

1944.

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VICTORIA.

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REPORT

OF THE

STATE DEVELOPMENT  
COMMITTEE

ON

HOSPITALS

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PRESENTED TO HIS EXCELLENCY THE GOVERNOR IN COUNCIL AND LAID BEFORE BOTH  
HOUSES OF PARLIAMENT PURSUANT TO THE PROVISIONS OF THE *STATE DEVELOPMENT*  
*ACT* 1941 (No. 4875).

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## THE STATE DEVELOPMENT COMMITTEE.

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The Hon. J. H. LIENHOP, M.L.C. (Chairman).

Mr. K. DODGSHUN, M.L.A. (Vice-Chairman).

The Hon. W. P. BARRY, M.L.A.

Mr. W. R. CUMMING, M.L.A.

The Hon. W. G. MCKENZIE, M.L.A.

Mr. H. P. ZWAR, M.L.A.

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### SCOPE OF THE COMMITTEE'S POWERS OF ENQUIRY.

- (a) The balanced economic, industrial and rural development of the State ;
- (b) the decentralization of industrial activities and the distribution of population in the State ;
- (c) the improvement of the general economic welfare of the State ;
- (d) the amelioration of the conditions of industrial and rural life in the State ;
- (e) the organization and development of primary, secondary and other industries in the State to meet conditions arising from the present war and the reorganization of such industries after the present war ;
- (f) any other relevant matters or things.

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# REPORT.

*To His Excellency Major-General Sir WINSTON JOSEPH DUGAN, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Companion of the Most Honourable Order of the Bath, Companion of the Distinguished Service Order, Governor of the State of Victoria and its Dependencies in the Commonwealth of Australia, etc., etc., etc.*

MAY IT PLEASE YOUR EXCELLENCY :

In accordance with the requirements of Section 16 of the *State Development Act 1941*, as amended by the *State Development Act 1943*, the State Development Committee has the honour to submit the following report.

## INTRODUCTION.

The State Development Committee appointed on the 4th August, 1943, under the provisions of the *State Development Act No. 4875* as subsequently amended, after having completed its housing report, decided that the next matter into which it should inquire and report to the Governor-in-Council was the provision of hospital accommodation in this State, with special regard to the adequacy or otherwise of the existing facilities to meet the requirements of the present and to cope with the anticipated demands of the future.

The early implementation of a programme on the lines of the recommendations made by this Committee would do much to ameliorate "the conditions of industrial and rural life in the State" and the activity necessarily involved in an undertaking of this magnitude would be of considerable benefit to our "general economic welfare."

The Committee therefore launched a thorough investigation of all phases of this question and in the course of the inquiry inspected several hospitals in order to inform itself, at first hand, of the matters upon which evidence was brought before it.

Various Government and Public Authorities and other organizations and individuals were invited to place their views before the inquiry and the evidence given by the following 41 expert witnesses was of material assistance to the Committee in its deliberations :—

- Mr. C. L. McVILLY, Inspector of Charities.
- Dr. H. N. FEATONBY, Chief Health Officer, Department of Health.
- Dr. J. CATARINICH, Director of Mental Hygiene.
- Miss E. PITCHFORD, Registrar, Nurses' Board of Victoria.
- Sir JAMES WILLIAM BARRETT, President, Bush Nursing Association.
- Dr. B. T. ZWAR, President, Royal Melbourne Hospital.
- Mr. A. G. STEPHENSON, Secretary, Royal Victorian Institute of Architects.
- Mr. L. F. IRWIN, Architect.
- Mr. H. J. LITTLE, Secretary, Victorian Society of Architects.
- Mr. P. E. EVERETT, Chief Architect, Department of Public Works.
- Dr. C. H. DICKSON, Medical Secretary, Victorian Branch, British Medical Association.
- Dr. C. H. FITTS, Medical Practitioner.
- Mr. J. BORRIE, Consulting Engineer.
- Mr. J. G. BUTLER, Manager and Secretary, Women's Hospital.
- Mr. H. BARRETT, Manager and Secretary, Children's Hospital.
- Mr. W. D. LOUGHLIN, Secretary, Victorian Hospitals Association.
- Dr. J. BELL FERGUSON, State Director of Tuberculosis.
- Dr. W. S. NEWTON, Medical Practitioner.
- Mr. C. R. FRENCHAM, Business Manager, Geelong and District Hospital.

