupied Beds	Balance at 1st July, 1965		MAINTENANCE RECEIPTS						No.	MAINTENANCE PAYMENTS (NET)										Balance at 30th June, 1966		In-Patients' Cost		Out-Patients' Cost		No.
					Commonwealth Hospital Receipts	State Grant	In-Patient Fees	Out-Patient Fees	Fundraising, 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		
			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
1	GENERAL HOSPITAL: Royal Hobart	380.17	11,692	168,848	2,008,200	372,054	60,127	3,641	2,813,179	1	1,825,720	191,163	2,443,506	374,384	1,121,119	40,094	2,783,906	9,809	2,793,715	—	5,623	17.44	210.55	2.51	7.67	1		
2	Lamington	259.84	—	1,891	136,254	1,147,521	409,296	36,200	2,147,013	2	1,160,012	105,013	91,316	210,488	112,823	31,264	1,700,018	21,095	1,741,111	—	1,789	16.32	303.54	1.94	7.71	2		
3	Stoney, Latrobe	121.94	—	45	83,222	696,086	179,482	6,922	1,171,967	3	653,219	78,728	73,267	86,477	49,124	20,513	907,975	11,932	909,907	214	15	19.55	284.24	2.55	17.90	3		
4	Burnie	53.01	4,877	—	9,149	354,410	139,610	16,374	1,676	521,319	4	323,010	29,594	32,039	47,967	29,728	3,923	503,874	10,882	514,756	—	21.67	161.27	3.32	9.73	4		
	TOTALS	805.96	16,569	1,936	411,473	4,506,511	1,390,442	113,623	13,235	6,843,284	3,971,099	405,496	443,899	733,256	303,775	96,136	5,969,651	33,778	6,023,429	214	7,436	17.68	312.49	2.42	7.97			
5	Spencer, Wynyard	42.52	—	12,861	22,730	180,077	72,232	3,513	374	279,126	5	200,031	16,103	24,079	16,611	16,792	17,432	298,068	3,919	291,987	—	—	17.84	199.49	2.32	8.37	5	
	TOTALS	42.52	—	12,861	22,730	180,077	72,232	3,513	374	279,126	200,031	16,103	24,079	16,611	16,792	17,432	298,068	3,919	291,987	—	—	17.84	199.49	2.32	8.37			
6	MATERNITY HOSPITAL: Queen Victoria, Launceston	58.50	—	741	3,401	233,208	193,177	—	540	430,426	6	273,003	42,212	71,867	12,686	22,667	7,445	429,869	1,237	431,107	—	42	19.52	180.15	2.07	12.01	6	
7	Queen Alexandra, Hobart	41.16	1,306	—	1,715	92,009	143,394	—	436	237,645	7	152,629	27,660	26,588	7,491	6,743	6,844	227,754	6,114	233,868	—	2,287	15.08	141.30	1.43	8.96	7	
	TOTALS	100.66	1,306	741	5,516	324,920	336,571	—	976	667,963	423,632	69,872	98,475	20,177	29,409	14,689	65,654	7,361	663,065	—	2,329	17.70	184.41	1.75	10.32			
8	DIETETIC HOSPITAL: Beaconsfield	11.62	—	526	12,248	39,778	16,865	—	258	69,148	8	11,267	4,209	7,739	1,699	2,737	769	68,540	447	69,987	—	989	12.02	115.78	—	—	8	
9	Campbell Town	11.87	—	349	7,894	45,749	19,274	—	201	72,409	9	44,002	9,976	6,609	2,566	2,679	1,776	70,608	1,715	72,373	—	380	16.31	125.73	—	—	9	
10	Flinders	2.51	—	2,534	569	27,164	4,102	—	545	32,391	10	22,722	2,954	1,271	1,203	1,842	2,942	34,994	527	35,521	—	4	26.32	271.81	—	—	10	
11	Hawes, Franklin	15.30	74	—	6,089	49,186	84,273	—	956	84,269	11	24,123	2,456	7,802	4,242	5,075	226	43,134	1,137	44,291	56	—	14.08	160.49	—	—	11	
12	King Island	6.71	804	—	1,913	14,820	16,544	—	364	23,441	12	34,914	3,967	2,754	1,476	2,225	1,911	46,369	1,074	47,363	—	284	23.09	172.08	1.45	2.45	12	
13	Lyell, Queenstown	27.11	—	7,943	7,287	139,790	64,263	1,435	1,199	204,752	13	128,955	13,459	16,323	11,269	12,660	16,184	196,231	13,185	211,416	—	314	18.59	132.07	2.07	10.02	13	
14	New Norfolk	19.55	—	265	7,807	72,760	36,424	—	116	116,993	14	80,413	9,096	14,309	3,106	1,778	1,713	111,096	956	112,052	—	1,246	16.46	137.83	—	—	14	
15	N. E. Sullivan Memorial, Scottsdale	19.56	23	—	1,432	86,190	40,864	—	929	126,425	15	84,027	2,066	13,811	6,703	13,360	4,407	130,614	518	131,132	730	—	18.29	146.76	—	—	15	
16	Onse	4.47	—	697	3,909	18,120	7,642	—	230	29,281	16	21,356	2,758	2,622	590	1,657	1,385	30,694	30,694	626	—	—	15.38	143.43	—	—	16	
17	Roadbury	8.51	—	1,171	1,259	39,680	21,049	—	119	44,069	17	33,184	5,825	8,843	3,244	2,766	3,075	32,849	1,767	34,616	—	969	16.47	126.08	—	—	17	
18	St. Marys	10.64	—	196	6,213	33,740	14,214	—	1,093	57,969	18	36,287	4,588	7,247	4,624	2,618	1,377	56,941	329	57,670	—	1,428	14.28	137.49	1.29	1.68	18	
19	Southsea	15.69	—	38	9,471	39,440	22,388	—	55	61,854	19	44,458	9,123	9,949	2,701	4,747	1,072	67,025	928	67,953	—	29	12.89	184.06	—	—	19	
20	Tassey Memorial, Langford	17.16	—	27	4,943	47,690	34,979	—	299	89,223	20	61,940	4,481	6,246	6,492	3,556	2,992	86,107	1,143	87,250	—	10	14.07	88.46	—	—	20	
21	Uxbridge	29.54	—	1	17,664	102,000	44,529	—	439	165,671	21	111,872	11,436	29,454	7,117	5,947	1,982	161,808	3,220	165,028	—	38	14.98	144.21	—	—	21	
22	Zeehaan	11.43	—	792	6,365	39,220	19,933	269	538	63,375	22	49,450	7,048	16,613	6,791	3,020	2,783	62,615	3,395	66,010	—	147	19.03	224.17	1.37	1.36	22	
	TOTALS	216.51	901	15,225	107,240	842,650	389,289	1,724	7,031	1,347,334	889,704	101,943	149,745	66,179	74,085	44,549	1,326,205	31,282	1,357,487	1,492	5,373	16.83	145.48	1.75	8.88			
	TOTAL PUBLIC HOSPITALS	1,163.65	18,860	30,763	548,959	5,553,558	2,098,534	118,860	21,816	9,339,727	3,486,456	394,614	734,199	336,223	418,941	172,226	8,241,378	96,330	8,337,708	1,616	15,328	17.47	191.20	2.40	7.66			
23	DISTRICT NURSING CENTRES 25 (12 with Beds)	7.82	—	—	1,001	147,265	19,420	—	—	147,736	23	100,357	7,737	16,543	4,140	3,979	13,338	147,736	—	147,736	—	—	—	—	—	—	23	
24	HOSPITALS FOR CARE OF AGED: Congrove Park, Launceston	231.50	—	22	106,082	226,479	11,640	—	1,147	333,348	24	238,505	33,607	49,339	16,196	11,804	3,065	345,096	7,663	352,759	—	11	4.09	1,080.30	—	—	24	
25	St. John's Park, New Town	427.72	—	—	206,052	621,408	102,658	—	—	931,118	25	678,309	103,634	84,328	29,969	13,760	26,630	929,180	7,678	936,858	—	—	5.81	1,274.62	—	—	25	
26	Spencer House, Wynyard	33.00	—	2,645	18,934	36,829	6,237	—	63	62,034	26	49,477	7,548	4,743	348	1,221	1,224	64,563	—	64,563	—	116	5.36	1,373.68	—	—	26	
	TOTALS	702.22	—	2,667	325,068	697,197	120,583	—	7,210	1,330,560	984,182	147,199	137,612	31,643	28,965	30,948	1,339,319	14,741	1,353,100	—	127	5.22	1,223.36	—	—			
27	MISCELLANEOUS: Freeland	11.56	—	1,037	3,716	9,360	19,223	—	191	34,510	27	28,383	4,195	1,970	295	1,345	391	34,779	—	34,779	—	768	8.24	67.80	—	—	27	
28	Milbrook Rose	21.91	—	—	5,129	20,929	49,615	—	—	75,673	28	33,907	7,286	8,841	1,769	1,374	2,386	73,572	—	73,572	—	—	9.43	441.94	—	—	28	
29	Motherhood	7.07	—	464	47,674	2,096	—	—	—	72,694	29	31,332	3,325	3,366	624	947	4,399	72,694	—	72,694	—	—	26.12	666.00	—	—	29	
	TOTALS	60.54	—	1,037	11,306	37,385	78,864	—	191	142,696	131,842	18,986	17,777	2,648	3,666	7,176	142,696	—	142,695	—	768	12.36	236.71	—	—			
	GRAND TOTAL	1,914.23	18,860	34,467	884,838	6,095,443	2,312,353	118,860	29,217	10,046,709	6,702,837	768,706	996,132	874,394	454,671	223,698	9,930,628	111,071	10,041,699	1,616	16,233	—	—	—	—			

