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1985

PARLIAMENT OF TASMANIA



DIRECTOR-GENERAL OF HEALTH SERVICES

REPORT FOR 1983-84

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

By Authority:
A. B. CAUDELL, Government Printer, Tasmania



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ANNUAL REPORT DEPARTMENT OF HEALTH SERVICES 1983-84

I. INTRODUCTION

The most significant events of the financial year 1983-84, as far as the Department is concerned, have been the introduction by the Commonwealth of Medicare, from 1st February, the completion of the Review of the Effectiveness and Efficiency of the Department of Health Services, by the Public Service Board, and the decision of nurses in Tasmania to embark on strike action.

Medicare was introduced with initially few serious complications in Tasmania. The 'right of private practice' conditions already applying in Tasmania were consistent with Commonwealth requirements in most essential features, so this area of controversy was largely avoided. It is too early to make any final judgements after only four months experience, but the main trend in Tasmania appears to be a significant drop in the level of insured persons, and a resultant reduction in the level of intermediate patients at the Royal Hobart Hospital. The most frequently voiced complaints from the public relate to the 'gap' not being covered by insurance, and to the level of 'gap' being greater than expected.

The Review of the Effectiveness and Efficiency of the Department of Health Services, after repeated extensions of time, was finally completed and the process of consultation with senior staff will commence shortly before final decisions are taken. I am sure the whole Department looks forward to the elimination of the large number of acting appointments, many of long standing, and at least some filling of vacant positions. There are, of course, many natural concerns about changes which may result from the review.

In an endeavour to improve the health status of the population, the Department undertook a number of health promotion activities in 1983-84. In March 1984, the Department launched the anti-smoking campaign 'Quit. For Life'. The campaign aimed to inform the public of the health risks of smoking and to encourage smokers to 'quit' by providing the means to do so, e.g. the 'Quit. For Life' kits. The campaign utilised prime time commercial television advertising, the three daily newspapers and radio. The advertising and marketing campaign was supplemented with regular press conferences on various smoking related health issues.

Public response to the campaign has been most encouraging and it is apparent that the campaign had a significant impact on the community.

The Department sponsored the 'Preventive Action' and 'Ergon Office' films through the Tasmanian Government Film Committee and the Tasmanian Film Corporation Pty Ltd. 'Preventive Action' is a major film on public health featuring Robert de Castella as the central character linking various eminent medical experts. The film focuses on lifestyle factors, including smoking and won an award at the prestigious Fifth Biennial John Muir Medical Film Festival in California.

'Ergon Office' deals with ergonomics and the prevention of conditions such as repetition strain injury. The film has also been praised as a management practice tool.

Three regular newspaper supplements were produced, one in 'The Mercury' and two in the 'Tasmanian Mail'. The supplements provide general health information and outline the services that are available from the Department and voluntary organisations on a Statewide basis. A booklet entitled 'How Language Grows' was released. This booklet has been very successful. The film version has also made a significant impact.

The Department extended its sponsorship in the National Basketball League of non-smoking teams to cover the Hobart Tassie Devils and the Devonport Warriors. Both teams supported the 'Quit. For Life' program, and gave excellent role models to young persons. Other States are now sponsoring National Basketball League teams in anti-smoking promotions.

Health care in Tasmania finished the financial year on a very disturbing note. Nurses, who represent such a large proportion of the health workforce, and who have for so long been the rock on which patients could rely, finally made the decision to enter into strike action. Whatever the reason for this action, and irrespective of the right or wrong of their case, it is an ominous event for health service administrators, but more importantly, for the patients, both within and without hospitals.

Naturally, there are many other matters of importance. Indeed, some could be considered more worthy of comment than those I have picked out. One cannot cover everything in a brief preview of a service as large and complex as Health.

The review this year covers Community Health, which is now advancing into its second decade as an identified section of the Department. It has grown in strength and importance and one hopes that this growth can continue.

I must thank the staff of the Department for their devoted toil, even more than usual this year. Despite the staff vacancies, the acting positions, the increasing workload and the disturbance of a review of the Department, they have performed with quiet and unobtrusive efficiency and willingness. Their contribution to health services continues to be outstanding.



Better HEALTH to all in 1984-85.

II. COMMUNITY HEALTH

DECADE OF ACHIEVEMENT

The ending of the financial year 1983-84 provides a convenient opportunity to summarise the last ten years of Community Health Services in Tasmania. While the concepts and practices of Community Health are not new, indeed they are as old as the pyramids, specific funding was first provided under the Australian Community Health Program in 1973-74. Financial arrangements for the program have varied enormously since its inception. Initially funding was 100 per cent Federal but has gradually decreased through 90/10, 75/25, 50/50 to a rather amorphous health grant. To this basic funding has been added funds from the Home Nursing Subsidy Act, State Grants (Home Care) Act, specific project funding and generated revenues. Despite changes in Federal and State Governments, and indeed changes in policy within the Governments and despite the complexity of its continuing funding the Community Health Program in Tasmania has steadily grown (see figures 1-3). This growth can be attributed to the demonstrable need for the services provided and to the universal attraction of a service which can demonstrate its cost effectiveness.

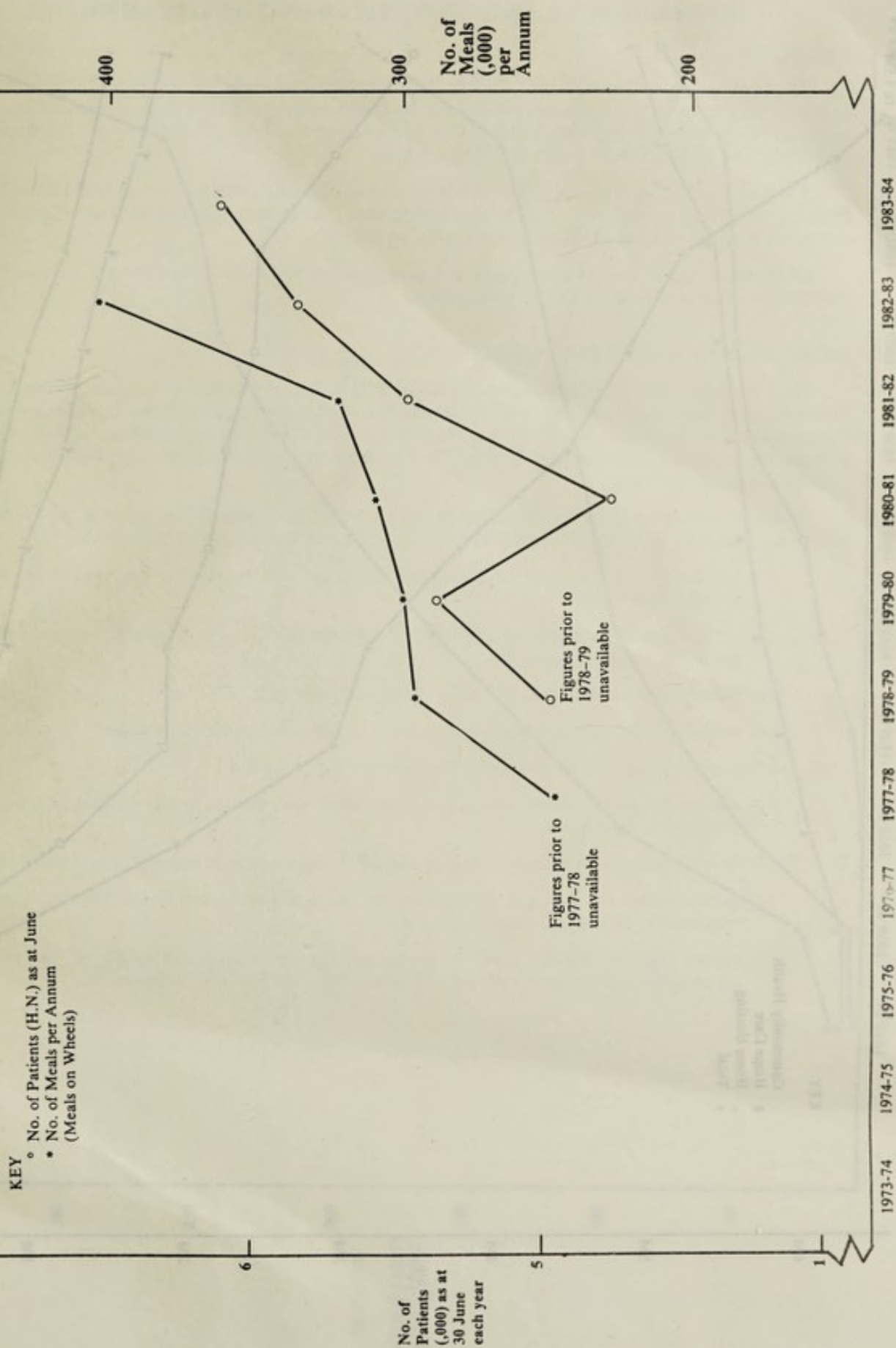
Unlike other States, the main emphasis in Tasmania has not been on providing health centres but in providing domiciliary services. Because of Tasmania's fairly unique distribution of population in rural areas there were already existing many small country hospitals. Domiciliary services have been based on these smaller hospitals and all hospitals are encouraged to see their role more as caring for the community which they serve rather than dealing with the ill patients within their walls. In 1973 there were very patchy and very small home nursing services in Tasmania, ten years on the whole State is evenly covered with some three hundred nurses caring for about 6000 patients at any one time. Because of the association with the local hospitals it has been possible to include home help as part of the nursing service resource. Each nursing service has its home help hours which it manages for its own patients. This cuts out the wasteful practice of having duplicate administrations for these two services. Again the Meals on Wheels organisation in Tasmania obtains most of its meals through the local hospital and this has enabled a very close liaison to be established. Social Work, Physiotherapy, Occupational Therapy and Chiropody are also provided through the domiciliary services but these paramedical professions are not as universally provided as nursing services. In common with most domiciliary services the Tasmanian services are heavily oriented towards the elderly. Nevertheless some 20 per cent of patients belong to the younger age group and post operative and post partum patients form a significant part of the work load. The Service takes some pride in its ability to sustain terminal patients towards a dignified death in their own home and family surroundings.

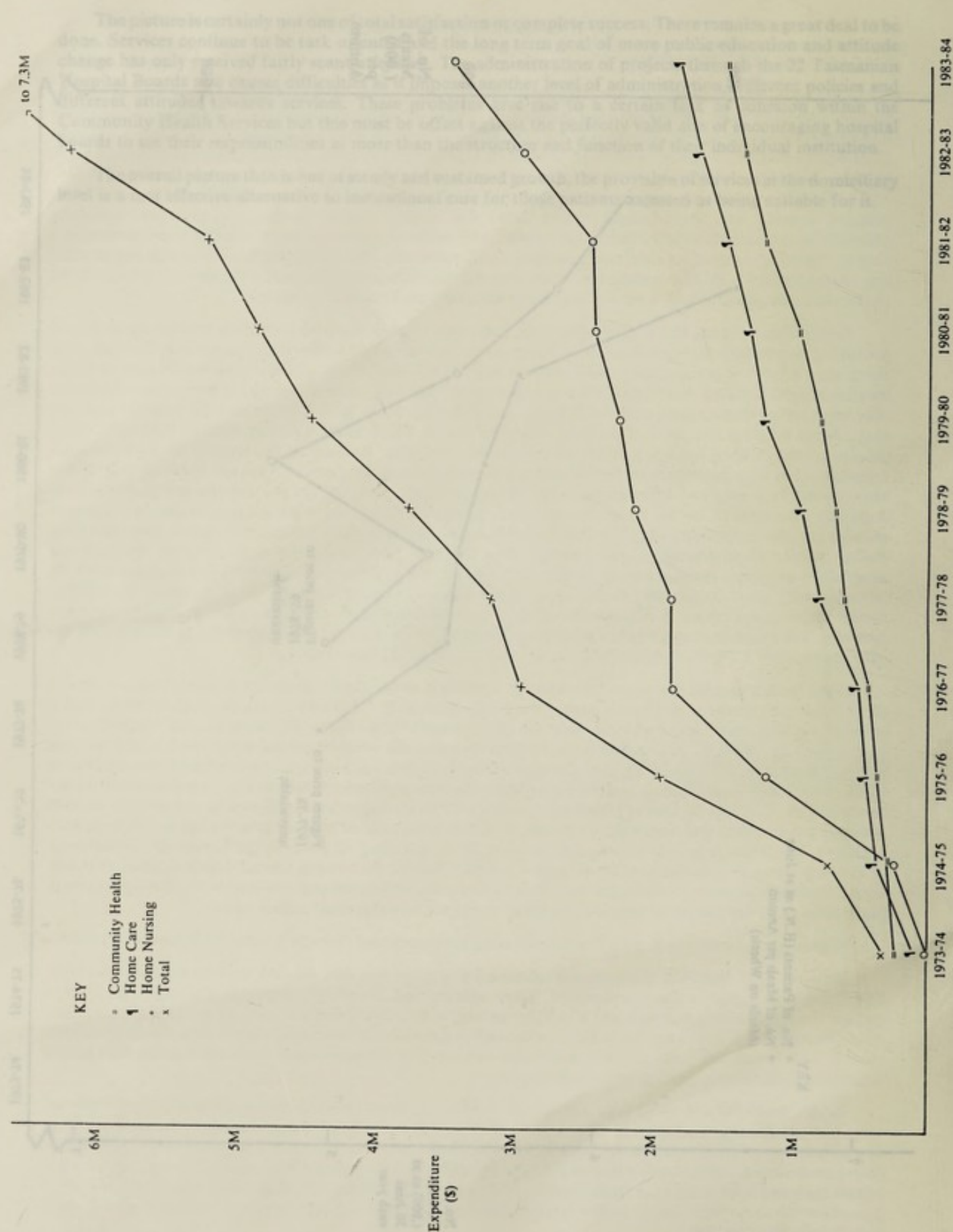
Eight health centres have been provided in Tasmania under the Community Health Program, one of these (Clarence) was provided in response to the bridge disaster in 1975 and remains the only centre providing salaried medical practitioner services. The two centres on the West Coast (Queenstown and Rosebery) are operated by the Medical Unions, while the medical rooms in the remaining centres are now leased to private medical practices. The general philosophy with these health centres has been to attract medical practices to areas of need and once these practices have become established to return them to a private scheme. With the exception of the Kings Meadows Community Health Centre in Launceston, all centres continue to provide medical, paramedical and domiciliary services. At Kings Meadows the medical practice has moved to nearby premises. The centre runs only paramedical services. With the changing policy of the Tasmanian Department of Housing away from broadacre development towards urban infill housing there is little indication that new health centres will be required in the near future. Some consolidation and expansion of existing centres is planned to cater for increased demand but these works are of a relatively minor nature.

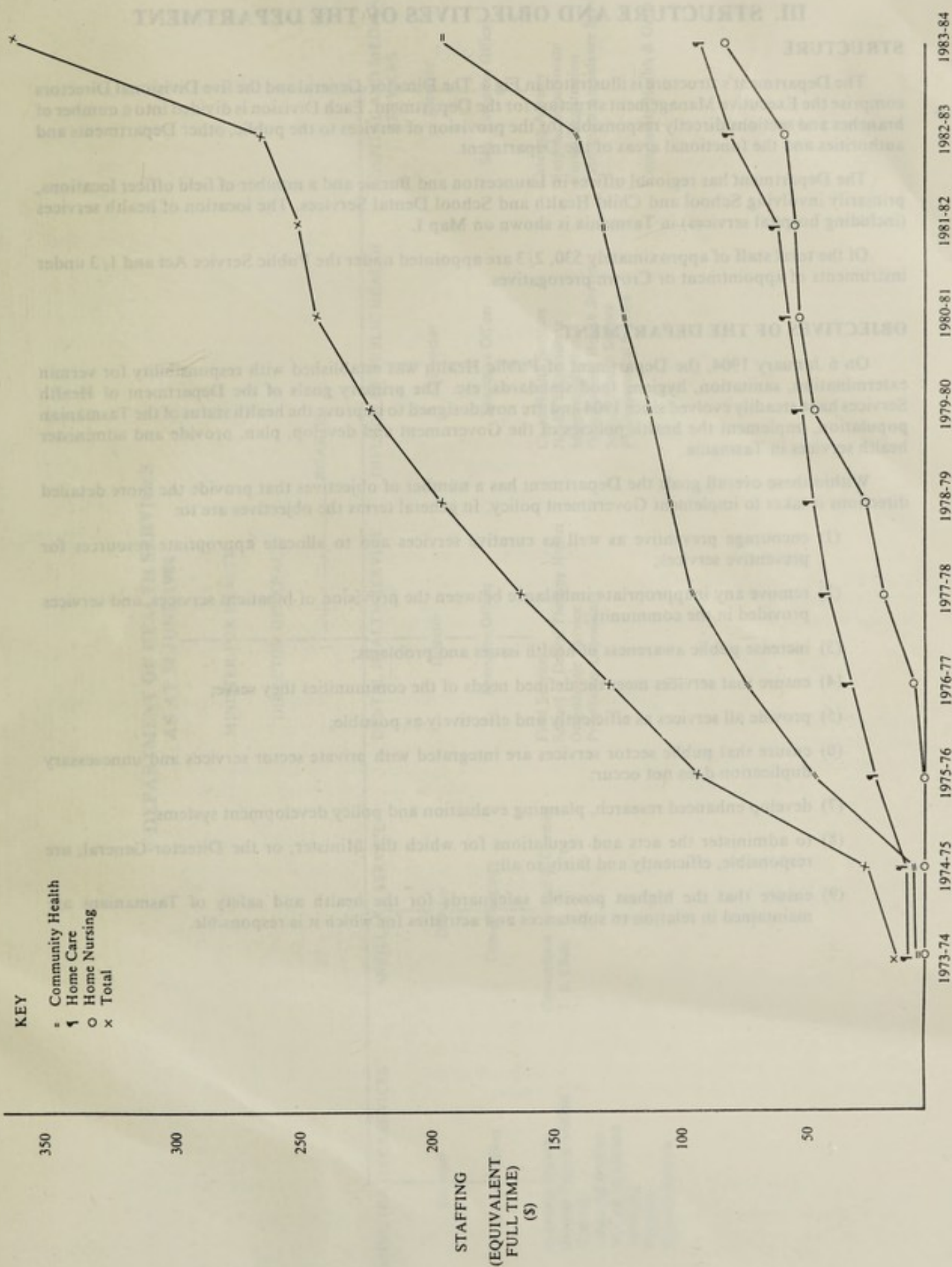
Within the Community Health Program funding several special purpose projects have been undertaken.

Between 1977 and 78 a management information system was devised and implemented to allow this Department to monitor the provision of home nursing and home help services. Basically this system categorises patients into 8 categories (A to F) according to their likely demand for time so that unlike services might be compared. Every service in Tasmania receives a report of its own and other services' activities every month. This system has been refined and continues in use. The average length of a home nursing visit across Tasmania is 30 minutes (including travelling time).

In 1981 and 1982 a Health Services Research and Development Grant was obtained to investigate the real costs of home care versus institutional care for individual, identifiable patients. The cost to the public system of maintaining an individual at home was compared with the cost of keeping that same person in an institution (these were patients who actually moved from one situation to the other and back again). The average cost for home care was \$12.63 per day as against institutional costs of \$77.29 per day. That study was of course able to provide much more information on the needs of patients in their own homes and on the services which could best be provided for them.







III. STRUCTURE AND OBJECTIVES OF THE DEPARTMENT

STRUCTURE

The Department's structure is illustrated in Fig 4. The Director-General and the five Divisional Directors comprise the Executive Management structure for the Department. Each Division is divided into a number of branches and sections directly responsible for the provision of services to the public, other Departments and authorities and the functional areas of the Department.

The Department has regional offices in Launceston and Burnie and a number of field officer locations, primarily involving School and Child Health and School Dental Services. The location of health services (including hospital services) in Tasmania is shown on Map 1.

Of the total staff of approximately 530, 2/3 are appointed under the Public Service Act and 1/3 under instruments of appointment or Crown prerogatives.

OBJECTIVES OF THE DEPARTMENT

On 6 January 1904, the Department of Public Health was established with responsibility for vermin extermination, sanitation, hygiene food standards, etc. The primary goals of the Department of Health Services have steadily evolved since 1904 and are now designed to improve the health status of the Tasmanian population, implement the health policies of the Government and develop, plan, provide and administer health services in Tasmania.

Within these overall goals the Department has a number of objectives that provide the more detailed directions it takes to implement Government policy. In general terms the objectives are to:

- (1) encourage preventive as well as curative services and to allocate appropriate resources for preventive services;
- (2) remove any inappropriate imbalance between the provision of inpatient services, and services provided in the community;
- (3) increase public awareness of health issues and problems;
- (4) ensure that services meet the defined needs of the communities they serve;
- (5) provide all services as efficiently and effectively as possible;
- (6) ensure that public sector services are integrated with private sector services and unnecessary duplication does not occur;
- (7) develop enhanced research, planning evaluation and policy development systems;
- (8) to administer the acts and regulations for which the Minister, or the Director-General, are responsible, efficiently and fairly to all;
- (9) ensure that the highest possible safeguards for the health and safety of Tasmanians are maintained in relation to substances and activities for which it is responsible.