Mr. T. CURRY, President, Wonthaggi District Hospital.  
 Mr. D. J. FLYNN, Secretary, Wonthaggi District Hospital.  
 Mr. J. V. BIRT, Vice-President, Miners' Union, Wonthaggi.  
 Dr. C. W. RAWSON, Medical Practitioner, Wonthaggi.  
 Dr. L. O. SLEEMAN, Medical Practitioner, Wonthaggi.  
 Mr. W. H. WELLS, President, Korumburra Bush Nursing Hospital.  
 Mr. F. BARTON, Korumburra Bush Nursing Hospital.  
 Mr. A. G. GUNNER, President, Camperdown Hospital.  
 Mr. F. A. ROBERTSON, Treasurer, Camperdown Hospital.  
 Mr. W. A. WALLS, Secretary, Camperdown Hospital.  
 Sister V. M. BOWLER, Matron, Camperdown Hospital.  
 Mr. G. D. ROWLEY, President, Terang Hospital.  
 Mr. J. SCRIVENGER, Secretary, Terang Hospital.  
 Dr. L. J. WESTACOTT, Medical Practitioner, Terang.  
 Dr. B. D. VAUGHAN, Medical Practitioner, Port Fairy.  
 Mr. H. ROUTLEDGE, Secretary, Port Fairy Hospital.  
 Sister V. S. COOMBER, Matron, Port Fairy Hospital.  
 Mr. E. N. T. HENRY, Town Clerk, Borough of Portland.  
 Dr. D. B. ROSENTHAL, Medical Practitioner, Gresswell Sanatorium.  
 Mr. J. CROSS, President, Bush Nursing Centre, Apollo Bay.  
 Mr. R. N. WHELAN, Vice-President, Bush Nursing Centre, Apollo Bay.  
 Mr. J. LEY, Secretary, Bush Nursing Centre, Apollo Bay.

## SHORTAGE OF HOSPITAL ACCOMMODATION IN VICTORIA.

### GENERAL.

There is no room for doubt that the inadequacy of hospital accommodation in almost all categories and particularly in the metropolitan area and large provincial centres presents a very serious problem to the people of this State.

Although at many of our hospitals there are long waiting lists of sufferers from all varieties of complaints, the extent of the shortage of accommodation is greatest for acute medical and surgical cases, including tuberculosis, for obstetrics and for chronic and convalescent cases.

In addition, insufficient facilities are available for the treatment of out-patients in our public hospitals in which these departments are always over-crowded and over-worked.

In the evidence adduced before this Committee, various estimates were given of the hospital bed requirements of this State in normal times, but, whilst it is impossible to establish a fixed minimum standard, the Committee is of the opinion that to serve the community adequately now and to provide for the probable requirements of the future at least nine beds per thousand of population are required.

This figure is an overall general measure only, the needs of every district varying substantially in accordance with the industrial suburban or rural nature of the area, its population, age group, and density.

The population of the State at 30th June, 1942 was	..	..	1,964,775
of which there were in the metropolitan area	..	..	1,076,700
and in the country	..	..	888,075

On these figures the bed establishment of the metropolitan area should be	..	..	..	..	..	..	..	9,693
and that of the country	..	..	..	..	..	..	..	7,992
								17,685

Of the 419 general hospitals, 81 are public and provide 9,704 beds. The 338 private hospitals including all denominational, with one exception, and all Bush Nursing Hospitals, provide 5,054 beds.

The total accommodation is distributed as follows:—

The metropolitan area has 196 hospitals (23 public, 173 private) with 8,278 beds—a deficiency of 1,415 beds.

The country has 223 hospitals (58 public, 165 private) with 6,480 beds—a deficiency of 1,512 beds.

The total number of beds—14,758—is 2,927 short of probable requirements.

The impact of war and the consequent scarcity of staff have still further accentuated the difficulties. This serious lack of the necessary domestic and nursing staff has contributed greatly to the problems of the hospital authorities and many beds normally available to the public are not now in use.

The transfer of people to already over-populated areas has caused greater demands on the facilities of the metropolitan area and provincial centres. The rapid industrial development and mechanization have led to more accidents and breakdowns. The present mode of living has forced people into overcrowded tenements, and in case of illness in a tenement or small flat there is no room for the patient to be nursed, and so he must be removed to hospital. Women have entered industry and the sick previously nursed at home must be cared for in our hospitals. For the same reason the aged and infirm who previously were cared for by near relatives in their own homes also have been forced to enter institutions or hospitals and so the demand for beds increases.

If, whatever the reason be, the present housing trend towards flats and tenements continues, the demand for hospital accommodation will also keep increasing accordingly.

Although the Committee is of the opinion that people should have reasonable freedom to choose the hospital they desire to attend and should not be subject to compulsion simply for reasons of bureaucratic expediency, it believes that there are some country people who have developed a city complex and are prone to overlook the excellent facilities which may be availed of in centres nearer home than the metropolitan area. The greater the improvement effected in country centres the less likelihood there will be that these people will disregard their local hospitals.

However, as there is very little accommodation available for children in other public and base hospitals, it is understandable that the 440 beds comprising all units of the only Children's Hospital in Victoria are insufficient to cope with the demands of cases from all over the State. At present many patients are discharged at the very earliest stage of convalescence to make room for more acute cases. The present obsolete hospital at Carlton, which is the principal section of the Children's Hospital and contains 934 beds, should be replaced by a modern structure with the most efficient facilities and equipment to provide at least 120 additional beds with provision for increases to 150 beds as the occasion warrants it. A separate isolation ward for infectious cases and intermediate and private sections should also be provided. Extension of the existing provisions for children must be provided in all base hospitals also.

#### MATERNITY.

Although a State-wide survey shows that there are only 432 public beds classed exclusively as maternity beds, other intermediate and private accommodation is also used for this purpose. However, in practice it is found that in many districts there are usually insufficient beds available and the drift of people to the metropolitan area and provincial centres has caused further pronounced shortages in those places.