Comparison

Year	Commonwealth Aid		State Aid		Patients' Fees		Sunshine, 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	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%		
1962-63	312,168	7.19	4,887,468	58.48	1,713,752	24.01	23,126	0.32	7,137,304	100	4,496,948	63.07	616,508	8.65	782,234	11.01	562,966	7.84	292,902	4.19	164,096	2.30	-	-	7,194,368	100	4.30	13.05	1.44					
1963-64	695,746	8.91	5,250,666	62.87	1,839,372	25.21	20,988	0.27	7,857,992	100	5,220,852	66.38	640,088	8.13	782,884	10.00	620,428	7.76	327,272	4.14	207,008	2.66	-	-	8,764,808	100	8.83	14.21	1.82					
1964-65	1,311,216	8.57	5,963,662	57.99	2,618,474	23.60	37,214	0.42	9,770,666	100	5,951,548	67.43	1,133,836	8.13	816,982	9.30	742,662	8.47	339,120	4.09	301,242	3.20	-	-	8,764,808	100	11.43	15.21	2.08					
1965-66	884,836	8.81	6,050,463	66.68	2,431,213	28.21	29,517	0.39	10,406,599	100	6,702,837	66.23	584,766	7.66	964,382	9.30	874,584	8.71	439,671	4.53	223,659	2.32	-	-	9,830,428	99.99	11,071	0.11	10,721,499	100	14.68			

TABLE 4

^aSee Table 8.

