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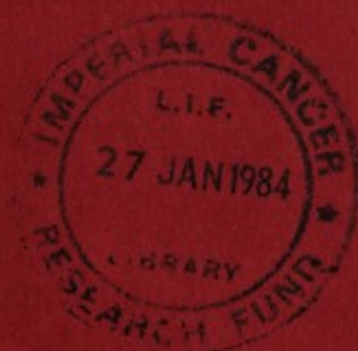
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1983



PARLIAMENT OF TASMANIA

DIRECTOR-GENERAL OF HEALTH SERVICES

REPORT FOR YEAR 1981-82

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

By Authority:

A. B. CAUDELL, Government Printer, Tasmania



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I. INTRODUCTION

Reviewing the annual reports of the last few years, the theme has tended to be financial restraint.

The difficult financial situation still applies and as a result, there are very few new initiatives being undertaken in Health Services.

At such a time it seems appropriate to review some of our existing services and the first one selected is the School Dental Service, because I believe it is an area where there has been very marked progress. With the assistance of fluoridation of water supplies, the School Dental Services now has dental health in school children largely under control. A brief history of the Service may be found on pages 13-15 of this Report.

Under the influence of a change of Government in Tasmania, it may be that in next year's annual report there could be significant changes in regard to Health Services. The Department looks forward with keen anticipation to such developments.

II. ADMINISTRATION

FINANCE

DEPARTMENTAL EXPENDITURE

Expenditure from the Appropriation Act for the financial year 1981-82 was \$119 180 110, an increase of \$9 588 456 from 1980-81. Details will be found in the appendices.

DEPARTMENTAL REVENUE

The revenue receipts for the financial year 1981-82 amounted to \$49 769 745, being a decrease of \$2 496 801 over receipts for the year 1980-81. The major reason for the decrease in receipts was that the previous arrangements between the State and the Commonwealth Government for the Community Health Program and the School Dental Health Service ceased at 30 June 1981, and were replaced in 1981-82 by identified health grants payable directly to the State Treasury. Details will be found in the appendices.

BUILDING PROGRAM

Major works in progress at 30 June 1982, included —

- Launceston New General Hospital
- Royal Hobart Hospital — Outpatient Department Building, Stages I and II
- Royal Hobart Hospital — External Painting and Maintenance Contract — 6 years.

Major works completed or substantially completed in 1981-82 included —

- Douglas Parker Rehabilitation Centre — Phase III
- Queen Alexandra Hospital — 5th floor fit out
- St John's Park Hospital Mens Block Renovations — Stage II
- Swansea District Nursing Centre — Conversion to Nursing Home Accommodation
- Re-roof Block 'P' Douglas Parker Rehabilitation Centre
- Relocate Mothercraft Home to Gore Street
- Royal Hobart Hospital Angiographic Suite Alterations
- Royal Hobart Hospital C.A.T. Scanner Suite Alterations.

HOSPITAL AUXILIARIES

As has been their custom and tradition, throughout the course of the year they have continued to make valuable contributions to the hospital services. We are most grateful for their services and wish to convey to all members our sincere thanks for their efforts.

LEGISLATION

CREMATION AMENDMENT ACT NO. 50 OF 1981

Amended the Cremation Act 1934 for the purpose of excluding the Southern Regional Cemetery Trust from the provisions relating to the making of a scale of fees under that Act.

PHARMACY AMENDMENT ACT NO. 82 OF 1981

Amended the Pharmacy Act 1908 to provide for financing the pre-registration education of graduates.

NURSES' REGISTRATION BOARD

Members of the Board —

Dr G. Mackay-Smith, Chairman
 Dr D. J. Walters
 Miss B. G. Parker
 Dr D. O'Donnell
 Mrs A. Birchall — from July 1981
 Mr J. Franklin — from September 1981
 Miss M. Traill — to August 1981
 Mr W. Price
 Mr N. Crocombe
 Dr J. Mulligan
 Mrs M. J. Moore
 Miss L. Clippingdale
 Mrs B. Loring
 Mrs F. H. Williams — from February 1982
 Miss B. Guest — until November 1981

POST BASIC COURSE IN NURSING OF THE INTELLECTUALLY HANDICAPPED

This course was commenced at the Royal Derwent Hospital and is of eighteen months duration.

AUSTRALASIAN NURSE REGISTERING AUTHORITIES CONFERENCE

This Board was represented by two delegates at this Conference held in Canberra.

NURSING COURSE AT T.C.A.E.

The Board has been involved in consultation with the College in regard to the basic nursing course which commenced in 1982.

MEETINGS

Meetings are held as scheduled with special meetings held on two occasions for specific purposes.

STATISTICAL DATA

Number of nurses registered at 30 June 1982 — 6 156

		Female	Male
Nurse	4 915	4 586	329
Auxiliary 2 yr	585	549	36
Auxiliary 1 yr	656	618	38
	6 156	5 753	403

New registrations involved —

		Female	Male
General	364	341	23
Midwifery	58	58	0
Psychiatric	41	20	21
Child Health	4	4	0
Mental Deficiency	7	4	3
Auxiliary General	82	80	2
Auxiliary Psychiatric	12	9	3

Additional Certificates Registered

General	7
Midwifery	126
Psychiatric	3
Geriatric	18
Child Health	19
	<hr/> 173 <hr/>

POST GRADUATE QUALIFICATIONS

One hundred and fifteen post basic qualifications held by 142 nurses.

LEGISLATION

The Registration Acts and Regulations have been reviewed and a number of amendments considered.

REGISTRATION OF GRADUATES FROM OTHER COUNTRIES

The Board has been involved with the other registering authorities in Australia in establishing an Australian Nursing Assessment Council for the purpose of advising on the eligibility of foreign trained nurses for registration in this country.

DENTAL MECHANICS' REGISTRATION BOARD

The Nineteenth Annual Report of the Dental Mechanics' Registration Board has been tabled in both Houses of Parliament.

INTERIM AMBULANCE AUTHORITY AND ROYAL FLYING DOCTOR SERVICE

The Interim Ambulance Authority, with the Director of Hospital and Medical Services as Chairman, continues to administer ambulance services in Tasmania. The Director continues as a member of the Working Party established to formulate legislation for the future management of health transport in this State.

Close liaison with the Royal Flying Doctor Service is maintained with the Director-General of Health Services and the Director of Hospital and Medical Services as members of the Executive Committee.

INDUSTRIAL RELATIONS

GENERAL

On 15 October 1981, the Public Service Board announced its Short Term Wage Indexation Guidelines Package (S.W.I.G.) which provided for a full flow on of the Consumer Price Index percentage increase on a quarterly basis.

As part of the package the Public Service Board adjusted the majority of its awards, including all hospital awards, e.g. applying across-the-board work value increases ranging from 5.5 per cent to 6.5 per cent.

The concept of a National Hospital Industry Training Committee with subsidiary State committees was put forward by Tasmania at the 1981 National Personnel Conference and was accepted in principle by the Conference.

MEDICAL PRACTITIONERS

The Public Service Arbitrator awarded on call and call back provisions for Senior Medical Officers. The Industrial Section worked with hospital administrators to implement the provisions in the most cost efficient manner. A new agreement for sessionally employed Medical Practitioners was implemented but difficulties over the legal status of the agreement were encountered.

HOSPITAL EMPLOYEES' AWARD

Restructured hours in line with the Engel Report were extended to Administrative and Clerical and Technical Officers, having previously been granted to general staff.

NURSES

Negotiations continued throughout the year on an extensive log of claims which accompanied applications from all parties for a new principal award.

III. HOSPITAL, MEDICAL AND NURSING

Activity indicators for public hospitals show a decrease in 1981-82 for the daily average occupied beds (-4.34 per cent), and patients treated (-2.86 per cent). Percentage occupancy increased by (+3.15 per cent). General medical and surgical bed days indicated a decrease of (-4.01 per cent).

The average length of stay of patients in hospital decreased from 9.32 to 7.60 for general, medical and surgical patients, and from 6.92 to 6.47 for maternity patients.

In terms of cost, the cost per daily occupied bed, including nursing home type patients, rose from \$123.97 to \$148.11. The cost per daily occupied bed not including nursing home type patients, rose from \$151.88 to \$213.82.

Salaries and wages were again the largest single cost item, representing 74.32 per cent of the total followed by medical and surgical items, drugs, etc. accounting for 5.88 per cent.

GENERAL STATISTICS

NUMBER OF PATIENTS

The total number of inpatients treated in public hospitals for the year was 55 938, a decrease of 1 644 or 2.86 per cent on the previous year. All categories of hospitals reflected a decrease.

BED DAYS

The total number of inpatient bed days was 495 597, a decrease of 22 467, or 4.34 per cent over the previous year.

BIRTHS

The number of births for the year was 5 849, a decrease of 115 over the previous year. The General Hospitals recorded an increase of 148, the Maternity Hospitals a decrease of 227, and the District Hospitals a decrease of 36.

RECEIPTS

Hospital revenue for the year was \$129 483 247, an increase of \$17 849 967 over the previous financial year. Of total revenue, \$94 945 153, or 73.33 per cent was made up of the State Grant to Hospitals. Direct receipts from Hospitals attributed to 26.67 per cent of total revenue.

PAYMENTS

Total payments were \$130 611 124, an increase of \$17 888 370, or 15.87 per cent over the previous year. Salaries and wages accounted for \$97 073 861, or 74.32 per cent of total expenditure.

PATIENT COSTS

Average costs per patient and bed day rose during the year. The cost per inpatient rose from \$1 471.25 to \$2 164.81, and per daily occupied bed from \$123.97 to \$148.11. The cost of an outpatient occasion of service rose from \$24.00 to \$30.64, and per registered outpatient from \$75.67 to \$80.79.

ST JOHN'S PARK HOSPITAL

ST JOHN'S PARK HOSPITAL ADVISORY BOARD

The Advisory Board held monthly meetings throughout the year and members continue to show considerable interest and a sympathetic outlook towards the problems of the aged.

TRAINING SCHOOL

Thirty-eight students successfully completed the two year Auxiliary Training course and eighteen General Trained Nurses passed the six months Post Basic Course.

HOME CARE SERVICES

The demands on this service continued to increase with nine full-time and five part-time Nurses, and sixty-eight part-time Housekeepers employed in this area.

The Domiciliary Nursing Service now operates on a zoning system in conjunction with other similar organisations in the South of the State, and this has created a more efficient service.

During the past year the Nursing Service has assisted 638 patients through 34 293 home visits, whilst the Home Help Service has assisted 737 patients through 22 092 visits.

From recent statistics it is evident that the service provided by this Hospital compares more than favourably with other services in the State.

DAY HOSPITAL

The Day Hospital fulfills a useful function in the rehabilitation of the elderly, and is helping to maintain them in their own homes. An average of 195 outpatients attended the Day Hospital each month, with a total attendance average of 1 216 per month.

KIOSK AUXILIARY

The ladies of this Auxiliary continue to provide a worthwhile service for the patients. Their regular visits to the Hospital Wards with the trolley service is most appreciated. The Auxiliary continue to make generous donations of essential equipment to the Hospital. Donations of equipment and gifts to the Hospital during the year amounted to \$7 865.

SOCIAL ACTIVITIES AND ENTERTAINMENT

Various outside organisations and individuals provided concert entertainment, lunches, afternoon teas and suppers for the patients, both at New Town and Carlton throughout the year. These visits and functions were most appreciated by the residents.

RELIGION

The spiritual comfort of the patients was provided by Ministers from the various denominations who continue to show considerable interest in the welfare of our residents.

LIBRARY

The Red Cross Library continues to provide an efficient service for both ambulant and bed cases. The large print books are most popular and regular additions to the book shelves help provide a much needed amenity. This service is most appreciated by the patients.

WORK EXPERIENCE PROGRAM

The Hospital continues to participate in the Work Experience Program for secondary school students. This Program, arranged by the Education Department, is proving most successful with the Hospital able to offer work experience to 65 students during the year.

Community interest work experience was also provided for eight cadets from the Rokeby Police Academy this year.

COMMUNITY HEALTH

GENERAL

1981-82 saw the end of the Federal Government's Community Health Program. Funds which had previously flowed to the State through the Program were added to the general revenue grant. Tasmania has, however, continued with a formal Community Health Program of its own which has an identified Parliamentary appropriation.

Community Health Services have not suffered any reduction, there has been negligible growth in this area.

No capital works were undertaken.

About December 1981, the demonstrable workloads of the nursing staff in Hobart became excessive and patients had to be refused services until January 1982 when three full-time equivalent positions were created. At that time a charge of \$2 per visit was levied on non-pensioner patients to offset the increased expenditure.

HOME NURSING

Home nursing continues to be the mainstay of the Community Health Program in Tasmania and its services are still very much in demand. There is undeniably a case for expanded services but in the present budgetary situation even the present small growth can be considered exceptional.