DEPARTMENT OF HEALTH SERVICES AS AT 30 JUNE 1984

MINISTER FOR HEALTH

DIRECTOR-GENERAL

BOARDS

ADMINISTRATIVE SERVICES

Director

Admin Officer

Accounts Branch
General Typing Section
General
Industrial Section
Ministerial Liaison
Personnel
Property
Records Section

ANCILLARY SERVICE

Director

Cancer Registry

Government Analyst & Chemist
T. B. Clinic

DENTAL HEALTH SERVICE

Director

Executive Officer

Field Service
School of Dental Therapy Hostel
Orthodontic Service
Prosthetics Laboratory

DIVISION OF PUBLIC HEALTH

A/ Director

Executive Officer

Child Health Services
Health Inspectorate
Mothercraft Home
Occupational Health Service
School Health Service
Pharmaceutical Section

HOSPITAL AND MEDICAL SERVICES

Director

Sen. Executive Officer

Catering Advisor
Hospital Inspectorate
Nurses Registration
Tasmanian Ambulance Service

Community Health & Geriatrics

KING ISLAND**PROVISION OF HEALTH SERVICES**

IV. ADMINISTRATION

FINANCE

DEPARTMENTAL EXPENDITURE

Expenditure from the Consolidated Revenue Fund Appropriation Act for the financial year 1983-84 was \$138 048 617 an increase of \$17 275 840 from 1982-83. The major reason for the increase in expenditure was due to the granting of two national wage increases in 1983-84. Details of expenditure will be found in the Appendices, Table No. 1.

DEPARTMENTAL REVENUE

The revenue receipts for the financial year 1983-84 amounted to \$74 503 852 being an increase of \$21 396 904 over receipts for the year 1982-83. The major reasons for the increase in receipts was due to the Commonwealth and State Hospital Services Agreement being terminated on 31 January 1984, and the introduction of the new Health Scheme 'Medicare' as from 1 February 1984. Details of revenue receipts will be found in the Appendices, Table No. 2.

LOAN FUND EXPENDITURE

Expenditure from Loan Funds for the financial year 1983-84 was \$7 424 943, being an increase of \$2 342 730 as compared with 1982-83. Details will be found in the Appendices, Table No. 3.

Major works in the Loan Fund expenditure for 1983-84 included the following:—

St John's Park Hospital — Bruce Carruthers Wing Re-development.

This project was approved by the Parliamentary Standing Committee on Public Works in August 1982 at an estimated total cost of \$2 425 000. Total cost of the project to 30 June 1984 was \$1 854 583. Works include fire safety precautions, curtain walling replacements, new fire isolated tower block, toilet upgrading and road and pedestrian access.

Royal Hobart Hospital — Out-patients Department Re-development.

This project was approved by the Parliamentary Standing Committee on Public Works in June 1980 at an estimated total cost of \$4 252 000. Total cost to 30 June 1984, was \$2 886 229. This work included internal remodelling and extensions, provision of mechanical services, an additional lift to service this and other areas, curtain walling and double glazing.

Royal Hobart Hospital — Obstetric and Pathology Wing.

This project was approved by the Parliamentary Standing Committee on Public Works in October 1973 at an estimated cost of \$7 173 000. Prolongation costs paid during 1983-84 totalled \$94 874. Total cost to 30 June 1984, including furniture and equipment (\$1 986 675), was \$17 964 219.

Hampden House Community Centre — Upgrading (Old Queen Alexandra Hospital).

This Centre was established by the Government to provide accommodation for non-profit, self-help, or health/community welfare orientated organisations. Groups pay a 'cost only' service charge. The total estimated cost of the up-grading is \$340 000 and expenditure during 1983-84 totalled \$67 295. Upgrading consisted of safety improvements to escape doors and stairs, installation of a fire sprinkler system, suitable horizontal separation, complete re-roofing, insulation, and access for disabled persons.

Nubeena District Nursing Centre — Conversion to a Nursing Home.

The total estimated cost of this project is \$321 000 and expenditure during 1983-84 was \$316 179. The conversion includes changing facilities to create a 16 bed Nursing Home within the Centre and two beds for accident/emergency use. Upon completion administration of the Centre will become the responsibility of the Tasman Council.

North Western General Hospital — Surgical Ward B Alterations.

This project was completed in September 1983 at a total cost of \$204 250, expenditure in 1983-84 totalling \$61 695. Work involved extensions to include a day room and additional ablution facilities.

New Launceston General Hospital

This project was approved by the Parliamentary Standing Committee on Public Works in October 1975 at an estimated cost of \$50 393 946. In December 1983 the Department of Construction revised the estimated cost of the project (modified Stage I) to be \$44 633 400. Actual cost of the project to 30 June 1984, including furniture and equipment (\$3 398 811) and design and supervision fees (\$2 624 804) was \$43 947 587.

LOAN FUND RECEIPTS

Loan Fund repayments received during 1983-84 totalled \$1 186 588. Details are given in the Appendices, Table No. 20.

TRUST ACCOUNTS**Aboriginal Advancement Health Account**

Under the Aboriginal Advancement (Commonwealth Grant) Act the Commonwealth has, since 1968-69, provided assistance to the States for aboriginal advancement, particularly in the field of housing, education and health. The assistance in the health area is the provision of a Nursing Centre on Cape Barren Island. In addition to the funds provided for this purpose by the Commonwealth, there is also a considerable amount of State funds expended.

In 1983-84, the Commonwealth advanced the amount of \$32 900 and, in addition, expenditure from State funds totalled \$23 447. The financial statement for 1983-84 covering the Commonwealth program will be found in the Appendices, Table No. 21.

The Bush Nursing Trust Fund

As a result of the winding up of the Bush Nursing Association in 1981 all assets of the Association were transferred to the Minister for Health and credited to an account called 'The Bush Nursing Trust Fund'. The income arising from the investment of this Trust Fund is to be applied to assist and benefit the District Nursing Centres.

Interest earned during 1983-84 amounted to \$5 849.85, and there was no expenditure, giving a balance on hand as at 30 June 1984, of \$16 986.03. The financial statement will be found in the Appendices Table No. 22.

School Health Services Survey Account

A clinical study is being undertaken by the Department into the treatment of head lice in school children. A pharmaceutical manufacturer is funding the survey. The purpose of the survey is to determine the most efficient and acceptable treatment for removal of the louse and killing of the eggs.

To 30 June 1984, funds received amounted to \$2 584 and expenditure totalled \$2 295, leaving a balance of \$289. The financial statement will be found in the Appendices, Table No. 23.

Health Education Account (Drug Education Program)

The Commonwealth and State Governments have been co-operating in the conduct of national education campaigns on the dangers of drug abuse and smoking, under the National Drug Program since 1970-71. In 1977-78 Commonwealth assistance on the anti-smoking campaign was withdrawn but funds for the drug education program are still being provided.

In 1983-84 Commonwealth advances totalled \$131 999.99 and expenditure totalled \$134 726.56. Details will be found in the Appendices, Table No. 24.

Commonwealth Program of Aids for Disabled Persons (PADP)

This program was introduced by the Commonwealth Government in the latter part of the 1980-81 financial year, as a special initiative for the International Year of Disabled Persons.

PADP is intended to assist disabled people who are ineligible to receive assistance under other existing Government funded programs. It provides a range of aids (wheelchairs, walking aids, domiciliary oxygen, home modifications, etc.), without charge.

The basic aim of this program is to increase the level of independence of disabled people in the community setting.

Expenditure in 1983-84 amounted to \$428 012.72 including \$106 195 which was committed prior to 30 June 1983, and for which funds were carried forward to 1983-84. Commonwealth advances for 1983-84 totalled \$430 000 resulting in a balance of \$108 182.26 on hand at 30 June 1984, which, however, was fully committed. The financial statement for 1983-84 will be found in the Appendices, Table No. 25.

Community Health Services Trust Account

Under the Medicare Agreement provision has been made to reimburse the State up to \$713 000 for providing new community health services between 1 February 1984 and 30 June 1985.

A requirement of the Commonwealth is that the new community health services be accounted for separately, and a trust account entitled 'Community Health Services Trust Account' was therefore created to record the transactions relating to the funds received by the State for that particular purpose.

The amount of \$205 000 was received from the Commonwealth during 1983-84, of which \$67 049.46 was expended, leaving a balance of \$137 950.54 as at 30 June 1984. The financial statement for 1983-84 will be found in the Appendices, Table 26.

Special Employment Related Programs Act (Commonwealth Wage Pause Program)

Under the "Wage Pause Program" \$29 900 was allocated to the Department during 1983-84 to undertake four projects —

- Anti-Smoking Survey;
- Legislation Development Program;
- Legislation Amendment Program; and
- Library Cataloguing Program.

All the projects were successfully completed, and expenditure was kept within the total allocation. A financial statement showing full details will be found in the Appendices, Table No. 27.

Community Employment Program

During 1983-84 the Department supervised 7 projects under the Community Employment Program, which is designed to assist specific target groups of disadvantaged persons.

The most comprehensive of the projects was the Community Health Home Care Services, which involved the employment of 32 persons (15 full time equivalents) comprising 27 female Home Helpers and 5 Handymen. Due to the stress placed on the health care system to provide nursing home accommodation for the elderly, this Statewide project was designed to provide assistance to the recipients in their own homes. The aim of the service was to provide essential housework to those, who through illness or disability, were not coping with their usual routine. This project was directly supervised by three Regional Nursing Co-ordinators in the South, North and North-Western regions, who were in fact employees of the three general hospitals in the respective areas.

Other projects included a survey into repetitive strain injury within the Tasmanian Public Service, a report on the activities of the Tasmanian Thyroid Advisory Committee, library cataloguing, typist/delegation procedures, archives/records project, and a personnel information project.

Details will be found in the Appendices, Table 28.

LEGISLATION

The following legislation was enacted in relation to this Department during the period 1.7.83 to 30.6.84.

Medical Amendment Act No. 37 of 1983: Amended the Medical Act 1959 to provide that companies the sole object of which is the provision of medical services are required to obtain the approval of the Medical Council of Tasmania to the provision of those services by those companies and to make other amendments of a consequential or ancillary nature, to make

further provision with respect to the disciplinary and other procedures with respect to registered medical practitioners contained in that Act, to strengthen the restrictions on the use of medical titles by persons who are not registered under that Act, to authorize the Council to recover the costs and out-of-pocket expenses incurred by when it exercises certain of its powers under Part IIIB of that Act, to increase the amount of the penalties and fines that may be imposed under that Act, and for other purposes.

West Coast Public Hospitals Board Validation Act No. 42 of 1983: An Act to validate the appointment of members to, and the actions taken by, the West Coast Public Hospitals Board and to provide for related matters.

Public Health Amendment Act No. 46 of 1983: An Act to amend the Public Health Act 1962 to enable the Director of Public Health to delegate the exercise and performance of certain powers, discretions and functions to municipal health inspectors and to provide for a general protection from personal liability under that Act and certain other Acts.

Nurses' Registration Amendment Act No. 51 of 1983: Amended the Nurses' Registration Act 1952 for the purpose of providing for the enrolment of mothercraft nurses under that Act and for related purposes and to repeal the Mothercraft Nurses' Registration Act 1947.

Hospitals Amendment Act No. 54 of 1983: Amended the Hospitals Act 1918 for the purpose of making further provision with respect to boards of management of hospitals and for other purposes.

Cremation Amendment Act No. 55 of 1983: Amended the Cremation Act 1934 for the purpose of making further provision with respect to the publication by a cremation authority of its scale of fees.

Poisons Amendment Act No. 27 of 1984: Various amendments to the provisions of the Poisons Act 1971, with particular reference to classification of substances, abolition of the Poisons Advisory Committee, offences relating to distributing drugs illegally and seizure, search and recovery provisions relating to drugs.

Hospitals Amendment Act No. 31 of 1984: Repeal of the sunset clause (section 5) of the Hospitals Amendment Act No. 96 of 1982.

School Dental Therapy Service Act No. 41 of 1984: Amended the School Dental Therapy Service Act 1965 in relation to the appointment of temporary dental therapists and temporary student dental therapists.

Commonwealth and State Hospital Services Agreement Act (Repeal) Act No. 44 of 1984: An Act to repeal the Commonwealth and State Hospital Services Agreement Act 1976 and the Commonwealth and State Hospital Services Agreement (Supplemental Agreement) Act 1980.

THE NURSES' REGISTRATION BOARD

APPOINTMENTS AND RESIGNATIONS

In September 1983 Dr Walters, Mrs Williams, Mrs Birchall and Miss M. Creek whose term of office expired were reappointed for a further term. Miss Creek completed Mrs B. Loring's term as she had resigned because of ill health in July. The Board is most grateful for the work Mrs Loring carried out and regrets the loss of her services to nursing education.

Mrs Birchall and Mr J. Franklin resigned in November because of retirement and change of position. Both were thanked for their services to the Board.

Mrs R. Watts replaced Mrs Birchall and Mrs M. Quinn was appointed as the nominee of the Royal Australian Nursing Federation.

LEGISLATION

The Act was amended in 1983 to provide for the enrolment of Mothercraft Nurses by the Board which now conducts the Mothercraft examinations and keeps the roll. Drafting of the Nursing Act continued for submission to the Minister in 1984.

DISCIPLINARY ACTION

Certificates of registration of two nurses were suspended after hearings of enquiry into complaints received.

CURRICULUM DEVELOPMENT

Hospital Nurse Educators with the Inspecting Nurse Educator have written a post basic course in Gerontological Nursing and one in Auxiliary Nursing is in the process of preparation.

HOSPITAL SCHOOL INSPECTIONS

The Inspecting Nurse Educator has made inspection visits to all nurse training schools and submitted detailed reports to the Board.

AUSTRALIAN NURSING ASSESSMENT COUNCIL

The Board was represented at meetings of Council by the Registrar and contributed to the item bank of questions for examinations for overseas nurses entering Australia.

AUSTRALIAN NURSE REGISTERING AUTHORITIES CONFERENCE

The Board was represented at this Conference by the Registrar and one delegate.

DETAILS OF REGISTRATIONS FOR 1983-84

Number of Nurses Registered at 30 June 1984 —

| | <i>Female</i> | <i>Male</i> | <i>Total</i> |
|------------------------------|---------------|-------------|--------------|
| Registered Nurses | 4 779 | 345 | 5 124 |
| Auxiliary 2 year | 634 | 46 | 680 |
| Auxiliary 1 year | 591 | 34 | 625 |
| Enrolled Mothercraft | 342 | — | 342 |
| | <u>6 346</u> | <u>425</u> | <u>6 771</u> |

New Registrations —

| | <i>Female</i> | <i>Male</i> | <i>Total</i> |
|---------------------------|---------------|-------------|--------------|
| General | 436 | 32 | 468 |
| Midwifery | 47 | 3 | 50 |
| Psychiatric | 19 | 13 | 32 |
| Geriatric | 2 | 2 | 4 |
| Child Health | 2 | — | 2 |
| Mental Deficiency | 4 | 4 | 8 |
| | <u>510</u> | <u>54</u> | <u>564</u> |

Additional Certificates Registered —

| | <i>Female</i> | <i>Male</i> | <i>Total</i> |
|---------------------------|---------------|-------------|--------------|
| General | 9 | 1 | 10 |
| Midwifery | 106 | 4 | 110 |
| Psychiatric | 3 | 3 | 6 |
| Geriatric | 3 | 1 | 4 |
| Child Health | 17 | — | 17 |
| Mental Deficiency | 2 | 2 | 4 |
| | <u>140</u> | <u>11</u> | <u>151</u> |

Auxiliary Nursing New Registrations —

| | Female | Male | Total |
|-----------------------------|--------|------|-------|
| General Auxiliary | 65 | 5 | 70 |
| Psychiatric | 5 | 6 | 11 |
| | 70 | 11 | 81 |

Mothercraft 12 new enrolments

Number of New Certificates registered —

| | |
|-----------------------------|-----|
| General | 478 |
| Midwifery | 160 |
| Psychiatric | 38 |
| Geriatric | 8 |
| Child Health | 19 |
| Mental Deficiency | 12 |

Total number of nurses with additional educational or clinical nursing qualifications —

Female 114 Male 18 Total 132

Number of nurses with one certificate —

| | |
|-----------------------------|-------|
| General | 2 684 |
| Psychiatric | 193 |
| Geriatric | 47 |
| Mental Deficiency | 9 |
| | 2 933 |

Number of nurses with 2 certificates —

| | |
|---|-------|
| General and Midwifery | 1 602 |
| General and Psychiatric | 90 |
| General and Geriatric | 70 |
| Psychiatric and Mental Deficiency | 27 |

Number of nurses with 3 certificates —

| | |
|--|-----|
| General, Midwifery, Child Health | 302 |
| General, Midwifery, Psychiatric | 14 |
| General, Midwifery, Geriatric | 26 |

STUDENT NURSE STATISTICS 1 JULY 1983 TO 30 JUNE 1984

| Category of Nursing | Number of Training Schools | In Training | Number Commenced | Number Resigned | Number of Candidates | Pass | Fail | Number of Exams | Number Completed Course |
|----------------------|----------------------------|-------------|------------------|-----------------|----------------------|------|------|-----------------|-------------------------|
| General | 5 | 619 | 213 | 42 | 215 | 213 | 2 | 2 | 219 |
| Midwifery | 4 | 78 | 86 | — | 89 | 89 | — | 2 | 91 |
| Child Health | 1 | 7 | 16 | — | 16 | 16 | — | 2 | 16 |
| Psychiatric | 1 | 38 | 19 | 9 | 14 | 14 | — | 2 | 14 |
| Auxiliary (Gen) | 4 | 123 | 55 | 13 | 78 | 73 | 5 | 2 | 63 |
| Auxiliary (Psych) | 1 | 9 | — | — | 11 | 11 | — | 2 | 11 |
| Mental Deficiency | — | — | — | — | 4 | 4 | — | 1 | 4 |
| Post Basic Geriatric | — | — | — | — | — | — | — | — | — |
| TOTALS | — | 874 | 389 | 64 | 427 | 420 | 7 | — | 418 |

DENTAL MECHANICS' REGISTRATION BOARD

The Twenty-Second Annual Report of the Dental Mechanics' Registration Board for the period 1 July 1983 to 30 June 1984, has been tabled in both Houses of Parliament.

TASMANIAN AMBULANCE SERVICE

The Tasmanian Ambulance Service was established under the Ambulance Service Act 1982, and saw the appointment of a Director of Ambulance Services located within the Department of Health Services, with the responsibility of administering ambulance services in Tasmania. More detailed information is provided in the Annual Report prepared by the Tasmanian Ambulance Service.

ROYAL FLYING DOCTOR SERVICE

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

INDUSTRIAL RELATIONS

The Industrial Relations Section has been under constant pressure over the last year as a result of constant industrial activity in the public hospital sphere.

For the first time in the history of Tasmanian public hospitals, nursing staff walked off the job for 24 hours at the four General Hospitals in support of the Royal Australian Nursing Federation's claim for salary increases. The nurses' salaries dispute became a major industrial dispute during the latter half of the year and at the time of this report, the dispute still remained unresolved.

Discussions between service organisations, hospital management, the controlling authority and the Government commenced on the implementation of a 38 hour week for hospital employees whose ordinary hours of work stood at 40 per week. The parties agreed to implement the 38 hour week for hospital day workers initially and to follow-up with shiftworkers at a later date.

The Public Service Board introduced a system of rationalised wage fixation consistent with that announced by the Conciliation & Arbitration Commission in September 1983. The principles of wage indexation as annunciated by the Public Service Board were agreed to by all parties. During the year National Wage increases of 4.3 per cent and 4.1 per cent were awarded.

Senior Medical Practitioners employed on a full-time basis and covered by the Medical Practitioners' Principal Award achieved a 40 hour week.

Negotiations commenced with the Ambulance Employees' Association for a registered industrial agreement covering ambulance officers working throughout the State.

A Federal log of claims was served on the Cancer Institute Board of Victoria seeking coverage of employees in the Hobart and Launceston Peter MacCallum Clinics.

V. HOSPITAL AND MEDICAL SERVICES

Activity indicators for public hospitals show an increase in 1983-84 for the daily average occupied beds (+3.51), percentage occupancy (+5.05) and patients treated (+4.76). General medical and surgical bed days indicated an increase (+1.47).

The average length of stay of patients in hospital decreased from 7.49 to 7.28 for general medical and surgical patients and from 6.33 to 6.22 for maternity patients.

In terms of cost, the cost per daily occupied bed including nursing home type patients rose from \$162.30 to \$171.77 and cost per daily occupied bed not including nursing home type patients rose from \$232.12 to \$247.90.

Salaries and wages were again the largest single cost item representing 70.68 per cent of the total followed by Medical and Surgical items, drugs, etc. accounting for 7.05 per cent.

GENERAL STATISTICS

(See Appendices Tables 4-7)

NUMBER OF PATIENTS

The total number of inpatients treated in public hospitals for the year was 59 335 an increase of 2 698 or 4.76 per cent on the previous year. Both the General and Maternity hospitals reflected an increase, whilst the District Hospitals continued to decrease.

BED DAYS

The total number of in-patient bed days was 515 254 an increase of 17 530 or 3.52 per cent over the previous year.

BIRTHS

The number of births for the year was 5 865 an increase of 36 over the previous year. The General Hospitals recorded an increase of 30, the maternity Hospitals an increase of 29, and the District Hospitals a decrease of 23.

