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HEALTH* AND MEDICAL RESEARCH

COMMITTEE OF INQUIRY INTO HOSPITAL AND HEALTH SERVICES IN VICTORIA

Introduction

The Victorian Minister of Health appointed a two man Committee of Inquiry into Hospital and Health Services in Victoria in June 1973. The Committee, which consisted of Sir Colin Syme (chairman) and Sir Lance Townsend, submitted its Report to the Minister in July 1975.

Summary of chapters

The following is a summary of this Report, which consists of eighteen chapters and nineteen appendices; there is also a 74 page supplement divided into five sections on Personal Health Services in Victoria.

The Report begins with a summary of the principal recommendations. Chapter 1 contains the introduction and describes the manner in which the Inquiry took place. The time factor is discussed and it is noted that interim reports were given to the Minister at his request.

The second chapter notes that in 1973–74, $868m was spent on health in Victoria; this was made up as follows: from private individuals, 39.9 per cent; Victorian Government, 29.6 per cent; Australian Government, 27.1 per cent; and local government, 3.4 per cent. The per capita expenditure on health in Victoria was $187.90 compared with $200.23 for Australia. A nine year review showed that total State expenditure in current dollars increased at an average annual rate of 10.8 per cent, whereas its health expenditure on the same basis increased at an average annual rate of 13.5 per cent. As far as State expenditure is concerned, Victorian Government expenditure on health (expressed as a percentage of total State expenditure) increased in the nine year period from 13.3 per cent to 16.5 per cent, and in the Report there is a forecast that it will be 21 per cent by 1984–85.

In Chapter 4 the concept of an integrated health authority is proposed as the principal recommendation of the Inquiry. It is suggested that all health activities of the Victorian Government and its agencies be assumed by a Health Commission, a body which would embrace all the current activities of the Victorian Department of Health including the Commission of Public Health, the Mental Health Authority, and the Hospitals and Charities Commission. This Commission should have the responsibility for conducting or overseeing all health services in Victoria, whether preventive or curative and whether related to physical or mental illness, and would include the care of elderly persons and other persons with congenital or acquired handicaps. The Commission itself would include full-time and part-time members, the part-time members being one more in number than the full-time members who would number three,

* Benefits relating to various medical services are described in Chapter 27.

four, or five persons. Of the full-time members, one would be the chairman, and at least one medically qualified. Other types of experience desirable among the full-time members would be public service administration or finance. As well, one of the members of the Commission, either full or part-time, would be a member of the nursing profession.

The full-time members of the Commission would not have specific duties prior to their appointment, the area of responsibility for each being arranged by the Commission itself. The part-time members would be chosen from persons having an interest in the health field who could contribute outside knowledge and experience. In this way an integrated health authority would be set up consisting of full-time health professionals who would be exposed to the media and opinions from outside the field given by the part-time members.

It is also recommended that a Health Advisory Council consisting of part-time members and a part-time chairman be formed. Such a Council, which would report to the Minister of Health or the Health Commission, would be purely advisory. It would investigate and express its opinion on matters referred to it by the Minister or the Commission, or it might initiate investigations itself. The Council would consist of persons with knowledge of, and interest in, health education and health care administration and delivery, and of persons sensitive to community needs. Included in this Council, comprising 20 to 25 persons, would be representatives from universities with medical schools, colleges of advanced education, the professions engaged in health care delivery, organisations of hospital and allied service employees, voluntary organisations in the health field, committees of management of hospitals and like institutions, and local government. Both the Health Commission and the Health Council would make an annual report to the Victorian Parliament.

The first step in the implementation of this plan would be to pass legislation vesting control of all arms of the Health Minister in a Health Commission which, subject to the Minister, would control the policy and management of all health matters within the jurisdiction of the State. This legislation would, among other things, bring to an end the Hospitals and Charities Commission, the Mental Health Authority, and the Commission of Public Health. The next step would be the appointment of the chairman and the full and part-time members of the Commission.