Home Help services are also very much in demand and are being monitored closely. Since January 1982 a charge of \$2 per hour has been charged on non-pensioner patients.

The Community Health Conference was held at Cosgrove Park.

AUXILIARIES

There are now three Community Health Auxiliaries. These are —

- Kings Meadows Community Health Centre Auxiliary
- Royal Hobart Hospital Community Health Auxiliary
- Launceston District Nursing Service Auxiliary.

The part played by these Auxiliaries, not only in fund raising, is extremely important. Their part in changing attitudes between the community and its health services is of paramount importance.

PLANNING, EVALUATION AND RESEARCH UNIT

Resource cuts and non-replacement of staff has reduced the Unit to a single officer.

A bed utilisation review was conducted at the Royal Hobart Hospital to identify an existing situation, supply management information and provide data for future planning. Of particular interest was the data obtained on medical clinical time spent with patients as this was a first attempt to obtain information of this kind.

Final work was completed on the Home Help Management Information System which is now in operation.

The Unit assisted the Social Welfare Research Unit of the University of New South Wales by providing a Tasmanian sample for a research project entitled 'Family Care of the Elderly, Australian Perspectives'.

An analysis was undertaken of the utilisation of pre-operative diagnostic investigations of patients admitted for routine elective surgery at the Royal Hobart Hospital.

DISTRICT MEDICAL SERVICE

Replacement District Medical Officers have now only been contracted on the Minimum Income Scheme. Swansea and King Island (Currie) are the most recent additions. The need for the Department to subsidise income has been minimal.

GERIATRIC SERVICES

The work involved in inspecting private medical establishments continues to increase.

Total beds now inspected are —

Hospital beds	543
Nursing home beds	1 505
Hostel beds	798
Unit accommodation	1 052

Several major fires in mainland States have promoted an increase in fire safety requirements which are proving difficult to meet. The Federal Government have encouraged all nursing homes to review their fire safety provisions but have not, as yet, agreed to fund improvements.

LEGISLATION

Following the rejection of the Hospitals Act 1918 Amendment Bill (1980) by the Legislative Council, a conference of Managers led to the adoption of amendments giving the Minister authority not to issue a licence for a private medical establishment in an area considered to be adequately provided, and set up an Appeals Tribunal to arbitrate where differences occur.

SCHOOL DENTAL SERVICES

The School Dental Service was formed in 1909 with a capacity that was unrealistic when related to the needs of the community. That Service was demand orientated and concerned with treatment of the more extreme effects of dental disease. To improve the situation, in 1965 the State formed the District Dental Service, the basis of the existing service, the School of Dental Nursing (Therapy) was established, and a scheme providing dental care for children utilizing dental auxiliaries (School Dental Therapists) to provide the basic care was implemented.

The State was divided into 19 country districts with two metropolitan areas and an Island district. Thirty dental therapists were to be utilised, 15 in the country districts and 15 in the metropolitan areas. There was to be a dentist in each district, responsible for the dental health of those children whose parents gave consent for care. Comprehensive treatment was to be limited to those children in Grade 3 and below. The aim was to make each Grade 3 child dentally fit and by six monthly revision thereafter maintain the child's dental fitness. All those children who were over Grade 3 in 1965 were to receive relief of pain care only. This was a courageous attempt to meet the incremental needs of the community.

Again, resources in terms of manpower were inadequate to meet the demands of the service.

In 1973, the Commonwealth Government initiated the Australian School Dental Scheme with the objective of offering dental care for all school children under 15 years of age. The increased funds available as a result of the Commonwealth involvement allowed rapid growth and development of the service from that date. The number of children treated rose from 39 500 in 1970 to 67 272 in 1981. This 1981 figure represents 85.6 per cent of the primary school population and 51.5 per cent of the secondary school population. This degree of utilisation shows a high level of the community acceptance of the Service.

The pattern of fillings and extraction requirements has changed from 2.34 fillings and 1.15 extractions required in 1969 to 0.82 fillings and 0.15 extractions required in 1982. The other major changes in the disease pattern observed have been the increase in the number of children each year found to require no treatment for active caries and the reduction of the amount of dental decay occurring in school aged children. In 1978, 45 per cent of the children were found to need no treatment for caries, while in 1981 the figure had risen to 58 per cent. The State fluoridation program has played a major part in these changes, however, similar changes have occurred in non-fluoridated or recently fluoridated areas. The School Dental Service with its incremental and preventive orientated programs can claim the credit for these changes in the school age population.

As the pattern of disease and treatment need has changed, so has the pattern of the work of the dental therapist. Initially, they were almost exclusively employed repairing the effects of established disease. In 1970, 91.5 per cent of a dental therapist's chair-side time was spent in either filling, extracting or undertaking examinations for their child patients; in 1981, the figure had reduced to 63 per cent. The remaining time being spent in prevention procedures and health education programs. This changing pattern of disease, treatment and therapist activity has allowed rationalisation of treatment and improvements in efficiency to be made which have resulted in an increase in the number of patients for whom a therapist can provide care. In 1975, therapists were providing care for 400 patients, in 1982 the figure had reached almost 900.

Similarly there has been a change in the role of the dentists employed by the School Dental Service. Initially they provided clinical dental service directly to school children, to between 1 200 and 1 500 children per dentist. They were heavily involved in providing the more basic treatment requirements for children in their care. In 1969, 27 district dental officers provided complete dental care for 25 000 children, and provided some care to approximately 10 000 more. In the same year 16 full-time dental therapist equivalents provided complete courses of care for 5 518 children, giving a total of approximately 30 000 children receiving care. In 1981 16 full-time equivalent field dental officers were responsible for the treatment of 67 272 children aided by a force of 68.5 full-time dental therapist equivalents. Each dentist having overall responsibility for the care of approximately 4 500 patients. Clinical treatment beyond the scope of a dental therapist, provision of routine dental care for patients 16 years of age and over and treatment of handicapped children together with the responsibility for the supervision of the therapist workforce now constitutes the role of the district dental officer. The clinical component of his time has changed with a decrease in the number of simple fillings and extractions and an increase in the amount of minor orthodontic care and oral surgery and more sophisticated forms of conservative treatment such as endodontics, crowns and etched composite restorations. In addition, time is spent in examining patients with problems referred by dental therapists, examinations of specific groups of children and the administration of the dental district team. There may be possible reductions in disease levels and improvement in efficiency in the future which might allow an increase in the coverage of the population by 2-3 per cent, however, productivity has probably reached its limits, bearing in mind that Tasmanian Dental Therapists are not provided with dental attendants. This year demand from secondary school patients seems to have increased by 4-5 per cent, if this is sustained this would tax the existing staff levels to the limit. Any addition to the mix of services provided would mean reduction in coverage or an increase in staff levels.

One of the problems in the immediate future is that there are a small number of areas in the State where dental caries levels are considered to be unacceptably high. It would be desirable to concentrate treatment and preventive resources to provide these children with additional treatment and preventive services each year. However, this is impossible with the present staffing situation. There are, in addition, three programs the Service would like to become more deeply involved with as they will increase the standard and level of care provided. The first of these is a fissure sealant program. Studies of sealants have shown that they are highly effective in the prevention of pit and fissure cavities, which are the main types of cavities and hence restorations being presently required. The second is an alternative approach to the treatment of the deciduous dentition which is being currently evaluated in one of the areas in the State. The third is a more heavy involvement by the Service in self applied fluoride programs. In the longer term it seems that even with a diminution of disease levels a requirement for an operative auxiliary with the ability to restore teeth will continue as it must be accepted that there will be an irreducible minimum level of treatment need of this type. Present staffing levels are barely adequate and routine problems such as sick leave, long service leave and maternity leave are becoming increasingly acute as dental officer staffing has now reached the irreducible minimum.

Any Service utilising dental therapists must make provision for annual replacements of therapists leaving the Service, therefore a continuing need for a training program will exist.

The remaining dental problems that face this State concern pensioners, unemployed persons and the low income earners. It has been estimated that there will be an estimated 23 700 persons 65 years and over in the year 2001. Based on 1979 statistics, 65.3 per cent of these could be without natural teeth; that is, will be or should be wearing dentures. A previous report indicates that there is a shortfall now in the denture component in the pensioner dental service. Therefore, without further planning or possible alteration of the service, the shortfall will increase gradually and markedly. In addition, the existing Service based on the larger hospitals, unavoidably denies reasonable access to dental care for those persons who do not live within a reasonable distance of those hospitals or the areas where some care is provided by visiting dentists or registered dental mechanics.

There is no reason to assume the number of unemployed persons will dramatically decrease over the next few years, and provision of reasonable access to reasonable dental service for the unemployed therefore is indicated. As far as the low income earners are concerned, they are barely catered for in Tasmania and care is unavailable other than in Launceston or Hobart.

The enormous improvements in dental health recorded over the past 5–10 years notwithstanding, the problem is still a considerable one when viewed from a public health perspective. About 42 per cent or approximately 36 200 Tasmanian school children will probably experience the disease of dental caries in the coming year, involving some 82 000 teeth. Between 3 000 and 4 000 teeth will have to be extracted because of dental decay, and almost a quarter of these will involve pain or discomfort.

In 25 per cent of children gingivitis is moderately advanced, more than 2 000 deciduous teeth will be extracted prematurely, and more than 600 children will require multiple extractions under general anaesthetic.

Public Health workers in any infectious disease discipline other than dental disease would view these statistics not with complacency but alarm. If present staff levels can be maintained, then the existing range and level of services and level of coverage of the population can be continued. Additional programs, such as have been referred to would probably necessitate increases in clinical personnel levels.

DIVISION OF PUBLIC HEALTH

The work of the Division in providing services to groups in the community — young children, mothers, school children and workers — continued throughout the year, as did the provision of advice to local authorities, Government Departments and members of the public.

The major development was in the expansion of the occupational health service. Two medical officers appointed in January and February, respectively, of 1981 had begun to set up programs to determine hearing loss in industry, sampling for asbestos in air, estimation of lead in blood and looking at ways of minimising back injuries in hospital. By demonstrating the problem it is anticipated that the necessary programs will be set up and run by the companies themselves. Because of the compensation element, the saving to the company is readily demonstrated.

An extension of this work into other fields would very quickly pay off by reduction of sick leave, and of compensation payments.

In the School Health Service, pilot studies are in progress. As the Education Department is concerned at the effect of minimal visual and hearing loss on a child's response to education, a program to improve the screening techniques is under way.

Secondly, the Service is looking at a program of selective medical examination of the children aged 10–11. This can be done by having the School Sister carry out a prescribed examination designed to detect conditions which need further examination by the School Medical Officer.

The third study is looking at the service to school leavers. By arranging for a medical officer to attend fortnightly at a High School, a consultation type service is being examined.

In 1982, the program for the entrant group is being extended as is that for the 10–11 year olds. However, though the study of the service to the adolescent group was seen to be a success, it is not being continued because of the additional time and therefore costs involved. To develop such a service would require the equivalent of 2 to 3 additional medical officer positions.

CHILD HEALTH SERVICES

INTRODUCTION

This has been the year of the squeeze. In December 1981, a ban was placed on the filling of positions that became vacant and spending on supplies was restricted. The Assistant School Medical Officer position became vacant on 4 January 1982. Representations were made to the Public Service Board and

the position was finally filled in early June. During the interim severe stress was placed on the administration of the School Health Service. The restrictions on spending on equipment was in some measure relieved by offers to fund equipment from various bodies and service organisations. We have to thank in particular the Save the Children Fund.

The restriction on travelling led to a 6 per cent reduction in home visiting in the Child Health Service. This is a sensitive area. The Child Health Sister is the only person working in the community who has access to families when they are supposedly functioning adequately. It is important that a non-threatening contact can be maintained so that early detection of problems developing in families can be made.

New initiatives were taken. In the School Health Service there were three pilot studies to help determine the future direction of the Service. There was an extended program for children in prepatory grades giving increased emphasis on the detection of ear, nose and throat disorders as well as visual problems and developmental disorders. At the 10-year-old level a group of Sisters carried out an examination to select children who should be seen by medical officers. Finally, three School Medical Officers carried out a consultation type examination with the school leaver group. The first and second programs are being extended this year.

In the Child Health Service a 'Caring Mothers Scheme' was set up in association with the Child Health committees to provide relief to mothers under stress.

While Sisters have always had to cope with migrants, the arrival of families from Indochina has meant that special efforts have had to be made to provide a meaningful service to mothers from cultures which are very different from that in Australia.

In the Assessment Centres, the staff continued to document the need for appropriate early intervention programs providing these themselves when it was possible to do so. By the end of the year the Education Department had begun to allocate staff to undertake this program.

Finally, in March, the Mothercraft Home moved from New town to the Maternity Section of the Royal Hobart Hospital in Gore Street.

VITAL STATISTICS

BIRTHS

The birth rate in 1981 was 16.8 (15.9 in 1980) with births totalling 7 188 (6 735).