TABLE 7
GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30TH JUNE, 1966

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	97.50	134.00	231.50	140	134	274	320	35,589	48,910	84,499
2	St. John's Park	162.09	275.63	437.72	236	295	531	727	59,164	100,604	159,768
3	Spencer	9.59	23.41	33.00	10	25	35	47	3,499	8,544	12,043
	TOTALS	269.18	433.04	702.22	386	454	840	1,094	98,252	158,058	256,310

TABLE
DISTRICT MEDICAL SERVICE
Summary of Attendances for the Year Ended 30th June 1966

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	Repetition	Old Age Pensioners	In Hours	Out of Hours	Holidays	Main Surgery	Branch Surgery	Dom-iliary Visits				
Cygnat ..	5,057	2,044	3,013	4,296	662	99	4,296	..	118	254	479	4,209	721	127	3,623	..	1,434	5,787	15	12	..
Esperance ..	6,877	2,939	3,938	5,714	1,038	125	6,280	90	185	10	312	6,451	368	58	3,399	1,632	1,846	8,212	35	33	38
Evandale ..	4,425	2,294	2,131	3,995	418	12	2,903	1,080	88	19	335	3,386	995	44	3,198	199	1,028	2,735	10	19	15
Flinders Is.	3,957	1,889	2,068	2,687	1,233	37	3,522	341	84	..	10	3,624	333	..	3,445	386	126	..	..	39	49
Glamorgan	4,957	2,044	2,913	4,108	574	275	4,491	..	45	69	352	4,724	292	31	2,081	1,742	1,134	14,117	23	14	17
Saug ..	7,909	3,677	4,232	6,730	1,153	26	5,210	424	309	375	1,591	6,366	1,475	68	5,347	1,328	1,234	5,473	..	53	130
King Is. ..	5,053	2,417	2,636	4,816	63	174	4,707	..	191	75	80	4,641	406	6	3,604	1,175	184	..	5	2	2
New Norfolk	3,819	2,461	1,358	2,698	1,050	71	3,035	239	434	2	109	3,562	173	84	3,721	..	98	434	15	48	35
Maydena ..	6,096	2,694	3,402	4,562	1,437	97	4,958	147	393	24	574	5,869	210	17	4,056	1,073	967	6,203	..	..	..
Portland ..	6,768	2,889	3,879	5,948	664	156	3,429	1,888	41	297	1,203	5,240	1,219	309	4,164	123	2,481	11,394	51	50	79
Penguin ..	9,150	4,790	4,360	8,100	1,045	5	7,238	1,050	50	50	762	8,118	875	157	8,399	282	469	5,975	101	42	119
Ringarooma	5,147	1,930	3,217	4,696	455	26	4,424	395	83	16	229	4,779	368	..	2,747	2,277	123	3,926	..	4	12
Tasman ..	5,321	2,426	2,895	4,221	788	312	4,372	228	21	75	625	5,099	143	79	3,280	1,298	743	8,274	..	..	..
TOTAL ..	74,536	34,494	40,042	62,541	10,580	1,415	58,775	5,882	2,042	1,176	6,661	66,068	7,488	980	51,154	11,515	11,867	72,530	255	316	496

TABLE 9

SUMMARY OF WORK PERFORMED IN THE DISTRICT NURSING DIVISION
DURING YEAR ENDED 30TH JUNE, 1966

Name of 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	1,307	774	..	..	..	33	467	19	2,709
Cygnot	5	1,896	3	343	134	15	5	21	..	..
Dover	5	1,577	..	110	64	8	152	54	..	..
Dunalley .. ..	..	165	..	..	..	..	1	58	..	..
Koonya	5	1,503	..	354	273	22	44	169	..	1,097
Outlands	3	380	2,959	3	..	..	..	235	..	6,187
*Southport .. ..	..	45	..	..	..	..	..	..	..	..
Strahan .. ..	..	2,178	672	..	..	..	110	162	2	5,394
Swansea (May Shaw Mem- orial)	4	2,775	13	184	179	17	..	137	..	530
Triabunna	3	3,523	273	71	70	9	96	685	..	1,717
Total (10 centres) ..	27	15,349	4,694	1,065	720	71	441	1,988	21	18,534
NORTH—										
Avoca .. ..	..	3,033	248	..	..	..	39	396	6	700
†Cape Barren Island ..	1	1,190	155	22	..	..	14	63	1	308
George Town	5	76	..	777	771	82	86	56	..	..
Gladstone .. ..	..	1,424	504	..	..	..	32	472	..	4,243
Grassy, King Island ..	..	2,198	112	..	..	..	172	919	..	2,761
Lilydale .. ..	..	571	909	..	..	..	39	1,015	10	6,571
Mole Creek .. ..	..	917	492	..	..	..	3	322	6	1,802
Redpa .. ..	..	2,198	468	..	..	..	34	290	39	2,231
Ringarooma .. ..	..	3,411	474	..	..	..	50	481	..	1,286
Rossarden .. ..	..	6,805	3,554	..	..	..	382	755	..	4,634
St. Helens	6	403	84	209	129	14	157	245	5	121
Sheffield	5	..	..	509	509	53	..	..	..	..
Storeys Creek .. ..	..	2,200	641	..	..	2	77	185	..	4,151
Waratah .. ..	..	972	922	..	..	..	8	292	28	4,010
Westbury	3	2	..	274	268	35	..	..	..	..
Total (15 centres) ..	20	25,400	8,563	1,791	1,677	186	1,093	5,491	95	32,818
Grand Total (25 centres) ..	47	40,749	13,257	2,856	2,397	257	1,534	7,479	116	51,352

*Closed 21.8.65. †Closed during Annual Leave.