It is expected that Government policy on land settlement, decentralization, and immigration and the natural transfer of part of the population back from the cities to the country where many young families of service men will settle, will result in greater demands on midwifery facilities there, in the future.

The Committee hopes also that, before it is too late, the steady decline in our national rate of reproduction will be checked and that at least some improvement in it will be achieved and maintained.

It is considered that not less than 220 additional public beds should be set aside throughout the State for maternity cases only. The provision of an isolation block of 100 beds for puerperal sepsis and similar cases in the Women's Hospital, Carlton, would provide much relief by releasing an equivalent number of beds for maternity cases, and so allow the hospital to retain mothers for at least a fortnight instead of the shockingly brief period of seven or eight days to which the authorities are forced at times to reduce their stay because of the even more urgent demands of acute cases.

Similar facilities on a smaller scale should be provided in provincial centres throughout the country districts to obviate the necessity for the dangerous transfer of such urgent cases to the metropolitan area for treatment.

This Committee believes that nothing within reason is too good for the mothers of our race and the best demonstration we can give of this belief is our endeavour to provide them with the maximum assistance at these critical periods of their lives.

#### TUBERCULOSIS.

In the various tuberculosis sanatoria which, for the most part, are controlled solely by the State Health Department the present provision of beds is sufficient to accommodate 700 patients only. Wartime shortages of staff are seriously affecting these hospitals also and are the cause of further restrictions of the all too limited accommodation available to sufferers.

At present there is a lengthy time lag between discovery and disposal of tuberculosis cases. The longer the wait—and it may be months—the worse the psychological effect on the patient and the greater becomes the danger that, despite all precautions, he will disseminate the disease amongst his family and friends.

As it is estimated that the standard of accommodation required in respect of this disease is three beds to every death recorded and there are approximately 800 deaths per year from tuberculosis in Victoria, the minimum bed establishment should be not less than 2,400. With the recent introduction of mass radiography the number of cases detected will increase and it is considered that, in a short space of time, it will be necessary to raise the proportion to more than three beds to every death and to extend again as the necessity for even more accommodation is disclosed.

The tuberculosis institutions should be constructed, equipped and staffed as to compare favourably with the most modern hospital sanatoria abroad, making full use of the most active measures, including the latest surgical developments, for combating this disease.

Temporary use of the old Royal Melbourne Hospital as a clearing house whence, after operation, a case could be transferred to a sanatorium for observation and rest would be of material assistance to the health authorities; but as these Chest Hospitals or hospital sanatoria develop, complete with surgeons and operating theatres, the need for the old hospital will go.

Each hospital sanatorium should be staffed on a basis of one medical officer to 50 patients and should have available the services of surgeons, specialists of all kinds, psychiatrists, almoners, occupational therapists, educationists, and dietitians. Facilities for post graduate teaching should be provided also.

Although it is recognized that in these cases large hospitals of 500–600 beds will be more economical, provide better facilities for treatment and better opportunities for training of medical men than smaller units, it will be necessary to make provision for those people who are temperamentally unfitted for large institutions and who most strongly object to going into them. Some of these people could be accommodated in tuberculosis chalets erected at the base hospitals in the principal large country cities and towns. It is proposed that generally they should receive cases which are under observation for diagnosis, new cases awaiting admission to sanatoria, ex-patients suffering a slight relapse, and chronic cases.

The latest treatment which should be in operation in our sanatoria requires the services of experienced, well trained physicians and surgeons. The salaries, conditions of work, and opportunities for advancement must be made so attractive that they will be an inducement to medical men of the highest calibre to take up this work. Young physicians and chest surgeons must be trained especially for tuberculosis activities, and research facilities provided for intense study of the disease. It will be necessary to retain at each of our teaching hospitals an auxiliary tuberculosis unit comprising a small Chest Bureau and limited provision for the medical and surgical treatment of cases.

To keep our tuberculosis service abreast of the very latest developments, selected officers should be sent overseas from time to time for post graduate study. If, for any adequate reason, this is not possible at the moment, leading specialists from abroad should be invited here to work and lecture for short periods at each institution and so give local practitioners the benefit of their knowledge.

As an adjunct to our hospital sanatoria there should be established a scheme of village settlement in which some patients could live a settled life under observation and perform certain work within their powers. In similar villages abroad it has been found that patients lost that harmful, demoralized feeling of uselessness and rapidly regained their self respect and interest in life as they realized their potentialities for various kinds of work.

Even though the best possible accommodation be provided, the psychological attitude of the sufferer will often govern his rate of progress towards better health. No patient's condition will improve very much without peace of mind and that very frequently depends on his financial position. It is futile to require a bread-winner of a family to enter a sanatorium unless adequate economic assistance equal to approximately the basic wage is given to his dependants. In these circumstances the invalid pension and wife's allowance are totally inadequate.

Hostels should be provided to accommodate convalescents and those making their way back to civil life. At these half-way places between the sanatorium and the home patients well enough to do certain work and those whose home conditions would be completely unsatisfactory could live under expert observation which would ensure that any signs of a relapse would receive immediate attention.