INFANT MORTALITY

The infant mortality rate in 1981 was 12.0 (11.7). Deaths under the age of one totalled 86 (79). Details of the causes of death in the first year are shown in the appendix. Sudden Infant Death remains the highest individual cause of death, accounting for 29 of the total.

PERINATAL DEATH RATES

In 1979 the Bureau of Statistics amended the definition of perinatal death in line with a WHO recommendation as follows:—

Perinatal death is a foetal death or neonatal death.

Foetal death relates to any child weighing at least 500 grams at delivery (or, when birth weight is unavailable, of at least 22 weeks gestation) which did not, at any time after being born, breathe or shown any other sign of life.

Neonatal death relates to any child born alive who dies within 28 days after birth.

The figures in the following table relate to the revised definition.

	Tasmania		Australian Rate
	Number	Rate	
1975	154	21.82	18.70
1976	128	18.86	18.65
1977	108	15.89	16.51
1978	129	18.80	16.11
1979	91	13.40	14.96
1980	102	15.01	14.13
1981	110	15.01	N/A

CENTRES

Clinic sessions are now being held in 108 centres throughout the State.

Ownership of buildings —

State	77
Child Health Association	8
Other	23

A new clinic was opened in the hall at Yolla in February. The staff sister at Lady Gowrie Child Centre has held weekly sessions in that Centre. The Clinic at Ross closed in November as the number attending had dropped. Mothers from that area attend either at Campbell Town or Oatlands.

The clinic sessions which had been held in the Herdsmans Cove School moved to 7 Gangell Place in November 1981. This Housing Department home was rented by the Lands Department for the provision of accommodation for children's services and is used by the Child Health Service and the Day Care Committee which runs a Day Care Centre. The building was officially opened by the Hon. Mrs Gillian James, M.H.A., Minister for Public Health, on 17 February 1982.

SUMMARY OF ANNUAL RETURNS

(This includes the returns provided by the District Nursing Service.) The Child Health returns show that 5 422 babies, 75.4 per cent of total births, were visited at home by Child Health and District Nursing Centre Sisters and 6 549 or 91.1 per cent of babies born attended Child Health or District Nursing Centres. In all, 59 719 visits were made and attendances at all Centres totalled 182 350.

PRE-SCHOOL MEDICAL EXAMINATIONS

Medical officers carried out pre-school medical examinations and general consulting work in the Centres and Day Care Centres. They saw 2 408 children.

NEONATAL SCREENING

The Department of Chemical Pathology, Adelaide Children's Hospital, continued the testing procedures for phenylketonuria, galactosaemia and neonatal hypothyroidism. Testing for homocystinuria was discontinued in December 1981. A total of 180 000 children had been tested and no cases had been detected. The condition, therefore, was considered to be very rare. The fourth blood spot will be used to improve the testing for galactosaemia.

During 1981, 7 136 blood samples were tested. One case of galactosaemia and three of neonatal hypothyroidism were detected. There were no new cases of phenylketonuria.

SCHOOL HEALTH SERVICE

Dr W. E. L. Crowther, Assistant Senior Medical Officer, resigned in January 1982. Dr P. A. Naylor was appointed to the position in June.

During the calendar year 1981, 30 768 children were medically examined by School Medical Officers, an increase of 195 compared with the previous year. Of those examined 5 059 (16.4 per cent) required notification of one or more defect and 9 915 (32.3 per cent) were examined in the presence of a parent. School Sisters had a total of 193 599 contacts with children.

HYGIENE AND INFESTATION

During the year an active anti-pediculosis campaign was conducted by the Department. All sisters routinely screened children but 3 sisters carried out special duties in lice control. This required great dedication and tact to bring this socially embarrassing problem under control.

An on-going educational program to stress general hygiene measures and to make the parents aware of their personal responsibility was carried out.

During the year 1 207 cases were treated.

	<i>No. of Schools</i>	<i>No. of Cases</i>
South	77	674
North	25	272
North-West	32	261
Total	134	1 207

Much advice and help was given to the Department by Dr J. M. Goldsmid, Senior Lecturer and Reader in Medical Microbiology, University of Tasmania, regarding control and treatment of pediculosis, and the Department is extremely grateful to him for his time and knowledge.

Funding of additional sisters for this project finished at the end of the financial year as did the purchase of Maldison. The containment reverts to sisters as part of their routine work. The Education Department agreed to purchase Maldison and it is available through all State schools.

EQUIPMENT

Because of the increase in screening procedures, the number of part-time staff and the reduction in funds available for equipment, offers made by the Save the Children Fund, schools, parents and friends associations and other community groups were accepted and resulted in 6 auriscopes, 5 audiometers and 28 Reindeer Test sets for Binocular Vision being presented to the School Health Service.

NUTRITION SERVICE

A. NUTRITIONAL STUDIES BY SCHOOL SISTERS

1. Longitudinal Growth Study — 1967-68

The study concentrating on girls now 14-years-old. Sisters measure and weigh the girls and assess level of maturity.

Forty-four per cent of the girls (13-years-old) could be classified as mature and these heights and weights can be used in plotting the percentiles for height and weight of 13-year-old girls (mature finished growth spurt).

2. Extension Infant Feeding Survey 1974, on children now 7-years-old (394 children in 1974, 309 weighed and measured in 1981 — 78 per cent)

The boys and girls were weighed and measured when reaching their 7th birthday. Comparison with the heights and weights of 7-year-olds in 1974 indicate that there is no change in height or weight between the two groups. One can take comfort that this indicates that in 1981, 7-year-olds have returned to the lower obesity percentage of 1974.

3. Dietary Surveys conducted with School Sisters

These were done in three primary country and in one city school. Food habits are not good. The main problems are a milk intake of 300 ml, while the recommended amount is 600 ml and one-third of the 11-12-year-olds missing out on fruit and/or vegetables on the survey day. But one-third (27 per cent) of the children eat biscuits each day and 45 per cent drink daily soft drinks. The amount of money spent on lollies is 78c per week.

4. Preparation of Nomograms for 5-6-year-olds and 10-11-year-olds

These nomograms will provide School Sisters with easy tools to decide on the basis of weight as well as height for age, whether the child is obese, overweight, average or underweight.

School Sisters assisted not only by recording the heights and weights of a thousand children in the required age groups, but also assisted in verifying the nomogram of the 10-year-olds (92 males and 65 females).

It is expected that the nomograms will be available for the 1983 school year.

5. School Canteens 'Behind the Counter' Seminars

Three large 2-day School Canteen Seminars were organised in Launceston, Burnie and Hobart. The main thrust in the nutrition part was how the 8 Dietary Guidelines for Australians can be implemented in the selection of suitable school canteen foods (decrease fat, sugar and salt, increase use of bread, vegetables and fruit).

B. NUTRITION STUDIES OF CHILD HEALTH SISTERS

1. Oral Contraceptives and their influence on Breastfeeding

There is little information on the influence in Australia of specific oral contraceptives on breastfeeding. 'Promotion of Breastfeeding' is the first Dietary Guideline for Australians and Child Health Sisters wished to study the subject.

They interviewed and followed up the mothers of babies born in Tasmania in a 6 week period in 1981. The information was collated, analysed and prepared for publication. In the course of the study, breastfeeding percentages for 1981 became available. The table below shows an increase since 1969.

Breastfeeding Percentages in Tasmania

	1969 546 Total	1974 396 Total	1979 460 Total	1981 728 Total
	%	%	%	%
At discharge from Hospital —				
Fully breastfed	52.7	57.3	66.1	....
Part breastfed	6.4	6.3	6.3	....
Fully and part breastfed	59.1	63.6	72.4	84.0
Bottle fed	40.8	36.4	27.6	16.0
At 3 months —				
Fully breastfed	17.0	22.5	40.7	....
Part breastfed	6.4	6.8	3.0	....
Fully and part breastfed	23.4	29.3	43.7	52.0
Bottle fed	76.6	70.7	56.3	48.0

2. The 1979 Infant Feeding Survey — Heights and Weights of the children turning 3-years in 1981

Analysis of the 3-year-old heights and weights, together with considerable changes of heights and weights at 1-year-of-age, provide suitable information for a publication.

PUBLICATIONS

- (a) J. F. Coy, 'Nutrition Education Programs in Tasmania', *Journal of Food Nutrition*, Vol. 39, 1982. No. 2 — p. 75.
- (b) Members of the Thyroid Advisory Committee, Tasmanian Thyroid Advisory Committee — Study in Disease Surveillance, 1950–1979, *Medical Journal of Australia*, 1981. 2:234–238.

ASSESSMENT CENTRES

Staff changes have been a constant feature at the Assessment Centres since their inception. It is pleasing to note that this has not been continued this year. There was only one change in Hobart and one in Launceston. There were no changes in Burnie.

At the Hobart Centre the team members are still struggling to overcome difficulties of communication between members with two different Departments and nine different disciplines. There are also difficulties in obtaining information about children in time to meet deadlines for meetings organised by the Education Department.

The Hobart team reported that during 1981, interest in the need for early childhood intervention programs developed quite remarkably among guidance officers, Special Education staff and those concerned with day care facilities for pre-school children. Parallel to this development has been the growing awareness that early assessment and the development of remedial programs are vitally linked in a continuum.

Apart from the Warrane Special Kindergarten, which will continue in 1982, there are no specialised facilities in the community which offer early intervention in the broadest educational sense. The only viable alternative to this small specialised group is time-consuming home-based programs for many of our children.

There were 224 referrals to the Hobart Centre, 146 to Launceston and 74 to the Burnie Centre.

MOTHCRAFT HOME

LOCATION

1981–82 has been a year of great change for us, the most significant of these being our change of location from Pirie Street, New Town, to Gore Street, South Hobart.

Plans to build a new Mothercraft Home at New Town were abandoned because of rising costs and it was decided that the Mothercraft Home would be relocated at the then vacant Gore Street Maternity Hospital. The transfer was made during the week beginning Monday, 15 March 1982.

WORK EXPERIENCE AND VISITS

A total of 47 students from local high schools, district high schools, private schools and matriculation colleges attended for 1 week each through the Education Department's Work Experience Program.

During the year a total of 103 students, members of various Child Health Committees and Miss Australia visited the home.

P.I.T.A.S (PARENT/INFANT TELEPHONE ADVISORY SERVICE)

This service transferred to the Mothercraft Home in January 1982.

TUTORIAL SECTION

Child Health

The Nurses' Registration Board approved a new syllabus in Child Health Nursing in December 1981 and a curriculum developed from it was implemented with students commencing in February 1982.

The Certificate course for nurses organised by the Family Planning Association of Tasmania has been incorporated into the child health course and students will now graduate with the extra qualification.

The Child Health Handbook has been revised and is ready for printing when funds become available.

Mothercraft

Intakes of Mothercraft nurses to the 15-month course are now on a 5-monthly basis instead of three-monthly. This makes for a larger class and a lighter workload giving time for more clinical instruction. A playroom has been set up in the new Mothercraft Home. This helps with the practical reinforcement of theoretical subjects in the area of child development and play activities.

State Examination Results

	<i>Distinction</i>	<i>Credit</i>	<i>Pass</i>
Child Health	5	9	3
Mothercraft —			
Mothercraft Home .....	....	13	1
Queen Victoria Hospital .....	....	7	4
		20	5

HEALTH EDUCATION

STAFFING

The Research and Evaluation Officer position was not filled during the year. The Public Relations Officer resigned on 5 February but due to restrictions on the filling of vacancies, no appointment was made to the vacant position.

LEAVE

The Health Educator returned from Long Service Leave on 11 September. During his leave the officer visited Germany, Austria, Netherlands, Belgium, France, England and Scotland, gaining first hand knowledge of health education.

SEMINARS

A seminar was held for the State news media industry reinforcing continued support for the National Drug Education Program. The Minister for Health, the Hon. John Cleary, M.H.A., discussed the role of the media in setting role exemplars for young persons. A feature of the National Drug Education Program in Tasmania is the positive support given by the news media. Any problems seem to stem from interstate and international sources of news media material.

FILMS

Of note in the film program was the production of 'Drugs: Some Get Busted' by the Tasmanian Film Corporation. The film features the stories of three young Tasmanians who were arrested and imprisoned overseas for drug offences. This film has aroused the interest of the Department of Foreign Affairs as a training aid for officers posted overseas. The Minister for Tourism, the Hon. G. A. Pearsall, M.H.A., launched the film to an invited audience of travel agents.

PUBLICATIONS

Family Health continued to be distributed in supermarkets of the Coles New World, Purity and Supa-Valu chains. This free distribution of health material is a significant contribution to health promotion.

Unfortunately, the inability to fill the vacant Public Relations Officer position greatly affected the quality of publications produced in the latter half of the year.

A series of four posters to complement the booklet 'How Language Grows' was produced.

HEALTH EDUCATION PROJECT

This project continued in its third year with full funding being arranged by this Division through the National Drug Education Program. The project is situated in the Curriculum Centre of the Education Department and is fostering drug education in the schools through a general health education approach.