RECEIPTS

Hospital revenue for the year was \$158 011 245 an increase of \$11 152 910 over the previous financial year. Of total revenue, \$110 996 638 or 70.24 per cent was made up of the State Grant to Hospitals. Direct receipts from Hospitals attributed to 29.76 per cent of total revenue.

PAYMENTS

Total payments were \$157 971 778 an increase of \$10 147 039 or 6.86 per cent over the previous year. Salaries and wages accounted for \$112 186 532 or 70.68 per cent of total expenditure.

PATIENT COSTS

Average costs per patient and bed day rose during the year. The cost per in-patient increased from \$2067.36 to \$2 150.93 and per daily occupied bed rose for \$162.30 to \$171.77. The cost of an outpatient attendance rose from \$35.20 to \$38.36.

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 needs and problems of the aged.

ST. JOHN'S PARK HOSPITAL TRAINING SCHOOL

Thirty one (31) students successfully completed the two year Auxiliary Training Course. The six months Post Basic Course for General Trained Nurses was temporarily suspended during the past year pending a review of the syllabus and course content by the Nurses' Registration Board.

HOME CARE SERVICES

The demands on this service continue to increase with eleven (11) full-time and five (5) part-time Nurses and sixty one (61) part-time Housekeepers employed in this area.

The Domiciliary Nursing Service operates on a zoning system in conjunction with other similar organisations in the South of the State and periodic reviews of the system help to create a more efficient service.

During the year the Nursing Service assisted a total of 940 patients through 32 995 home visits, whilst the Home Help Service assisted a total of 843 patients through 21 362 visits.

From recent statistics available, it is evident that the service provided by this Hospital continues to compare more than favourably with other services in the State.

DAY HOSPITAL

The Day hospital fulfils a useful service in the rehabilitation and treatment of the elderly and is helping to maintain them in their own homes. An average of 161 out-patients attended the Day Hospital each month, with the total number of visits averaging 744 per month.

ST. JOHN'S PARK KIOSK AUXILIARY

The ladies of this Auxiliary continue to be very active in providing a most worthwhile service for our patients. Their regular visits to Hospital Wards with the trolley service is greatly appreciated. Throughout the year the Auxiliary continued to make generous donations of essential equipment to the Hospital and gifts to patients, totalling approximately \$7 000 in all.

SOCIAL ACTIVITIES AND ENTERTAINMENT

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

RELIGION

The spiritual needs of the patients were provided for 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 for our patients. This service is most appreciated by all who utilise it.

WORK EXPERIENCE PROGRAM

The Hospital continues to participate in the Work Experience program for secondary school students. This program, which is arranged by the Education Department is proving most beneficial to students and the Hospital was able to offer work experience placements for sixty four (64) students during the year, throughout the various sections of the Hospital.

The Hospital also accepted visitations from sixteen (16) cadets from the Rokeby Police Academy, as part of their Community Involvement Program.

FINANCE AND STATISTICS

See Appendices Table 8.

COMMUNITY HEALTH

1983-84 saw a resurgence of interest in Community Health based programs. The Tasmanian Community Health Service was well placed to take advantage of new offers of Federal funding. The Medicare Agreement provided a further \$700 000 of Federal money and an additional grant was provided for the introduction of a Geriatric Assessment service. A Community Employment Project for Home Helps and Home Handymen was also implemented.

No substantial capital works have been undertaken in 1983-84.

HOME NURSING

The demand for Home Nursing continues unabated. Additional funds have ensured that extra staff could be employed in this area and the State average for a home nursing visit remains at 30 minutes.

It had been apparent for some time that there was an increased need for Home Help and Handymen services. The Community Employment Program was implemented to provide a full-time equivalent of ten Home Helps and five Home Handymen, spread across the State. Helpful though this project has been, the perceived need still greatly outweighs available resources.

HOME NURSING

| | 1983-84 |
|------------------------------|-----------------|
| No. of visits — | |
| Rural | 120 421 |
| Urban | 287 392 |
| | 407 813 |
| Total Expenditure | \$1 944 083 |
| Average cost per visit | \$4.10 approx.* |

* These statistics are incomplete due to nurses strike.

HOME HELP

| | 1983-84 |
|------------------------------|------------------|
| No. of visits — | |
| Rural | 38 431 |
| Urban | 82 487 |
| | 159 349 |
| Total Expenditure | \$1 773 667 |
| Average cost per visit | \$11.13 approx.* |

* These statistics are incomplete due to nurses strike.

AUXILIARIES

The value of the four Community Health auxiliaries cannot be overstated. Apart from the conventional fund raising functions of such auxiliaries their ability to provide a channel of communication between communities and professionals is essential.

DISTRICT MEDICAL SERVICE

This is now one of the most stable employment situations in the Health area. One further practice, on King Island, has been transferred to the Guaranteed Minimum Income Scheme.

GERIATRIC SERVICES

Growth of Nursing Home beds has now virtually ceased. The only areas in which expansion can now be anticipated is in the care of the psycho/geriatric elderly. The following bed totals are now inspected: private hospitals beds, nursing home and hostel beds for aged/disabled persons, unit accommodation.

| | |
|--|-------|
| Private Hospital Beds | 547 |
| Nursing Home and Hostel beds for aged/disabled persons | 2 574 |
| Unit/Cottage accommodation for aged/disabled persons | 1 363 |

Improved drug storage, dispensing and administration is now almost universal within the Private Medical Establishments.

Assessment of geriatric patients requesting admission to nursing homes remains unsatisfactory but is showing some potential for improvement. Following specific purpose grants from the Federal Government a start has been made on Assessment Teams in Tasmania and both the Federal Department of Health and the Federal Department of Social Security are now showing a positive attitude towards assessment.

COUNTRY NURSING HOMES

The former district hospitals at Swansea and Nubeena now operate Nursing Homes. Each is operated by the local Council under a Deficit Funding Agreement with the State Department of Health Services. It is an interesting comparison that the cost to the State of operating both Homes (bed total 38) was less than the cost to the State of operating the Dover Hospital Annexe (bed total 7).

STAFF EDUCATION

IN-SERVICE EDUCATION

In Tasmania there is still no formal post graduate education for nursing or paramedical staff. In the absence of such courses the Department of Health Services continued to encourage and sponsor in-service education at all levels.

North-Western Region —

1. One regional session for Registered Nurses
(Attended by 48 Sisters)
2. One regional session for Home Help Ladies
(Attended by 76 Home Helps)
3. Local Sessions —

| | | |
|-------------|---|---------|
| Smithton | — | two |
| Queenstown | — | two |
| King Island | — | two |
| Mersey | — | monthly |
| Burnie | — | monthly |

North-Eastern Region —

1. One regional session for Registered Nurses
(Attended by 52 Sisters)
2. One regional session for Home Helps
(Attended by 58 Home Helps)
3. Local Sessions —

| | | |
|---------------|---|---------|
| Scottsdale | — | monthly |
| St. Marys | — | two |
| Campbell Town | — | two |

Southern Region —

1. One regional session by Home Helps
(Attended by 78 Home Helps)
2. Two, 1 study days for District Sisters
3. Local Sessions —

| | | |
|--------|---|---------------|
| Hobart | — | twice monthly |
|--------|---|---------------|

CONFERENCE

The Thirteenth Annual Conference was held at Royal Hobart Hospital, and was attended by 79 Community Health Staff. It was officially opened by Mrs Jean Moore, Director of Nursing, Royal Hobart Hospital.

FOUNDATION COURSE IN COMMUNITY HEALTH

Two repeats of Stage One and one repeat of Stage Two were organised during the year.

| | |
|--|----------------|
| September 1983 — St. John's Park Hospital | attended by 19 |
| June 1984 — Cosgrove Park | attended by 17 |
| Stage II repeat — February/March 1984 — Mersey General Hospital | attended by 16 |

INTERSTATE COURSES

1. Dr Younger, Medical Director, Bayfield Street Health Centre, attended a Family Program in Sydney.
2. Four Community Health Sisters attended the Spinal Injuries Seminar held at Austin Hospital, Melbourne.
3. Three Sisters attended the Stomal Therapy Conference held at Launceston.

EDUCATIONAL (AUDIO) TAPES

1 268 duplicated tapes were circulated to District Medical Officers, Teaching Hospitals, Sisters (including Child Health and School Health).

FILMS AND VIDEO-TAPES

A structured series of video-presentations will now be offered through these facilities.

FINANCE AND STATISTICS

See Appendices Tables 9 and 10.

VI. SCHOOL DENTAL HEALTH SERVICE

FIELD SERVICE

On 30 June 1984, the Field Service had 62.5 full-time Dental Therapist equivalents, and 14 District Dental Officers.

Children treated (including at the School of Dental Therapy) —

| <i>School</i> | <i>School Population</i> | <i>Number Treated</i> | <i>Per cent</i> |
|--------------------------|------------------------------|---------------------------|-----------------|
| Kindergarten and Primary | 54 044 | 48 420 | 89.5 |
| Secondary | 36 553 | 19 084 | 52.2 |
| Under School Age | — | 1 572 | — |
| TOTAL | 90 597 | 69 076 | |

When the Service has achieved its staff establishment;

- the few remaining areas of higher dental morbidity remaining will receive the extra care that is desirable,
- implementation of new initiatives in prevention and treatment can begin,
- it will be possible to bring graduate school dental therapists back to the training school for refresher and updating courses of instruction.

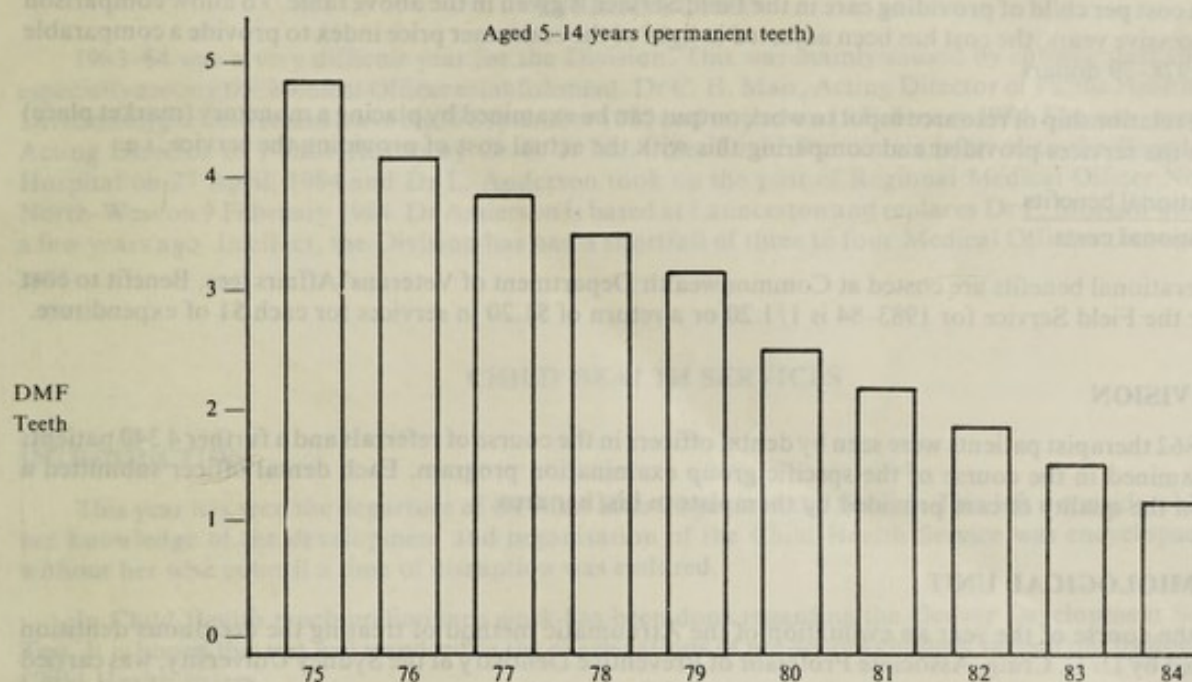
Nonetheless, due to increases in efficiency and positive efforts by a dedicated staff, the number of children treated has increased.

TREATMENT INVOLVED WITH EACH COURSE OF TREATMENT (FIELD SERVICE)

| <i>Year</i> | <i>Fillings</i> | <i>Extractions (All reasons)</i> | <i>Extractions Caries</i> |
|-------------|-----------------|--------------------------------------|-------------------------------|
| 1969 | 2.34 | 1.15 | — |
| 1976 | 2.15 | 0.67 | — |
| 1977 | 1.73 | 0.42 | — |
| 1978 | 1.71 | 0.37 | — |
| 1979 | 1.37 | 0.32 | — |
| 1980 | 1.03 | 0.25 | — |
| 1981 | 0.88 | 0.19 | — |
| 1982 | 0.85 | 0.15 | 0.07 |
| 1983 | 0.82 | 0.17 | 0.06 |
| 1984 | 0.73 | 0.15 | 0.05 |

The amount of treatment required with each course of treatment continues to fall (refer previous Table) with only 73 fillings and 5 teeth extracted because of decay per 100 children treated.

AVERAGE CARIES EXPERIENCE TASMANIAN SCHOOL CHILDREN



The total permanent caries experience D (Decayed), M (Missing), F (Filled) teeth also continued to decline steadily.

TASMANIAN 12 YEAR OLD CHILDREN

The proportion of 12 year old children totally free from dental decay or its effect is shown in the following Table:—

| Year | Per cent |
|-------|----------|
| 1976 | 2.06 |
| 1977 | 4.03 |
| 1978 | 5.25 |
| 1979 | 5.42 |
| 1980 | 7.2 |
| 1981 | 10.44 |
| 1982 | 14.19 |
| 1983 | 18.18 |
| 1984* | 27.7 |

* Preliminary data.

THE CONSUMER PRICE INDEX AND SCHOOL DENTAL FIELD SERVICE

RECURRENT COSTS PER PATIENT IN TASMANIA

| Year | CPI | Recurrent Cost per Patient Actual | Recurrent Cost per Patient in 78/79 |
|---------|-------|-----------------------------------|-------------------------------------|
| | | \$ | \$ |
| 1978-79 | 83.1 | 48.55 | 48.55 |
| 1979-80 | 91.6 | 47.96 | 43.50 |
| 1980-81 | 100 | 42.36 | 35.20 |
| 1981-82 | 110 | 43.95 | 33.20 |
| 1982-83 | 121.8 | 43.98 | 30.00 |
| 1983-84 | 129.5 | 44.92 | 28.82 |

COST OF THE SERVICE

The cost per child of providing care in the Field Service is given in the above table. To allow comparison with successive years, the cost has been adjusted in light of the consumer price index to provide a comparable cost in 1978-79 dollars.

The relationship of resource input to work output can be examined by placing a monetary (market place) value on the services provided and comparing this with the actual cost of providing the service, i.e.

operational benefits
operational costs.

Operational benefits are costed at Commonwealth Department of Veterans' Affairs fees. Benefit to cost ratio for the Field Service for 1983-84 is 1/1.20 or a return of \$1.20 in services for each \$1 of expenditure.

SUPERVISION

15 862 therapist patients were seen by dental officers in the course of referrals and a further 4 340 patients were examined in the course of the specific group examination program. Each dental officer submitted a report on the quality of care provided by therapists in his/her area.

EPIDEMIOLOGICAL UNIT

In the course of the year an evaluation of the Atraumatic method of treating the deciduous dentition developed by Dr G. Craig, Associate Professor of Preventive Dentistry at the Sydney University, was carried out which led to the adoption of certain aspects of the program.

A program for the identification and notification of children particularly at risk from dental disease was introduced.

The Pilot study on the use of fissure sealants by school dental therapists has been extended to include the primary school children in Hobart who fall within the guidelines of the Study.

SCHOOL OF DENTAL THERAPY

Student numbers on 1 July 1983, were 15 seniors and 7 juniors. The senior year consisted of 3 Commonwealth students and 4 overseas students. (Cook Islands, Seychelles and Sierra Leone), and 8 Tasmanian students, whereas the junior year was made up of 8 Tasmanian with none from the Commonwealth or any from overseas.

Although their clinical load had been reduced, the teaching staff of the School still maintained all the referments from students, the orthodontics (removable appliances) and prosthetics that were outside the students range of clinical procedures.

Dr D. Innes of Hobart acted as external examiner in the final examinations in November 1983. All 15 students were successful. The School provided dental health education for a variety of groups throughout the year. Those involved were child health sisters, child care students and mothercraft home trainees. Over a thousand pre-schoolers were given the opportunity of visiting the school and listening to Dental Health Puppetry presented by the students.

Whilst the appointment of another dental officer was imminent, the recruitment of students and suitable staff, dedicated to teaching, has proven very difficult.

ORTHODONTICS

There are now only 200 patients to whom the Department has a commitment for orthodontic care at the specialist level.

The Orthodontist who previously worked full-time in Hobart is now working part-time. As well as completing the treatment of the children mentioned above, he is providing a consultant service for district dental officers throughout the State.

VII. DIVISION OF PUBLIC HEALTH

INTRODUCTION

1983-84 was a very difficult year for the Division. This was mainly caused by chronic staff shortages, especially among the Medical Officer establishment. Dr C. H. Mair, Acting Director of Public Health, left the Division on pre-retirement leave on 26 September 1983 and retired on 19 February 1984. She was succeeded as Acting Director of Public Health by Dr E. J. McArdle. Dr L. Ryman transferred to the Royal Hobart Hospital on 27 April, 1984 and Dr L. Anderson took up the post of Regional Medical Officer North and North-West on 9 February 1984. Dr Anderson is based at Launceston and replaces Dr F. Morgan who retired a few years ago. In effect, the Division has had a shortfall of three to four Medical Officers throughout the year.

CHILD HEALTH SERVICES

INTRODUCTION

This year has seen the departure of Dr Mair after 20 years in the Service. This left a considerable gap as her knowledge of the development and organisation of the Child Health Service was encyclopaedic and without her wise council a time of disruption was endured.

In Child Health much preliminary work has been done regarding the Denver Development Screening Test. It is hoped this test will standardise the examinations of pre-school children carried out by doctors and Child Health sisters.

Problems with staffing in the North-West continued and caused considerable hardships to staff trying to give some cover to children in these areas. Currently this problem is considerably, but not completely, alleviated. Overall the attendance figures have increased.

The three Handicap Assessment Centres continue to show an increasing work pattern. With the Launceston section moving physically to the Education Department building in Charles Street, many of the problems there have been solved and it is becoming a more efficient unit.

The Mothercraft Home is well established in Gore Street and to partially overcome staffing problems has reduced the intake of Mothercraft nurses in exchange for more permanent and regular staff.

School Health has had problems in obtaining adequate medical officer time. It is to be hoped that there will develop a relevant training course for Community Child Health in Australia and that medical officers working in School health could benefit from this training.

VITAL STATISTICS

BIRTHS

Birth rate in 1983 was 16.29 with births totalling 7 040 resulting in 7 058 live children.

NUMBER OF BIRTHS IN EACH REGION

| <i>Year</i> | <i>South</i> | <i>North</i> | <i>North-West</i> | <i>West</i> | <i>Total</i> |
|-------------|--------------|--------------|-------------------|-------------|--------------|
| 1980 | 2 959 | 1 655 | 1 516 | 621 | 6 751 |
| 1981 | 3 235 | 1 838 | 1 598 | 658 | 7 329 |
| 1982 | 3 146 | 1 686 | 1 481 | 569 | 6 882 |
| 1983 | 3 213 | 1 754 | 1 544 | 529 | 7 040 |

Graph A (see next page) shows the trend since 1861 and Graph B (see two pages over) shows births recorded to women under 25, 25-30 and over 30. This year continues to show the shift towards the 25-30 age group.

DEATHS

- Maternal — 1 due to causes unrelated to pregnancy.
- Perinatal — deaths occurring from 22nd week of gestation to end of 1st month of life per 1 000 live births was 13.4. This included 6 deaths from 34 planned home deliveries.
- Neonatal — rate was 6 per 1 000 live births.
- Infant — rate was 4.6. Of the 33 deaths in this group, 1 month to 1 year, 21 (63 per cent) were S.I.D.S.

Details are as follows:—

| | |
|----------------------------|-----|
| Neonatal deaths | 45 |
| Deaths 1 month to 1 year | |
| Causes: S.I.D.S. | 21 |
| Accidents | 1 |
| Congenital malformation | 8 |
| Neoplasm | 1 |
| Respiratory disease | 2 |
| | 33 |
| Deaths 1 year to 4 years | |
| Causes: Accidents | 12 |
| Congenital malformation | 2 |
| Neoplasm | 1 |
| Disease | 6 |
| | 21 |
| Deaths 5 years to 14 years | |
| Causes: Accidents | 8 |
| Suicide | 1 |
| Congenital malformation | 3 |
| Neoplasm | 5 |
| Disease | 2 |
| | 19 |
| TOTAL | 118 |

STAFF

As at 30 June 1984, four vacancies existed in the Child Health Service — three in Burnie and one in Hobart. In the twelve months, 10 nurses resigned and 11 appointments were made; 3 retired.

CENTRES AND FLATS

Clinic sessions are being held in 112 Centres throughout the State. Three new Centres — one in the North (Waverley) and two in the South (Dunalley and Ouse) were opened during the year.

Four new Centres — one each at Rocherlea (North), Dodges Ferry, Kempton and Richmond (South) are being planned for the next year. It is expected that the Centres at Dynnyrne and Sandy Bay will combine to form one new major Centre for these areas as the Education Department has advised that the building at Dynnyrne is to be demolished, and the Centre at Sandy Bay is no longer able to be located in the Lipscombe Avenue Day Care Centre.