At present there are insufficient tuberculosis bureaux to serve the needs of the community. The metropolitan area has one full-time and one part-time bureau and there is one at each of the three principal provincial cities.

To meet the requirements of the metropolis there should be three full-time bureaux each equipped with the most modern facilities for specialist services and acting as treatment centres and dispensaries for tuberculosis cases from the surrounding areas. This would be supplemented by the services of the part-time bureaux at the teaching hospitals.

Additional bureaux with X-ray equipment should be provided at the provincial centres and large country towns, and remote areas not readily served by these bureaux should be visited regularly by a mobile X-ray unit, properly staffed, to examine, diagnose, and advise the people in these districts.

Provision of mass radiography equipment should be State wide so that as the amount of accommodation increases a greater proportion of the population can be examined, until a complete survey has been made. Subsequently a system of periodical checks should be instituted.

The Committee believes that the division of tuberculosis accommodation into State sanatoria and Commonwealth Repatriation beds can only impede the operation of any plan to combat this disease and considers that the incorporation of soldiers' beds in the general scheme would be in the best interests of all concerned.

It is not desired that this comprehensive tuberculosis plan should operate to the complete exclusion of all private sanatoria. Already there is one private institution of 25 beds in operation and provided that the prescribed standards be adhered to any extension of such activities would make the burden of this campaign so much lighter.

Although the history of this dreadful disease began more than 2,400 years ago, it is still making serious inroads into our national health. This is, therefore, no ordinary complaint and no ordinary measures can be expected to cope with it. It is essential that a plan of campaign on the lines advocated in this report be put into effect without delay when we may hope that our maximum efforts will hold this terrible destroyer in check, reduce its incidence and, possibly, in our time, banish it from this land.

#### INFECTIOUS DISEASES.

The accommodation available for cases of Infectious Diseases, other than Tuberculosis, is 724 beds for the metropolitan area and 671 beds attached to country hospitals which provide accommodation for extra-metropolitan cases. However, much of this latter accommodation is inadequate and is completely out-moded for the purpose for which it was intended. In some cases no isolation in the medical sense of the word is possible and the facilities are such that the danger of dissemination of these diseases and of cross infection is very great.

The modernization of conditions of treating infectious diseases in regional centres and large country towns is urgently needed. In other country areas small wards should be erected at the local hospitals for isolation and observation of cases pending removal to the larger infectious diseases hospitals.

Existing methods of control and finance of these institutions are unsatisfactory. The treatment of infectious diseases should not be in any way a municipal responsibility but should be undertaken by the State Government. The contributions so saved by the municipalities could then be diverted to the upkeep of the local community hospitals, the construction of which is recommended in this report, and in which there would be so much greater municipal interest and pride.

#### MENTAL DISEASES.

The approximate number of beds available in mental hospitals and institutions for mentally defective persons is 6,910. To satisfy all the requirements of the present it is estimated that this number should be increased to 7,300 and to make reasonable provision for the probable needs of the future, an additional 300 beds in mental hospitals and 1,000 in institutions for the mentally defective should be provided.

There is not only insufficient accommodation for these cases but what there is obtainable is often obsolete and sometimes quite unsuitable for its present use. It is considered that some of the present buildings containing accommodation for 1,700 patients must be replaced by modern structures. Any plan for the extension of the existing facilities should also provide for a very large measure of reconstruction and modernization, converting many of the institutions from places of detention to modern hospitals by replacing the oldest buildings with new constructions and remodelling others on the most up-to-date lines.

#### CHRONIC AND AGED CASES.

Whilst, on the evidence obtained, it is impossible to form any accurate estimate of the total number of chronic cases which are occupying valuable bed space in hospitals, the figure is a considerable one and has been increased very greatly by war conditions which have deprived many people of the friends and relatives who, in normal times, would have cared for them in their own homes. The increasing average age of the population must be taken into consideration also.

These chronically ill patients usually do not require constant attention, but the only institutions other than hospitals open to them—benevolent homes, &c.—are already overcrowded. In any event some cases cannot be removed. Others, for various reasons, are not fitted to enter these large institutions. In our hospitals these patients restrict the accommodation available for acute cases.

Sufficient accommodation for 400 or more of these cases should be provided in rest homes set aside for the purpose and in our benevolent homes. The cost would be much lower than that of the same amount of hospital bed space at present occupied by them.

In certain country areas it would be necessary to provide a limited amount of additional accommodation for such of those cases as for various reasons must be retained there.

## RECOMMENDATIONS.

In view of the serious inadequacy of all classes of hospital accommodation, the Committee recommends the immediate implementation of a large scale programme to overtake the existing shortage, to cater for the anticipated increased demands of the future, and to replace or remodel unsuitable or antiquated structures.