PRISON PROJECT

A program of three sessions on drugs, alcohol, smoking and sexually transmitted diseases was conducted by the Health Educator at the Risdon Prison through the offices of the Alcohol and Drug Dependency Board and Controller of Prisons. All the prisoners from 'E' Division volunteered to attend the program. The Prison Authorities are examining an extension of this program because of the positive response from course participants.

GENERAL REMARKS

The Health Education Section is finding increasing pressure for the provision of materials and services from the public. In addition to the non-smoking, fitness and nutritional aspects of health for the general population, special groups with specific needs such as Systemic Lupus Erythematosus are not asking for service. The capacity to meet the needs of the population depends on the ability to do so within very strict funding arrangements which dictate that the major thrust of activity is towards National Drug Education Program priorities. It is necessary to find other sources of funding to allow the pursuit of goals which meet contemporary needs.

OCCUPATIONAL HEALTH SERVICE

The work and effect of the Occupational Health Service was maintained at approximately the same level as last year in spite of the fact that one Medical Officer was absent from the State for five months while attending the M.P.H. course at the Commonwealth Institute of Health, Sydney, and the Occupational Health Sister was absent for six months on maternity leave. Other than these arrangements there were no staff changes.

Hearing conservation, the major project from last year, was continued. Programs were either implemented or supervised in 21 industries. This involved in addition the carrying out of 13 noise surveys, 5 educational lectures to workers and 408 audiometric examinations.

Following on the preparatory work done last year, time was devoted to evaluating asbestos exposure risks in industry. To this end, 77 air samples were taken at three different sites and 15 workers were medically examined. In addition, two all day seminars were organised, one in Hobart and one in Launceston, to acquaint Department of Labour inspectors with the latest developments in this field.

Fifty-five inspections of factories were made for differing reasons and 15 sets of measurements were made. In most of these instances improvements were effected in the working conditions where this was necessary. Blood samples were taken for routine estimation of levels of lead and Aldrin in 13 cases of exposed workers and 11 urine samples were examined for Arsenic levels. All levels detected were normal.

In order to achieve the maximum impact from the smaller staff available, the Section concentrated on educational efforts with assistance in the form of lectures or tutorials to the following organisations: The Trade Union Training Authority (3 courses for 2-3 days duration); St Johns Ambulance Occupational First Aid (2 courses); The Faculty of Medicine, University of Tasmania (8 tutorials to medical students); The Australian Maritime College, Launceston (7 lectures on the hazards to oil tanker crews). A prevocational Technical College course was organised on health in the workshop and a presentation on aspects of Occupational Health was given at a meeting of the Productivity Promotion Council. Medical advice was also given to the producers of two educational films.

The Section continued its association with the National Australian Mesothelioma Surveillance Program and seven occupational histories were obtained.

The staff also participated in a number of inter-departmental committees where an occupational health input was required. All of the abovementioned activities necessitated the closest collaboration with appropriate officers of the Departments of Labour and Industry and Mines who administer the legislation affecting industry. This co-operation increased steadily during the year and at present regular meetings are held to discuss ongoing projects.

HEALTH INSPECTION SECTION

NEW LEGISLATION

The Bill to amend the Public Health Act received further consideration and due to delays in final drafting, it was not ready for presentation during the year under review.

The Regulation relating to the dating of pre-packed bread made under the Public Health (Food and Drugs Standards) Regulations has been held in abeyance by direction of the Minister for Health.

The dispute between the Department and the Parliamentary Committee on Subordinate Legislation over Regulation 27 (6) — (Sale of kangaroo meat in butchers' shops) is still not resolved.

SEPTIC TANKS

A total of 1 267 septic tank applications were processed during the past year.

On a regional basis the breakdown of these applications is as follows:—

	<i>Approved</i>	<i>Rejected</i>
North-West Region	233	2
Northern Region	403	16
Southern Region	589	24

SUBDIVISIONS

The following table shows details of the number of land subdivision proposals examined for suitability for the disposal of septic tank effluent and sullage:—

North-West Region	135
Northern Region	96
Southern Region	253

TOWN SEWERAGE SCHEMES

There was little activity in the way of new sewerage schemes. Preliminary discussions have been held with the Consulting Engineers over proposals for Fingal and St Marys. We are still waiting on a firm decision on Cambridge and Orford. A decision was made to abort the inquiry into the possibility of sewerage for Dover.

PLACES OF ASSEMBLY

The examination of plans and specifications of all new places of assembly defined by Part V of the Public Health Act continued. Plans of alterations and additions to existing premises were also the subject of an assessment by this Section.

FOOD PREMISES INSPECTIONS

Plans of all new food premises (and alterations) were examined for compliance with the Public Health Act and the Food Hygiene Regulations.

Inspection of licensed establishments continued throughout the year. Officers were also involved in appearances before the Licensing Board in cases where a review of licence was recommended.

FOOD SURVEYS

Sampling of a wide range of locally produced and imported foods was undertaken on a quarterly basis for pesticide residue and noxious substances determined.

Involvement with the Commonwealth Department of Health continued with the collection of samples of perishable foods for microbiological examination. The samples were forwarded to Sydney for analysis on a weekly basis.

RECALL OF DEFECTIVE FOODS

The Section continued to be engaged with the recall and seizure of suspect and contaminated food. It co-operated with the Commonwealth Department of Health in many instances. The recall of Canadian and U.S.A. canned salmon earlier this year was typical of this co-operation.

PESTICIDES SECTION

There were 798 applications for registration or re-registration during the year resulting in an income of \$21 525.50. As this was the last year of the triennium most of these applications were for renewal of registration. The breakdown was 121 new products and 677 renewals. As from 1 april the registration and re-registration fee was increased from \$10 to \$30.

By the end of the year a total of 156 new products had been directed to be registered. Of these 51 required alterations to their labels. It was only possible to re-register 91 products, 7 of which required label amendments before the end of the year. A further 46 label changes to products already registered were requested by the companies.

The Deputy Registrar of Pesticides was only able to make three routine searches for unregistered pesticides on sale in the Hobart area, due to pressure of other work and restriction of travel funds precluding inspections in the north of the State.

Only three permits for the sale and use of small amounts of D.D.T. were issued during the year. On the other hand, 68 permits for trial work with unregistered pesticides and 24 permits for the non-label use of registered pesticides were issued. These latter were usually to cover the period preceding the inclusion of the new use on approved label.

Due to the continued unusually dry weather conditions, the demand for Lindane-Superphosphate continued to be high. Permits were issued for the sale and use of 400.3 tonnes of the mixture which was applied on 20 properties. In the case of permits for both D.D.T. and Lindane-Superphosphate, the intended area of application has to be inspected by the District Extension Officer of the Department of Agriculture and the application recommended by him before a permit is issued.

During the year close liaison was maintained with the Registration Authorities in the other States and with the Executive of the Agricultural and Veterinary Chemicals Association and the Registrar continued as the State's representative on the Technical Committee on Agricultural Chemicals which is the Committee which co-ordinates pesticide registration and registration policy nationally.

RADIATION ADVISORY COUNCIL

The Radiation Advisory Council met on two occasions during the year; in October 1981 and February 1982. Specific matters considered by the Council included the establishment of a training course for radiation safety officers involved in using radiation gauges and meters in industrial situations, and the procedures for licensing of radiation devices used for moisture and soil density measuring of soil and soil aggregates. A computerised file management program has greatly assisted with licensing procedures, computation of statistics and renewal of licences.

During the year fifty-one new licences were issued. Twenty-three of these were for the use of radioactive materials (isotopes) while twenty-eight were for electronic products.

Activities of the Health Physicist included inspections, with particular attention being paid to the mining industry, monitoring of visits by nuclear powered ships and work related to the use of lasers and microwaves, and the formulation of Commonwealth/State Codes of Practice.

NOTIFIABLE INFECTIOUS DISEASES

Twenty-nine new cases of Tuberculosis were notified under the Tuberculosis Act to the Tuberculosis Division. A further 89 other notifiable diseases were notified under the Public Health Act.

The Tuberculosis cases do not include re-activated cases who, although re-notified during the year, were in fact first notified in previous years. There were two such re-activated cases.

Of the conditions notified under the Public Health Act, salmonella infections and hepatitis provided 93 per cent of all cases. The occurrence of Salmonellosis indicates in most instances food contamination.

VENEREAL DISEASES

Again it was pleasing to note that no cases of Syphilis seemed to have occurred during the year, and there was a slight reduction in the number of reported cases of Gonorrhea.

PUBLIC HEALTH LABORATORY

A total of 4 333 samples were checked bacteriologically during the year. Of these 3 979 were water samples mostly from potable water supplies and swimming pools and the remaining 354 samples were of various foods.

IV. DEPARTMENT OF HEALTH SERVICES

LIST OF SENIOR OFFICERS

Director-General of Health Services:

G. MACKAY-SMITH, M.B., B.S. (Qld), B.H.A., F.R.A.C.M.A., A.H.A., F.A.I.M., J.P.

Administration

Chief Administrative Officer:

L. J. BAILLIE, B.Com. (Tas.), A.A.S.A., J.P.

Administrative Officer:

R. H. MIDDLETON, A.A.S.A., A.I.P.M.

Acting Senior Executive Officer (Medical):

D. T. BJORKLUND, Dip.Pub.Admin.

Chief Accountant:

R. T. HAWKES, A.A.S.A., A.C.I.S.

Accountants:

E. J. KREMZER, B.Ec. (Tas.), A.A.S.A., A.C.I.S.

M. W. CALLAGHER, B.Bus., A.A.S.A.

Acting Executive Officer (Property Section):

J. A. ATKINSON

Hospital, Medical and Nursing Services

Director of Hospital and Medical Services:

J. M. SPARROW, M.B., B.S. (Melb.), B.H.A., A.H.A., F.R.A.C.M.A., J.P.

Senior Executive Officer (Hospitals):

R. J. SMART, A.A.S.A.

Executive Officer (Hospitals):

R. M. SHAW, B.Ec.

Executive Officer (Rosters):

J. M. COX, R.N. (Gen., Mid., Ch.Health)

Registrar of Nurses:

M. R. ALLWRIGHT, Dip.N.Admin. (Lond.), F.C.N.A., J.P.

Chief Inspecting Pharmacist:

F. D. POTTS, Ph.C., A.U.A.

Pharmacist:

J. J. GALLOWAY, Ph.C.

Executive Officer (Industrial):

D. F. IRELAND, B.A.

Executive Officer (Industrial):

B. CORREY

Senior Medical Officer (Community Health and Geriatrics):

J. T. CURRAN, M.B., Ch.B. (Glas.), M.Sc., M.D., D.R.C.O.G., M.R.A.C.G.P.

Acting Executive Officer (Community Health and Geriatrics):

R. G. MANSON, C.B.S. (Accounting)

St John's Park Hospital

General Superintendent:

S. A. GINSBERG, M.B., Ch.B. (Cape Town), F.A.C.M.A. (to 18.2.82)

Secretary:

R. T. LANGDALE.

Cancer Registry*Medical Director:*

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

Division of Public Health*Director of Public Health:*

A. D. ROSS, M.B., Ch.B. (Edin.), D.P.H. (Edin.), D.T.M.&H. (Eng.), F.R.A.C.M.A.

Senior Medical Officer — Child Health Services:

CATHERINE MAIR, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.A.&S. (Glas.), D.P.H. (Edin.), M.F.C.M.

Industrial Medical Officer — Occupational and Environmental Health:

E. J. MCARDLE, M.B., B.Ch., B.A.O. (N.U.I.), D.P.H. (N.U.I.), L.M. (Coombe), D.I.H. (Apoth.), D.I.H. (Eng.), M.F.C.M., F.A.C.M.A.