The Fern Tree visiting clinic ceased to operate in January 1984.

OWNERSHIP OF BUILDINGS

| | |
|--------------------------|-----|
| State | 78 |
| Child Health Association | 6 |
| Other | 28 |
| | 112 |

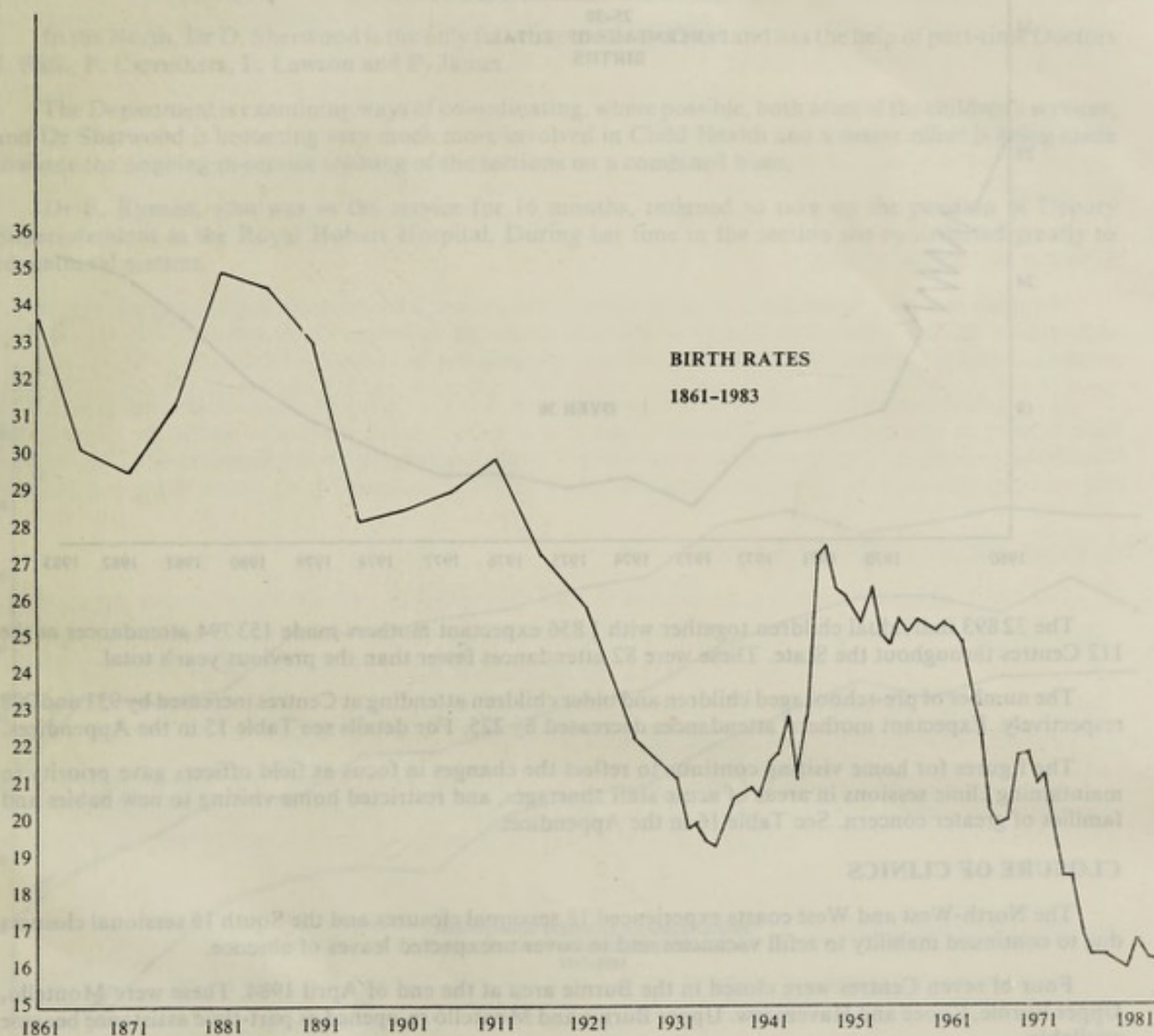
As at 30 June 1984 only one of the Centre flats (Queenstown) was occupied by a Child Health nurse. All flats are let by the Lands Department with the exception of the Rosebery Centre flat which is owned by the Child Health Association.

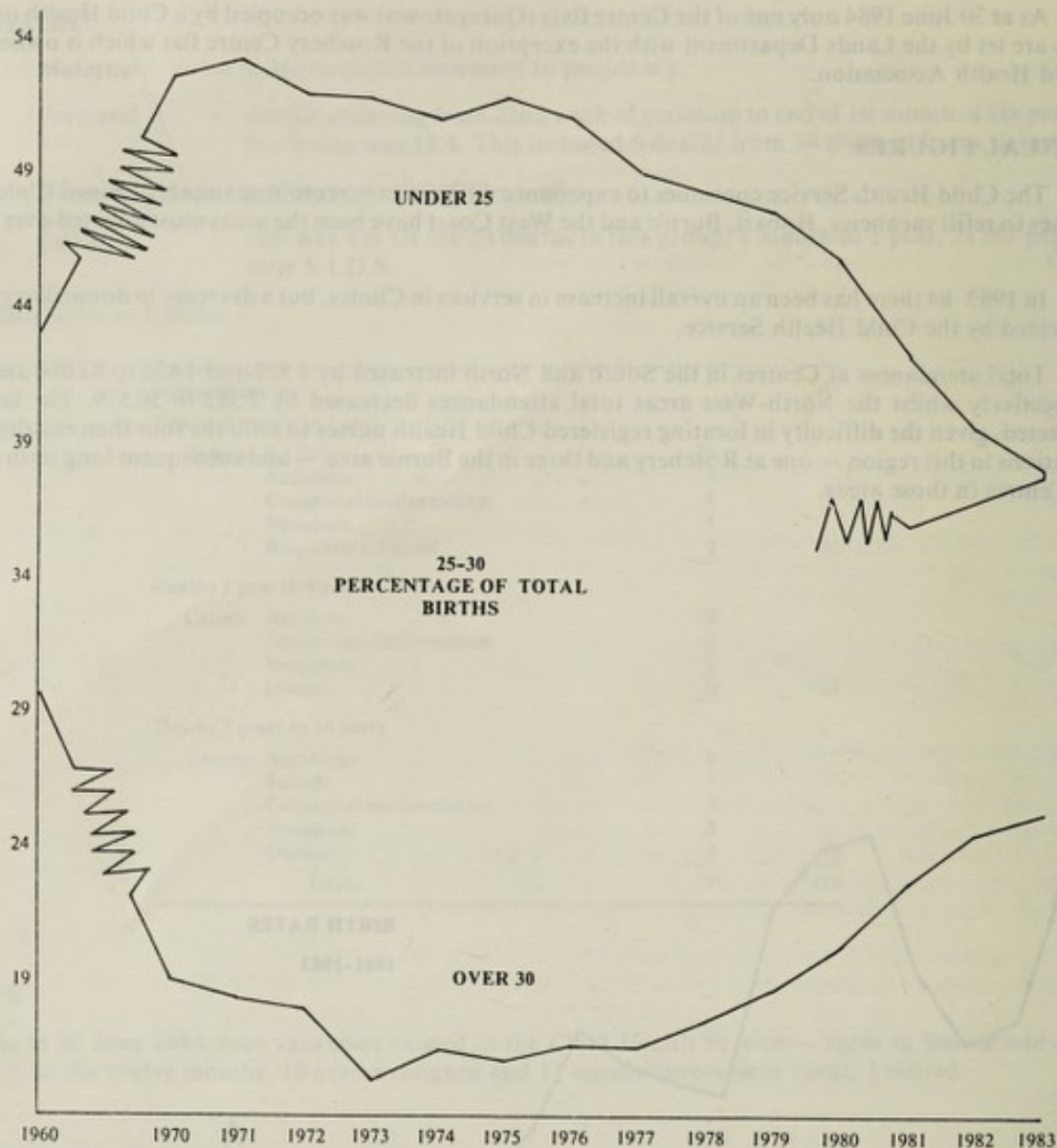
ANNUAL FIGURES

The Child Health Service continues to experience difficulties in recruiting suitably trained Child Health nurses to refill vacancies. Hobart, Burnie and the West Coast have been the areas most affected over the past year.

In 1983-84 there has been an overall increase in services in Clinics, but a decrease in domiciliary services provided by the Child Health Service.

Total attendances at Centres in the South and North increased by 1 529 and 1 856 to 82 084 and 44 014 respectively whilst the North-West areas total attendances decreased by 2 582 to 50 579. The latter was expected, given the difficulty in locating registered Child Health nurses to refill the four then existing vacant positions in this region — one at Rosebery and three in the Burnie area — and subsequent long term closures of Centres in those areas.





The 32 893 individual children together with 1 856 expectant mothers made 153 794 attendances at the 112 Centres throughout the State. These were 82 attendances fewer than the previous year's total.

The number of pre-school aged children and older children attending at Centres increased by 931 and 298 respectively. Expectant mothers' attendances decreased by 225. For details see Table 15 in the Appendices.

The figures for home visiting continue to reflect the changes in focus as field officers gave priority to maintaining clinic sessions in areas of acute staff shortages, and restricted home visiting to new babies and families of greater concern. See Table 16 in the Appendices.

CLOSURE OF CLINICS

The North-West and West coasts experienced 18 sessional closures and the South 15 sessional closures due to continued inability to refill vacancies and to cover unexpected leaves of absence.

Four of seven Centres were closed in the Burnie area at the end of April 1984. These were Montello, Upper Burnie, Cooe and Havenview. Upper Burnie and Montello re-opened as part-time assistance became available.

NEONATAL SCREENING

Neonatal screening conducted at the Adelaide Children's Hospital Department of Chemical Pathology undertook 7 170 tests for Hypothyroid screening, Phenylketonuria and Galactosaemia — no cases were detected.

PRE-SCHOOL MEDICAL EXAMINATIONS

Pre-school medical checks carried out by Sisters at Centres increased in the six weeks and three year age groups but decreased in the 1 year age group. Graph C (see next page) shows the pattern.

| Age | No. prepared by nurse | Per cent related births | No. examined by doctor | Per cent related births | Per cent birth defects |
|-----------|-----------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|
| 6-8 weeks | 6 249 | 88.9 | 5 561 | 79.1 | 22.9 |
| 1 year | 5 615 | 80.2 | 4 577 | 65.4 | 28.5 |
| 3 years | 4 979 | 73.9 | 3 859 | 57.3 | 29.9 |

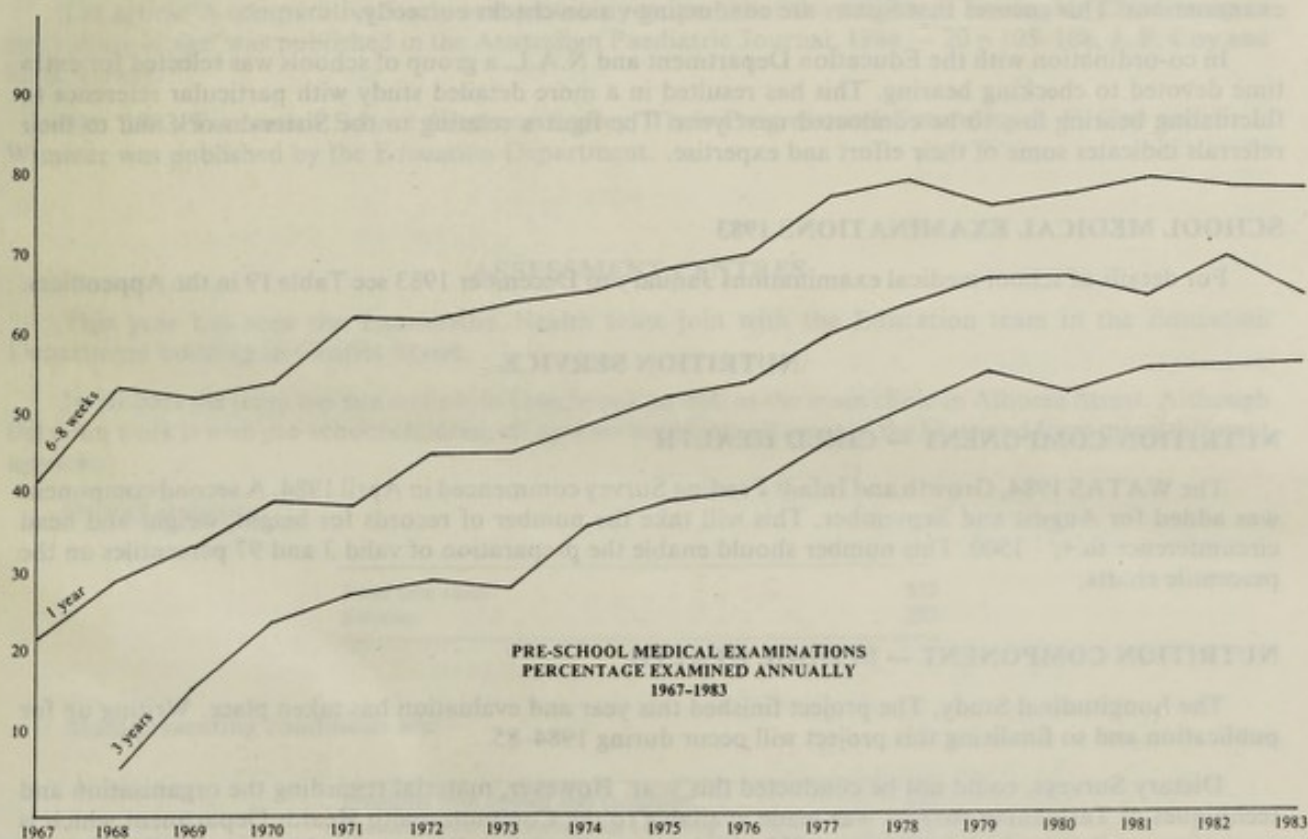
Pilot schemes have been and are continuing in the use of the Denver Developmental Screening Test.

SCHOOL HEALTH SERVICE

In the North, Dr D. Sherwood is the only full-time medical officer and has the help of part-time Doctors J. Bath, P. Carruthers, E. Lawson and P. James.

The Department is examining ways of co-ordinating, where possible, both arms of the children's services, and Dr Sherwood is becoming very much more involved in Child Health and a major effort is being made towards the ongoing in-service training of the sections on a combined basis.

Dr E. Ryman, who was in the service for 16 months, resigned to take up the position of Deputy Superintendent at the Royal Hobart Hospital. During her time in the section she contributed greatly to educational matters.



During the academic year 25 552 children were medically examined by School Medical Officers. Far more stress is being placed on a thorough initial medical examination some time during the child's first year at school and less on further following medical examinations. Medical Officers will now concentrate on reviews and spend less time on repeated full examinations.

HYGIENE AND INFESTATION

1983 showed the usual pattern of a marked increase in the first term of Pediculosis capitis due to the many factors combining viz. warmer weather, movement of people to and from the mainland during the long summer holiday, children attending camps and so on.

The worst month was April with 344 school children being diagnosed as louse infected. However, Tasmania continues to enjoy a very low rate of infestation — less than 1.5 per cent of children up to grade 10. Total number 1 465 cases in 327 schools in the year.

ENURETIC, ENCOPRETIC AND OBESITY CLINIC

This was held mainly at the Central Clinic and the figures refer to August 1982 to end of April 1983, when the clinic was discontinued for some weeks due to staffing problems. It is hoped to recommence this clinic at Albura Street as it proved to be of great value to provide specialised advice and help to these groups. It is also hoped to extend and possibly utilise more nursing staff time in these clinics.

EQUIPMENT

Again the School Health Service is grateful to the voluntary organisations. Zonta Club provided 1 audiometer.

SCHOOL SISTERS' WORK

The main screening procedures are carried out by the Sisters. The vision testing is supplemented by an orthoptist in the South (Ms Julie Wyatt), who acts in a teaching and supervisory role as well as conducting examinations. This ensures that Sisters are conducting vision checks correctly.

In co-ordination with the Education Department and N.A.L. a group of schools was selected for extra time devoted to checking hearing. This has resulted in a more detailed study with particular reference to fluctuating hearing loss to be conducted next year. The figures relating to the Sisters' work and to their referrals indicates some of their effort and expertise.

SCHOOL MEDICAL EXAMINATIONS 1983

For details of school medical examinations January to December 1983 see Table 19 in the Appendices.

NUTRITION SERVICE

NUTRITION COMPONENT — CHILD HEALTH

The WATAS 1984, Growth and Infant Feeding Survey commenced in April 1984. A second component was added for August and September. This will take the number of records for height, weight and head circumference to +/- 1500. This number should enable the preparation of valid 3 and 97 percentiles on the percentile charts.

NUTRITION COMPONENT — SCHOOL HEALTH

The Longitudinal Study. The project finished this year and evaluation has taken place. Writing up for publication and so finalising this project will occur during 1984-85.

Dietary Surveys, could not be conducted this year. However, material regarding the organisation and techniques of Tasmanian surveys was made available to the Commonwealth Health Department which is mounting a pilot study (comprising 6000 children) — 'National Dietary Study of Australian School Children'. Tasmania will be asked to take part.

The Nomograms, for School Entrants and 10 and 11 year old school children were used and declared a time saving tool by School Nurses and doctors. These nomograms help determine very quickly whether a pupil is under or overweight and needs dietary assistance. The tool is found particularly useful in borderline cases.

School Canteens. The 1983 School Canteen Survey was evaluated and published. The Education Department made excellent use of the findings by contacting the principals of Schools with 'three star' canteens and those which could improve their stock in a nutritional sense. Follow-up seminars were held with school canteen managers and parents in schools from the Glenorchy and Bellerive regions. The Survey was written up in the 'Parent' (an Education Department Journal) No. 22, 1984 and in 'The Mercury' 31.7.84.

Three issues of 'Food for Thought' School Canteen News were issued this year.

THE WIDER FIELD OF THE GENERAL PUBLIC AND NUTRITIONAL MATTERS

A seminar was organised with Home Science teachers on how to teach the Australian Dietary Guidelines. 'Overweight in Children' was discussed in a mid-week television show (1 May 1984) and radio programs prepared for the A.B.C. (5).

Nutrition activities under the banner of the Australian Nutrition Foundation.

Twenty-four articles were organised and published in 'The Mercury' and the same number of tapes were prepared for the Nutrition telephone service — 'Phone for Food Facts'.

The Nutrition Advisory Service, the direct telephone line to the Nutrition Officer is popular. Requests for assistance range from guidance with special diets, deep freezing foods and micro-wave cooking information, to food safety, nutrient labelling and food composition. This is a well patronized direct service whereby the public has access to nutrition information. Evening lectures to adult groups are provided.

PUBLICATIONS

The article 'A comparative Study over a twelve year period of the weights of Tasmanian Children up to three years of age' was published in the Australian Paediatric Journal, 1984 — 20 p 105-108, J. F. Coy and R. K. Lowry.

The '1983 Tasmanian School Canteens Survey, Their Progress and Future' by J. F. Coy and F. J. Wimmer was published by the Education Department.

ASSESSMENT CENTRES

This year has seen the Launceston Health team join with the Education team in the Education Department building in Charles Street.

In Hobart the team has run a clinic in Gagebrook as well as the main clinic in Albuera Street. Although the main work is with pre-school children, all ages are seen from all areas of the State and from many different agencies.

Overall statistics:

| | |
|-----------------|-----|
| Total new cases | 532 |
| Reviews | 253 |

Main presenting conditions are:—

| | |
|--------------------------------------|-----|
| Problems with Speech and Language | 212 |
| Problems with Behaviour and Learning | 139 |
| Problems with Developmental Delays | 112 |

MOTHCRAFT HOME

The number of mothers admitted (for reasons varying from breast feeding difficulties to parentcraft lessons) has increased. Although we receive no funding assistance for the service we provide to mothers, it is worthy of note the increase in the demand for this service. A great deal of time is spent by the staff at the Mothercraft Home in counselling, instructing and assisting mothers — this is considered to be a very important part of our role, because if the mother is not capable of understanding the needs and demands of her baby, our efforts to correct babies dietary, sleeping or behavioural problems would be fruitless. It is also felt that the physical and emotional health of the children in our care is promoted by the active involvement of the mother. Except for our low I.Q. mothers, and mothers with psychiatric backgrounds, we have noticed the effectiveness of admitting mothers has led to reduced stays for these children, happier and less fretful children, and mother becomes more capable of handling her own child, thus decreasing the incidence of re-admission. No recognition is given to the number of mothers admitted, either in bed day allocations or financially, however, the admission of mothers has proved extremely cost-effective, although it has imposed an increased burden on the nursing staff. The time taken to counsel these parents is lengthy.