This would require :—

- (a) The provision in public and private hospitals throughout the State of an additional 3,927 beds at least, for all cases other than those of tuberculosis and mental diseases. At pre-war prices the cost of these increases would be approximately £2,250,000 and provision of the allied out-patients' services, nurses' quarters, bed replacements, &c., would raise the figure to at least £3,500,000. It is impossible to state precisely what the present costs would be, but probably they would amount to not less than £4,700,000.
- (b) That careful consideration be given to the present and future requirements of the outer suburban and country areas in the light of their probable industrial development and the likelihood of variations in population occurring in consequence of the policy governing immigration, decentralization, land settlement, and transport.
- (c) The erection of a modern structure to replace the old Children's Hospital, Melbourne, and to provide at least 120 additional beds with provision for extension to 150 as required. A separate isolation ward and intermediate and private sections to be included. The appropriate accommodation must be provided also at all base hospitals.
- (d) The reservation of an additional 280 public beds, of the total number recommended in this report, for the purpose of maternity cases and the erection of a 100-bed isolation block at the Women's Hospital, Carlton, for puerperal sepsis and similar cases. Similar accommodation on a smaller scale to be provided in the principal provincial centres.
- (e) The extension of the bed establishment for tuberculosis cases from the existing 700 to 2,400 with progressive increases as the necessity is disclosed.

Development of our institutions as Hospital Sanatoria conducted on the most modern lines.

Erection of chalets at base hospitals in the principal large country cities and towns.

Commencement of a scheme of village settlement for selected cases.

Construction of a limited number of hostels in the metropolitan area and provincial cities for convalescents and certain other patients.

Provision of three full-time Tuberculosis Bureaux in the metropolitan area and one bureau in each of the provincial centres and principal large country towns.

State-wide facilities for mass radiography including the service of remote areas by a mobile unit.

Improvement of salaries and conditions of work and opportunities for advancement for medical men to attract the very best to the Tuberculosis Service. Experience abroad should be obtained from time to time. Each of the three teaching hospitals to conduct an auxiliary Chest Bureau and provide facilities for the medical and surgical treatment of a limited number of cases.

Payment of an allowance of approximately the basic wage to dependants of sufferers undergoing treatment.

Incorporation of soldier and civilian patients in the one scheme.

It is anticipated that the additional capital expenditure involved in this expansion of the tuberculosis services would be approximately £940,000 and that the increase in maintenance would amount finally to £560,000 per annum.

- (f) Modernization of facilities for treating infectious diseases, particularly in regional centres and large country towns. In smaller hospitals provision of small wards for temporary isolation and observation of cases.

Treatment of infectious diseases to be undertaken by the State without any municipal responsibility in the matter. This would involve the State in an additional expenditure of approximately £40,000 per annum.

- (g) An increase in accommodation for mental patients from 6,910 to 7,300 beds for present requirements. For future needs an additional 300 beds in Mental Hospitals, and 1,000 in institutions for the mentally defective should be provided. A very large measure of reconstruction and modernization must be undertaken.
- (h) That sufficient accommodation for at least 400 chronic and aged cases be set aside in Benevolent Homes, rest homes and similar havens to provide for the care and attention which should be available to them. In the present circumstances many such people who merely require kindly treatment in a friendly atmosphere are forced to take up valuable bed space in our hospitals for lack of other accommodation.

#### GENERAL.

The Charities Board has approved of various extensive projects in an endeavour to bridge the gap between the requirements of the general hospitals and their present bed establishment. In many cases finance has been arranged or partly arranged; in others constructions have been begun some time ago but are still incomplete. In very many cases the difficulties are the ubiquitous troubles of manpower and materials.

Large sums have been set aside for the erection of additions to the tuberculosis sanatoria, but so far it has been impossible to make much progress with any large scale building programme.

Some of the required improvements and additions to the mental hospitals are already in course of construction. Others have been planned but not commenced and it is understood that in the present difficult circumstances only about one-sixth of the large sum allocated during the financial year 1943-1944 for a programme to cover much of the changes indicated was spent by the end of that year.

The needs of our suffering people are pressing—sometimes literally tragic. Unless some substantial improvements are effected to ease the increasing difficulties which confront civilians in obtaining hospital service, the stage will soon be reached when there will be grave danger of a breakdown of these services. It is apparent that the principal obstacles to the betterment of many of these conditions are those of manpower and materials. Both can be obtained only if Commonwealth permits are made available and high priorities allotted to the work to be undertaken.

This should not be a question of individual formal application in respect of each construction to be erected, but should be appreciated as a matter of such vital importance that the restrictive National Security Regulations which prevent or seriously hamper the operation of this programme should be relaxed so far as they affect these hospitals and, to this end, the Committee urges very strongly that the necessary representations be made to the Commonwealth authorities.

#### SHORTAGE OF STAFF.

Witnesses were unanimous in their expression of opinion that there was a most marked shortage of staff—doctors, all kinds of nurses, and domestics—in almost all types of hospitals of which evidence was brought before the Committee. Even the present very limited hospital accommodation is frequently restricted still further for lack of sufficient number of nurses or other staff necessary to keep all wards in operation.

Prior to the outbreak of war there was a considerable shortage of registered nurses and candidates for training because of the increased demand for them, caused by the development and extension of the hospital system, the establishment of health services, such as infant welfare, tuberculosis clinics, and industrial services; because of the increased competition in civil life for the employment of young women in lucrative positions; the reduction in the hours of duty of nurses, necessitating larger staffs; the greater use of "special nurses" by people acutely ill, and the abandonment of the profession for marriage or because of discouragement during training or the inadequacy of salaries and accommodation.