Assistant Senior Medical Officer — Child Health Services:

W. E. L. CROWTHER, M.B., B.S. (Melb.), M.R.A.N.Z.C.P. (to 4.1.82)

P. A. NAYLOR, M.B., Ch.B. (St Andrews), D.P.H. (Bristol) (from 7.6.82)

*Regional Medical Officers of Health:**North-West Coast—*

A. FARNHILL-MORGAN, M.B., B.S. (Durham), L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.), D.P.H. (Birm.) (to 20.8.82)

Chief Health Inspector:

R. H. FREEMAN, R.S.H., M.A.I.H.S.

Executive Officer:

W. RICHARDS.

Mothercraft Home*Matron:*

M. K. SOUNDY, R.N. (Gen., Mid., Ch.Health)

School Dental Service**DISTRICT DENTAL SERVICE***Director of Dental Services:*

A. D. ESLAKE, B.D.S. (Syd.)

SCHOOL OF DENTAL THERAPY*Principal:*

B. A. J. RIEDEL, B.D.S. (Syd.)

Deputy Principal:

J. D. BELLAMY, L.D.S. (Birm.)

Matron (Dental Therapist):

Mrs P. MERHULIK

ORTHODONTIC SERVICE:*Senior Orthodontist:*

R. L. WEST, B.D.Sc. (Melb.), L.D.S.

GENERAL ADMINISTRATION:*Executive Officer:*

M. J. TINDALL.

Government Analyst's Laboratory*Government Analyst and Chemist:*

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

Deputy Government Analyst and Chemist:

J. W. WISHART, B.Sc., A.R.A.C.I.

V. APPENDICES

FOR THE YEAR ENDED 30 JUNE 1982

APPENDIX I — School Medical

APPENDIX II — Statistical Tables

APPENDIX I

SCHOOL MEDICAL EXAMINATIONS JANUARY-DECEMBER 1981

1. DETAILS OF DOCTOR'S EXAMINATIONS

A. NUMBER OF EXAMINATIONS—

	Number	Per cent of Total
Total number examined	30 768	
Number with notification of defect(s)	5 059	16.44
Number without defects	25 709	
Number of physical defects notified	5 962	
Number of dental defects notified	171	
Number examined with parent present	9 915	32.22
<i>Regional Distribution:</i>		
South	16 507	
North and North-East	6 991	
North-West and West	7 270	
	30 768	

B. CLASSIFICATION OF NOTIFIED DEFECTS —

	Number	Per cent of Total
<i>Eye Conditions —</i>		
Defective vision	826	
Squint	213	
Other	194	
	1 233	24.37
<i>Orthopaedic Conditions —</i>		
Posture	537	
Limbs	342	
Other	30	
	909	17.96
<i>Nutritional Disorders —</i>		
Overweight	417	
Underweight	79	
Anaemia	7	
	503	9.94
<i>Ear Conditions —</i>		
Deafness	422	
Other	329	
	751	14.84
Nose, Throat and Cervical Glands	525	10.37
Skin and hair	507	10.02
Abdomen (viscera, hernia and genitalia)	545	10.77
Heart and lungs	204	4.03
Behaviour	345	6.80
Speech	124	2.45
Nervous system	64	1.26
Thyroid	41	0.81
Other	253	
	6 004	

C. COMPARISON OF NOTIFICATION RATE AND ATTENDANCE OF MOTHERS IN VARIOUS CATEGORIES OF EXAMINATIONS

Categories

1. Entry

- (a) 'New' entrants — first examination of children just entering school — born 1975 and later.
 (b) 'Old' entrants — first examination of children born 1974 and earlier. Transfers from interstate or overseas, of local children entering school late or absent at time of previous inspection.

2. Routine

- (a) 1970 age group.
 (b) 1966 age group.
 (c) Miscellaneous — children from other age groups fully examined for various reasons, usually because absent the previous year.

3. Review of previously diagnosed defects.

4. *Special* — Referred by class or physical education teacher, guidance officer, speech therapist, school sister or parent.

Category	Number Examined	Number with Defect	Percentage with Defect	Number Seen with Parent	Per cent Seen with Parent
1. Entry					
(a) New	6 533	845	12.93	5 550	84.95
(b) Old	1 465	228	15.56	795	54.26
2. Routine					
(a) 1970 Age Group	7 154	1 003	14.02	1 940	27.11
(b) 1966 Age Group	4 368	607	13.89	21	0.48
(c) Miscellaneous	683	88	13.79	68	10.65
3. Review	8 978	1 651	18.38	1 092	12.16
4. Special	1 632	637	39.03	449	27.5

D. STATISTICS FROM DOCTORS' REPORTS (1981 EXAMINATIONS)

Obesity

	Total Examined	Number Obese	Per cent Obese
New Entrants: M	3 330	104	3.12
F	3 203	192	5.99
Total	6 533	296	4.53
Old Entrants: M	778	35	4.49
F	687	60	8.73
Total	1 465	95	6.48
1970 Age Group: M	3 658	234	6.39
F	3 496	333	9.52
Total	7 154	567	7.93
1966 Age Group: M	2 114	119	5.62
F	2 254	295	13.08
Total	4 368	414	9.47

Heart Murmurs

	Total Fully Examined	Number with Murmur	Per cent with Murmur
<i>(a) Incidence</i>			
New Entrants	6 533	246	3.76
1970 Age Group	7 154	109	1.52
1966 Age Group	4 368	50	1.14
Total	17 055	405	2.37
<i>(b) Type of Murmur</i>			
	Congenital	Rheumatic	Functional
New Entrants	28	4	214
1970 Age Group	21	3	85
1966 Age Group	19	2	29
Total	49	9	328

(80.98 per cent functional)

Goitre — Incidence of Visibly Enlarged Thyroid

	Total Recorded	Number with Visible Goitre	Per cent with Visible Goitre
New Entrants: M	3 208	1	0.031
F	3 100	2	0.06
1970 Age Group: M	3 522	4	0.11
F	3 419	17	0.49
1966 Age Group: M	2 060	1	0.04
F	2 192	22	0.91

Details of Sisters' Work — January–December 1981

<i>Contacts with Children —</i>			
Routine	107 657		
Prep.	2 229		
Hygiene	67 791		
10–11 age group	384		
Follow-up	6 766		
Special referral	7 176		
Counselling sessions	1 596		
	193 599		
<i>Contacts with Parents —</i>			
From	4 102		
To	3 024		
Telephone to	3 633		
Telephone from	1 487		
	12 246		
<i>Consultations with Professionals —</i>			
General practitioners	874		
Guidance Officers	2 423		
Speech Pathology	542		
Other	831		
	4 670		
Total	210 515		
Sisters' Referrals	9 915	9%	

INFANT MORTALITY
Causes of Death in the First Year
 (I.C.D. 9th Revision 1979)

Causes	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
<i>Disease of Early Infancy—</i>										
1. Immaturity	12	8	4	13	2	3	4	6	8	7
2. Birth Injury	1	....	....	1	....	1	1	1	2	6
3. Conditions of Pregnancy and Labour	12	28	32	23	13	7	10	3	....	....
4. Anoxia/Respiratory Conditions	15	20	19	15	17	17	22	27	21	16
5. Other	2	6	1	2	2	4	4	5	3	2
Total	42	62	56	54	34	32	41	42	34	31
<i>Congenital Malformations</i>	24	20	18	22	8	15	20	18	13	23
Respiratory Diseases	49	28	8	12	6	5	3	3	5	3
Digestive System	5	2	2	2	1	2	....	....	1	....
Nervous System	4	1	1	2	....	3	1	....	2	3
Neoplasms .....	....	1	1	....	....	....	....	....	....	....
Accidents and Violence	3	4	1	1	1	2	2	1	....	1
Sudden Death .....	....	13	33	25	24	37	28	30	23	29
Other .....	....	6	3	10	3	3	2	1	1	....
Total	127	137	123	128	77	99	97	95	79	86
Rate	16.2	18.7	16.6	18.3	11.5	14.7	14.3	14.1	11.7	12.0

1980: In the age group 1-4, 11 children died, 5 due to accidents.

Twenty-one children aged 5-14 died, 14 as a result of accidents and 3 from neoplastic disease.

1981: One-to-four. Eighteen children died, 13 due to accidents.

Five-to-fourteen. Twenty children died, 10 due to accidents and 3 to neoplastic disease.

PER CENT OBESITY (SCHOOL MEDICAL INSPECTION) IN CONSECUTIVE YEARS SINCE 1963

Year of Examination	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79*	81
<i>Entrant—</i>																		
Boys	0.50	0.53	1.10	1.08	0.95	0.85	1.19	1.26	1.72	1.32	1.57	1.25	1.67	2.55	2.95	2.23	2.76	3.12
Girls	1.55	1.75	2.01	1.93	2.10	2.12	2.48	2.32	2.73	2.98	3.19	3.88	4.11	5.00	4.74	5.33	4.82	5.99
Total	1.00	1.17	1.54	1.50	1.51	1.48	1.83	1.78	2.22	2.14	2.37	2.51	2.87	3.75	3.85	3.76	3.77	4.53
<i>10's—</i>																		
Boys	1.93	2.61	2.72	3.11	3.21	2.23	3.70	4.50	3.78	4.00	4.47	4.74	7.35	7.42	7.62	7.92	7.47	6.39
Girls	3.91	4.88	5.04	6.39	5.72	7.12	6.74	7.80	7.34	7.99	9.47	9.53	11.85	11.80	12.70	10.63	12.05	9.52
(s)																		
Total	2.91	3.75	3.87	4.73	4.46	4.66	5.16	6.11	5.54	5.94	6.92	7.12	9.59	9.60	10.16	9.24	9.75	7.93
<i>14's—</i>																		
Boys .....	....	....	....	....	2.10	1.65	1.97	1.69	1.48	1.35	2.07	2.35	3.84	4.41	4.12	4.68	6.31	5.62
Girls .....	....	....	....	....	8.21	14.20	10.43	10.49	10.34	10.22	10.34	11.60	14.07	14.94	15.35	15.33	13.23	13.08
(s)																		
Total .....	....	....	....	....	5.28	7.81	6.48	6.15	5.99	5.52	6.08	6.81	9.10	9.52	10.01	9.94	9.75	9.47

(s) = Asthma Survey.

* Due to an oversight the data for 1980 was not recorded.

STUDENT NURSE STATISTICS 1981-82

Category	No. of Schools	Com- menced	Resigned	In Training	Cand.	Passed	Failed	No. of Exams	Completed
General	5	251	23	683	157	145	12	3	145
Midwifery	4	77	1	90	98	98	....	3	98
Child Health	1	21	1	10	17	17	....	2	17
Psychiatric	1	15	....	61	16	13	3	3	13
Psych. Aux.	1	10	....	35	13	12	1	2	12
General Aux.	4	78	6	153	104	89	15	2	89
Post Basic —									
Geriatric	1	9	....	9	23	19	4	2	19
Psychiatric	1	1	....	4	included in basic course				
Mental Deficiency	1	9	1	7	....	....	....	....	....
Total	19	471	32	1 052	428	394	35	17	394

CASES OF VENEREAL DISEASES NOTIFIED DURING YEAR ENDED 30 JUNE 1982

Age	Under 1 Year												Age not Stated				Totals	Grand Totals									
	1-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65																
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
Gonorrhoea	1	1	..	2	20	22	22	28	14	7	3	2	7	..	..	2	..	1	..	..	..	..	8	2	78	64	142
Total	1	1	..	2	20	22	22	28	14	7	3	2	7	..	..	2	..	1	..	..	..	..	8	2	78	64	142

NOTIFIABLE DISEASES REPORTED DURING YEAR ENDED 30 JUNE 1982

Municipality	Salmonella	Shigella	Hepatitis	Hydatids	Malaria	Brucellosis	Ornithosis	Leptospirosis	Total
Beaconsfield	1	....	....	....	....	....	....	....	1
Brighton	1	....	1	....	....	....	....	....	2
Burnie	5	....	....	....	....	....	....	4	9
Devonport	....	....	4	....	....	1	....	....	5
Fingal	1	....	....	....	....	....	....	....	1
Flinders Island	1	....	....	....	....	....	....	....	1
George Town	1	....	....	....	....	....	....	....	1
Glenorchy	....	....	2	1	....	....	....	....	3
Hobart	14	3	5	2	....	....	1	....	25
Kingborough	....	....	1	....	....	....	....	....	1
Latrobe	1	....	....	....	....	....	....	....	1
Launceston	11	1	10	....	....	....	....	....	22
Longford	3	....	....	....	....	....	....	....	3
Penguin	....	....	1	....	1	....	....	....	2
Queenstown	2	....	....	....	....	....	....	....	2
Scottsdale	....	....	....	....	1	....	....	....	1
St Leonards	....	....	1	....	....	....	....	....	1
Ulverstone	....	....	1	....	....	....	....	1	2
Wynyard	2	....	4	....	....	....	....	....	6
Total	43	4	30	3	2	1	1	5	89

APPENDIX II

STATISTICAL TABLES

TABLE 1

DEPARTMENTAL EXPENDITURE — CONSOLIDATED REVENUE FUND

The expenditure from the Consolidated Revenue Fund Appropriation Act for the year 1981-82 was \$119 180 110, an increase of \$9 588 456 over 1980-81. Comparative figures are —

	1980-81 \$	1981-82 \$
Administration — Head Office	975 427	1 046 596
Hospital and Medical services —		
Administration	576 950	562 547
Grants to Hospitals	84 366 266	91 210 006
Medical Services, Country	465 089	511 853
Community Health Services	2 472 339	2 440 659
Interim Ambulance Authority — Government contribution	2 603 389	2 963 040
Public Health Division —		
Administration and Inspectors	842 863	798 814
Fluoridation — Public Water Supplies	228 710	237 638
School Medical Service	690 123	772 002
Child Health Service	841 834	1 014 304
Occupational Health		151 309*
Health Promotion and Publicity		66 004*
Congenital Hypothyroid Screening		10 309*
Handicap Assessment Centre		254 153†
Grants —		
Red Cross Blood Transfusion	441 554	459 826
Medical Unions	80 000	80 000
Senior Citizens Centres	268 393	207 165
Miscellaneous	225 000	190 760
Other —		
Pharmaceutical Section	115 500	166 364
Dental Health Service	3 329 750	3 279 080
Government Analyst and Chemist	467 963	515 905
Nurses' Registration Board	83 040	93 910
Operating State Nursing Homes		1 160
Victorian and Tasmanian Cancer Institute	820 000	997 126
Planning, Evaluation and Research Unit	34 335	17 687
Alcohol and Drug Dependency Board	55 837	58 684
X-Ray Unit and Cancer Registry	115 273	129 272
Costs of Management Consultant Services	65 000	90 380
Pensions payable to former employees of Public Hospitals	699 682	846 367
Cost of Inquiry into the needs of the Handicapped	7 500	
St John's Park Hospital, New Town	8 719 837	10 006 690
TOTAL EXPENDITURE	\$109 591 654	\$119 180 110

* Previously included under Public Health.