ADMISSIONS AND DISCHARGES

| | 1.7.83- 30.6.84 | 1.7.82- 30.6.83 | 1.7.81- 30.6.82 | 1.7.80- 30.6.81 |
|---|--------------------|--------------------|--------------------|--------------------|
| Admissions (Total) | | | | |
| (babies only) | 380 | 383 | 400 | 286 |
| Discharges (Total) | 370 | 394 | 369 | 279 |
| Deceased | NIL | NIL | NIL | NIL |
| Transfers to Royal Hobart Hospital | 12 | — | 4 | 8 |
| Transfers from Royal Hobart Hospital | 21 | 6 | 2 | 23 |
| Transfers to Royal Derwent Hospital | NIL | NIL | NIL | NIL |
| Transfers from Royal Derwent Hospital | NIL | 1 | 1 | NIL |
| | | | + mother | |
| Adoptions and Fosterings | 12 | 8 | 11 | 15 |
| Admissions from Community Health Dept. | 93 | 55 | — | — |
| Admissions from Child Health Sisters | 54 | 51 | — | — |
| No. of Mothers admitted | 124 | 120 | 85 | 48 |
| Total no. of Baby bed days | 4 447 | 4 533 | 3 666 | 3 621 |
| Total no. of Mother bed days | 842 | 867 | 812 | 367 |
| Average stay of Babies (in days) | 11.7 | 11.8 | 9.14 | 12.6 |
| Average stay of Mothers (in days) | 6.8 | 7.22 | 9.5 | 7.6 |
| Average daily Mother bed occupancy | 2.3 | 2.4 | 2.2 | — |
| Average daily Baby occupancy | 12.18 | 12.4 | 10 | 8.90 |
| | | (77.3 per cent) | (62.5 per cent) | |
| Average Total Daily In-Patients (Mothers & Babies) | 14.5 | 14.8 | 12.24 | |

REFERRAL SOURCES

Our sources of referral remain the same, although this year a more accurate account of the actual numbers of babies admitted from each source has been recorded:—

| | |
|---|------------------------------|
| Self referrals through the Nursing Administrator | 83 |
| Paediatricians | 23 |
| General Practitioners | 63 |
| Community Welfare Dept. | 93 — a large increase here |
| Clinic Sisters | 54 |
| Parent Infant Telephone Advisory Service | 20 |
| Child Protection Board | 14 — a 300 per cent increase |
| Royal Hobart Hospital | 21 |
| Adoption (from Queen Alexandra Hospital & Calvary) | 12 — (4 more than last year) |

P.I.T.A.S.

The staff at the Home have continued to take all these calls. This service is certainly well utilized, with exact figures being 484 after hours calls. Although it is an added responsibility for the staff at the Mothercraft Home and can be rather time consuming, we do feel it is a necessary service and can guarantee a trained member of staff to answer the queries 24 hours a day.

Staff meetings are held at least once a month and are a great benefit to all trained staff concerned.

MOTHCRAFT HOME AUXILIARY

The Auxiliary continued to supply funds to make the Home more 'homely'. They also provided funds for special occasions and outings for the children with special treats for Easter, Christmas and childrens' birthdays.

TUTORIAL

The new syllabus for the Child Health nursing course has now been in operation since February, 1982 and has been found to be very satisfactory. Feedback and evaluation from students has been both positive and encouraging and this has been reflected in the increased number of Tasmanian nurses who now apply to do the course. Interstate applicants are no longer accepted unless there are insufficient Tasmanian nurses to fill a particular school and there seems little likelihood of this occurring.

During the past year clinical instruction has been given to staff in hearing tests and theoretical and practical instruction on the Denver Developmental Screening Test is currently in progress. When the present pilot scheme using the Denver Developmental Screening Test is completed it is hoped that all staff throughout the State will be instructed in its use.

The decision of the Nurses Registration Board to grade State Final Examinations as only P (pass) or F (fail) has been rescinded and results will continue to be graded as Distinction, Credit or Pass.

State examination results 1983-84 (16 students)

| <i>Distinction</i> | <i>Credit</i> | <i>Pass</i> | <i>Fail</i> |
|--------------------|---------------|-------------|-------------|
| 1 | 11 | 4 | Nil |

PESTICIDES SECTION

There were 200 applications for registration or re-registration of pesticides received during the year resulting in an income of \$5995.00

In total 170 new products were registered. Of these 36 required label alteration before registration and two products were refused registration on the grounds that the products were not proven to be effective for the uses claimed. Of 37 products for re-registration approved, only 4 required amendments to the labels. A further 68 label changes to products already registered were requested by the companies.

Permits were issued for the sale and use of 123.1 tonnes of lindane-superphosphate which was applied on 10 properties. Only 2 permits for the sale and use of DDT were issued during the year. A total of 56 permits for trial work with unregistered pesticides and 11 permits for the non-label use of pesticides were issued. Approval was given for the sale of 1 unregistered pesticide for commercial use.

As a result of expressed concerns that aerial spraying of pesticides in the Forth area may be associated with health risks to the public, especially risks of an increased incidence of cancer and birth defects, the Minister for Health requested an investigation into these concerns. This was delegated through the Acting Director of Public Health to Dr L. Anderson, Regional Medical Officer of Health (Northern) who carried out the investigation.

In her report, Dr Anderson indicated that there is no evidence of an increase in cancer or birth defects in the area, that for those cancers and birth defects occurring in the area there is no evidence to support a link with pesticides and that prior to this investigation, only one episode of ill-health from overspray had been reported to the Department of Health Services in 1972, when aerial spraying commenced in the Forth area.

The Registrar has continued as the State's representative on the Technical Committee on Agricultural Chemicals.

NOTIFIABLE INFECTIOUS DISEASES

The pattern of notifiable diseases reported this year was similar to previous years. Salmonella infections predominated, followed by Hepatitis A and Hepatitis B. The number of cases of Hepatitis B have slightly increased in the past two years, a trend that will be observed closely. Details of notifiable diseases according to Municipalities are given in the Appendices Table No. 11.

The development of a policy on the most effective use of the newly developed Hepatitis B vaccine has been delayed by the discovery, from marker studies, that many health worker occupations known to be at risk in the USA are not at risk in Australia, presumably due to a high standard of hygiene in their work practices.

AIDS was made a notifiable infectious disease last year. Both AIDS proper and the lymphadenopathy syndrome are notifiable. As yet no cases have been notified.

VENEREAL DISEASE (Sexually Transmitted Diseases)

Over recent years a steady decline in the number of cases of gonorrhoea notified to this Department has been observed. This year the number fell by over 50 per cent compared to last year. From this information, and from the figures from our sentinel practice, it is felt that this reflects a real decrease in gonorrhoea in Tasmania.

The number of cases of syphilis rose to 4 this year, compared to 1 last year.

From the sentinel practice it is known that the other minor sexually transmitted diseases, non specific urethritis, herpes genitalis, venereal warts and pubic lice have made up an increasing proportion of the sexually transmitted diseases seen in Tasmania.

Details of cases of venereal diseases notified during the year ended 30 June 1984, are given in the Appendices Table No. 12.

PUBLIC HEALTH (NOTIFIABLE DISEASES) ADMENDMENT REGULATIONS 1984

This amendment made tuberculosis a notifiable disease. Five cases of tuberculosis have been notified since 8 March 1984.

HEALTH EDUCATION SECTION

The appointment of the Public Relations officer after a vacancy of eighteen months demonstrated the input such an officer has on health education and promotion activities. The benefits of an increased State budget has brought about a marked upturn in work output, and probably stretched the capacity of the section to or beyond its limit. Any further increase in budgetary provisions must be to increase the staff to enable better service to the State with more consideration of local inputs and issues. An alternative would be awarding projects to persons and agencies outside the Department.

General health education and promotion, like drug education, suffers from the lack of an epidemiological base upon which program priorities can be determined and evaluation conducted. Even then, epidemiological facilities require personnel who understand their operations in order to extract full value from all resources.

STAFFING

The following staff are funded from National Drug Education Program funds:—

- 1 x Health Educator
- 1 x Office Assistant

The State Government funds:

- 1 x Public Relations Officer
- 1 x Resource and Materials Officer

During 1983-84 the Section provided 3 seminars, 29 teaching sessions, 3 discussion groups and 7 special sessions for the Prison Service. A total of some 4 500 persons attended.

The seminar for Child and School Health Services lasted over a three day period and gave nursing and medical staff from all parts of the State the opportunity to examine behavioural and physical factors in student health. Special emphasis was given to drug related issues, and the use of appropriate intervention and educational strategies.

The seminar for School Health Service medical officers specifically dealt with the medical aspects of student health. Special mention was made on the need to be observant for any signs and symptoms which may indicate the misuse of local pharmaceutical crops.

The special seminar arranged with the Alcohol and Drug Dependency Board gave community organisations the chance to meet with Mr Marvin Bourke, Director Nova Scotia Commission on Drug Dependency. The similar political, topographical and demographic features of Nova Scotia and Tasmania gave an opportunity to postulate Canadian strategies which could be extrapolated. It also underscored the apparent and relatively better drug situation that exists in Tasmania and Australia compared to Nova Scotia and Canada.

The special program at Risdon Prison was the follow-up to the successful pilot program of last year. The Prison staff gave the program good support, and reported the family ties of the prisoners were being strengthened, much health information being transferred from prison to home. More importantly to the staff, the level of conversation between the inmates, and inmates and staff set new standards of communication.

Unemployed groups present a difficult challenge to the National Drug Education Program and although it is possible to elicit coping strategies from them, it is probably only of an ephemeral nature. The possibility exists that any increase in employment will feed the habits of despair which may be embraced during unemployment.

Activities show a marked decrease in requests for talks to organisations, a trend which has been apparent in recent years.

Surprisingly, the schools still demand the services of the health educator even though the National Drug Education Program has fully funded the School Health (Drug) Education Curriculum Project since 1979. It is expected that no further funding will be available for the project next financial year.

FILM LIBRARY

Substantial progress was made in up-dating the film library through the provision of videos in the North, North-West and South of the State.

GENERAL COMMENTS ON DRUG EDUCATION

It is becoming increasingly obvious that the lack of a proper epidemiological base for drug education prevents the proper evaluation of activities. There are no proper data banks available to determine what areas of the population are at risk, what agents are providing the risk, and what reduction has taken place in any risk situation. Solvent abuse has been mentioned in the national and local news media as reaching epidemic proportions, but careful investigation of reported Tasmanian incidents has not confirmed media fears. It is only by establishing a proper base and data collection procedures that drug education can monitor its effectiveness and demonstrate any change in drug use which can stand up to scrutiny.

GENERAL HEALTH EDUCATION ACTIVITIES

Other activities of the Health Education Section included the following:

QUIT. FOR LIFE

A five-week mass reach campaign to raise awareness of the health dangers of smoking and encourage and assist smokers to give up. The campaign was adapted from a New South Wales Department of Health program. The Pharmacy Guild of Australia (Tasmanian Branch), The Australian Medical Association (Tasmanian Branch), Tasmanian Cancer Committee, Royal Hobart Hospital, and Soroptomist International of George Town, joined with the Department in funding the Quit. For Life campaign.

Every retail pharmacy, excepting two, and the two Pharmaceutical wholesalers Sigma Company Ltd., and Tasdrug Pty. Ltd., joined in the marketing of Quit. For Life kits which comprised an audio-cassette tape and booklet. The campaign ran from 12 March to 11 April, using prime time commercial television advertising, the three daily newspapers and radio. The television advertisements featured the smokers sponge which showed an average smoker's annual tar consumption being squeezed out, and the 'I've Had Enough' commercial which prompts the smoker to quit. A welcome surprise in the campaign was the response to radio stations 7HT and 7EX which started quit clubs on air for smokers who wanted to quit.

The advertising and marketing campaign was supplemented with regular press conferences on various smoking related health issues. The professional input from the medical profession was greatly appreciated.

Newspaper advertising produced the biggest reaction when a cigarette promotion insert was put in the middle of the Quit. For Life supplement. Public response was very much against the Tasmanian Mail and the tobacco industry.

Max Walker, the noted Tasmanian-born Australian test cricketer took part in the campaign, appealing to youth and sports persons to keep off smoking.

Evaluation of the program showed sales of Quit kits as 1 for every 151 persons in Tasmanian which compares well with New South Wales. Equally important was the impact on the community by the combined efforts of Health professionals and concerned citizens in tackling the number one preventable cause of death and illness in Australia.

BASKETBALL SPONSORSHIP

The Department extended its sponsorship in the National Basketball League of Non-Smoking teams to cover the Hobart Tassie Devils and the Devonport Warriors. Both teams supported the Quit. For Life program, and gave excellent role models to young persons. Other States are now sponsoring National Basketball League teams in anti-smoking promotions.

The A.B.C. 'Topshot' basketball competition which is screened live throughout the State on Friday evening from the Warrane Sports Stadium and repeated on Saturdays was another first for the Department in the anti-smoking campaign. A key feature of basketball is the action around the keys which became anti-smoking logos through an arrangement with the Southern Tasmanian Basketball League.

EXHIBITIONS AND DISPLAYS

The Department prepared displays on

- Noise and Industrial Deafness
- Nutrition
- Pesticides
- Careers in Health Services
- Dental Health

and exhibited them at:

- 'Careering On' Exhibition
- Regional Libraries
- Regional Post Offices
- Government Liaison Centres
- Agview at Cressy
- Shopping Centres and Schools

PUBLICATIONS

New publications included:

- Noise
- Sexually Transmitted Diseases
- Easy Self Defence

The pamphlet 'Noise' has been well received by management and unions in noise prone industries. 'Sexually Transmitted Diseases' is also in demand, offering frank advice and centres in Tasmania that can be contacted for help. 'Easy Self Defence' is a poster pamphlet based upon the work of Bronilyn Smith, is designed for young persons, and has achieved wide distribution.

NEWSPAPER SUPPLEMENTS

Three newspaper supplements were produced, one in 'The Mercury' and two in the 'Tasmanian Mail'. Except for the special supplement on the Quit. For Life campaign, the supplements give general health information and list what services are available from the Department and voluntary organisations on a State-wide basis.

FILM PRODUCTIONS

The Department sponsored the following films through the Tasmanian Government Film Committee and the Tasmanian Film Corporation Pty. Ltd.

How Language Grows
Sister Forsythe's Casebook
Ergon Office
Easy Self Defence
Bringing Home Your Baby
Preventive Action

'How Language Grows' is a film version of the very successful booklet of the same name. Sales have been excellent Australia wide.

'Sister Forsythe's Casebook' explains the work of the School Health Service.

'Ergon Office' deals with ergonomics and the prevention of conditions such as repetition strain injury. The film has also been praised as a management practice tool.

'Easy Self Defence' shows simple methods that can be used by the young and elderly in threatening situations.

'Bringing Home Your Baby' is a series of five video programs dealing with all aspects of baby management.

'Preventive Action' is a major film on public health, featuring Robert de Castella as the central character who links various eminent medical experts. The film was the only Australian entry to win an award — High Commendation — at the prestigious Fifth Biennial John Muir Medical Film Festival in California.

OTHER ACTIVITIES

Assistance was given to the National Heart Foundation, Jump for Heart Program, which promoted a visit of young United States skip rope performers.

The Tasmanian Diabetic Association received assistance with their activities, and the Australian Nutrition Foundation (Tasmanian Division) was helped to launch a telephone recorded message information service 'Food Facts' which can be called on 30 6606.

The Health Educator attended the National Leisure Seminar held at La Trobe University, Victoria.

COMMITTEE MEMBERSHIPS

The following committees were served by the Health Education Section:—

Health Educator —

- (i) Alcohol and Drug Dependency Board
- (ii) Drug Education Sub-Committee of the Health Committee on Drugs of Dependence.
- (iii) National Health and Medical Research Council — Community Health Promotion and Education (Standing) Committee
- (iv) State Council for the Promotion of Better Health
- (v) Health (Drug) Education Advisory Committee — Interdepartmental Committee with Education Department, Mental Health Services Commission, Tasmanian Teachers Federation and University of Tasmania.

Public Relations Officer —

(i) Standing Committee of Health Ministers Tobacco Products Sub-Committee

OCCUPATIONAL HEALTH SERVICE

Preventing ill health from occupational hazards and promoting health at work is now realised as an effective way of practising public health. In recognition of this the expansion of the Department's Occupational Health Service is a major objective of the Department with the aim of promoting the development of occupational health services in Tasmania for all Tasmanian workers.

The Service currently consists of 2 medical officers and 1 occupational health nurse. Whilst its effectiveness was hampered this year by the temporary loss of the senior Medical Officer and the Scientific Officer the Service's output increased. 514 formal enquiries were answered compared to 257 for the previous 12 months. The sources of these enquiries are shown below:

Enquiries by Source of Enquiry—

| Source | Number of Enquiries 1983-84 |
|------------------------|--------------------------------|
| Government Departments | 220 |
| Individual workers | 94 |
| Industry | 92 |
| Medical Community | 58 |
| Trade Unions | 50 |
| TOTAL | 514 |

Most of the enquiries continued to come from the public sector. However, there was greater contact with the medical community which should be of mutual benefit. The enquirers requested information and advice on a variety of subjects; 125 enquiries resulted in workplace inspections and/or health surveys.

Asbestos and office ergonomics were the occupational health issues most commonly asked about. 42 workplaces were surveyed, using air sampling equipment, for asbestos, by the Department of Labour and Industry under supervision by the Occupational Health Service.

Noise is still considered to be an important occupational health problem in Tasmania. 18 more audiometrists were trained in a course organised by the Occupational Health Service and conducted by a private consultant, and are now competent to establish and maintain hearing conservation programs in industry. Six noise surveys were conducted by the Occupational Health Service and a pilot project involving noise control in a high school was commenced. It is envisaged that this will have the dual benefit of protecting staff and students from noise at school and teaching students about the harmful effects of noise and how to prevent it.

The Occupational Health Service continued to participate in a number of promotion and training projects to assist in the development of an awareness of occupational health issues in the community and eventually the establishment of more private occupational health services. To this end the O.H.S. assisted in Trade Union Training Authority courses, safety courses for officers in the Australian Maritime College and undergraduate training of medical students and nurses, and others. In all 113 hours of teaching in 543 sessions were conducted, the breakdown of which is as follows:

Teaching Sessions by Trainee Groups—

| Trainees | Number of Sessions | Number of Hours |
|---|-----------------------|--------------------|
| Trade Unions | 10 | 60 |
| Industry & employee groups in industry | 21 | 27 |
| Medical Community | 18 | 14 |
| Occupational Health Workers | 4 | 12 |
| TOTAL | 53 | 113 |

The routine biological monitoring programs for some specialised workers exposed to toxic chemicals where appropriate were continued and the program for routine surveillance for lead workers was commenced.

The important function of liaising and supporting occupational health professionals in the private sector continued. A major feature was the Occupational Health Service's role in the organisation of a conference for the joint Tasmanian and Victorian branches of the Australian and New Zealand Society of Occupational Medicine held in March. This was opened by the Minister for Health.

The Service wishes to acknowledge the help of the officers of the Departments of Labour and Industry, Mines and Environment without whose assistance much of our work would not be possible. Also our thanks must go to the many officials in private industry and in the trade unions who co-operated with us to improve occupational health services in Tasmania.

HEALTH INSPECTION SECTION

STAFF

The staff level remained unchanged during the 1983-84 financial year, i.e. 8 Health Inspectors and 1 Clerk.

NEW LEGISLATION

The Public Health Act was amended by Act No. 46 of 1983. The amendment made provision for the delegation of certain powers of the Minister for Health to municipal health inspectors and included protection for all health inspectors from personal liability.

The following regulations have been amended:—

1. Public Health (Food & Drugs Standards) Regulations — amended by Statutory Rules 1983, No. 159 on 8 August 1983 which provided for changes in the dating requirements for pre-packed smallgoods and poultry. Packages of those products may now carry a 'use by' date in place of a 'packed on' date.
2. Public Health (Food Hygiene) Regulations — amended by Statutory Rules 1984, No. 56 on 21 February 1984. This amendment modified the requirements for wall, floor and ceiling surfaces in food premises by substituting a 'performance standard' in place of the previously existing 'specification' type regulation.
3. Public Health (Places of Assembly) Regulations — a draft amendment was prepared which deleted all items dealing with exit requirements. It has been held in abeyance pending clarification of the Government's policy with respect to the control of exits in places of assembly.

SEPTIC TANKS

A total of 1558 septic tank applications were processed during the past year.

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

| | Approved | Rejected |
|-------------------|----------|----------|
| North-West Region | 321 | 5 |
| Northern Region | 463 | 7 |
| Southern Region | 720 | 42 |

SUBDIVISIONS

The following table shows the number of land subdivision proposals examined for suitability for the disposal of septic tank effluent and household sullage.

| | |
|-------------------|-----|
| North-West Region | 116 |
| Northern Region | 78 |
| Southern Region | 181 |

TOWN SEWERAGE SCHEMES

Planning has proceeded for sewerage schemes for Bothwell, Exeter, Cambridge, Orford, Fingal and St Marys. The Glamorgan Council is still planning to upgrade the sullage schemes at Bicheno and Swansea.

A start was made on the construction of sewage lagoons at Carrick which will serve Hadspen and later the town of Carrick.

PLACES OF ASSEMBLY

Plans and specifications for a total of 74 places of assembly were examined for compliance with the Public Health (Places of Assembly) Regulations.

FOOD PREMISES

Plans and specifications for a total of 159 food premises were examined for compliance with the Public Health (Food Hygiene) Regulations.

Premises licensed by the Licensing Board were inspected on a random basis. A number of formal complaints were made to the Board about the condition of certain premises.

FOOD SURVEYS

The sampling program to determine the existence or otherwise of pesticide residues or other noxious substances was continued. This program was carried out in conjunction with the Commonwealth Government.