War-time requirements of the essential industries and of the Services have very greatly accentuated the difficulties.

The application of the National Security Controls should be sufficient to obtain adequate domestic staff for hospitals and similar institutions during these emergency years. but it is expected that generally there will be no marked shortage of this type of staff in the

post war years. Although in peace time such institutions as the Tuberculosis Sanatoria frequently encountered domestic staff difficulties, it was always possible to obtain sufficient to carry on.

Release of doctors, surgeons, and nurses from the Services at the termination of hostilities will overcome much of the present difficulty, but the programme proposed for bed increases and other extensions and improvements in the hospital facilities of this State will be of no avail unless it is possible to relieve the ever present shortage of staff, particularly in respect to nursing staff and to obtain even greater assistance for the future.

A carefully planned campaign to obtain the necessary nursing staff for these purposes and to provide them with such conditions as will induce them to remain in our hospitals must go hand in hand with the large scale planning indicated for extensions of the present facilities and to this end the Committee recommends:—

- (a) That the accommodation, amenities, and conditions of employment and remuneration to be raised to a sufficiently high standard to attract girls to the nursing profession. On the amenities side conditions have greatly improved in the last few years but further improvements in accommodation should be effected.

The present Wages Board Determinations do not operate in respect of a considerable body of nurses engaged outside the institutions as private nurses or in certain health services.

Although salaries have been increased in the profession it will be necessary, in view of the competition for positions in civil life that a review from time to time of their conditions be made, especially in such institutions as tuberculosis sanatoria where it has always been difficult to obtain staff.

- (b) The provision of a system of insurance or superannuation ensuring that on retirement, through age or incapacity caused by ill-health, some allowance would be payable to nurses. This scheme should be placed on a contributory basis.
- (c) Extension of pre-nursing educational services and the establishment of preliminary training classes in city and country centres where not already provided. (A period of from six weeks to three months is spent in the class room at the training school prior to entry to the wards of the hospital.)
- (d) An increase in the present facilities for study and lectures to nurses during hours of duty to obviate the necessity for study after a strenuous day's work.
- (e) Greater facilities for post war graduate education and eventually recognition by the University of Melbourne.
- (f) That the extensive use of "special nurses" in certain private institutions run on skeleton staffs be restricted to avoid unnecessary wastage of personnel. In the second year of this war one such hospital had 39 "special nurses" to 40 beds.

#### LOCATION AND TYPE OF HOSPITALS.

Although in such places as Melbourne it is always necessary to have in the heart of the area a certain proportion of very large teaching hospitals with proper facilities for the instruction of all medical services and provision for whatever extensions may be desirable in the light of future developments, the Committee is of the opinion that new hospitals constructed pursuant to the recommendations of this report should each contain a very much smaller amount of accommodation and should not be erected within the inner metropolis.

These institutions of the community type, containing, in addition to the public accommodation, some intermediate and private sections should be established throughout the outer suburbs of the metropolitan area. Although the maximum capacity should be approximately 100 beds, the actual amount would vary in accordance with the population density and the size, nature and needs of the area served.

The people in these suburbs would then have their own institutions close to their homes and would have no transport troubles. Besides obviating the present overcrowding of city facilities, these hospitals would be cheaper to build and more economical to manage. Local doctors could attend and specialists be obtained when necessary.

These hospitals should be so equipped for medical, surgical, and obstetric cases as to deal with all but the most complex matters for which the largest hospitals would have the elaborate facilities and resources for giving the necessary medical or surgical attention.

The construction of a number of these smaller hospitals in the suburbs is preferable to the erection of a relatively few large hospitals because of the proximity of the former to the homes of the patients, the convenience of travel for them and their visitors and the smallness of the administrative staff and its cost.

At present the public hospitals out-patients' departments are seriously over-crowded, people frequently travelling great distances to spend some time there obtaining treatment for minor injuries and complaints. In order to relieve this congestion and to bring about a measure of decentralization, the Committee also recommends that there be established throughout the suburbs auxiliary out-patients' clinics and consultation centres attached to local dispensaries. There out-patients should have the services of a small staff, including a local doctor, nurses, chemist, &c. Major matters or cases where further opinions, x-ray photographs or special treatment were required could be referred to the large public hospitals. The saving effected in patients' time and money would be considerable.

In the country, base hospitals must be developed on the most up-to-date lines and provided with the latest facilities. They should stand in the same relation to outlying or auxiliary hospitals as will the large metropolitan public hospitals to the proposed new suburban institutions. Whilst the base hospitals should be the principal institutions in the local areas, the surrounding districts should be served by the small community hospitals of the type mentioned earlier in this report. These latter also should have the necessary equipment to deal with medical, surgical, and obstetric cases of all but the most complex types. In these hospitals, in addition to public accommodation, provision must be made for intermediate and private sections. Their size would vary considerably in accordance with the nature and needs of the locality served and the density of the population. In some districts the Bush Nursing type of hospital would take the place of ancillary hospitals and in remote areas small cottage hospitals would be sufficient.