COMPARATIVE FIGURES FOR FIVE YEARS 1962-1966

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
1965-66: 25 centres	47	40,749	13,257	2,856	2,397	257	1,534	7,479	116	51,352

TABLE 10

ST. JOHN'S PARK HOSPITAL STATISTICS
FOR YEAR ENDED 30TH JUNE, 1966

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	
1964-65..	247	186	433	158	103	261	60	32	92	80	65	145	265	192	457	450.31
1965-66 ..	265	192	457	173	97	270	91	48	139	87	59	137	260	191	451	437.72
SUMMARY																
										1964-65	1965-66					
Number Resident at commencement of year										433	457					
Admitted during year										261	270					
										694	727					
Discharged during year										92	139					
Deaths during year										145	237					
										237	137					
Number Resident at end of year										457	451					
FINANCE																
Revenue—										\$	\$					
Commonwealth Hospital Benefits										198,496	200,592					
State Aid (Net Cost)										535,782	631,899					
Invalid and Old Age Pensions Contributions										57,898	55,576					
War Service Pensions Contributions										6,284	9,828					
Private Maintenance										39,810	37,284					
Laundry Services										5,118	4,889					
Sundries										4,010	4,132					
										847,398	944,200					
Expenditure—																
Salaries										600,678	676,201					
Light and Fuel										32,400	31,049					
Provisions, Medicines, &c.										125,888	130,992					
Equipment, Stores, Uniforms and Maintenance										73,370	79,975					
Sundries										15,062	25,983					
										847,398	944,200					
Gross Daily Cost per Inmate										5.16	5.91					
Net Daily Cost per Inmate										3.26	3.96					
Gross Weekly Cost per Inmate										36.09	41.37					
Net Weekly Cost per Inmate										22.82	27.69					

TABLE 11

NOTIFIED INFECTIOUS DISEASES IN EACH MUNICIPALITY FOR THE YEAR ENDED 30TH JUNE, 1966

Municipality	Polio-myelitis	Rheumatic Fever	Nephritis	Bacillary Dysentery	Brucellosis	Infantile Diarrhoea	Diphtheria	Meningitis	Hydatids	Infectious Hepatitis	Malaria	Rubella	Scarlet Fever	Tuberculosis	Total
Beaconsfield	1	..	..	..	..	..	..	..	2	..	1	11	3	18
Bothwell	1	..	..	..	..	..	..	..	..	..	2	1	..	4
Brighton	1	..	..	..	..	..	..	..	..	..	4	9	..	14
Bruny	1	1	..	2
Burnie	1	2	..	..	8	4	15
Campbell Town	1	2	..	1	19	..	23
Circular Head	5	..	1	24	..	30
Clarence	1	1	..	..	..	..	..	..	19	1	239	413	3	678
Doloraine	1	..	..	..	4	..	..	..	2	..	16	5	..	28
Devonport	1	..	..	..	..	..	..	..	..	..	..	2	4	7
Esperance	1	1	..	..	..	..	..	..	1	..	..	22	..	25
Evandale	2	1	3
Fingal	1	..	1	3	2	7
Flinders	4	..	..	..	..	..	..	4	..	22	40	1	71
George Town	4	..	..	..	..	..	..	7	..	11
Glamorgan	1	..	..	..	2	..	3
Glenorchy	3	3	..	..	1	..	1	..	12	..	24	107	4	155
Gormanston
Green Ponds	1	..	..	..	..	..	..	..	..	..	..	..	..	1
Hamilton	1	..	..	45	2	48
Hobart ..	†3	4	1	1	..	1	*1	1	..	28	..	46	130	13	229
Huon	2	..	12	20	1	35
Kentish	2	..	1	..	1	4
Kingborough	3	..	33	129	2	167
King Island	4	2	6
Latrobe	1	..	..	..	..	..	..	..	..	..	..	..	1	2
Launceston	6	1	..	..	10	..	1	..	15	1	6	24	11	75
Lilydale	1	..	..	..	..	..	..	..	13	..	2	2	..	18
Longford	3	..	..	1	13	..	..	19	1	37
New Norfolk	1	..	..	..	..	..	..	2	8	..	8	42	1	62
Oatlands	1	..	..	..	..	1	..	1	20	..	23
Penguin	1	..	1
Port Cygnet	1	6	..	7
Portland
Queenstown	4	..	..	..	7	..	8	1	3	23
Richmond	1	..	..	..	..	..	..	..	..	1	21	..	23
Ringarooma
Ross	1	..	8	..	..	9
Scottsdale	6	1	7
Sorell	1	..	..	..	..	..	..	..	4	..	3	3	..	11
Spring Bay	10	..	10
St. Leonards	1	..	..	..	1	..	..	..	..	..	2	24	..	28
Strahan	2	2
Tasman
Ulverstone	2	..	2	7	..	11
Waratah	1	..	..	..	..	1
Westbury	1	..	1	1	19	1	1	5	..	29
Wynyard	2	..	1	12	..	15
Zeehan	3	3
Total ..	3	27	12	1	1	29	1	4	7	172	3	448	1,207	66	1,981

*Confirmed later as tonsillitis.

†1 only confirmed as poliomyelitis.

TABLE 12
RETURN SHOWING AGE AND SEX DISTRIBUTION OF CASES OF VENEREAL DISEASES NOTIFIED FOR THE YEAR ENDED 30TH JUNE, 1966

Disease	Under 1 Year		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65 and Over		Age Not Stated		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Gonorrhoea	76	17	54	6	19	1	6	1	4	1	5	1	3	1	..	..	..	..	..	..	1	..	3	1	171	29	200
Primary Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Secondary Syphilis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
TOTAL	76	17	55	6	20	1	6	1	4	1	5	1	3	1	..	..	..	..	..	..	1	..	3	1	173	29	202

TABLE 13

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES FOR YEAR ENDED 30TH JUNE, 1966

Month	Poliomyelitis	Rheumatic Fever	Nephritis	Bacillary Dysentery	Brucellosis	Infantile Diarrhoea	Diphtheria	Meningitis	Hydatids	Infectious Hepatitis	Malaria	Rubella	Scarlet Fever	Tuberculosis	Total
July .. ..	..	2	1	1	..	5	*1	..	..	13	..	14	251	6	294
August .. ..	..	2	3	..	..	8	..	..	3	15	..	46	234	5	316
September ..	..	..	1	..	..	2	..	..	..	13	..	100	156	8	280
October .. ..	..	2	1	..	..	6	..	..	1	25	..	66	90	6	197
November ..	1	..	..	..	..	1	..	..	1	15	..	85	127	9	239
December ..	†2	1	1	..	..	..	..	..	1	13	..	77	91	4	190
January .. ..	..	3	1	..	1	..	..	..	..	12	1	21	36	4	79
February ..	..	1	..	..	..	..	..	..	..	9	..	14	32	4	60
March .. ..	..	3	..	..	..	..	..	2	..	20	..	11	49	7	92
April .. ..	..	3	..	..	..	..	..	1	..	14	..	4	50	3	75
May .. ..	..	5	3	..	..	4	..	..	..	13	..	2	44	8	79
June .. ..	..	5	1	..	..	3	..	1	1	10	2	8	47	2	80
Total ..	3	27	12	1	1	29	1	4	7	172	3	448	1,207	66	1,981

*Later confirmed as tonsillitis.