It was recommended that the chairman should be selected first; he would then have a say in the selection of the full and part-time members of the Commission. As well, there should be an interval of up to a year from the appointment of the commissioners before they take full charge of Victoria's health services. During the changeover period, to prevent any disruption, it has been proposed that each of the present operating bodies continue with their present individual chairman unless he is appointed to the Commission, in which case the deputy chairman would act as head. Initially it has been proposed to superimpose the new body, the Health Commission, over the present operating bodies. Each of the present bodies would become a division of the new body and be controlled by a director. The divisions would replace the Hospitals and Charities Commission, the Mental Health Authority, the Commission of Public Health, and the permanent head and those responsible to him. Eventually the three divisions will become integrated centrally so that greater co-ordination results. Moreover, there is a need to decentralise administrative divisions so that such divisions are responsive to local needs and more flexible. To facilitate decentralisation an integrated regional administration would be set up. Under this form of regionalisation the regional authority would have the same responsibility to the people of the region as the Commission has to the people of the State. Integrated regional administration is to a degree incompatible with the continued existence of central managerial divisions. Thus if the regional administration were to be phased in gradually, it must be linked with a reduction

in the role of the central divisions as avenues of management so that an important degree of regional autonomy would be achieved. In the first instance regionalisation would be commenced in the country. No firm recommendation has been made for dividing the Melbourne metropolitan area into regions.

Apart from the three divisions (hospitals, mental health, and public health and general health) set up originally, the following divisions should be created: personal finance, planning, and technical services (architectural). It is recommended that as far as buildings are concerned, the Commission should be free to go outside the Public Works Department if there is a good case for this.

Once the Commission is functioning fully, the Health Advisory Council should be established. The function of the Health Council is to carry out the following duties. First, it is to investigate problems and forward recommendations to the Health Commission when requested. Second, it is to monitor areas in the health field on its own initiative, and third, to initiate new projects that are suggested from outside the Ministry. Most of its work would be done through sub-committees (working groups). These bodies would be ad hoc groups and may contain specifically co-opted members with special knowledge. It is intended that the Health Council will be an influential advisory body. At each of its meetings a full-time commissioner of the Health Commission would be present so that there would be adequate liaison between the Commission and the Council. It is intended that the Council will be helpful to the Commission and the general public.

In Chapter 5 of the Report the cost and quality of health services are discussed. The question of assessing the quality of care is far from being academic. In one aspect it is tied to the cost of care. When an administrator is seeking economies in the use of resources, an obvious defence of those not interested in the objectives is to claim that the economies will result in a reduction of the standard of patient care, and if there is no means of assessing this, the defence is effective. The various methods available of measuring quality of patient care are evaluated in the Report but none are recommended.

In Chapter 6 there are many proposals regarding the Committee of Management of Registered Institutions and Societies of the Hospitals and Charities Act in general, and in particular their election and number. The right of the contributors to elect the members of the Committee of Management is to be curtailed. In most instances the Governor in Council will make the appointment, after having first sought the views of the Committee as to the proposed appointee. The exception will be in areas where there is considerable local interest in the institution and where elections occur at the annual meeting of contributors.

Generally the Minister will ensure that a committee is representative of a wide range of interests. The age of the committee member is not to exceed 74 years and the number on the committee twelve. An important addition to the powers of the Health Commission over the Hospitals and Charities Commission is that the committees of all institutions shall act so as to enable the Health Commission to carry out its duties. This means that the Commission will have power to direct; in the past this power was limited in that it could only be done through financial means. For example, if an institution wanted to do something, the sole power of the Hospitals Commission was to say that no money was available for the project. The institution could go ahead, however, if it had sufficient of its own funds to carry out the exercise. Under the new proposals, the Commission may not only prevent hospitals from carrying out projects not approved, but much more pertinent, may direct a hospital to carry out a project approved by the Commission.

In Chapter 7 it is recommended, first, that the Cancer Institute should come within the general jurisdiction of the Health Commission; at present, the Institute reports directly to the Minister, and second, that the Committee of

Management should be constituted in a manner similar to other institutions, that is, appointed by the Governor in Council. At present, the board consists of medical practitioners nominated by the major hospitals of Melbourne.

In Chapter 10 the function of bush nursing hospitals and centres is discussed. There were strong representations that bush nursing hospitals should be supervised in the same way as larger subsidised hospitals, and it was stated that in many instances it would be economic and in the patient's medical interest if they were cared for in the larger institutions where more facilities were available. Despite these views, it is recommended that small hospitals continue in their present form as they encourage a doctor to practise in the area, and contribute to local involvement in the management of the hospital which develops community spirit.

In Chapter 11 biomedical research is discussed. Victoria has three such institutes with an international reputation. It is recommended that the Health Commission takes a close interest in the three institutes and advises the Victorian Government of the extent to which the institutes warrant State support. This is to be done on an ad hoc basis.