Under the present system plans of public hospitals are submitted to the Department of Health for examination. The Department also lays down the plans and specifications with which the private hospitals must comply. However, very few private hospitals were built specifically for that purpose, and, for the most part, are converted buildings which, in many instances, are quite unsatisfactory. The architectural work of our public hospitals in which the people and the Government have a great financial interest, is confined almost exclusively to members of the architects' panel kept by the Charities Board of Victoria, and, although the fees are standardized and the results often very good indeed, the Committee believes that just as good results could be obtained in simple but effective constructions undertaken by State Government authorities at lower cost.

Among the many activities of his Department the Chief Architect of the State Public Works Department has been responsible for the architecture of tuberculosis sanatoria, mental and infectious diseases hospitals and many other important institutions of an intricate and highly specialized nature, but never has he been permitted to design and construct any of our public hospitals.

The Committee is of opinion that, with the engagement of additional senior architects and technical men, and the return of others from the Services, the Public Works Department could handle expeditiously, efficiently, and economically all modern public hospital requirements of the future.

To this end the Committee recommends that as the departmental staff increases, it should progressively undertake the architecture of a greater proportion of the public hospitals in the State. The Committee is also of the opinion that from henceforth all such plans and contracts should be submitted for approval by the Chief Architect of the Department. Opportunity should be given to certain senior officers of the Department to establish personal overseas contacts from time to time in order that the most modern ideas may be put into effect by them.

## ORGANIZATION OF THE HOSPITAL SYSTEM.

At present private hospitals are under the supervision of the Health Department with whose regulations as to hygiene and construction they must comply. The Department does not exercise control over public hospitals.

The Charities Board of Victoria which originally was constituted to advise the Government as to the distribution of the Hospitals and Charities Fund now assumes control over the establishment and management of all public hospitals. In these circumstances neither the Health Department nor the Charities Board is in a position to plan and develop an orderly system of hospital control throughout the State. A central authority should be established for all hospital purposes having power to regulate, supervise and control the standards and location of all public and private institutions. Such a body would not require to interfere unduly with the denominational hospitals nor to remove the association of the Bush Nursing Hospitals from the Bush Nursing Association.

It would be a natural evolution to create a Social Services Department. The new Department, as its name implies, would undertake social services, such as the responsibility for meeting the hospital charges of those unable to pay for their needs, the ambulance transport for necessitous cases, the payment of Children's Welfare Allowance, care of State Wards, payment of Miners' Phthisis and Unemployment Relief Allowances, Bush Fire and State Relief Assistance, Benevolent Society Relief, travel and freight concessions to religious and other charitable organizations and private individuals, &c. The new Department would also undertake the registration and supervision of all voluntary charitable organizations.

The Department should establish a Hospital Bed Bureau to ascertain and record the vacant accommodation in the various hospitals from time to time each day. Acute cases could immediately be sent to the nearest available bed and the present unnecessary delay and consequent risk be avoided.

Whilst the Charities Board could still carry out its original function of financial Advisory Board, the actual Hospital Authority or Commission under the Minister should be charged with the responsibility of ensuring the provision of adequate modern hospital facilities throughout the State. The organized medical profession should have representation on the Commission which should include also representatives of the Government and public and private hospitals. All such plans involving the expenditure of public and other moneys should first receive the approval of the Treasurer of the State.

The Committee of Management of individual hospitals elected by subscribers should be guided largely by the Hospitals Commission and the medical staffs appointed only after consultation with the latter and on the recommendation of an advisory body appointed for that purpose. The advisory body should consist of representatives of the Commission, the Committee of the hospital concerned, the Faculty of Medicine, the British Medical Association and the Royal Australasian College of Surgeons or the Royal Australasian College of Physicians. It is not intended that this provision should operate with respect to such large institutions as the teaching hospitals for which staff electoral bodies are appointed by agreement with the University of Melbourne.

Although the word "charity" has literally beautiful associations, the popular misconception of its true meaning is so widespread that very many people are reluctant to have any contact with any matter coming under this heading, and the Committee considers that some other appropriate title might well be taken by the Charities Board of Victoria with benefit to all concerned.

## FINANCE.

The Committee is of the opinion that it should not interfere radically with the present system of public hospital finance. All the humane side of public hospital work is performed by people who have a tremendous interest in these institutions and who bring in contributions amounting to approximately 15 per cent. of the total revenue. Under the voluntary system there are factors which add to the effectiveness of the attention the patients receive. Also the people are encouraged to help themselves.

However, in respect of the cost of the construction and maintenance of the new hospitals, the establishment of which is recommended in this report, it is considered that the necessary finance should be obtained by public subscriptions and gifts, patients' fees, revenue from local contributory benefit schemes, contributions from adjoining Municipalities.

and Government subsidy. The municipalities served by these hospitals must take a large share of the responsibility for their financial stability and the amount of interest displayed by the Municipal Authorities in these local institutions will contribute substantially to their success.

The efforts of public spirited citizens and members of auxiliaries will stimulate public interest generally and give many suburban people an opportunity for civic service which they have not previously had. Experience in many country places has shown the desire of the people to have hospitals of their own, near their own homes, and in which they can, and do, display a very real pride and interest.