†Later confirmed not poliomyelitis.

TABLE 14

CLASSIFICATION OF TUBERCULOSIS CASES ACCORDING TO SEX AND FORM OF DISEASE

For Year Ended 30th June, 1966

Form of Disease	Males	Females	Total
Pulmonary	34 = 59.6%	23 = 40.4%	57
Tuberculous Pleural Effusion	Nil	1 = 100%	1
Primary Tuberculosis ..	Nil	Nil	Nil
Tuberculous Meningitis	Nil	Nil	Nil
Other Non-Pulmonary Cases	1 = 12.5%	7 = 87.5%	8
TOTALS	35 = 53.0%	31 = 47.0%	66

TABLE 15

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

For Year Ended 30th June, 1966

Age Group	MALES				FEMALES				PERSONS				Total Sputum Positive Cases
	Min.	Mod.	Adv.	Sputum Positive	Min.	Mod.	Adv.	Sputum Positive	Min.	Mod.	Adv.	Total Persons	
0-4 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
5-9 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
10-14	1	..	..	1	1	..	..	..	2	..	..	2	1
15-19 .. ..	..	..	..	..	1	2	..	2	1	2	..	3	2
20-24	2	1	..	2	..	1	..	..	2	2	..	4	2
25-29 .. ..	..	1	..	..	..	1	..	..	..	2	..	2	..
30-34	1	1	..	1	..	1	..	..	1	2	..	3	1
35-39	2	1	..	2	..	3	..	2	2	4	..	6	4
40-44 .. ..	..	2	..	1	1	..	..	1	1	2	..	3	2
45-49 .. ..	..	5	2	5	..	3	..	1	..	8	2	10	6
50-54	1	2	..	1	1	..	..	1	2	2	..	4	1
55-59	2	..	..	1	..	1	..	..	2	1	..	3	1
60-64 .. ..	..	2	1	2	..	..	1	..	..	2	2	4	2
65-69	1	1	1	3	..	2	1	1	1	3	2	6	4
70-74 .. ..	..	..	..	..	..	1	..	..	..	1	..	1	..
75 and Over ..	..	4	..	4	..	2	..	2	..	6	..	6	6
TOTAL	10	20	4	22	4	17	2	10	14	37	6	57	32
Percentage ..	29.4	58.8	11.8	64.7	17.4	73.9	8.7	43.5	24.5	65.0	10.5	..	56.1

Males 34=59.7%

Females 23=40.3%

TABLE 16

CLASSIFICATION OF PRIMARY TUBERCULOSIS, TUBERCULOUS PLEURAL EFFUSION, AND OTHER NON-PULMONARY CASES ACCORDING TO AGE AND SEX.

For Year Ended 30th June, 1966

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
5-9
10-14
15-19
20-24	1	1	..	..	1	1	..	..	2	2
25-29
30-34	1	1	..	..	1	1
35-39
40-44	1	1	2	..	1	1	2
45-49
50-54	2	2	..	..	2	2
55-59	1	1	..	..	1	1
60-64	1	1	..	..	1	1
65-69
70-74
75 and Over
TOTAL	1	1	..	1	7	8	..	1	8	9

CLASSIFICATION OF TUBERCULOSIS CASES ACCORDING TO SEX AND FORM OF DISEASE FOR THE YEAR ENDED 30th JUNE 1966

Form of Disease	Males		Females		Total
	No.	%	No.	%	
Pulmonary
Extrapulmonary
Primary
Secondary
Other (Non-Pulmonary)
Total

CLASSIFICATION OF PULMONARY TUBERCULOSIS CASES SHOWING SEX, STAGE OF DISEASE AND POSITIVE BACTERIOLOGY AT TIME OF NOTIFICATION FOR THE YEAR ENDED 30th JUNE 1966

Age Group	Males				Females				Persons			
	No.	%	Notified	%	No.	%	Notified	%	No.	%	Notified	%
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75 and Over
TOTAL
Percentage

Persons 53-402.7%

Males 54-402.7%

TABLE 17

SOURCE OF NOTIFICATIONS OF TUBERCULOSIS CASES
For Year Ended 30th June, 1966

Source	Pulmonary	Primary	Pleural Effusion	Non-Pulmonary	Total
Mass X-ray	32	..	..	..	32
Chest Clinics .. .. .	..	..	..	..	..
Chest Clinics (contacts) ..	5	..	..	..	5
Chest Clinics (Epidemiological Surveys)	1	..	..	..	1
Public Hospitals	12	..	1	6	19
Repatriation Hospital	2	..	..	..	2
Private Physicians	3	..	..	2	5
Death Certificate	2	..	..	..	2
TOTALS	57	..	1	8	66

TABLE 19

DEATHS WITH TUBERCULOSIS
THE MAIN OF CONTRIBUTING CAUSE OF DEATH
CLASSIFIED ACCORDING TO AGE AND SEX.
For Year Ended 30th June, 1966

Age	Males	Females	Total
46	1	..	1
53	1	..	1
60	1	..	1
67 .. .. .	..	1	1
74	1	..	1
77	1	..	1
82 .. .. .	..	1	1
83	1	..	1
TOTAL	6	2	8

44 names were removed from the Register on account of death: of these only 8 were considered to be suffering from active tuberculosis at the time of death.