† Previously included under Community Health.

TABLE 2

DEPARTMENTAL REVENUE

The Revenue receipts for the financial year 1981-82 amounted to \$49 769 745 being a decrease of \$2 496 801 over the year 1980-81.

	1980-81 \$	1981-82 \$
Commonwealth Reimbursements —		
Community Health Service	1 288 714	83 952
Health Program Grants	243 035	121 518
Home Care Service	630 068	701 378
Medibank Hospital Agreement	42 604 208	41 961 000
Paramedical Services	22 899	27 124
Planning, Evaluation and Research Unit	20 000	20 000
Red Cross Blood Transfusion Service	189 500	168 791
Rehabilitation Centre	594 479	915 461
School Dental Scheme	1 682 559	3 000
Senior Citizen's Centres	98 421	209 863
Pharmaceutical Benefits	85 056	139 013
Departmental Revenue —		
Government Analyst Fees	9 589	8 926
Nurses Registration Board Fees	76 462	75 627
Other Revenue	41 630	128 132
St John's Park Hospital —		
Commonwealth Nursing Home Benefits	3 292 383	3 583 855
Hospital Fees	1 294 229	1 486 905
Miscellaneous	72 150	92 735
Other —		
General Refunds	6 040	21 876
Property Sales	15 124	20 589
	<u>\$52 266 546</u>	<u>\$49 769 745</u>

TABLE 3

DEPARTMENTAL EXPENDITURE — LOAN FUND

The capital expenditure by the Department for the year 1981-82 was \$8 296 675, a decrease of \$3 967 136 from the year 1980-81.

Comparative figures are —

	1980-81 \$	1981-82 \$
Geriatric Hospital —		
St John's Park, New Town	274 665	56 150
General Hospitals —		
Royal Hobart	2 287 244	1 862 824
Launceston General	5 603 321	4 011 530
Mersey General	287 191	2 420
North-Western General	304	11 989
Maternity Hospitals —		
Queen Alexandra Maternity	725	....
Queen Victoria Maternity	....	3 502
District Hospitals —		
Beaconsfield District	....	....
Campbell Town District	165 624	4 957
Flinders District	37 462	....
Huon District	....	....
King Island District	....	....
Longford (Toosey Memorial)	1 794	....
New Norfolk District	....	....
North-Eastern Soldiers' Memorial (Scottsdale)	80 178	....
Ouse District	1 282	2 360
Rosebery District	1 494	....
Smithton District	....	5 398
St Helens Public Hospital	4 000	....
St Marys District	....	....
Ulverstone District	14 851	....
West Coast District	22 403	18 415
Mothercraft Home	....	28 072
Furniture and Equipment	2 910 662	1 603 312
Other Expenditure —		
Community Health Centres	155 274	....
Dental Health Service	....	....
District Medical Service	11 034	72
State Nursing Homes	41 395	128 710
Furniture and Equipment (other)	227 687	214 606
Purchase of Properties and Miscellaneous Expenditure	135 221	342 358
	<u>\$12 263 811</u>	<u>\$8 296 675</u>

GENERAL STATISTICS OF PUBLIC HOSPITALS FOR YEAR ENDED 30 JUNE 1982

Subject	Average Daily Number	Per cent Occupancy	IN-PATIENTS																OUT-PATIENTS									
			Beds Available				Number Treated				Bed Days				Daily Average of Occupied Beds				Average Length of Stay-Days				Hospital Attendances		Visiting Services			
			General	Maternity	Cots	Total	General	Maternity	Nursing Home Type Patients	Total In-Patients	General	Maternity	Nursing Home Type Patients	Total Bed Days	General	Maternity	Nursing Home Type Patients	Total Daily Average	General	Maternity	Nursing Home Type Patients	Average All Patients	Births (Total Deliveries)	Number of Attendances	Occasions of Service	Home Nursing	Home Help	
GENERAL HOSPITALS																												
Royal Hobart Hospital —																												
City —	344.94	71.42	483	—	—	483	15 923	—	19	15 942	122 448	—	3 457	125 905	335.47	—	9.47	344.94	7.69	—	181.95	7.90	—	52 159	172 310	117 796	36 448	
Queen Alexandra —	47.98	70.55	—	68	—	68	—	2 656	—	2 656	—	17 511	—	17 511	—	47.98	—	47.98	—	6.59	—	6.59	1 943	3 375	13 502	—	—	
Neo-Natal —	9.64	68.88	—	—	14	14	310	—	—	310	3 520	—	—	3 520	9.64	—	—	9.64	11.35	—	—	11.35	—	7 040	21 569	24 670	5 689	
District Nursing Centres —	3.23	20.19	16	—	—	16	—	—	—	147	1 179	—	—	1 179	3.23	—	—	3.23	8.02	—	—	8.02	—	—	—	—	—	
Royal Hobart Hospital Total —	405.79	69.84	499	68	14	581	16 580	2 656	19	19 055	127 147	17 511	3 457	148 115	348.34	47.98	9.47	405.79	7.75	6.59	181.95	7.77	1 943	62 574	207 381	142 466	42 136	
Launceston General Hospital —																												
City —	265.66	69.55	354	—	28	382	9 061	—	116	9 177	76 286	—	20 681	96 967	206.00	—	56.66	265.66	8.42	—	178.28	10.57	—	22 400	88 704	117 174	20 862	
Evandale —	25.43	84.79	30	—	—	30	12	—	32	44	859	—	8 426	9 285	23.5	—	23.08	25.43	71.58	—	263.31	211.02	—	182	721	18 044	4 925	
District Nursing Centres —	32.69	65.58	50	—	—	50	938	—	22	960	8 408	—	3 523	11 931	23.04	—	9.65	32.69	8.96	—	160.14	12.43	—	—	—	—	—	
Launceston General Hospital Total —	323.78	70.08	434	—	28	462	10 011	—	170	10 181	85 553	—	32 630	118 183	234.39	—	89.39	323.78	8.55	—	191.94	11.61	—	22 582	89 425	135 218	25 787	
Mersey General Hospital —																												
Laird —	77.45	54.54	142	—	—	142	3 793	—	38	3 831	27 411	—	858	28 269	75.10	—	23.5	77.45	7.23	—	22.58	7.38	—	6 564	9 544	10 128	10 333	
Devonport —	27.72	61.60	18	27	—	45	963	988	—	1 951	4 399	5 719	—	10 118	12 05	15.67	—	27.72	4.57	5.79	—	5.18	726	16 033	38 516	—	—	
Mersey General Hospital Total —	105.17	56.24	160	27	—	187	4 756	988	38	5 782	31 810	5 719	858	38 387	87.15	15.67	23.5	105.17	6.69	5.79	22.58	6.64	726	22 597	48 062	10 128	10 333	
North-Western General Hospital —																												
Burnie —	93.78	66.04	89	28	25	142	4 921	1 076	—	5 997	27 086	7 142	—	34 226	74.21	19.57	—	93.78	5.50	6.64	—	5.71	849	27 477	54 599	50 886	21 970	
Spencer Division —	54.09	65.17	83	—	—	83	1 762	—	3	1 765	1 803	—	539	19 743	52.43	—	1.48	54.09	10.90	—	179.67	11.19	—	3 256	15 131	—	—	
Savage River —	3.02	27.47	11	—	—	11	339	—	—	339	1 803	—	—	1 103	3.02	—	—	3.02	3.25	—	—	3.25	—	820	4 227	—	—	
North-Western General Hospital Total —	150.89	65.94	183	28	25	236	7 022	1 076	3	8 101	47 393	7 142	539	55 074	129.84	19.57	1.48	150.89	6.75	6.64	179.67	6.80	849	31 953	71 317	50 886	21 970	
Total General —	985.63	67.23	1 256	123	67	1 466	38 169	4 720	230	43 119	291 903	30 372	37 484	359 759	799.72	83.21	102.70	985.63	7.65	6.42	162.97	8.34	3 518	139 706	416 185	338 698	100 226	
MATERNITY HOSPITAL																												
Queen Victoria —	67.35	57.57	29	68	20	117	2 005	2 239	—	4 244	8 736	15 846	—	24 584	25.93	43.42	—	67.35	4.36	7.08	—	5.79	1 742	1 099	4 524	—	—	
DISTRICT HOSPITALS																												
Huon —	20.49	53.06	27	7	5	39	236	133	22	393	2 917	540	4 096	7 553	7.99	1.48	11.22	20.49	12.25	4.06	186.18	19.22	81	1 291	1 296	6 453	681	
Franklin —	6.47	71.93	9	—	—	9	81	—	9	90	785	—	1 578	2 363	2.15	—	4.32	6.47	9.69	—	175.33	26.26	—	740	—	—	—	
Huon Total —	27.17	54.69	36	7	5	48	319	133	31	483	3 702	540	5 674	9 916	10.14	1.48	15.54	27.17	11.61	4.06	183.03	19.91	81	2 031	2 036	6 453	681	
Beaconsfield —	24.30	71.47	31	3	—	34	366	34	25	425	2 374	163	6 333	8 870	6.50	0.45	17.55	24.30	6.49	4.79	253.32	20.87	24	909	1 052	6 323	2 285	
Campbell Town —	14.98	68.09	15	3	4	22	487	—	15	502	2 917	—	2 551	4 468	7.99	—	6.99	14.98	5.99	—	170.07	10.89	—	1 149	3 133	6 498	2 000	
King Island —	11.86	49.42	19	2	3	24	294	24	3	326	2 182	92	2 055	4 329	5.98	0.25	5.63	11.86	7.42	3.83	256.88	13.28	13	2 422	2 902	3 521	806	
New Norfolk —	29.34	67.47	33	6	3	42	645	102	17	764	5 087	501	4 755	10 343	15.94	1.37	13.03	29.34	7.89	4.91	279.71	13.54	71	4 440	6 293	3 926	1 345	
North-Eastern Soldiers' Memorial Hospital —	24.60	71.22	44	3	—	49	812	89	68	969	6 504	630	5 684	12 738	17.52	1.73	15.35	24.60	8.01	7.08	82.41	15.15	70	3 780	9 561	17 486	4 581	
One —	8.56	85.56	8	1	1	10	204	42	5	251	1 322	209	1 519	1 050	3.62	0.57	4.16	8.56	6.48	4.98	303.80	12.15	33	470	576	1 714	135	
Rosebery —	1.41	22.50	10	2	3	15	118	30	—	148	1 096	147	—	1 243	3.00	0.40	—	1.41	4.96	—	3.57	17	2 618	2 971	—	181		
Southton —	24.73	61.83	26	7	7	40	787	142	16	945	4 519	811	3 697	9 027	12.38	2.22	10.13	24.73	5.74	5.71	231.06	9.55	102	1 175	1 186	4 850	1 475	
St Helens —	5.01	55.71	8	1	—	9	241	22	4	267	1 403	64	363	1 830	3.84	0.18	0.99	5.01	3.82	2.91	90.75	6.85	2	1 828	1 828	5 677	1 323	
St Marys —	14.95	76.67	19	—	—	19	222	3	16	241	1 396	9	4 051	4 456	3.42	0.02	11.10	14.95	6.29	3.00	253.19	22.64	1	1 905	1 905	3 852	1 209	
Tonny —	23.35	70.75	25	—	8	33	484	—	16	500	4 340	—	4 182	8 522	11.89	—	11.46	23.35	8.97	—	261.38	17.04	—	1 232	3 178	3 819	1 910	
Upton —	33.81	70.44	40	8	—	48	763	206	17	986	9 250	1 194	1 897	12 341	25.34	3.27	5.20	33.81	12.12	5.80	111.59	12.52	139	6 150	6 150	12 752	5 604	
West Coast —	24.17	56.24	40	3	—	43	833	71	47	951	5 905	305	2 612	8 822	16.14	0.44	7.16	24.17	7.06	4.30	55.57	9.26	36	8 768	11 399	8 849	6 188	
Total District —	279.34	64.07	354	48	34	436	6 775	898	285	7 958	51 997	4 665	45 293	101 955	142.44	12.78	124.09	279.34	7.67	5.19	158.92	12.81	589	38 905	53 370	87 520	29 922	
MISCELLANEOUS																												
Peacock Convalescent —	16.60	66.40	25	—	—	25	319	—	8	327	5 630	—	429	6 059	15.42	—	1.18	16.60	17.65	—	53.63	18.53	—	—	—	—	—	
Mothercraft Home —	8.98	49.32	2	—	—	16	18	290	—	290	3 240	—	—	3 240	8.88	—	—	8.98	11.17	—	—	11.17	—	—	—	—	—	
Total Miscellaneous —	25.48	59.25	27	—	—	16	43	609	8	617	8 870	—	429	9 299	24.30	—	1.18	25.48	14.56	—	53.63	15.07	—	—	—	—	—	
Grand Total —	1 357.80	65.85	1 686	239	137	2 062	47 558	7 857	523	55 938	361 506	50 885	83 206	495 597	990.43	139.41	227.96	1 357.80	7.60	6.47	159.09	8.86	5 849	179 709	473 879	426 218	130 148	