HEALTH AUDITS

A health audit was conducted in the Municipality of Ulverstone which disclosed significant areas of neglect of public health work with respect to food premises in the Municipality.

DELEGATION OF POWERS

Following the amendment to the Public Health Act certain powers of the Minister for Health were delegated to the senior health inspector in most of the larger municipalities in the State. These powers relate to the approval of septic tanks, plans of places of assembly and plans of food premises.

RECALL OF DEFECTIVE FOODS

The Section carried out a co-ordinating role with the Commonwealth (and other State Governments) and local authority health departments with respect to the recall and seizure of suspect and contaminated food. Typical cases included a bean sauce from Hong Kong, chicken noodle soup and Chinese instant meals from Queensland, mixed dried fruits from New South Wales, Lasagne from Italy and kelp powder from Norway.

HEALTH PHYSICS SECTION

REGULATIONS

A draft of new regulations for the Radiation Control Act covering general provisions for ionizing radiation was presented to the Radiation Advisory Council.

Progress was made on the development of Codes of Practice under the Environment Protection Act 1978. For example, documentation for the shipment of radioactive materials.

A contribution was also made to the development of a number of Codes of Practice for the NH & MRC, and assistance in the review of others. These Codes will be taken up as regulatory material under the new regulations.

INSPECTIONS

Advice was given in the design of four (4) veterinary and six (6) dental establishments during the year.

Comprehensive inspection visits were made to A.P.P.M. and Tioxide Australia, both located in Burnie. These included lectures to groups of employees.

Advice was also given in the design of medical radiography practices.

An extensive investigation of accidental radiation exposure that resulted from an electrical fault in a dental x-ray machine was carried out. As a result recommended modifications were carried out on all units of similar construction.

RADIOACTIVE WASTE

Potentially dangerous sources stored at mines, mills and other plants were collected and stored in a vault. These materials were transferred to the Division of Public Health, and licences were amended accordingly. Some progress was made in the development of a national disposal policy, but no politically acceptable answers have been found.

NON-IONIZING RADIATION

A Code of Practice was completed on the use of lasers in entertainment. This incorporated many of the concepts developed during the exhaustive safety study that covered the light show at the Casino.

Many telephone enquiries from owners and users of computer terminals were received. There were expressions of concern about any possible radiation hazard. The devices are inherently safe, but it is necessary to educate the public. There are frequent media reports that there may be a radiation hazard from video display screens, though it is known from theoretical and experimental information that there is no hazard.

NUCLEAR POWERED WARSHIPS VISITS

The USS Texas visited Hobart from 18-25 August 1983. The ship is a guided missile cruiser with two nuclear reactors on board for propulsion and other power needs.

The USS Boston visited Hobart from 20-24 September 1983. This is a nuclear submarine with one small nuclear reactor. Though the ship could have berthed in Hobart, the U.S. Navy elected to anchor in the stream. There were useful discussions on board between members of the Radiation Advisory Council and officers of the ship on the special safety problems related to anchoring a submarine.

There were a number of working sessions with the Health Physicist and senior staff from the State Emergency Services on improving the efficiency in deployment of resources. New monitoring techniques were deployed during the 'Boston' visit, and the needs for monitoring were considered in the selection of additional general purpose detection equipment.

CIVIL DEFENCE

The Division of Public Health works closely with the State Emergency Services on civil defence problems. The Division was called upon to observe and assess the adequacy of the radiation monitoring scheme that would be used in the event of a nuclear weapon explosion in the State. The S.E.S. performed an exercise simulating the evaluation of readings that would be taken in the field. The Division of Public Health was asked to respond as to whether this information would be adequate or even of value in protecting the welfare of the community.

PHARMACEUTICAL SERVICES SECTION

The Pharmaceutical Services Section functions as a scientific regulatory agency in the control of poisons, drugs and therapeutic goods.

Control is maintained by:

- monitoring and evaluation of substances and procedures at International, National and State levels;
- legislation and policy development; and
- provision of advice and information, and investigation and inspection.

The work is divided into five closely inter-related streams:

- drugs of dependence;
- medicines and their classification;
- poisons and pesticides;
- therapeutic goods; and
- poppy industry.

DRUGS OF DEPENDENCE

The Section continued to carry out surveillance and investigations of movements of these drugs through the chain of distribution although resources were severely limited. In particular, the recommendation of the Australian Royal Commission into Drugs (Williams Report) that pharmacies be inspected every six months is not being complied with due to inadequate staffing levels.

Advice in consultation with the Alcohol and Drug Dependency Board was supplied to the Director-General in relation to applications to prescribe Schedule 8 drugs and other cases originating during this and previous years.

In addition the Section was closely involved in the preparation of extensive amendments to the Poisons Act 1971.

MEDICINES

This stream deals with the toxicology of substances in veterinary medicines, alternative medicines, unrestricted medicines and 'pharmacy only' and 'prescription only' medicines.

Amendments to the Poisons Act which, inter alia, abolished the Poisons Advisory Committee, were passed by Parliament in May 1984. This change recognised the increased complexity and depth of examination of toxicological data being undertaken by National Health and Medical Research Council Committees in regard to drug scheduling. The contribution made by members of the Poisons Advisory Committee since its establishment in 1975 was most valuable and widely appreciated.

Other amendments to the Poisons Act, designed to allow the introduction of new NH & MRC scheduling of medicinal substances were commenced, involving lengthy consultation with representatives of the health professions. Close consultation with other States has also contributed to greatly improved national uniformity of controls.

Advice was given to the public, health professionals and industry on issues related to the availability, control and use of medicines.

POISONS AND PESTICIDES

The evaluation and classification of household, industrial, agricultural and dangerous poisons at both National and State level continues to consume a considerable amount of time. A review of poisons scheduling was commenced in conjunction with the review of medicinal substances.

Pesticide products were checked for compliance with the Poisons Act before registration, and labelling corrections were enforced.

Consultations with manufacturers were frequent and sometimes prolonged. Inspection of sellers of poisons were few because of other pressing commitments.

THERAPEUTIC GOODS

The work involved in this area related to problems arising from the safety, quality and efficacy of medicines and therapeutic items rather than their toxicology.

Each major manufacturer was inspected in conjunction with the National Biological Standards Laboratory to assess compliance with the Code of Good Manufacturing Practice.

An officer of the Section acts as State co-ordinating officer for the recall of therapeutic goods. Fifty-four formal recalls of faulty products were undertaken in Australia during the year, and the majority of these involved the recall of products distributed in Tasmania.

The lack of controls applying to the manufacture and distribution of 'alternative' medicines generally is also a cause of major concern and insufficient resources resulted in the safety and efficacy of such products not being adequately assured.

Considerable progress has been achieved in the upgrading of safe drug distribution practices in nursing homes. Most nursing homes were inspected and now utilise a specially designed long term drug therapy chart providing greater assurance of safety.

A similar program of upgrading safe drug distribution practices was also commenced in district hospitals with emphasis on better documentation and inventory control.

POPPY INDUSTRY

The Pharmaceutical Services Section has had the responsibility for the licensing, control and supervision of the field operation in addition to other control aspects of the Tasmanian opiate alkaloid (poppy) industry. The Chief Inspecting Pharmacist, in his capacity of Chairman, Poppy Advisory and Control Board, provides the main development for policy matters associated with the industry, both National and International. This latter function requires close liaison with industry, growers, Commonwealth Departments of Health, Foreign Affairs, Trade and Resources, Prime Minister of State and Cabinet, Industry and Commerce, Special Minister of State, and the U.N. International Narcotics Control Board, in international aspects which have an influence on the production and export of Tasmanian produced opiate alkaloid.

This industry, which is the second largest industry in the world producing licit opiate and by far the most efficient, is a very valuable industry to Tasmania, not only in its own right, but in that it provides an infrastructure to other high technology agricultural based industries. In spite of very depressed world prices and excessive stocks of opiate raw material being held by the traditional producing countries, India and Turkey, the Tasmanian based industry is established firmly in the export market and over the last two seasons, has harvested almost 6 000 hectares of crop grown by over 600 licensed poppy growers.

As a result of the increased workload associated with this industry the Chief Inspecting Pharmacist has virtually been engaged full-time in his capacity of Chairman of the Poppy Advisory and Control Board during the year 1983-84 and the balance of the work associated with the Section has fallen heavily on the shoulders of the Deputy who has in fact been Acting Chief Inspecting Pharmacist since December.

A Cabinet submission, proposing that the responsibility for the poppy industry move from the Minister for Health to the Premier, was approved and, the change will take place in 1983-84.

VIII. TECHNICAL DIVISION

(GOVERNMENT ANALYST'S LABORATORY)

An increase of 1 112 samples over the number examined in 1982-83 occurred during 1983-84.

The major increases were in the categories of corrosion and corrosion products (399), industrial hygiene (asbestos) (458), dangerous drugs (285), industrial hygiene (ordinary) (171), plant material (150) and water (pollution) (141). There was a major decrease (420) in the soils submitted for the year.

The sources of the samples showed considerable increases for the Police (426), Labour and Industry (362), Hospitals (315), Forestry (275) and firms (124), while there were major decreases connected with the public (274), National Parks and Wildlife (183) and the Hydro-Electric Commission (119).

Details of the samples submitted and their sources are shown in Tables 13 and 14 in the Appendices.

CONSULTATIVE AND ADVISORY SERVICES

This activity continues to grow and occupies a considerable proportion of the time of senior staff. The time spent does not relate to a specific sample and there is therefore no place in the yearly statistics for it to be placed on record.

Problems relating to the treatment of farm water supplies, chiefly from bores, to render the water suitable for stock and irrigation use is a major item in this sector. Likewise the consultative work connected with problems relating to the installation of home insulation, the cleaning of garments, inferior quality goods referred to us by the Consumer Advisory Council also occupies a considerable amount of time.

FOOD CHEMISTRY

There was a drop in the number of additions of sulphur dioxide to mince meat detected over the year and the number of sausages with excess sulphur dioxide declined slightly in proportion to those found in excess of the limit last year.

The meat content of meat pies improved considerably in the year when compared with the general levels found previously whereas the overall proportion of sausages deficient in meat content showed a ten per cent increase.

As for last year the foreign matter found in a small number of milk bottles was consistent with the improper cleaning of old hardened milk solids from the surface of the glass. Presumably the inspection facilities still require more attention to ensure the detection of improperly cleaned bottles.

Minor deficiencies were found in the non-fat-solids levels of milk over several short-term seasonal periods which occur at approximately the same time each year.

Foreign objects in foodstuffs were again found to consist mainly of mould, pieces of string, a dead match, blowfly and blowfly larva, animal hide, rodent excreta and discoloured dough in several loaves of bread. One complaint concerning a can of grapefruit rings turned out to be due to clusters of naringin crystals having formed from the natural naringin content of the fruit.

A sensory complaint of the extreme bitterness of a zucchini was found to be caused by cucurbitacin, a bitter principle which has been bred out of the plant for commercial purposes but occasionally recurs due to natural regression or to cross fertilisation from a wild native strain.

All the samples of cereals, cheese, cordials and summer drinks, cream, canned and dried fruits, fruit juices, ice cream and margarine examined met the prescribed purity standards of the Public Health Regulations.

PESTICIDE RESIDUES

The National Parks and Wildlife Service again submitted a considerable number of birds and bird's eggs for analysis of their pesticide residue levels and heavy metal intake. Varying amounts of the more common organochlorine pesticides were found in the different organs submitted and in the eggs.

Also examined were a number of animal tissues in connection with the possible use of pesticides in cases of animal deaths but these will be reported in the relevant section of this report.

Assistance is also given to the Toxicology Section in those cases where the electron capture facility of the gas chromatograph can be of assistance in the detection of certain drugs, e.g. in cases of poisoning by benzodiazepine derivatives (Valium, etc.).

The University of Tasmania submitted 201 samples connected with the study of the environmental fate and toxicity to fish of the fungicide chlorothalonil.

AGRICULTURAL CHEMISTRY

Soils submitted by farmers through the Extension Division of the Department of Agriculture again fell by more than half of those submitted last year. In all there was a fall of 420 for the whole period.

Fortunately the fall in soil sample numbers enabled the handling of more pine needle samples for the Forestry Department thus reducing some of the backlog in this area of activity.

The Section carried out a number of analyses for the Occupational Health Section of the Division of Public Health connected with the exposure to heavy metals of a number of workers in industry. These are reported under the heading of Industrial Hygiene.

Hospitals and medical practitioners submitted 152 biochemical specimens mainly for analysis of the copper and/or zinc levels of blood in cases where the level of the metal(s) can be of diagnostic use. These analyses were all carried out on the atomic absorption spectrophotometer by the staff of the Agriculture Section.

FORENSIC CHEMISTRY, CRIMINAL INVESTIGATION AND TOXICOLOGY

Ordered during the year, but supplied after the close of the financial year, the arrival of the new capillary gas chromatograph with headspace sampling facilities, etc., should widen the scope of ability for accurately detecting and quantifying the presence of accelerants in suspected arson exhibits brought to the laboratory by Police officers.

An initial work-up program will be required but by the New Year the full impact of the equipment should be felt.

There were 255 samples submitted and of these some 43 showed the presence of petrol, kerosene was found in 13 exhibits, 12 indicated a mixture of petrol and oil, 9 an unidentified flammable liquid, 4 were lubricating oil and there were 4 containing methylated spirits. The remainder of the 102 positive samples consisted of paint thinners, diesel distillate, unidentified petroleum fraction, etc.

Criminal investigation exhibits numbered 232 from 48 cases. Burglary accounted for 12 of these and hit-and-run cases numbered a further 10. There were 6 murder cases brought to our attention and these encompassed some 69 exhibits. Many of the cases involved comparison between soil, paint flakes, glass and textile materials found at the scene and on objects or persons alleged to have been at the scene.

Exhibits relating to the detection of dangerous drugs numbered 964 from 217 cases. Again the major drug found was marihuana or its derivatives of hashish and hashish oil. Counting the number of smoking devices showing signs of marihuana smoking the total number of exhibits connected with this habit numbered 781 of the 964 examined. This represents 81 per cent of all drug exhibits submitted.

Methylamphetamine accounted for 13 of the 15 amphetamines detected whilst opium was the next most frequently encountered with a total of 14 for the year. Liquid poppy extract was found in 7 exhibits whilst cocaine (5), pethidine (5), heroin (4) and L.S.D. (4) accounted for the majority of the remainder of drug positives detected. There was 79 exhibits which were negative for drugs and 17 cases where non-dangerous drugs were detected.

By far the most common cause of death in cases which can be classified a non-criminal death has been carbon monoxide which was responsible for 16 deaths. Of these there were 4 deaths in one case relating to the use of a low pressure gas refrigerator in a shack which had been sealed against the ingress of draughts. This case closely parallels another case two years ago when two persons died in a closed tent using a similar source of heating fuel.

There were 3 deaths attributable to chloral hydrate, 2 to morphine and 2 to a mixture of diazepam, dextropropoxyphene and paracetamol. There were 8 cases attributable to 8 other drugs and there were 41 cases in which the analysis did not find drugs to be related. This made a total of 72 cases with 212 exhibits. Alcohol was found to be present in 15 of the cases.

Animal poisoning, or suspected poisoning attempts numbered 61 cases with a total of 97 exhibits. The three major substances found were strychnine (11 cases), fenthion ethyl ('Lucijet') (6 cases) and methiocarb ('Baysol' pellets) (3 cases) with 5 other agents also detected. There were 36 cases in which no poisonous substance was detected.

BLOOD ALCOHOL

Non-crime and non-traffic accident deaths were examined in 71 cases for the presence of alcohol. No alcohol was found in 50 cases (just over 70 per cent). There were 5 cases less than 0.08 per cent, 8 cases between 0.08 – 0.15 per cent, 22 cases from 0.15 – 0.25 per cent, 6 cases between 0.25 – 0.40 per cent and there was one case in excess of 0.40 per cent.

The blood alcohol levels of traffic accident victims were determined in 71 cases. Of these there were 20 drivers, 13 passengers, 8 pedestrians and 9 cyclist/motor cyclists with zero blood alcohol levels. There was one motor cyclist with a level below 0.05 per cent. The remaining 20 all exceeded 0.05 per cent alcohol in their blood.

One passenger was between 0.05 – 0.08 per cent, 2 drivers and 3 passengers were between 0.08 – 0.15 per cent, 6 drivers, 2 passengers, 1 pedestrian and 1 motor cyclist were between 0.15 – 0.20 per cent, 1 driver, 1 passenger and 1 motor cyclist between 0.20 – 0.30 per cent and 1 driver exceeded 0.30 per cent (0.319 per cent).

The Police forwarded 403 blood specimens submitted by drivers not capable of providing a breathalyzer sample through injury or wishing to disprove the breathalyzer reading found. There were 5 cases less than 0.05 per cent (1%), 55 cases were between 0.05 – 0.10 per cent (14%), 129 cases between 0.10 – 0.15 per cent (32%), 84 cases between 0.15 – 0.20 per cent (21%), 55 cases between 0.20 – 0.30 per cent (14%) and 3 cases exceeded 0.30 per cent with the highest reading being 0.318 per cent. The remaining cases were all found to contain no alcohol.

In 229 cases the breathalyzer reading and the laboratory-found blood alcohol level could be compared. There were 158 cases (69 per cent) where the laboratory result was higher by up to 0.088 per cent, in 25 cases (11 per cent) the results were the same and in the other 46 cases (20 per cent) the breathalyzer result was lower by up to 0.026 per cent.

INDUSTRIAL HYGIENE

Asbestos fibre counting amounted to 356 samples forwarded to the laboratory. Of these samples only 8 were found to contain asbestos fibres in excess of the number stated by the National Health and Medical Research Council to be the maximum allowable. However, there were 13 cases in which the filters were too overloaded with all fibre types to be counted.

Other industrial hygiene samples submitted consisted of 93 biochemical specimens connected with industrial exposures to metals (29 were connected with exposure to lead, 26 to arsenic and chromium, 21 to fluorides and 8 to mercury).

There were 114 samples connected with 29 cases of dust suspected of containing asbestos, 23 cases of copper-chrome-arsenite residues, 20 air for freedom from dangerous fumes in tanks, 10 air cylinders for testing for compliance with the specification for 'breathing air', 10 samples for the presence of formaldehyde from house insulation and 9 samples of house paint scrapings for lead content. The remainder were miscellaneous samples to be tested for various constituents.

WATER, SEWAGE, TRADE WASTES AND CORROSION

The monitoring of water samples for pollution effects (mainly for the Forestry Department) and the fluoride level (mainly for the Rivers and Water Supply Commission and the Metropolitan Water Board) continued during the year. All results were good, on the one hand showing no signs of water pollution through logging operations and on the other a continuing good control of fluoride levels in town water supplies.

Trade Wastes numbering 221 were received from three sources — Department of Environment (33), Firms (97) and Local Authorities (91).

Water supplies were monitored for Local Authorities, Metropolitan Water Board, Rivers and Water Supply Commission mainly for town supply purposes. This accounted for the great majority of the 649 samples received.

The public, mainly farmers, forwarded 133 water samples to test their suitability for farm and domestic use. Being mostly bore water the quality varied widely with a few being suitable for all purposes, a few being unsuited for any farm use at all and the majority with either qualified or limited use.

Over 500 sewage effluent and seepage samples were examined mainly for Local Authorities with less than 70 coming from other sources.

Problems associated with the corrosion of boilers accounted for 377 of the 456 samples submitted under this heading. The arrival of a new autotitrator which came into use over the last four months of the year has assisted, and will continue to assist, in monitoring water supplies for such purposes.

Again this year there were 23 samples of brick and stone dust examined for water soluble constituents associated with the breakdown of the parent materials in historic buildings.

MISCELLANEOUS

It is pleasing to note that since the close of the year tenders are being called to refurbish an area which will give about a twenty per cent increase in the space available and will allow the bringing together of sections long segregated and will separate sections previously poor bed-fellows.

IX. 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

Director of Administration:

J. D. Jameson, B.A.(Hons.), M.Soc.Sci. (Birm.) (from 27 October 1983)

Acting Chief Administration Officer:

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

Acting Senior Executive Officer (Medical):

D. T. Bjorklund, Dip.Pub.Admin.

Acting Chief Accountant:

E. J. Kremzer, B.Ec., A.A.S.A., A.C.I.S.

Accountant:

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

Executive Officer (Industrial):

D. F. Ireland, B.A.

Executive Officer (Industrial):

B. Correy (to 14 October 1983)

M. B. Stevens (acting from 15 October 1983)

Public Relations Officer:

S. T. Barrett

Acting Executive Officer (Property Section):

J. A. Atkinson

Hospital, Medical and Nursing Services

Director of Hospital and Medical Service:

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.

Senior Medical Officer (Community Health and Geriatrics):

J. T. Curran, M.B., Ch.B. (Glas.), M.Sc., M.D., D.R.O.G.

Acting Executive Officer (Community Health and Geriatrics):

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

St John's Park Hospital*Administrator:*

K. R. Jones, C.B.S.

Medical Superintendent:

D. M. Blackburn, M.B., B.S., D.A., D.R.C.O.G. (from 26 September 1983)

Superintendent of Nursing:

N. V. G. Clarke, Dip.N.Admin., F.R.N.C.

Cancer Registry*Medical Director:*

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

Division of Public Health*Acting Director of Public Health:*

Catherine H. 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.
(to 19 February 1984)

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.