In Chapter 13 there is a summary of the services for the chronically handicapped. Rehabilitation has been the subject of six reports in the last five years. The forming of handicapped citizens groups on a municipal basis is suggested. In this way, a register of handicapped persons could be compiled and an advisory bureau formed, so that the handicapped could be referred to suitable rehabilitation services.

The Committee was asked as an urgent request from the Victorian Government to make recommendations regarding the number of dentists that the University of Melbourne should graduate each year. A proposal was endorsed in which the Royal Dental Hospital and the University of Melbourne agreed to increase the intake of students into the dental course to one hundred per annum so that eighty, give or take ten, would eventually graduate. A new constitution for the Council of the Dental Hospital is suggested so that the teaching and the patient-care aspects of the hospital can be integrated. The role of dental therapists in the School Dental Service and that of dental hygienists in private dental practice as recommended by previous reports is supported.

In Chapter 15 medical education is discussed. A proposal for a shortened medical course for undergraduates is outlined with two subsequent years in hospital or supervised practice followed by in-depth training for the chosen speciality, if desired. A method to control the number of graduates training in a speciality to the demands of the speciality is also described.

Chapter 16 is devoted to nursing. The nurse is described as the most important person in the health care system. A report into nursing in Victoria was produced in 1970 under the chairmanship of the late Major-General Sir Alan Ramsay. The Committee reaffirms the recommendations in that report and expresses disappointment that many of its recommendations have not been implemented. One new important recommendation made in the present report is that the Victorian Nursing Council should consult with the Health Commission when formulating its policies. The role of nursing aides in the health system is emphasised; their training should be upgraded, and if desired, an easy transfer to a general nurse-training should be available. The Committee has also stressed that nurses-in-training should, while working in the wards, have the system of patient-centred nursing and not task-centred nursing. In addition, the suggestion was viewed with favour that there be one basic course of eighteen months for all nurses, following which specialisation would take place with another eighteen months course.

The appendices contain the Committee's interim reports on health accommodation, ambulance services, and dentistry. Other appendices are entitled: Victorian Health Service Survey, Health Expenditure in Victoria, the Control of

Health in Victoria, the Commission of Public Health, the General Health Branch, the Maternal and Child Welfare Branch, the Tuberculosis Branch, the Mental Hygiene Branch, the Mental Hygiene Authority, the Hospitals and Charities Commission, the Alcoholics and Drug-Dependent Persons Services, Regional Boundaries for Government Activities in Victoria, a Health Promotive Organisation, and a community projection and statistics relating to nurse staffing and education.

Summary of supplement

There is a supplement to the Report, entitled Personal Health Service in Victoria—A Survey of Resources, Usages, and Needs. This study consists of a descriptive and quantitative catalogue of personal health services, excluding environmental health services and mass prevention programmes such as health education. The objectives of the survey were to test the theses that, first, the health status of a population is affected by its utilisation of health services, and second, that utilisation is affected by geographical distribution of health resources. The data collected in the survey came from the Australian and Victorian Governments, hospitals, nursing homes, sheltered workshops, etc. The data referred to 1974, and all the questionnaires dispatched were eventually returned completed. That the main investigators did not themselves fill in the forms provided a variable for accuracy of the information collected. The amount of information contained in the survey is too large for details to be given in this summary.

However, one example of its contents is as follows: Table R6 contains all the institutions providing general hospital services; these are divided into regions. The usage rate of the following services for each hospital is tabulated: general hospital beds, outpatient clinic, and casualty department. There are 34 tables each outlining different information. These tables were prepared from computers into which the data had been fed. The results of the survey are discussed as to reliability and some of the problems in the collection of the data are stated. The study concludes that collection and presentation of comprehensive data about health services is a practical proposition. Now that a base has been established, it is recommended that the study should be repeated on regular bases so that there will be improvements in data collection and processing methods. With the current information available from the tables, improvements in health services should follow.

Conclusion

Subsequent to the receipt of the Report by the Victorian Minister of Health, it was discussed by the Victorian Cabinet. The Premier later stated that the Victorian Government agreed with the main recommendation in the Report and that a Health Commission would be established. He appointed a working group to prepare the necessary legislation.

HEALTH SERVICES

Hospitals and Health Services Commission

In April 1974 the establishment of the National Hospitals and Health Services Commission was announced. It is intended that the Commission shall have overall responsibility to study Australian health care needs, and to submit recommendations to the Australian Government on allocations of both capital and operating funds to develop and maintain health care delivery systems for the benefit of all Australians.

The terms of reference for the proposed Commission included the following:
(1) To undertake, promote, and assess quantitative and qualitative studies of needs of health care and for health-related services.