YEARLY COMPARISONS

1977-78	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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PUBLIC HOSPITALS — SUMMARY OF RECEIPTS AND PAYMENTS

1971-72 to 1981-82
COMPONENTS OF OPERATING EXPENDITURE AND INCOME EXPRESSED AS A PERCENTAGE

Year	RECEIPT ITEMS							EXPENDITURE ITEMS							
	Common-wealth	State Grant	In-Patient Fees	Out-Patient Fees	Other	Total Receipts	Income Ex. State Grant	Salaries and Wages	Provisions	Domestic	Dispensary and Surgical	Admin-istration	Repairs	Special	Total Expenditure
1971-72	8.81	63.63	25.86	1.37	0.33	100.00	36.37	72.05	5.11	7.41	8.69	4.46	2.00	0.28	100.00
1972-73	8.39	63.99	26.33	1.03	0.25	100.00	36.00	73.88	4.72	6.44	8.38	4.47	1.75	0.37	100.00
1973-74	7.49	67.90	23.57	0.80	0.24	100.00	32.10	76.55	4.46	5.18	7.50	3.79	2.08	0.44	100.00
1974-75	6.96	73.64	18.65	0.54	0.21	100.00	26.35	81.31	3.39	3.73	5.88	3.40	1.38	0.41	100.00

Year	MAINTENANCE PAYMENTS — MEDIBANK														NON-MEDIBANK			Other	Total Payments
	Salaries and Wages	Food Supplies	Medical and Surgical	Fuel, Light and Power	Domestic Charges	Renova-tions to Buildings	Additional Works and Services	Replace-ment and Additional Equipment	Repairs and Main-tenance	Admin-istrative Expenses	Other Expenses	Sub-Total Hospital Payments	D.H.S. Loan Fund Payments	Total Medibank Payments	Visiting Services				
															Home Nursing	Community Health	Home Care and Para-medical		
1975-76	77.93	3.53	5.70	2.29	1.73	0.22	----	0.74	1.64	3.09	0.34	97.21	0.64	97.85	0.74	0.52	0.56	0.33	100.00
1976-77	76.64	3.34	5.59	2.08	2.20	0.37	0.16	0.87	1.31	3.18	0.60	96.34	1.29	97.62	0.77	0.94	0.56	0.11	100.00
1977-78	72.24	3.08	5.97	1.95	2.40	0.27	0.07	1.01	1.13	3.60	0.26	96.02	0.87	96.88	0.84	1.52	0.69	0.11	100.00
1978-79	75.85	3.20	5.77	2.13	2.46	0.22	0.06	1.16	1.31	3.51	0.44	96.10	0.29	96.39	0.88	1.66	0.85	0.23	100.00
1979-80	75.11	3.19	6.10	2.26	2.36	0.15	0.08	0.95	1.22	3.33	0.38	95.13	0.99	96.12	0.89	1.62	0.97	0.40	100.00
1980-81	75.32	3.18	6.41	2.55	2.25	0.05	0.03	0.60	1.11	3.41	0.64	95.55	0.63	96.18	0.92	1.53	1.00	0.37	100.00
1981-82	74.32	3.00	5.88	2.91	2.31	0.05	0.04	0.60	1.25	3.63	1.18	95.17	0.53	95.70	1.04	1.85	0.92	0.49	100.00

Year	MAINTENANCE RECEIPTS										
	Medibank Receipts					Visiting Services			Other Receipts	State Grant	Total Receipts
	In-Patient Fees	Out-Patient Fees	Meals and Accommodation	Other Hospital Revenue	Medibank Sub-Total	Home Nursing	Community Health Program	Home Care and Para-medical			
1976-77	10.07	0.38	1.09	3.24	14.78	0.26	0.84	....	2.97	81.15	100.00
1977-78	15.25	0.46	1.13	3.20	20.04	0.29	1.40	....	0.16	78.11	100.00
1978-79	14.29	0.42	1.02	3.89	19.63	0.26	0.06	....	0.21	79.84	100.00
1979-80	13.12	0.77	0.96	4.08	18.93	0.36	0.08	....	0.31	80.32	100.00
1980-81	13.06	0.63	0.75	4.84	19.28	0.39	0.13	....	1.00	79.20	100.00
1981-82	17.71	1.89	0.69	5.32	25.59	0.51	0.07	0.01	0.47	73.33	100.00

COMPONENTS OF OPERATING EXPENDITURE

Year	Operating Expenditure	Operating Expenditure - Major Components					Total
		Salaries and Wages	Medical and Hospital Expenses	Light and Heat	Telephone	Postage	
1970-71	100.00	35.00	15.00	10.00	5.00	2.00	67.00
1971-72	100.00	36.00	16.00	11.00	5.00	2.00	69.00
1972-73	100.00	37.00	17.00	12.00	5.00	2.00	71.00
1973-74	100.00	38.00	18.00	13.00	5.00	2.00	73.00
1974-75	100.00	39.00	19.00	14.00	5.00	2.00	75.00

Year	Operating Expenditure	Operating Expenditure - Major Components					Total
		Salaries and Wages	Medical and Hospital Expenses	Light and Heat	Telephone	Postage	
1975-76	100.00	40.00	20.00	15.00	5.00	2.00	77.00
1976-77	100.00	41.00	21.00	16.00	5.00	2.00	79.00
1977-78	100.00	42.00	22.00	17.00	5.00	2.00	81.00
1978-79	100.00	43.00	23.00	18.00	5.00	2.00	83.00
1979-80	100.00	44.00	24.00	19.00	5.00	2.00	85.00
1980-81	100.00	45.00	25.00	20.00	5.00	2.00	87.00
1981-82	100.00	46.00	26.00	21.00	5.00	2.00	89.00

Year	Operating Expenditure	Operating Expenditure - Major Components					Total
		Salaries and Wages	Medical and Hospital Expenses	Light and Heat	Telephone	Postage	
1982-83	100.00	47.00	27.00	22.00	5.00	2.00	91.00
1983-84	100.00	48.00	28.00	23.00	5.00	2.00	93.00
1984-85	100.00	49.00	29.00	24.00	5.00	2.00	95.00
1985-86	100.00	50.00	30.00	25.00	5.00	2.00	97.00
1986-87	100.00	51.00	31.00	26.00	5.00	2.00	99.00
1987-88	100.00	52.00	32.00	27.00	5.00	2.00	101.00
1988-89	100.00	53.00	33.00	28.00	5.00	2.00	103.00

STATISTICS OF DISTRICT NURSING CENTRES FOR THE YEAR ENDED 30 JUNE 1982

Hospital Number	Hospital/Statistic	In-Patients						Out-Patients				Hospital Number
		Daily Average of Occupied Beds	Per cent Occupancy	Total Beds Available	Total Number Treated	Total Bed Days	Average Length of Stay	Hospital Attendances		Visiting Services		
								Number of Attendances	Occasions of Service	Home Nursing	Home Help	
1	Alannah			1				329	2 411	1 276	725	1
2	Avoca							544	1 455	950	400	2
3	Cygnets			1				663	6 753	3 106	895	3
4	Deloraine	15.18	75.88	20	349	5 539	15.87			3 635	1 047	4
5	Dover	6.47	71.43	9	90	2 363	26.26	740	740			5
6	George Town	11.82	78.81	15	529	4 315	8.16			3 985	2 217	6
7	Gladstone							480	601	2 269	344	7
8	Lilydale							38	149	3 263		8
9	Mole Creek							145	572			9
10	Oatlands	3.22	80.41	4	144	1 174	8.15	1 054	1 447	1 681	223	10
11	Ringarooma							558	706	2 310	361	11
12	Rossarden-Storeys Creek							378	814	265		12
13	Savage River	3.02	27.47	11	339	1 103	3.25	820	1 227			13
14	Strahan							1 096	1 268	2 893	561	14
15	Swansea	0.01	0.34	4	3	5	1.67	326	2 003	1 714	216	15
16	Tasman			5				1 144	2 687	1 785	995	16
17	Triabunna			1				3 524	6 268	3 648	1 910	17
Total		39.72	55.95	71	1 454	14 499	9.97	11 839	29 101	32 780	9 894	
Year —												
1977-78		33.08	50.11	66	1 119	12 069	10.66	36 149		21 414	4 885	
1978-79		34.46	60.47	57	1 155	12 580	10.89	32 043		26 083	9 362	
1979-80		38.82	57.26	68	1 373	14 212	10.35	31 142		31 580	5 484	
1980-81		40.31	58.42	69	1 437	14 714	10.16	30 202		32 821	6 912	
1981-82		39.72	55.95	71	1 454	14 499	9.97	11 539	29 101	32 780	9 894	

Hospital Number	Hospital Name	Inpatient Service			Outpatient Service	Total Service
		Admitted	Discharged	Deaths		
1	Albany	100	95	10	100	100
2	Albany	100	95	10	100	100
3	Cyrus	100	95	10	100	100
4	Delaware	100	95	10	100	100
5	Dover	100	95	10	100	100
6	George Town	100	95	10	100	100
7	Greenville	100	95	10	100	100
8	Lisbon	100	95	10	100	100
9	Maryland	100	95	10	100	100
10	Orlando	100	95	10	100	100
11	Richmond	100	95	10	100	100
12	Richmond-Spring Creek	100	95	10	100	100
13	Spring Creek	100	95	10	100	100
14	Spring Creek	100	95	10	100	100
15	Spring Creek	100	95	10	100	100
16	Tammy	100	95	10	100	100
17	Tammy	100	95	10	100	100
Total		1700	1600	170	1700	1700

Year						
1927-28	1000	950	100	1000	1000	1000
1928-29	1000	950	100	1000	1000	1000
1929-30	1000	950	100	1000	1000	1000
1930-31	1000	950	100	1000	1000	1000
1931-32	1000	950	100	1000	1000	1000

GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30 JUNE 1982

								Approved Nursing Home Beds						
								Other Accommo- dation	Beds Available	Bed Days			Daily Average	Per Cent Occupancy
										Ordinary	With Extensive Care Benefit	Total		
Cosgrove Park	.....	.....	.....	.....	.....	.....	.....	136	144	22 459	27 618	50 077	137.20	95.28
St John's Park	.....	.....	.....	.....	.....	.....	.....	20	548	75 900	80 795	156 695	429.30	78.34
Spencer Nursing Home	.....	.....	.....	.....	.....	.....	.....	.....	66	17 619	2 281	19 900	54.52	96.65
Mersey Nursing Home	.....	.....	.....	.....	.....	.....	.....	.....	67	20 283	3 345	23 628	64.73	96.62
TOTAL	.....	.....	.....	.....	.....	.....	.....	156	825	136 261	114 039	250 300	685.75	84.14

ST JOHN'S PARK HOSPITAL — FINANCE

	1980-81 \$	1981-82 \$
Revenue —		
Commonwealth Hospital Benefits	3 292 383	3 583 855
State Aid (nett cost)	4 061 075	4 843 195
Hospital Fees	1 294 229	1 486 906
Laundry Services		3 174
Sundries	72 150	89 560
	\$8 719 837	\$10 006 690
Expenditure —		
Salaries	7 326 072	8 531 020
Light and Fuel	211 978	334 121
Provisions	562 211	563 350
Drugs, Medicines, etc.	100 000	100 000
Equipment, Stores, Uniforms and Maintenance	288 587	299 998
Sundries	230 989	178 201
	\$8 719 837	\$10 006 690
Gross daily cost per patient	52.22	62.56
Nett daily cost per patient	24.32	30.28
Gross weekly cost per patient	365.54	437.92
Nett weekly cost per patient	170.24	211.96
Qualified beds	163 092	156 366
Non-qualified beds	3 888	3 580
	166 980	159 946

ST JOHN'S PARK HOSPITAL

Number of beds available —

Nursing	296
Welfare	272
	568*

* Including 548 approved by Australian Department of Health as nursing home beds.