Acting Senior Medical Officer — Child Health Services:

P. A. Naylor, M.B., Ch.B. (St.Andrews), D.P.H. (Bristol)

Senior 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.

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

G. D. Newman, M.B., Ch.B. (Liverpool), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.C.H. (Lond.)

North —

L. Anderson, M.B., B.S., D.P.H., F.R.A.C.M.A. (from 9 February 1984)

Chief Health Inspector:

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

Executive Officer:

W. Richards

Health Physicist:

J. T. Donnelly, B.S. (N.Y.), M.S.P.H. (N.C.), Dip.Ed.

Nutrition Officer:

J. F. Coy, M.Sc. (Harvard), F.A.I.F.S.T.

Health Educator:

R. T. J. Farmer, S.R.N., R.M.N., B.T.A. (Cert.)

Mothercraft Home*Matron:*

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

School Dental Service*Director of Dental Services:*

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

Acting Senior Dental Officer:

F. J. Wimmer, B.D.Sc. (Qld.)

Principal, School of Dental Therapy:

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

Senior Orthodontist:

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

Acting Executive Officer:

W. C. Brown

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

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

Assistant Government Analyst and Chemist:

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

X. APPENDICES — 1983-84

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TABLE 1

DEPARTMENTAL EXPENDITURE — CONSOLIDATED REVENUE FUND

| | 1982-83 | 1983-84 |
|---|---------------|---------------|
| | \$ | \$ |
| Administration — Head Office | 1 131 677 | 1 310 067 |
| Hospital and Medical Services | | |
| Administration | 539 165 | 580 148 |
| Grants to Hospitals | 90 187 379 | 105 982 178 |
| Medical Services, Country | 499 073 | 591 942 |
| Community Health Services | 2 991 914 | 3 459 473 |
| Interim Ambulance Authority — Government contribution | 3 960 000 | 2 779 000 |
| Public Health Division — | | |
| Administration and Inspectors | 695 732 | 749 299 |
| Fluoridation — Public Water Supplies | 256 491 | 225 038 |
| School Medical Service | 810 143 | 941 763 |
| Child Health Service | 1 079 326 | 1 183 475 |
| Occupational Health | 150 283 | 119 238 |
| Health Promotion and Publicity | 61 393 | 109 208 |
| Congenital Hypothyroid Screening | 24 259 | 20 380 |
| Handicap Assessment Centre | 224 448 | 235 272 |
| Grants — | | |
| Red Cross Blood Transfusion | 504 999 | 603 300 |
| Medical Unions | 74 850 | 67 000 |
| Senior Citizens Centres | 230 000 | 232 921 |
| Miscellaneous | 208 109 | 191 245 |
| Other — | | |
| Pharmaceutical Section | 182 293 | 222 919 |
| Dental Health Service | 3 277 453 | 3 582 176 |
| Government Analyst and Chemist | 532 847 | 575 917 |
| Nurses' Registration Board | 111 241 | 103 704 |
| Operating State Nursing Homes | 100 000 | 188 800 |
| Victorian and Tasmanian Cancer Institute | 1 098 000 | 1 270 000 |
| Planning Evaluation and Research Unit | 9 898 | 14 756 |
| Alcohol and Drug Dependency Board | 60 134 | 70 029 |
| X-Ray Unit and Cancer Registry | 139 525 | 152 035 |
| Costs of Management Consultant Services | 29 600 | — |
| Pensions payable to former employees of | | |
| Public Hospitals | 1 310 517 | 1 454 467 |
| Cost of Launceston General Hospital — Staff Review | — | 27 449 |
| St John's Park Hospital, New Town | 10 290 028 | 11 006 418 |
| TOTAL EXPENDITURE | \$120 772 777 | \$138 048 617 |

TABLE 2

DEPARTMENTAL RECEIPTS — CONSOLIDATED REVENUE FUND

| | 1982-83 | 1983-84 |
|--|---------------------|---------------------|
| | \$ | \$ |
| Commonwealth Reimbursements — | | |
| Medicare Compensatory Grant | — | 10 470 000 |
| Health Program Grants | 30 599 | 25 719 322 |
| Home Care Service | 812 829 | 630 275 |
| Medibank Hospital Agreement | 44 753 000 | 28 022 644 |
| Paramedical Services | 27 645 | 32 500 |
| Planning, Evaluation and Research Unit | 12 883 | — |
| Red Cross Blood Transfusion Service | 182 222 | 342 364 |
| Rehabilitation Centre | 1 189 454 | 1 223 385 |
| School Dental Scheme | 38 420 | 165 000 |
| Senior Citizens' Scheme | 262 012 | 226 093 |
| Pharmaceutical Benefits | 143 945 | 157 347 |
| Human Quarantine Arrangement | 5 062 | 6 449 |
| Departmental Revenue — | | |
| Government Analyst Fees | 9 672 | 11 287 |
| Nurses' Registration Board Fees | 83 259 | 88 549 |
| Other Revenue | 40 524 | 329 951 |
| District Medical Services Fees | 218 048 | 285 353 |
| St John's Park Hospital — | | |
| Commonwealth Nursing Home Benefits | 3 522 992 | 4 470 548 |
| Hospital Fees | 1 621 703 | 1 830 873 |
| Miscellaneous | 112 249 | 466 916 |
| Other — | | |
| General Refunds | 23 341 | 3 999 |
| Property Sales | 42 855 | 20 997 |
| TOTAL RECEIPTS | \$53 106 948 | \$74 503 852 |

TABLE 3

DEPARTMENTAL EXPENDITURE — LOAN FUND

| | 1982-83 | 1983-84 |
|--|--------------------|--------------------|
| | \$ | \$ |
| Geriatric Hospital — | | |
| St John's Park, New Town | 360 190 | 1 569 287 |
| General Hospitals — | | |
| Royal Hobart | 1 267 899 | 2 187 915 |
| Launceston General | 615 795 | 380 365 |
| Mersey General | 238 644 | 24 190 |
| North-Western General | 151 771 | 61 694 |
| Maternity Hospitals — Queen Victoria Maternity | 16 693 | 3 225 |
| District Hospitals — | | |
| Campbell Town District | — | 589 |
| Flinders District | 25 317 | 860 |
| Huon District | — | 6 725 |
| King Island District | — | 16 500 |
| New Norfolk District | 6 866 | 47 766 |
| Ouse District | 2 174 | 10 349 |
| Smithton District | 72 044 | 458 |
| St Helens Public Hospital | 14 500 | — |
| St Marys District | 1 370 | 1 466 |
| Ulverstone District | — | 102 506 |
| Mothercraft Home | 35 377 | 3 082 |
| Furniture, Equipment and Misc. Works | 2 018 310 | 1 961 462 |
| Other Expenditure — | | |
| Family Planning Assoc. | 14 460 | 26 636 |
| Dental Health Service | 12 172 | 27 571 |
| Hampden House Community Centre | — | 67 295 |
| State Nursing Homes | 4 140 | 367 464 |
| Furniture and Equipment (other) | 52 158 | 148 339 |
| Purchase of Properties and Miscellaneous Expenditure | 172 333 | 409 199 |
| | \$5 082 213 | \$7 424 943 |

TABLE 4

YEARLY COMPARISONS

PUBLIC HOSPITALS - SUMMARY OF RECEIPTS AND PAYMENTS, COSTS, ETC., FOR THE YEAR ENDED 30 JUNE 1961

TABLE 6
1975-76 To 1983-84
COMPONENTS OF OPERATING EXPENDITURE AND INCOME EXPRESSED AS A PERCENTAGE

| Year | MAINTENANCE PAYMENTS | | | | | | | | | | Other Expenses | Sub-Total Hospital Payments | D.H.S. Loan Funds Payments | VISITING SERVICES | | | | Other | Total Payments |
|---------|----------------------|---------------|----------------------|-----------------------|------------------|--------------------------|-------------------------------|--------------------------------------|-------------------------|-------------------------|----------------|-----------------------------|----------------------------|-------------------|--------------|------------------|----------------------------|-------|----------------|
| | Salaries and Wages | Food Supplies | Medical and Surgical | Fuel, Light and Power | Domestic Charges | Renovations to Buildings | Additional Works and Services | Replacement and Additional Equipment | Repairs and Maintenance | Administrative Expenses | | | | Total Payments | 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 | 100.0 |
| 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 | 100.0 |
| 1977-78 | 76.24 | 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 | 100.0 |
| 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 | 100.0 |
| 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 | 100.0 |
| 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 | 100.0 |
| 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 | 100.0 |
| 1982-83 | 70.59 | 1.96 | 6.44 | 2.87 | 2.23 | 0.05 | 0.11 | 0.60 | 1.48 | 4.03 | 1.96 | 92.32 | 0.85 | 93.17 | 0.86 | 1.78 | 0.78 | 3.41 | 100.0 |
| 1983-84 | 70.68 | 1.96 | 7.05 | 2.80 | 2.25 | 0.06 | 0.05 | 0.61 | 1.57 | 4.38 | 2.00 | 93.41 | 0.15 | 93.56 | 1.00 | 1.79 | 0.82 | 2.83 | 100.0 |

No. 14381

COMPARISON OF OVER-THE-COUNTER
1912

| Year | Total Sales | Liquor Sales | | | | | Maintenance Payments | | |
|------|----------------|--------------------|-----------------|------------------|----------------|----------------|----------------------|-----------------|----------------|
| | | Wholesale Sales | Retail Sales | Medical Sales | Light Sales | Other Sales | Wholesale Sales | Retail Sales | Other Sales |
| 1912 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1913 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1914 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1915 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1916 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1917 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1918 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1919 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1920 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1921 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1922 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1923 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1924 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1925 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1926 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1927 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1928 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1929 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |
| 1930 | 100.00 | 55.00 | 45.00 | 10.00 | 10.00 | 10.00 | 55.00 | 45.00 | 10.00 |

TABLE 7
STATISTICS OF DISTRICT NURSING CENTRES FOR THE YEAR ENDED 30 JUNE 1984

| Hospital Number | Hospital/Statistic | In-Patients | | | | Out-Patients | | | | |
|-----------------|------------------------|--------------------------------|--------------------|----------------------|----------------------|----------------|------------------------------|----------------------|-------------------|-----------|
| | | Daily Average of Occupied Beds | Per cent Occupancy | Total Beds Available | Total Number Treated | Total Bed Days | Patients Attending Hospital | | Visiting Services | |
| | | | | | | | Number of Registered Persons | Occasions of Service | Home Nursing | Home Help |
| 1 | Alannah | — | — | 1 | — | — | N/A | 1 788 | — | 827 |
| 2 | Avoca | — | — | — | — | — | 216 | 677 | 1 290 | 264 |
| 3 | Cygnat | — | 1.64 | 1 | 6 | 6 | N/A | 2 059 | 1 955 | 1 096 |
| 4 | Deloraine | .01 | 87.41 | 20 | 249 | 6 381 | — | — | 4 154 | 882 |
| 5 | Dover | 17.48 | 82.19 | 9 | 98 | 2 700 | — | — | — | — |
| 6 | George Town | 7.39 | 70.10 | 15 | 387 | 3 838 | — | — | — | — |
| 7 | Gladstone | 10.51 | — | — | — | — | — | — | 3 055 | 2 270 |
| 8 | Lilydale | — | — | — | — | — | 20 | 366 | 2 843 | 387 |
| 9 | Mole Creek | — | — | — | — | — | N/A | 269 | 3 934 | 181 |
| 10 | Oatlands | — | 64.71 | 5 | 153 | 1 181 | N/A | 793 | 193 | — |
| 11 | Ringarooma | 3.23 | — | — | — | — | N/A | 1 538 | 1 514 | 137 |
| 12 | Rosarden-Storeys Creek | — | — | — | — | — | 20 | 571 | 2 231 | 448 |
| 13 | Savage River | 1.12 | 10.21 | 11 | 180 | 410 | 48 | 88 | 314 | — |
| 14 | Strahan | — | — | — | — | — | 951 | 1 344 | — | — |
| 15 | Tasman* | — | — | 5 | — | — | 1 443 | 1 443 | 3 206 | 717 |
| 16 | Triabunna | — | — | 1 | — | — | N/A (to Feb) | 3 889 | 1 647 | 455 |
| | | — | — | — | — | — | N/A | 2 119 | 2 445 | 657 |
| Total | | 39.76 | 58.48 | 68 | 1 073 | 14 516 | N/A | 16 944 | 28 781 | 8 321 |
| Year — | | | | | | | | | | |
| | 1978-79 | 34.46 | 60.47 | 57 | 1 155 | 12 580 | 12 075 | 32 043 | 26 083 | 9 362 |
| | 1979-80 | 38.82 | 57.26 | 68 | 1 373 | 14 212 | 13 759 | 31 142 | 31 580 | 5 484 |
| | 1980-81 | 40.31 | 58.42 | 69 | 1 447 | 14 714 | 9 450 | 30 202 | 32 821 | 6 912 |
| | 1981-82 | 39.72 | 55.95 | 71 | 1 454 | 14 499 | 11 839 | 29 101 | 32 780 | 9 894 |
| | 1982-83 | 38.45 | 57.37 | 67 | 1 195 | 14 030 | N/A | 24 153 | 28 964 | 7 572 |
| | 1983-84 | 39.76 | 58.48 | 68 | 1 073 | 14 516 | N/A | 16 944 | 28 781 | 8 321 |

* Till February 1984 only. Transferred to control of local council.

TABLE 8
ST JOHN'S PARK HOSPITAL — FINANCE

| | 1982-83 | 1983-84 |
|---|---------------------|---------------------|
| | \$ | \$ |
| Revenue — | | |
| Commonwealth Hospital Benefits | 3 522 992 | 4 470 548 |
| State Aid (nett cost) | 5 035 084 | 4 238 081 |
| Hospital Fees | 1 621 703 | 1 821 828 |
| Laundry Service | 3 926 | 357 080 |
| Sundries | 108 323 | 118 881 |
| | <u>\$10 292 028</u> | <u>\$11 006 418</u> |
| Expenditure — | | |
| Salaries | 8 748 235 | 9 294 078 |
| Light and Fuel | 384 507 | 458 839 |
| Provisions | 590 000 | 600 002 |
| Drugs, Medicines, etc. | 100 000 | 116 337 |
| Equipment, Stores, Uniforms and Maintenance | 320 000 | 345 000 |
| Sundries | 149 286 | 192 162 |
| | <u>\$10 292 028</u> | <u>\$11 006 418</u> |
| Gross daily cost per patient | 68.69 | 74.89 |
| Nett daily cost per patient | 33.61 | 28.84 |
| Gross weekly cost per patient | 480.83 | 524.23 |
| Nett weekly cost per patient | 235.27 | 201.88 |
| Qualified beds | 146 594 | 143 454 |
| Non-qualified beds | 3 231 | 3 507 |
| | <u>149 825</u> | <u>146 961</u> |

NUMBER OF BEDS AVAILABLE

| | |
|---------|-------------|
| Nursing | 412 |
| Welfare | 149 |
| | <u>561*</u> |

* Including 541 approved by Australian Department of Health as Nursing Home Beds

PATIENTS

| Year | No. of Residents at Commence- ment of Year | Admitted | Discharged | Deaths | Difference In Pass Days | Remaining at End of Year | Average Daily No. |
|---------|--|----------|------------|--------|-------------------------------|--------------------------------|-------------------------|
| 1982-83 | 431 | 223 | 175 | 73 | + 2 | 404 | 410.80 |
| 1983-84 | 404 | 302 | 220 | 85 | + 6 | 395 | 401.53 |

TABLE 9
COMMUNITY HEALTH EXPENDITURE
ACTUAL (\$'000)

| | 1973-74 | 1974-75 | 1975-76 | 1976-77 | 1977-78 | 1978-79 | 1979-80 | 1980-81 | 1981-82 | 1982-83 | 1983-84 |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Community Health Program | 5.7 | 137.2 | 1178 | 1963 | 1950 | 2139 | 2330 | 2472 | 2441 | 2992 | 3520 |
| Home care | 139.0 | 305.0 | 465 | 561 | 754 | 950 | 1288 | 1361 | 1471 | 1614 | 1850 |
| Home nursing | 202.0 | 293.0 | 401 | 486 | 575 | 663 | 758 | 1032 | 1368 | 1645 | 1915 |
| Total | 346.7 | 735.2 | 2044 | 3010 | 3279 | 3752 | 4376 | 4865 | 5280 | 6251 | 7285 |

| H.N. PATIENTS (APPROXIMATE NUMBER) AND MEALS PROVIDED BY HOSPITALS | | | | | | | | | | | |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | 1973-74 | 1974-75 | 1975-76 | 1976-77 | 1977-78 | 1978-79 | 1979-80 | 1980-81 | 1981-82 | 1982-83 | 1983-84 |
| Number of H.N. patients (approximate) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Number of meals supplied — Meals on Wheels | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

| STAFFING (E.F.T.) | | | | | | | | | | | |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | 1973-74 | 1974-75 | 1975-76 | 1976-77 | 1977-78 | 1978-79 | 1979-80 | 1980-81 | 1981-82 | 1982-83 | 1983-84 |
| Community Health Program | 1.5 | 9.5 | 56 | 79 | 103 | 111 | 116 | 122 | 124 | 128 | 199 |
| Home care | 5.0 | 9.0 | 24 | 37 | 45 | 52 | 52 | 63 | 68 | 76 | 83 |
| Home nursing | 6.0 | 6.0 | 9 | 17 | 26 | 31 | 49 | 54 | 60 | 65 | 74 |
| Total | 12.5 | 24.5 | 89 | 133 | 174 | 194 | 217 | 239 | 252 | 269 | 356 |

TABLE 10

GENERAL STATISTICS FOR CARE OF AGED AND INVALIDS FOR YEAR ENDED 30 JUNE 1984

| | | Approved Nursing Home Beds | | | | | | |
|-----------------------------|---------|----------------------------|----------|--|---------|------------------|-----------------------|-------|
| | | Bed Days | | | | Daily Average | Per Cent Occupancy | |
| Other Accommo- dation | | Beds Available | Ordinary | Ordinary With Extensive Care Benefit | Total | | | |
| Cosgrove Park | | 136 | 144 | 21 027 | 25 649 | 46 676 | 127.87 | 88.80 |
| St John's Park | | 20 | 541 | 76 383 | 66 850 | 143 233 | 392.41 | 72.53 |
| Spencer Nursing Home | | — | 66 | 4 913 | 18 505 | 23 418 | 64.15 | 97.21 |
| Mersey Nursing Home | | — | 67 | 5 765 | 18 421 | 24 186 | 66.26 | 98.90 |
| Webster Nursing Home | | — | 8 | 1 326 | 1 566 | 2 892 | 7.92 | 99.04 |
| Total | | 156 | 826 | 109 414 | 130 991 | 240 405 | 658.64 | 79.73 |

TABLE 11

NOTIFIABLE DISEASES REPORTED DURING THE YEAR ENDED 30 JUNE 1984

| Municipality | Salmonella | Hepatitis 'A' | Hepatitis 'B' | Malaria | Tuberculosis (From 8.3.84) | Leptospirosis | Hydatids | Tetanus | Brucellosis | Total |
|-----------------|------------|---------------|---------------|---------|-------------------------------|---------------|----------|---------|-------------|-------|
| Beaconsfield | 1 | — | — | — | 1 | — | — | — | — | 2 |
| Brighton | 5 | — | — | — | — | — | — | — | — | 5 |
| Burnie | 7 | — | — | — | 1 | 1 | — | — | — | 9 |
| Campbell Town | — | 2 | — | — | — | — | — | — | — | 2 |
| Circular Head | 5 | — | — | — | — | — | — | — | — | 5 |
| Clarence | 4 | 1 | 1 | — | — | — | — | — | — | 6 |
| Cygnets | 1 | 1 | — | — | — | — | — | — | — | 2 |
| Deloraine | — | — | — | — | — | 1 | — | — | — | 1 |
| Devonport | 5 | — | — | — | — | — | — | — | — | 5 |
| Fingal | 3 | — | — | — | — | — | — | — | — | 3 |
| Flinders Island | 3 | — | — | — | — | — | — | — | — | 3 |
| George Town | 2 | — | — | — | — | — | — | — | — | 2 |
| Glenorchy | 14 | 1 | 1 | 2 | — | — | 1 | 1 | — | 20 |
| Hobart | 7 | 2 | 4 | 4 | — | — | 1 | — | — | 18 |
| Huon | 2 | — | — | — | — | — | — | — | — | 2 |
| Kingborough | 6 | — | — | — | — | — | — | — | — | 6 |
| Latrobe | 2 | — | — | 1 | — | — | — | — | — | 3 |
| Launceston | 10 | 1 | — | — | 1 | — | — | — | 1 | 13 |
| Longford | — | — | — | — | 1 | — | — | — | — | 1 |
| New Norfolk | 1 | — | — | — | — | — | — | — | — | 1 |
| Oatlands | 1 | — | — | — | — | — | — | — | — | 1 |
| Penguin | 2 | 1 | — | — | — | — | — | — | — | 3 |
| Ringarooma | — | — | — | — | — | 2 | — | — | — | 2 |
| Sorell | 1 | 1 | — | — | — | — | — | — | — | 2 |
| Tasman | 1 | — | — | — | — | — | — | — | — | 1 |
| Spring Bay | — | — | 1 | — | — | — | — | — | — | 1 |
| Ulverstone | 9 | — | — | — | 1 | — | — | — | — | 10 |
| Waratah | 1 | — | — | — | — | — | — | — | — | 1 |
| Wynyard | 4 | — | 1 | — | — | — | — | — | — | 5 |
| Zeehan | 2 | — | — | — | — | — | — | — | — | 2 |
| Total | 99 | 10 | 8 | 7 | 5 | 4 | 2 | 1 | 1 | 137 |