(2) To recommend on allocations by the Australian Government specifically to promote the establishment and maintenance of State health planning agencies for the planning of health, hospital, and health-related welfare services.
(3) To recommend on the priorities and phasing of allocations by the Australian Government for new health care facilities and services and related welfare services, and for modifications and additions to existing facilities and services.
(4) To recommend project grants for the development of comprehensive community health services in which ambulatory and domiciliary care provided at health centres and elsewhere is co-ordinated with hospital and other services in designated areas to provide integrated programmes for preventing and treating disease and disability.
(5) To recommend on the resources required for the education and training of personnel employed in the hospital and health-related welfare services.
(6) To recommend project grants for the establishment and maintenance of accreditation programmes to ensure high standards of care.
(7) To recommend specific grants for health service evaluations which assess the accessibility, quality, integration, and efficiency of health care programmes.
(8) To co-operate with the Australian Department of Social Security in examining and recommending financial incentives for minimising the cost of hospital services at given levels of care, and to minimise the cost of each illness episode treated at a satisfactory level of care.
(9) To undertake such other functions as the Commission may deem to be pertinent to the objectives stated above.
(10) To undertake analyses of, and prepare reports on, other matters referred by the Australian Minister of Health.

Victorian Department of Health

Under the *Health Act* 1958, responsibility for the health of the community is vested in the Minister of Health and in exercising control of various aspects of health work he is supported by such bodies as the Commission of Public Health, the Mental Health Authority, the Hospitals and Charities Commission, and various bodies exercising oversight of special services and of groups of persons engaged in particular professions or industries.

The principal advisers to the Minister on matters which come within their respective fields of responsibility are the Permanent Head of the Department, the Chief Health Officer (who is also the Chairman of the Commission of Public Health), the Chairman of the Mental Health Authority, and the Chairman of the Hospitals and Charities Commission. Under the Health Act, the Minister may also appoint, from time to time, consultative councils of experts to advise him on special problems concerned with public health. Councils of this type have been established in relation to poliomyelitis, maternal and perinatal mortality, anaesthetic morbidity and mortality, maternal and child health, and road accident mortality. The Minister is assisted by a central administration containing a secretariat with its various service sections. The Department includes the General Health, Mental Hygiene, Maternal and Child Welfare, Tuberculosis, and Alcoholics and Drug-Dependent Persons Services Branches. The Mental Health Authority is responsible for the Mental Hygiene and the Alcoholics and Drug-Dependent Persons Services Branches, while the remaining three branches are under the control of the Chief Health Officer.

Commission of Public Health

The Commission of Public Health, with the Chief Health Officer as its chairman and six other members as constituted under the *Health Act* 1958, exercises such powers and duties as are laid down in the Act for the protection of the environmental health of the population. Members are representative of the medical profession and municipal councils. The Commission has to :

(1) promote the prevention, limitation, and suppression of infectious and preventable diseases and carry out research and investigations into matters concerning the public health and the prevention or treatment of disease;
(2) report to the Minister upon matters affecting public health and upon amendments to the law relating thereto; and prepare regulations under the Act;
(3) publish reports, information, and advice concerning the public health, the prevention and control of disease, and the education of the public in the preservation of health;
(4) advise and assist municipal councils in all matters concerning public health; and
(5) exercise such emergency provisions as may be necessary in accordance with the Act.

The policies of the Commission are carried out either by officers of the General Health Branch acting under the general direction of the Chief Health Officer or by the delegation to municipal councils of certain functions in the administration of regulations and by-laws made under the Act.

Subject to the Minister and the Permanent Head of the Department of Health, the administration of the General Health Branch is directed by the Chief Health Officer assisted by the Deputy Chief Health Officer and a senior administrator, who is secretary of both the Commission and the General Health Branch. An independent advisory body known as the Food Standards Committee, appointed under the Health Act, recommends regulations for the control of standards to ensure the purity of food offered for sale to the public.

The Commission, through the General Health Branch, exercises supervision over the construction and safety of public buildings, general sanitation, cleanliness of foods, food premises, proprietary medicines, poisonous substances, community services for the care of older persons, special accommodation houses, and a variety of related health matters.