PATIENTS

Year	No. of Residents at Commencement of Year	Admitted	Discharged	Deaths	Remaining at End of Year	Average Daily No.
1980-81	463	265	175	94	460	456.23
1981-82	460	207	167	69	431	438.21

PUBLIC HEALTH LABORATORY

MICROBIOLOGY DEPARTMENT, ROYAL HOBART HOSPITAL

Samples examined during financial year 1981-82 (Bacteriological samples only)

Month	Potable Waters	Pool Waters	Other Waters	Food/Misc.	Units	Monthly Totals
July 1981	229	28	74	19	2 917	350
August	213	31	76	56	3 378	376
September	209	42	90	62	4 596	403
October	212	79	86	37	4 442	414
November	203	95	68	12	4 321	378
December	157	97	70	7	3 699	331
January 1982	65	47	19	13	.....	144
February	185	98	83	20	.....	386
March	208	108	76	30	.....	422
April	211	53	78	17	.....	359
May	217	51	74	25	.....	367
June	191	66	90	56	.....	403
Totals	2 300	795	884	354	50 020	4 333

REPORT OF THE TECHNICAL DIVISION (GOVERNMENT ANALYST LABORATORY) FOR THE YEAR ENDED 30 JUNE 1982

There was a decrease of ninety samples compared with the number submitted the previous year.

Major decreases occurred in biochemical specimens (449), plant material (345), soils (171), crime exhibits (118) and water pollution (85). There were increases in foods (255), pesticide residues (247), arson (245) — previously counted with crime exhibits — dangerous drugs (115), animal poisoning (89) and corrosion products (69). Most other categories showed minor movements from the number submitted last year.

The chief sources of the decreases were in the categories of hospitals (478) and Forestry (340), while major increases occurred for the University (311), Health (233) and Police (227).

Details of the samples submitted and their sources are set out in Tables xx and yy.

Consultative and Advisory Services

This has grown gradually over the years with a considerable portion of the working hours of senior staff being spent in answering queries concerning chemical problems being encountered by other Departments. Advice is also sought by the public and firms respecting the application rates of fertilisers to yield better crop returns, the treatment and use of ground water use for stock watering and irrigation purposes of farm water supplies and these activities consume a considerable amount of staff time. This time does not necessarily relate to a specific sample and there is no place in the yearly statistics for recognition of the time consumed by these necessary activities.

Food Chemistry

A fair number of food samples relate to specific quality complaints by the consumer or to foodstuffs detected by, or brought to the attention of, health inspectors as infringing the provisions of the food and drugs regulations. Thus the number of food samples found to infringe the regulatory requirements are a biased sample of the general food samples available to consumers in this State.

As such they point to areas of concern to those concerned with policing such matters and indicate areas where closer inspection may be required to protect the health and welfare of the consumer.

There was little change in the usual run of foreign bodies found in foods and they comprised various materials such as flies, discoloured dough, metal fragments, insect fragments, mouse droppings and mould growths in a variety of foodstuffs. These indicate that in some cases there could be a degree of laxity in supervision of the manufacturing process but others indicate accidental contamination with metal fragments and lubricating grease emanating from the processing equipment.

In materials such as bottled soft drinks, etc., the detection of this foreign material should occur at the inspection point but the blink of an eye could miss an obvious contamination.

A number of milk samples were found to contain dried milk residues adhering to the bottle but with the increasing consumption of cartoned milk, this type of complaint is considerably on the decrease. Most of the increase in numbers submitted by the Department of Health Services consisted of milk samples taken in pursuance of a policy of closer surveillance of the milk supply quality available in the major population centres of the State. In general, the situation has been found to be good with only minor variation below the minimum set by the regulations and these have been indicative of the seasonal variation known to occur.

The problem of sulphur dioxide in mincemeat has once again been to the fore in samples submitted for analysis. Fortunately the field test kits being used by health inspectors have eliminated much of the fruitless work previously carried out with this type of sample. Sausages have again showed few infringements against the regulations and reflect the better control of centralised manufacturing compared with the older practice of every butcher making his own many years ago.

Cream and ice cream samples have shown only marginal departures from the amounts of fat and other milk solids set out in the regulations.

Overall, the public is being well provided for by the manufacturer and the malpractices of yesteryear have all but disappeared from the scene.

Pesticide Residue

The University of Tasmania submitted almost 500 samples of solutions containing varying quantities of pesticide in pursuance of the study into the effects of the residues on the growth of fish in inland waters. The National Parks and Wildlife Service have submitted over 60 samples connected with the deaths of wildlife, including a large proportion of bird life and a small number of platypus and stranded whales. The small number of specimens from the whales and platypus have not yielded any significant results and the results from the bird life survey are inconclusive at this stage.

Agricultural Chemistry

The public forwarded 524 soil samples through Department of Agriculture officers and a further 168 direct from the grower, including a number received from home gardeners interested in overcoming soil deficiency problems or in additional production levels. Connected with the survey into the nutritional requirements of trees, the Forestry Department submitted 263 soil samples for analysis. The National Parks and Wildlife Service submitted 48 samples in furtherance of their investigations into several matters.

Again this year the Department of Agriculture did not submit any plant samples for analysis on their own behalf and only 2 on behalf of growers. The remainder were mainly tree foliage, connected with the study of the nutritional requirements of trees.

Forensic Chemistry and Toxicology

This year, for the first time, suspected arson cases have been reported in their own right instead of being reported under the general heading of crime exhibits. This year there were 245 samples submitted for the detection of flammable liquid residues in a total of 76 cases. Of these 245 samples, 194 showed no evidence of the presence of flammable liquids, that is about 79 per cent of samples showed the absence of flammable liquid residues.

Wilful damage to property predominated in the cases (45) examined in connection with crime investigation. Cases connected with burglary and hit-and-run investigations were the next two highest number of cases presented for analysis. The examination of paint flakes and paint smears occupied a considerable amount of forensic staff time.

Marijuana and hashish use and possession again predominated in the samples submitted for identification purposes, amounting to 438 of a grand total of 583 connected with 159 cases. Other major drugs encountered were pethidine (13 samples), methamphetamine (6 samples), psilocybin mushrooms (6 samples) and morphine (5 samples). No drugs were detected in 54 samples.

Poppy straw material was checked for the efficiency of the extraction procedure in 65 cases, 30 less than last year.

Toxicological analysis was performed on 180 specimens from 75 cases. There were 19 cases of carbon monoxide poisoning including two persons killed whilst in a closed tent on a camping weekend with a source of carbon monoxide present within the enclosed area. There were 2 cases each of alcohol, amitriptyline, amylobarbitone plus quinalbarbitone, chloral hydrate and diazepam induced deaths. Alcohol was associated with other toxic agents in 27 cases, a considerable increase on the number encountered last year. No drugs were detected, or at therapeutic levels, in 31 cases.

Suspected animal poisoning rose to 141 this year from 69 cases. The major causes of animal death were 14 organophosphate poisons and 12 cases of strychnine poisoning. There were 44 cases in which no poison was detected.

Blood Alcohol

Traffic accident victims blood was submitted for alcohol content in 96 cases by Tasmanian coroners. There were 32 drivers, 13 passengers, 10 pedestrians and 7 cyclists/motor cyclists with zero alcohol content. Three drivers and 1 pedestrian had blood alcohol levels less than 0.05 per cent. One driver had a level below 0.08 per cent.

Of the remaining 29 who exceeded 0.08 per cent there were 6 drivers and 1 passenger with a blood alcohol level between 0.08 and 0.15 per cent, while 4 drivers, 3 passengers and 1 cyclist/motor cyclist exceeded 0.15 per cent, but did not exceed 0.20 per cent. Exceeding 0.20 per cent but under 0.25 per cent were 6 drivers and 2 pedestrians. In excess of 0.25 per cent but less than 0.30 per cent were 1 driver, 1 passenger, 1 pedestrian and 1 cyclist/motor cyclist. One driver and 1 pedestrian exceeded 0.30 per cent but none were above 0.40 per cent.

Fifty-seven specimens were examined for alcohol levels in cases of violent or unexplained death. Zero alcohol was found in 37 cases and was below 0.08 in 4 other cases. There were 6 other deaths with alcohol levels below 0.20 per cent and these included 2 deaths from gunshot wounds, 2 hanged and 1 drowned. Of the 7 with blood alcohol levels between 0.20 and 0.30 per cent, there were 2 deaths from gunshot wounds, 1 drowned, 1 hanged and 2 died from miscellaneous causes. There were 3 deaths associated with blood-alcohol levels greater than 0.30 and 0.40 per cent; 2 from gunshot wounds and 1 was the death of a known alcoholic. No blood-alcohol level was found to be in excess of 0.40 per cent.

Samples forwarded by the police on behalf of persons not believing in a breathalyser result, or wanting to have the instrument reading disproved by the alternative of a blood-alcohol analysis, numbered 343, which is slightly down on last year's total. There were 34 with a zero level (9.9 per cent) and there were 8 other cases (2.3 per cent) below the then legal level of 0.08 per cent. Between 0.08 per cent and 0.15 per cent there were 107 cases and below 0.20 per cent there were 115 further cases. Above 0.20 per cent but below 0.30 per cent there were 70 cases and 4 cases exceeded 0.30 per cent but no case exceeded 0.40 per cent.

The breathalyser reading and the level of blood alcohol as determined on a laboratory test on a blood specimen was able to be compared in 165 cases. The laboratory result was higher than the breathalyser reading in 124 cases by up to 0.096 per cent and in 15 cases the level was lower by up to 0.049 per cent, while in 26 cases the two levels were in agreement.

Water, Sewage and Corrosion

The 470 water samples forwarded by the Forestry Commission were mainly connected with their established policy of monitoring the possible environmental stress in feeder creeks and rivulets from nearby logging activities. Over the past seven years no deterioration in water quality has been detected.

Local authorities, Metropolitan Water Board and Rivers and Water Supply Commission submitted 433 samples for check fluoride analyses. Generally there was good agreement between the method in use in the field and more precise laboratory method. Some deviations from the calculated level and that actually present in the treated water enabled operators to detect and correct malfunctioning feeder systems.

The Hydro-Electric Commission submitted 125 water samples for analysis and many of these were designed to provide information for design planning of power station equipment and services. A number of samples were from the newer storage dams in continuation of the policy of monitoring for any water quality changes.

The 455 sewage samples submitted came mainly from local authorities or their engineering advisers. These were chiefly connected with periodic checks on plant operation and some were connected with the run-in periods of newly installed plant.

Department of the Environment requirements that a certificate of analysis of trade effluents be obtained before the renewal of an operating licence resulted mainly for the number of samples which were submitted chiefly by local authorities and firms. The range of analyses required is extremely widespread when compared with the normal water analysis and takes a considerable proportion of staff time to complete.

Clinical Chemistry

The major downfall in specimen numbers examined was due to the Royal Hobart Hospital taking over the responsibility for drug screening analyses required by themselves and other hospitals. Routine tests for heavy metals and other metals which can be useful indicators of diseases accounted for the majority of the 201 specimens submitted. Specimens were also received from the monitoring of persons industrially exposed to particularly toxic materials including heavy metals such as lead, cadmium, chromium and mercury.

Analytical tests conducted 1 July 1981 to 30 June 1982

Soils	1 024
Water	870
Pesticide residues	660
Dangerous drugs	583
Foods	555
Water (pollution)	490
Sewage	455
Water (fluoride)	433
Blood alcohol (breathalyzer)	343
Blood alcohol (ordinary)	279
Arson	245
Plant material	205
Biochemical specimens	201
Toxicology	180
Crime exhibits	173
Animal poison	141
Trade wastes	108
Industrial hygiene	96
Corrosion products	94
Poppy materials	65
Air pollution	46
Seepage	44
Textiles	38
Building materials	37
Drugs and medicines	28
Lime and limestone	19
Feeding stuffs	16
Toys	11
Disinfectants	9
Cosmetics	7
Industrial chemicals	7
Oil (lubricating and fuel)	7
Drugs (Road Safety Act)	5
Petrol and distillate	5
Fertiliser	4
Paint	3
Pesticide	2
Oil (essential)	1
Miscellaneous	23
	7 512

Sources of Samples

Government Departments and Instrumentalities —	
Police	1 367
Forestry	934
Coroners	399
Rivers and Water Supply Commission	378
Health	353
Metropolitan Water Board	255
Agriculture	219
Hydro-Electric Commission	148
National Parks and Wildlife	134
Consumer Affairs Council	96
Housing and Construction	39
Environment	27
Inland Fisheries	25
Commonwealth	18
Main Roads	15
Supply and Tender	10
Fisheries Development Authority	9
State Fire Commission	6
State Library	6
Technical College	6
Museum	3
Agricultural Bank	1
Crown Law	1
Public	956
Local Authorities	786
University	698
Firms	351
Hospitals	265
Various	7
	7 512