TABLE 18

TUBERCULOSIS CASES NOTIFIED BY EACH
MUNICIPALITY

For Year Ended 30th June, 1966

Municipality	No. of Cases
Beaconsfield	3
Bothwell .. .. .	..
Brighton .. .. .	..
Bruny Island .. .. .	..
Burnie	4
Campbell Town .. .. .	..
Circular Head .. .. .	..
Clarence	3
Deloraine .. .. .	..
Devonport	4
Esperance .. .. .	..
Evandale	1
Fingal	2
Flinders	1
George Town .. .. .	..
Glamorgan .. .. .	..
Glenorchy	4
Gormanston .. .. .	..
Green Ponds .. .. .	..
Hamilton	2
Hobart	13
Huon	1
Kentish	1
Kingborough	2
King Island	2
Latrobe	1
Launceston	11
Lilydale .. .. .	..
Longford	1
New Norfolk	1
Oatlands .. .. .	..
Penguin .. .. .	..
Port Cygnet .. .. .	..
Portland .. .. .	..
Queenstown	3
Richmond .. .. .	..
Ringarooma .. .. .	..
Ross .. .. .	..
Scottsdale	1
Sorell .. .. .	..
Spring Bay .. .. .	..
St. Leonards .. .. .	..
Strahan	2
Table Cape .. .. .	..
Tasman .. .. .	..
Ulverstone .. .. .	..
Waratah .. .. .	..
Westbury .. .. .	..
Zeehan	3
TOTAL	66

TABLE 20
CHEST CLINICS

New Registrations, Attendances and Epidemiological Surveys for year Ended 30th June, 1966.

New Registrations	Hobart Chest Clinic	Launceston Chest Clinic	Devonport Chest Clinic	Burnie Chest Clinic	Total
Pulmonary Cases	44	16	8	17	85
Non-Pulmonary Cases	2	..	..	..	2
Observation Cases	121	75	25	22	243
Epidemiological Cases	5	3	..	2	10
Case Contacts	128	161	156	153	598
TOTAL NEW REGISTRATIONS..	300	255	189	194	938
Re-Attendances	5,442	4,230	1,037	1,083	11,792
TOTAL ATTENDANCES	5,742	4,485	1,226	1,277	12,730

Epidemiological Surveys

Clinic	No. Tested	No. of Readings	Negatives	Positives	
				Natural	After B.C.G.
Hobart Chest Clinic	1,658	1,658	1,637	12	9
Launceston Chest Clinic	508	503	490	10	3
Devonport Chest Clinic	33	33	33	..	..
Burnie Chest Clinic	1,170	1,168	1,155	7	6
TOTALS	3,369	3,362	3,315=99.1%	29=0.9%	18

TABLE 21
DIVISION OF TUBERCULOSIS—MASS X-RAY
For Year Ended 30th June, 1966

	Hobart	Launceston	Mobile	Total
1. Total number of miniature films	32,140	17,284	39,720	89,144
Large films taken	1,066	294	1,065	2,425
Number referred for further investigation to—				
(a) Chest Clinic	76	45	34	155
(b) Private Practitioner	79	60	20	159
2. Diagnosis made—				
(a) Active Tuberculosis—				
(i) Minimal	3	2	3	32
(ii) Moderately Advanced	8	5	9	
(iii) Advanced	1	..	1	
(b) Inactive Tuberculosis	16	3	3	22
(c) Still under observation	98	54	63	215
3. Other abnormalities discovered—				
Pneumonitis (Non T.B.)	4	..	2	6
Silicosis	4	..	2	6
Bronchiectasis	6	..	..	6
Emphysema	4	2	11	17
Bronchial Carcinoma	4	4	3	11
Secondary Carcinoma	4	2	5	11
Sarcoidosis	3	2	..	5
Cystic Disease	1	1	1	3
Hydatid	2	..	4	6
Diaphragmatic	9	4	9	22
Pleural thickening or adhesions	15	8	15	38
Thyroid	3	4	1	8
Fibrosis? Cause	14	2	15	31
Calcification? Cause	19	6	27	52
Cardiac	8	1	8	17

TABLE 22

LACHLAN PARK HOSPITAL

Admissions, Re-admissions, Discharges and Deaths for Year Ended 30th June, 1966

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1965 .. .. .	..	..	..	463	425	888
Admitted for the first time	260	215	475	..	..	..
Re-admitted	210	209	419	..	..	..
Returned from leave	75	39	114	..	..	..
Total admitted and returned .. .. .	..	..	..	545	463	1,008
Total under care during year .. .. .	..	..	..	1,008	888	1,896
Discharged from Hospital	427	307	734	..	..	..
Proceeded on leave	123	94	217	..	..	..
Died	32	32	64	..	..	..
Total off Records .. .. .	..	..	..	582	433	1,015
Remaining in Hospital as at 30th June, 1966 .. .. .	..	..	..	426	455	881

TABLE 23

LACHLAN PARK HOSPITAL

Diagnosis of Mental Disorder (including I.C.D. Classification) on Admission during 1965-66 and the Diagnosis of Mental Disorder of Patients in Hospital on 30th June, 1966