TABLE 12
CASES OF VENEREAL DISEASES NOTIFIED DURING YEAR ENDED 30 JUNE 1984

| Age | < | Under 1 Year | | | | | | | | | | | | | | Age not Stated | | | | Totals | | Grand Totals | | | |
|------------|---|-----------------|---|---|---|---|----|----|---|---|---|---|---|---|---|-------------------|---|---|---|--------|----|-----------------|----|---|---|
| Sex | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| Gonorrhoea | | — | 1 | — | 5 | 7 | 11 | 9 | 4 | 4 | 2 | — | 2 | — | — | — | — | — | 4 | 1 | 27 | 23 | 50 | | |
| Syphilis | | — | — | — | — | 1 | 2 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | 2 | 2 | 4 | | |
| Total | | — | 1 | — | 5 | 7 | 12 | 11 | 5 | 4 | 2 | — | 2 | — | — | — | — | — | 4 | 1 | 29 | 25 | 54 | | |

TABLE 13
GOVERNMENT ANALYST AND CHEMIST

Analytical Tests conducted 1 July 1983 to 30 June 1984

| | |
|--|-------|
| Dangerous drugs | 964 |
| Water | 649 |
| Food | 586 |
| Water (pollution) | 550 |
| Soils | 546 |
| Pesticide residues | 530 |
| Sewage effluent | 495 |
| Corrosion and corrosion products | 456 |
| Blood alcohol (breathalyzer) | 403 |
| Plant material | 373 |
| Industrial hygiene (asbestos) | 358 |
| Arson exhibits | 355 |
| Water (fluoride) | 329 |
| Blood alcohol (ordinary) | 243 |
| Crime exhibits | 232 |
| Trade wastes | 221 |
| Toxicology (human) | 212 |
| Industrial hygiene (other than asbestos) | 207 |
| Biochemical specimens | 152 |
| Toxicology (animal) | 97 |
| Industrial chemicals | 47 |
| Building materials | 41 |
| Serum and dialysate (for AI) | 33 |
| Seepage | 29 |
| Toys | 28 |
| Poppy material | 25 |
| Drugs and medicines | 16 |
| Textiles | 16 |
| Pesticides | 14 |
| Feeding stuff | 10 |
| Fertilizer | 10 |
| Detergents | 8 |
| Urine (alcohol) | 8 |
| Petrol and distillate | 7 |
| Damaged cargo | 6 |
| Oil (essential) | 4 |
| Limestone | 2 |
| Drugs (Road Safety Act) | 1 |
| Oil (fuel) | 1 |
| Miscellaneous | 17 |
| | 8 281 |

TABLE 14

Sources of Samples submitted for Testing during 1983-84

| Government Departments and Instrumentalities — | |
|---|------|
| Police | 1973 |
| Forestry | 929 |
| Health | 426 |
| Coroners | 411 |
| Labour and Industry | 362 |
| Rivers and Water Supply Commission | 309 |
| Metropolitan Water Board | 276 |
| National Parks and Wildlife Service | 226 |
| Agriculture | 199 |
| Environment | 139 |
| Hydro-Electric Commission | 126 |
| Commonwealth Department | 50 |
| Inland Fisheries Commission | 43 |
| Consumer Affairs Council | 37 |
| Fisheries Development Authority | 24 |
| Housing and Construction | 15 |
| Education | 14 |
| Tasmanian Development Authority | 10 |
| Supply and Tender | 5 |
| State Fire Commissioner | 3 |
| Lands | 2 |
| Mines | 2 |
| Main Roads, State Library and Transport (1 each) | 3 |
| Local Authorities | 831 |
| Hospitals | 569 |
| Public | 525 |
| Firms | 488 |
| University of Tasmania | 227 |
| Miscellaneous (3) | 49 |
| Tasmanian Public Service Association | 7 |
| Tasmanian College of Advanced Education | 1 |
| | 8281 |

TABLE 15
DIVISION OF PUBLIC HEALTH
TASMANIAN CHILD HEALTH CENTRES
REPORT OF WORK CARRIED OUT AT THE CENTRE FOR THE YEAR 1983-84
ANNUAL FIGURES

| Centre | Pre-School Medical checks carried out | | | | | Attendances at Centres | | | | | | | | Phenistix Tests | |
|---------------------------------|---------------------------------------|---|---------|--------|---------|------------------------|-----------------------|--------------|------------------------------------|---------------------------|----------------|-------------------|-------------------------|-----------------|-------|
| | Individual Children at Centres | Individual Expectant Mothers at Centres | 6 weeks | 1 year | 3 years | New Babies | Babies seen by Doctor | Other Babies | Pre-School Children seen by Doctor | Other Pre-School Children | Older Children | Expectant Mothers | Telephone Consultations | | Total |
| Hobart and Southern Regions | 15 830 | 821 | 2 705 | 2 613 | 2 198 | 2 805 | 569 | 52 581 | 587 | 11 565 | 1 855 | 1 304 | 10 818 | 82 084 | 2 461 |
| Launceston and Northern Regions | 8 132 | 505 | 1 689 | 1 420 | 1 289 | 1 765 | 118 | 28 392 | 70 | 5 377 | 476 | 775 | 7 041 | 44 014 | 1 678 |
| North and North-West Coast | 8 931 | 530 | 1 654 | 1 511 | 1 445 | 1 768 | 405 | 33 648 | 411 | 7 538 | 965 | 820 | 5 024 | 50 579 | 1 611 |
| | 32 893 | 1 856 | 6 048 | 5 544 | 4 932 | 6 338 | 1 092 | 114 621 | 1 068 | 24 480 | 3 296 | 2 899 | 22 883 | 176 677 | 5 750 |

TABLE 16
DIVISION OF PUBLIC HEALTH
TASMANIAN CHILD HEALTH CENTRES
REPORT OF VISITS MADE FOR THE YEAR 1983-84
ANNUAL FIGURES

| Centre | Visits to new born babies at home | Subsequent visits to home | Visits to expectant mothers at home | Hospital visits | | | Day Care Centre Visits | | Pre-School Checks Prepared at Home | | | Immunis- ations Assisted | Phenistix Tests | |
|---------------------------------|--|---------------------------------|--|-----------------|---------------|-----------------------------|---------------------------|-------------------------|---------------------------------------|------------|-----------|--------------------------------|--------------------|------------|
| | | | | Ante- Natal | Post Natal | Sick Children's Wards | Sister only | Doctor and Sister | Total Visits | 6 weeks | 1 year | | | 3 years |
| Hobart and Southern Regions | 2 614 | 21 451 | 443 | 8 | 3 315 | 1 705 | 651 | 130 | 30 317 | 155 | 56 | 37 | 1 310 | 160 |
| Launceston and Northern Regions | 1 240 | 6 358 | 135 | 558 | 1 550 | 623 | 2 | 1 | 10 467 | 14 | 5 | 4 | 2 599 | 14 |
| North and North-West Coast | 1 454 | 8 600 | 222 | 303 | 1 675 | 594 | 64 | 8 | 12 920 | 32 | 10 | 6 | 1 096 | 42 |
| | 5 308 | 36 409 | 800 | 869 | 6 540 | 2 922 | 717 | 139 | 53 704 | 201 | 71 | 47 | 5 005 | 216 |

TABLE 18
DEPARTMENT OF HEALTH SERVICES
DISTRICT NURSING CENTRES — CHILD HEALTH WORK
REPORT FOR THE YEAR 1983-84

| Centre | Home Visits | | Attendances at Centres | | | | | PT |
|--------------|--------------------------------------|-----------------------|---------------------------|----------------------|-------------------------|-----------------------|-------|-----|
| | Visits to Individual new-born babies | Total visits to homes | New baby cases at centres | Babies up to 2 years | Pre-school children 2-6 | Older children over 6 | Total | |
| Avoca | 4 | 30 | 14 | 189 | 73 | 93 | 355 | 12 |
| Bruny Island | 2 | 59 | 3 | 25 | 17 | 9 | 51 | 2 |
| Grassy | 4 | 5 | 13 | 305 | 12 | — | 317 | 16 |
| Lilydale | 11 | 135 | 29 | 610 | 111 | 176 | 897 | 32 |
| Luina | 13 | 83 | 15 | 554 | 264 | 97 | 915 | 8 |
| Mole Creek | 4 | 10 | 9 | 364 | 94 | 86 | 544 | 6 |
| Nubeena | 11 | 9 | 29 | 350 | 76 | 3 | 429 | 2 |
| Rossarden | — | 2 | — | 28 | 8 | 14 | 50 | — |
| Triabunna | 12 | 60 | 31 | 747 | 123 | 18 | 888 | 24 |
| Waratah | 9 | 67 | 7 | 416 | 97 | 179 | 692 | 16 |
| Total | 70 | 460 | 150 | 3 588 | 875 | 675 | 5 138 | 118 |

TABLE 19

SCHOOL MEDICAL EXAMINATIONS JANUARY-DECEMBER 1983

1. DETAILS OF DOCTORS' EXAMINATIONS

A. NUMBER OF EXAMINATIONS —

| | Number | Per cent of Total |
|-------------------------------------|--------|----------------------|
| Total number examined | 25 552 | |
| Number with notification of defect | 3 917 | 15.32% |
| Number without defects | 21 635 | |
| Number of physical defects notified | 4 730 | 18.51% |
| Number of dental defects notified | 111 | |
| Number examined with parent present | 9 883 | 38.67% |
| <i>Regional Distribution:</i> | | |
| South | 12 698 | |
| North and North-East | 6 165 | |
| North-West and West | 6 689 | |
| | 25 552 | |

B. CLASSIFICATION OF NOTIFIED DEFECTS —

| | Number | Per cent of Total Defects Notified |
|---|--------|---|
| <i>Eye Conditions —</i> | | |
| Defective vision | 545 | |
| Squint | 142 | |
| Other | 131 | 818 17.29% |
| <i>Orthopaedic Conditions —</i> | | |
| Posture | 361 | |
| Limbs | 323 | |
| Other | 37 | 721 15.24% |
| <i>Nutritional Disorders —</i> | | |
| Overweight | 353 | |
| Underweight | 80 | |
| Anaemia | 6 | 439 9.28% |
| <i>Ear Conditions —</i> | | |
| Deafness | 435 | |
| Other | 250 | 691 14.60% |
| Nose, throat and cervical glands | 316 | 6.68% |
| Skin and hair | 447 | 9.45% |
| Abdomen (viscera, hernia and genitalia) | 407 | 8.60% |
| Heart and lungs | 152 | 3.21% |
| Asthma | 10 | 0.21% |
| Behaviour | 221 | 4.67% |
| Speech | 100 | 2.11% |
| Nervous system | 45 | 0.95% |
| Thyroid | 30 | 0.63% |
| Other | 333 | 7.04% |
| | 4 730 | |

TABLE 19 — *continued*

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 1977 and later.

(b) 'Old' entrants — first examination of children born 1976 and earlier. Transfers from interstate or overseas, or local children entering school late or absent at time of previous inspection.

2. *Routine*

(a) 1972 age group.

(b) 1968 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 | 6 783 | 1 008 | 14.86 | 5 860 | 86.39 |
| (b) Old | 1 262 | 222 | 17.59 | 618 | 48.96 |
| 2. Routine | | | | | |
| (a) 1972 Age Group | 3 778 | 662 | 17.52 | 1 428 | 37.79 |
| (b) 1968 Age Group | 4 808 | 584 | 12.14 | 21 | 0.43 |
| (c) Miscellaneous | 2 858 | 466 | 16.30 | 878 | 30.72 |
| 3. Review | 4 786 | 1 127 | 23.54 | 762 | 15.92 |
| 4. Special | 1 277 | 661 | 51.76 | 316 | 24.74 |

D. STATISTICS FROM DOCTORS' REPORTS (1983 EXAMINATIONS) —

1. *Obesity*

| | Total Examined | Number Obese | Per cent Obese |
|-----------------|-------------------|-----------------|-------------------|
| New Entrants: M | 3 397 | 93 | 2.73% |
| F | 3 386 | 151 | 4.45% |
| Total | 6 783 | 244 | 3.59% |
| Old Entrants: M | 640 | 24 | 3.75% |
| F | 622 | 48 | 7.71% |
| Total | 1 262 | 72 | 5.70% |
| 72 Age Group: M | 1 967 | 130 | 6.60% |
| F | 1 811 | 230 | 12.70% |
| Total | 3 778 | 360 | 9.52% |
| 68 Age Group: M | 2 450 | 116 | 4.73% |
| F | 2 358 | 329 | 13.95% |
| Total | 4 808 | 445 | 9.25% |

2. Heart Murmurs

| | Total Fully Examined | Number with Murmur | Per cent with Murmur |
|---------------------------|----------------------------|--------------------------|----------------------------|
| <i>(a) Incidence</i> | | | |
| New Entrants | 6 783 | 194 | 2.86 |
| 1972 Age Group | 3 778 | 72 | 1.90 |
| 1968 Age Group | 4 808 | 71 | 1.47 |
| Total | 15 369 | 337 | 2.19 |
| <i>(b) Type of Murmur</i> | | | |
| | Congenital | Rheumatic | Functional |
| New Entrants | 41 | 1 | 152 |
| 1972 Age Group | 14 | 2 | 56 |
| 1968 Age Group | 24 | 2 | 45 |
| Total | 79 | 5 | 253 |

3. Goitre — Incidence of Visibly Enlarged Thyroid

| | Total Recorded | Number with Visible Goitre | Per cent with Visible Goitre |
|-------------------|-------------------|-------------------------------------|---------------------------------------|
| New Entrants: M | 3 397 | 2 | 0.058 |
| F | 3 386 | 1 | 0.029 |
| 1972 Age Group: M | 1 967 | 2 | 0.101 |
| F | 1 811 | 8 | 0.441 |
| 1968 Age Group: M | 2 450 | 3 | 0.122 |
| F | 2 358 | 29 | 1.229 |

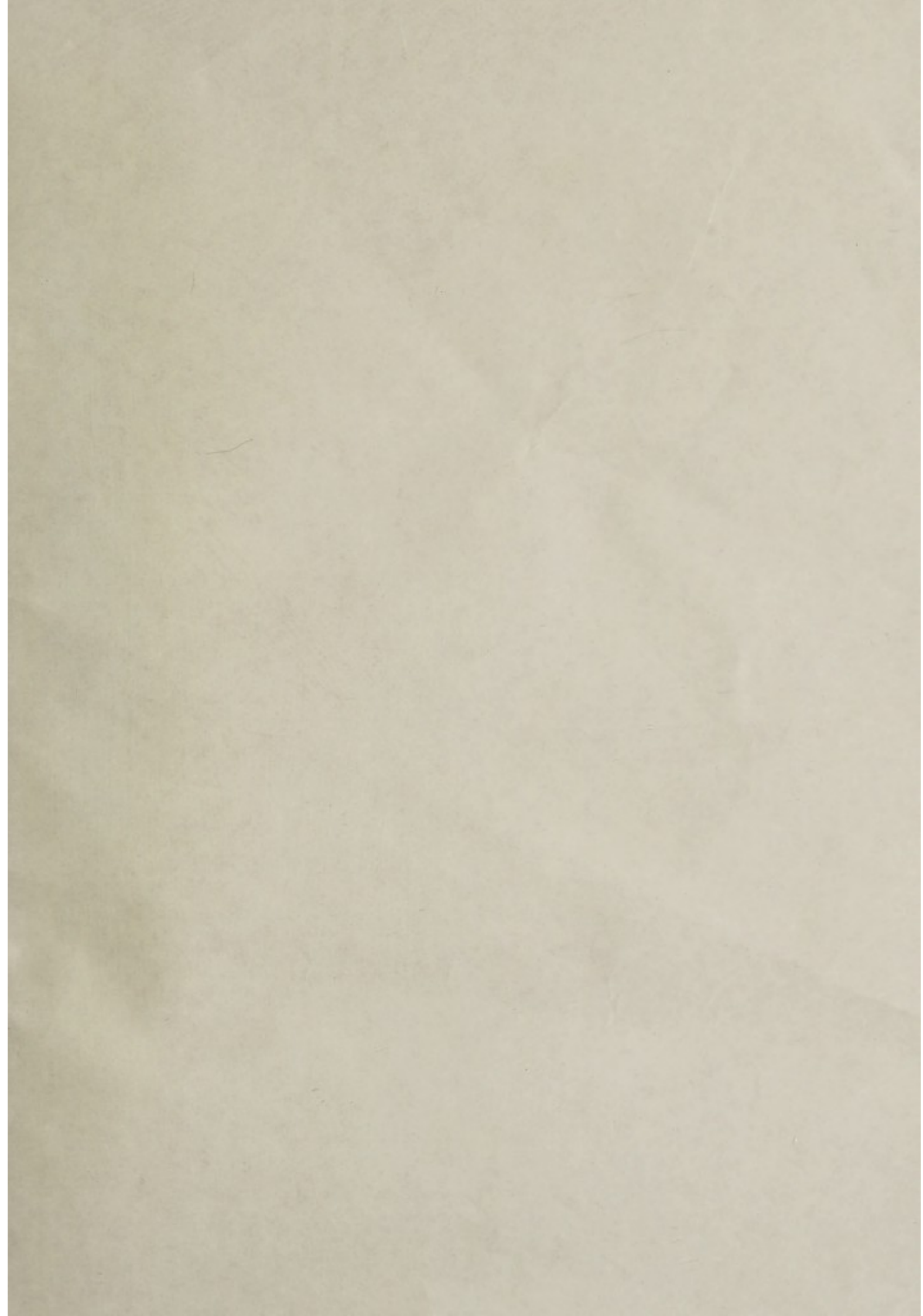
Details of Sisters' Work — January-December 1983

| | | |
|---|--|---------|
| <i>Contacts with Children —</i> | | |
| Routine | | 80 512 |
| Prep. | | 10 464 |
| Hygiene | | 66 483 |
| 10-11 age group | | 3 047 |
| Follow-up | | 5 911 |
| Special referral | | 3 518 |
| Counselling sessions | | 811 |
| | | 170 746 |
| <i>Contacts with Parents —</i> | | |
| 1. From | | |
| 2. To 1 & 4 | | 4 382 |
| 3. Telephone — to 2 & 3 | | 6 461 |
| | | 10 843 |
| <i>Consultations with Professionals —</i> | | |
| General Practitioners, Guidance Officers, Speech Pathology etc. | | 3 513 |
| <i>Training Sessions for —</i> | | |
| New Sisters, lectures etc. | | 4 151 |

SISTERS' REPORTS 1983
Referred to Medical Officers
 (H.T., OBS., NOT.)

| Defect | Age Group 1972 | Age Group 1968 | Age Group Other |
|------------------------|----------------------|----------------------|-----------------------|
| Visual defect | 89 | 1 | 58 |
| Squint | 16 | — | 9 |
| Other | 49 | — | 18 |
| Ears — | | | |
| Deafness | 28 | 1 | 24 |
| Other | 36 | — | 38 |
| Skin and hair | 133 | 7 | 73 |
| Orthopaedic — | | | |
| Posture | 129 | 7 | 80 |
| Limbs | 78 | — | 39 |
| Other | 28 | — | 8 |
| Heart murmur | 1 | — | — |
| Lungs | — | — | 2 |
| Asthma | 42 | — | 18 |
| Nose and throat | 78 | 1 | 61 |
| Hernia | 1 | — | — |
| Genitalia | 9 | 1 | 4 |
| Overweight | 141 | 8 | 79 |
| Underweight | 50 | 1 | 34 |
| C.N.S. | 1 | 1 | 2 |
| Thyroid | 5 | — | 5 |
| Behaviour | 51 | — | 35 |
| Speech | 5 | — | 5 |
| All Other | 116 | 1 | 54 |
| Total | 1086 | 29 | 646 |
| Number examined | 1 272 | 31 | 773 |

Total Number of Children Examined 2076



SISTERS' REPORTS 1963

Referred to Medical Officer

(M.T. 055, 1963)

| Diagnosis | Age Group 1962 | Age Group 1963 | Age Group 1964 |
|------------------|----------------|----------------|----------------|
| Headache | 85 | 1 | 34 |
| Stomach | 15 | — | 9 |
| Heart | 45 | — | 13 |
| Back | 28 | 1 | 10 |
| Painful | 36 | — | 16 |
| Other | 131 | — | 13 |
| Neurological | 122 | 7 | 10 |
| Epilepsy | 75 | — | 30 |
| Stroke | 28 | — | 8 |
| Other | 1 | — | — |
| Heart disease | — | — | 2 |
| Lungs | 42 | — | 14 |
| Arthritis | 78 | 1 | 61 |
| Nerve and other | 1 | — | — |
| Hernia | 9 | 1 | 4 |
| Gonorrhea | 10 | — | 19 |
| Thyroid | 30 | 1 | 34 |
| Underweight | — | — | 7 |
| C.N.S. | — | 2 | 1 |
| Thyroid | 31 | — | 10 |
| Reproductive | 1 | — | 4 |
| Skin | 116 | 1 | 34 |
| All Other | — | — | — |
| Total | 555 | 20 | 645 |
| Missing reported | — | 11 | 773 |