These hospitals, being community hospitals, would also have intermediate and private accommodation from which higher fees than from the public section would be obtained; but, in addition, the establishment of contributory benefit schemes, such as those in operation in many country districts, should be encouraged. In these areas, payment of a small weekly instalment entitles the contributor and his family to hospital accommodation each year, at a reduced rate to the total value of a certain fixed maximum amount. Contributions would be collected by voluntary auxiliary workers, officers of Friendly Societies or other persons acting in an honorary capacity just as at the present time they accept the work of collecting War Savings instalments.

Government grants could be made to those institutions to the extent to which other methods of obtaining the necessary finance fall short of the sums required. The Government should not become the only source of finance or take over complete control of any of these hospitals unless all other means fail.

The Government's financial interest would ensure that those unable to pay any hospital fees at all would be received and maintained in those institutions and that no urgent case, whatever the financial position, be refused admittance.

On the assumption that Government assistance with respect to capital and maintenance expenditure will be furnished to the same extent as at present it is estimated that financial provision approximating the following figures will be required by the State Government to carry out this hospital plan:—

CAPITAL.	£
(a) Portion of the cost of the 2,927 beds required for all purposes other than Tuberculosis and Mental cases .. .. .	2,740,000
(b) The whole of the cost of the additional Mental Diseases accommodation	1,250,000
(c) The whole of the cost of the increased Tuberculosis accommodation and other facilities .. .. .	940,000
(d) Provision of out-patients' clinics in the suburbs .. .. .	70,000
	£5,000,000
MAINTENANCE—PER ANNUM.	£
(a) Portion of the cost of maintenance of the 2,927 beds and other facilities required for all purposes other than Tuberculosis and Mental cases ..	150,000
(b) The responsibility for the Municipalities' proportion of the grants, &c., made to the infectious diseases hospitals .. .. .	40,000
(c) The whole of the cost of maintenance of the additional Mental Hygiene accommodation, &c. .. .. .	150,000
(d) The whole of the cost of maintenance of the additional accommodation and other facilities for the tuberculosis services .. .. .	560,000
	£900,000

The proportionate increase in the maintenance expenditure would be governed by the progress made in the capital works and would not reach the estimated maximum until completion of the building programme set forth in the following statements.

The Committee recommends that the total expenditure be spread over five equal stages of approximately twelve months each and that the work be undertaken in the following priorities:—

FIRST STAGE.						£
Isolation Block of 100 beds at Women's Hospital, Carlton	..	..	..	..	..	} 1,250,000
Provision of 100 additional maternity beds elsewhere	..	..	..	..	..	
Tuberculosis Sanatoria to accommodate 200 patients	..	..	..	..	..	
General accommodation for 659 cases, including a substantial number of beds for chronic and aged cases	..	..	..	..	..	
Out-patients, clinics—First half	..	..	..	..	..	
SECOND STAGE.						
Additional 60 maternity beds	..	..	..	..	..	} 1,250,000
Tuberculosis accommodation for 600 cases	..	..	..	..	..	
General accommodation for 436 patients	..	..	..	..	..	
Erection of new Children's Hospital of 354 beds	..	..	..	..	..	
Out-patients, clinics—Second half	..	..	..	..	..	
THIRD STAGE.						
Final 60 maternity beds	..	..	..	..	..	} 1,250,000
Tuberculosis accommodation for 200 cases	..	..	..	..	..	
Tuberculosis Bureaux, Hostels, &c.	..	..	..	..	..	
General accommodation for 779 cases	..	..	..	..	..	
Additional 133 beds for mental patients	..	..	..	..	..	
FOURTH STAGE.						
General accommodation for 379 cases	..	..	..	..	..	} 1,250,000
Balance of Tuberculosis facilities	..	..	..	..	..	
Mental Institution beds for 1,440 patients	..	..	..	..	..	
FIFTH STAGE.						
Balance of necessary modernization and replacement of mental accommodation						1,400,000
						£6,400,000

In each of the stages the expenditure includes the proportionate increase in tuberculosis treatment allowances and general maintenance, the total after completion of the fifth stage reaching the maximum of £900,000 per annum.

#### DEATH OF MR. W. DUNSTONE, M.L.A.

Since the commencement of the investigation the Committee has suffered the loss of its Vice-Chairman, Mr. W. Dunstone, M.L.A. During his period of office, the late Mr. Dunstone was of considerable assistance to the Committee, and his death is very much regretted.

Mr. K. Dodgshun, M.L.A., was appointed to the vacant position.

The Committee desires to express its appreciation of the readiness with which the witnesses gave evidence, and of the services afforded by Mr. F. W. A. Cremean in the preparation of the report.

Dated at Melbourne this 11th day of September, 1944.

HON. J. H. LIENHOP, M.L.C., Chairman.  
K. DODGSHUN, M.L.A., Vice-Chairman.  
HON. W. P. BARRY, M.L.A.  
W. R. CUMMING, M.L.A.  
HON. W. G. MCKENZIE, M.L.A.  
H. P. ZWAR, M.L.A.

G. R. GILES,  
Secretary.