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
290	<i>Senile and Pre-senile Dementia</i>						
.0	Senile Dementia	12	35	47	14	62	76
.1	Pre-senile Dementia .. .. .	..	7	7	2	6	8
291	<i>Alcoholic Psychosis</i>						
.1	Korsakov's Psychosis (alcoholic)	4	2	6	6	2	8
.2	Other alcoholic hallucinosis .. .. .	..	..	..	1	..	1
.9	Other and unspecified	32	5	37	14	1	15
292	<i>Psychosis associated with intracranial infection</i>						
.0	With general paralysis .. .. .	..	..	..	1	..	1
293	<i>Psychosis associated with other cerebral condition</i>						
.0	With cerebral arteriosclerosis .. .. .	..	3	3	5	3	8
.2	With epilepsy	8	8	16	9	8	17
.3	With intracranial neoplasm	1	..	1	1	..	1
.4	With degenerative diseases of central nervous system	1	3	4	1	4	5
.5	With brain trauma	2	2	4	2	2	4
295	<i>Schizophrenia</i>						
.0	Simple type	7	10	17	9	10	19
.1	Hebephrenic type	10	12	22	11	8	19
.2	Catatonic type	14	18	32	20	25	45
.3	Paranoid type	44	23	67	54	27	81
.4	Acute schizophrenic episode (Excludes schizophrenia of the types listed above) .. .. .	..	3	3	..	2	2
.5	Latent schizophrenia	3	..	3	7	..	7
.6	Residual schizophrenia	31	13	44	37	9	46
.7	Schizo-affective type	9	..	9	6	..	6
.8	Other .. .. .	..	10	10	1	8	9
.9	Unspecified	4	5	9	8	1	9
296	<i>Affective Psychoses</i>						
.0	Involutional melancholia	1	3	4	..	1	1
.1	Manic depressive psychosis, manic type	3	15	18	2	8	10
.2	Manic depressive psychosis, depressed type includes Endogenous .. .. .	..	8	8	5	8	13
.3	Manic-depressive psychosis, circular type	9	5	14	6	5	11
.8	Other Affective disorder Nos. .. .. .	..	..	..	1	..	1
297	<i>Paranoid States</i>						
.0	Paranoia .. .. .	..	1	1	2	3	5
.1	Involutional paraphrenia	5	6	11	13	7	20

TABLE 23—continued

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
298	<i>Other Psychoses</i>						
.0	Reactive depressive psychosis	1	..	1	..	..	..
299	<i>Unspecified psychosis</i>	..	..	..	1	..	1
300	<i>Neurosis</i>						
.0	Anxiety neurosis .. ..	..	8	8	..	2	2
.1	Hysterical neurosis	6	8	14	1	..	1
.3	Obsessive compulsive neurosis	2	12	14	2	2	4
.4	Depressive neurosis	6	2	8	..	1	1
.7	Hypochondriacal neurosis .. ..	..	..	..	..	1	1
301	<i>Personality Disorders</i>						
.0	Paranoid	2	2	4	..	2	2
.2	Schizoid	7	2	9	3	1	4
.4	Anankastic (obsessive-compulsive) .. ..	..	6	6	1	6	7
.5	Hysterical-Histrionic personality disorder .. ..	..	7	7	..	4	4
.6	Asthenic	1	2	3	1	1	2
.7	Antisocial	40	18	58	13	7	20
.8	Other .. ..	..	2	2	4	1	5
.9	Unspecified .. ..	..	..	..	1	..	1
302	<i>Sexual deviation</i>						
.0	Homosexuality	3	..	3	1	..	1
.1	Fetishism	1	..	1	1	..	1
.8	Other	1	..	1	1	..	1
303	<i>Alcoholism</i>						
.0	Episodic excessive drinking .. ..	..	1	1	1	1	2
.1	Habitual excessive drinking	15	3	18	1	1	2
.2	Alcohol addiction	28	12	40	5	2	7
.9	Other and unspecified alcoholism	88	16	104	..	1	1
304	<i>Drug dependence</i>						
.3	Other hypnotics and sedatives or "tran- quillisers"	1	4	5	2	2	4
.5	Cannabis sativa (hashish, Marihuana) .. ..	..	2	2	..	1	1
308	<i>Behaviour Disorders of Childhood</i> .. ..	..	..	..	1	..	1
309	<i>Mental Disorders not specified as psychotic associated with physical conditions</i>						
.2	With brain trauma	1	..	1	2	..	2
.4	With epilepsy	1	6	7	4	7	11
.8	With degenerative disease of central nervous system .. ..	..	..	..	..	1	1
310	<i>Mental Retardation—Borderline</i>						
.1	Following trauma or physical agents .. ..	..	1	1	1	1	2
.2	With disorders of metabolism, growth or nutrition .. ..	..	3	3	..	1	1
.8	With psycho-social (environmental) depriva- tion .. ..	..	..	..	..	1	1
.9	Other and unspecified .. ..	..	6	6	2	6	8
311	<i>Mild Mental Retardation</i>						
.0	Following infections and intoxications .. ..	..	..	..	1	..	1
.1	Following trauma or physical agents .. ..	..	..	..	..	1	1
.3	Associated with gross brain disease .. ..	..	..	..	..	1	1
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	2	2	..	3	3
.5	With chromosomal abnormalities .. ..	..	..	..	2	..	2
.8	With psycho-social (environmental) depriva- tion	3	..	3	4	..	4
.9	Other and unspecified	9	14	23	13	11	24
312	<i>Moderate Mental Retardation</i>						
.0	Following infections and intoxications .. ..	..	..	..	1	1	2
.1	Following trauma or physical agents .. ..	..	6	6	1	4	5
.2	With disorders of metabolism, growth or nutrition .. ..	..	2	2	..	1	1
.3	Associated with gross brain disease .. ..	..	..	..	2	..	2
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	2	2	1	3	4
.5	With chromosomal abnormalities	4	3	7	6	6	12
.7	Following major psychiatric disorder .. ..	..	..	..	2	..	2
.8	With psycho-social (environmental) depriva- tion .. ..	..	..	..	..	1	1
.9	Other and unspecified	14	25	39	31	38	69
313	<i>Severe Mental Retardation</i>						
.0	Following infections and intoxications	2	3	5	4	8	12
.1	Following trauma or physical agents	3	..	3	7	9	16
.3	Associated with gross brain disease	1	..	1	2	4	6
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	..	..	..	3	3

TABLE 23—continued.

I.C.D. No.	Mental Disorder	Admissions			Remaining in Hospital		
		Males	Females	Total	Males	Females	Total
.5	With chromosomal abnormalities	1	2	3	4	7	11
.6	Associated with prematurity .. ..	..	..	..	..	1	1
.7	Following major psychiatric disorder ..	1	..	1	5	..	5
.8	With psycho-social (environmental) deprivation .. ..	..	..	..	..	2	2
.9	Other and unspecified	15	21	36	23	48	71
314	<i>Profound Mental Retardation</i>						
.0	Following infections and intoxications ..	..	1	1	..	4	4
.1	Following trauma or physical agents ..	2	..	2	4	3	7
.2	With disorders of metabolism, growth or nutrition .. ..	..	..	..	1	2	3
.3	Associated with gross brain disease .. ..	..	..	..	1	2	3
.4	Associated with diseases and conditions due to (unknown) pre-natal influence .. ..	..	1	1	..	4	4
.5	With chromosomal abnormalities .. ..	..	2	2	1	4	5
.8	With psycho-social (environmental) deprivation .. ..	..	..	..	1	..	1
.9	Other and unspecified	3	15	18	9	15	24
315	<i>Unspecified Mental Retardation</i>						
.0	Following infections and intoxications ..	..	..	..	..	1	1
.1	Following trauma or physical agents ..	..	..	..	2	..	2
.5	With chromosomal abnormalities .. ..	..	2	2	..	1	1
.9	Other and unspecified	8	3	11	11	4	15
	TOTAL	470	424	894	426	455	881

TABLE 24
LACHLAN PARK HOSPITAL*Causes of Deaths (including deaths on leave) during the year 1965-66*

Causes of Deaths	Males	Females	Total	Children under age of 18			Grand Total
				Males	Females	Total	
Urinary tract infection .. ..	..	1	1	..	..	..	1
Status Epilepticus .. ..	..	1	1	..	..	..	1
Coronary Thrombosis	2	3	5	..	..	..	5
Hypostatic Pneumonia .. ..	..	2	2	1	..	1	3
Generalised Atherosclerosis	1	..	1	..	..	..	1
Myocardial Degeneration .. ..	..	2	2	..	..	..	2
Myocardial Infarction .. ..	..	1	1	..	..	..	1
Broncho Pneumonia	9	9	18	1	..	1	19
Chronic Pyelomyelitis with Renal Failure ..	..	1	1	..	..	..	1
Cerebral Thrombosis	3	1	4	..	..	..	4
Lobar Pneumonia .. ..	..	2	2	..	..	..	2
Uraemia	2	..	2	..	..	..	2
Cerebral Vascular Accident .. ..	..	1	1	..	..	..	1
Congestive Cardiac Failure	2	2	4	..	..	..	4
Cerebral Haemorrhage	5	..	5	..	..	..	5
Recurrent Pneumonitis and pleural Effusion	1	..	1	..	..	..	1
Asphyxiation	2	..	2	..	..	..	2
Terminal Bronchial Pneumonia	1	..	1	..	..	..	1
Haematinis .. ..	..	1	1	..	..	..	1
Unknown	1	..	1	..	..	..	1
Carcinomatosis .. ..	..	1	1	..	..	..	1
Brain Tumour .. ..	..	1	1	..	..	..	1
Toxaemia .. ..	..	2	2	..	..	..	2
Died Whilst on Leave	1	1	2	..	..	..	2
	30	32	62	2	..	2	64

TABLE 25
LACHLAN PARK HOSPITAL
Financial Statement

	Year Ended				
	30.6.62	30.6.63	30.6.64	30.6.65	30.6.66
Average Daily No. of Patients	763.26	759.257	710.997	874.778	885.85
Gross Cost per Year	£448,897	£503,544	£558,033	£710,210	\$1,613,338
Fees Received	£7,476	£11,945	£9,385	£34,097	\$55,598.31
Other Income	£3,836	£3,654	£4,395	£6,490	\$8,977.55
Gross Cost per Head per Day	35s. 1.17d.	36s. 4.10d.	42s. 10.66d.	44s. 5.35d.	\$4.989
Nett Cost per Head per Day	34s. 5.42d.	35s. 2.57d.	41s. 9.95d.	41s. 11.13d.	\$4.789

TABLE 26
MILLBROOK RISE STATISTICS—1965-66
(Including I.C.D. Classification)

I.C.D. No.	Mental Disorder	Males	Females	Total
290	<i>Senile and pre-senile dementia</i>			
.1	Pre-senile dementia	1	1	1
295	<i>Schizophrenia</i>			
.1	Hebephrenic type	5	1	6
.4	Acute schizophrenic episode	2	4	6
296	<i>Affective Psychoses</i>			
.0	Involuntary Melancholia	14	17	31
.2	Manic depressive psychoses	2	6	8
298	<i>Other Psychoses</i>			
300	<i>Neuroses</i>			
.0	Anxiety neurosis	7	8	15
.1	Hysterical neurosis	4	13	17
.4	Depressive neurosis	9	13	22
.9	Unspecified neurosis	2	2	4
301	<i>Personality Disorders</i>			
.2	Schizoid	7	10	17
.5	Hysterical-histrionic personality disorder	2	8	10
304	<i>Drug dependence</i>			
.2	Barbiturates	1	3	4
TOTAL	.. .. .	55	86	141

TABLE 27
MILLBROOK RISE
Financial Statement

	Year Ended				
	30.6.62	30.6.63	30.6.64	30.6.65	30.6.66
Average Daily No. of Patients	14.65	16.06	16.85	21.01	21.94
Gross Cost per Year	£23,997	£26,385	£30,908	£32,261	£75,572.18
Fees Received	£16,525	£15,192	£16,840	£18,286	£49,515.40
Other Income .. .. .	..	..	..	£1,935	£5,127.60
Gross Cost per Head per Day	89s. 9.05d.	90s. 0.24d.	100s. 2.70d.	84s. 1.60d.	\$9.435
Net Cost per Head per Day	27s. 11.36d.	38s. 2.24d.	45s. 7.39d.	31s. 4.79d.	\$2.613