Mental Hygiene Branch

Under the direction of the Mental Health Authority, a comprehensive service for the mentally ill continues to be developed. Emphasis on outpatient and community services throughout Victoria is demonstrated by the expanding Community Mental Health Programme. Intensive treatment for early cases requiring hospital care is provided on a regional basis, in special psychiatric hospitals. Mental hospitals provide care, treatment, and rehabilitation for patients requiring long-term care. The Authority also operates residential training centres and special schools for the education, care, and training of intellectually handicapped children and adults, and subsidises the operation of a large number of day training centres throughout Victoria. Community help programmes are also being developed in the area of mental deficiency.

Research is being conducted into the causes of mental and emotional illnesses together with investigations of new and improved methods of treatment. Authority staff and facilities continue to play their role in the training of psychiatrists, and the Authority maintains several schools for the training of psychiatric and mental deficiency nurses. Community education programmes increase the understanding of the problems of mental ill-health. A personal emergency service provides a continuous service for persons with urgent emotional problems.

Alcoholics and Drug-Dependent Persons Services Branch

The Victorian Alcoholics and Drug-Dependent Persons Services is a branch of the Department of Health and is administered by the Mental Health Authority. These services are being developed as a new and uniquely important focus for all the State's responses to individual and community problems associated with

the use of alcohol and other drugs. Four distinct, specialised centres, co-ordinated from a central office, provide treatment, rehabilitation, research, training, and prevention programmes. By extending and supporting previously available facilities they back up and help improve a broad range of services to the people of Victoria. In addition, the new services can enable the effective co-ordination of all community responses to the complex problems of alcohol and drug use.

Hospitals and Charities Commission

The Hospitals and Charities Commission, operating under the Hospitals and Charities Act, exercises general supervision over all public institutions subsidised by the Victorian Government and thereby contributes to the maintenance of a high standard of hospital service. The Commission recommends allocations of money from the Hospitals and Charities Fund to these bodies, and registers and supervises the operation of private hospitals, ambulance services, and other bodies established for charitable purposes. In a community in which the proportion of older persons is increasing, the Commission helps to deal with a problem which faces health administrators by conducting a placement service in private hospitals for older persons awaiting admission to hospitals for the aged.

Other bodies

The Minister of Health is responsible to the Victorian Parliament for the activities of a number of other important bodies such as the Anti-Cancer Council, the Cancer Institute Board, and the Fairfield Hospital Board, together with a number of registering authorities associated with the practice of doctors, dentists, advanced dental technicians, dental technicians, pharmacists, dietitians, opticians, nurses, masseurs, psychologists, and chiropodists.

Further reference, 1975; Industrial hygiene, 1964; Poliomyelitis and allied diseases, 1964; Food standards and pure food control, 1964; Communicable diseases, 1964; Control of poisons and deleterious substances, 1965; Inter-departmental Committee on Pesticides, 1965; School Dental Service, 1966; Epidemics, 1967; School Medical Service, 1968; Poisons Information Centre, 1969; Public health engineering, 1969; Drug and poison control, 1970; Environment protection, 1972

Maternal and child health services

The Maternal and Child Health Division of the Department of Health is responsible for administering the pre-natal, infant welfare, and family planning services in Victoria.

Infant welfare services

Development has been on a decentralised pattern with infant welfare centres being established in municipalities throughout Victoria as a responsibility of the local authorities. The buildings are the property of municipal councils, although the Victorian Government pays capital grants, up to a maximum of $12,000, towards their erection. The councils employ the infant welfare sisters, but the Victorian Government pays a maintenance grant of up to $6,000 per annum for each full-time sister employed.

The infant welfare services provided for a community depend upon its population, composition, and density, and more specifically its number of births per year. A municipality with a population of 5,000 and approximately 100 birth notifications per year, needs a full-time infant welfare sister and requires at least one infant welfare centre building. A local council may employ one sister to provide infant welfare services to four or five townships within the municipality. In this case the sister requires a car and the Victorian Government pays a subsidy of $1,400 to the Council towards the cost of purchasing the car, and a transport subsidy based on the distance travelled.

As well as supervising the growth and development of the children up to five

years of age and advising their mothers on their health and immunisation requirements, the sister may give mothercraft demonstrations and arrange other health education activities for the parents, such as discussion groups, film nights, and talks from visiting specialists on health education and welfare. Home visiting is an integral part of her work.

Every municipality in Victoria shares in the infant welfare service, although one municipality relies on the service of an infant welfare sister employed by a hospital and does not contribute towards its cost.

The Department of Health provides the infant welfare sisters for the centres in the migrant hostels and the defence stations in Victoria, since these cannot be considered the responsibility of municipal councils. It also provides mobile infant welfare services for some of the sparsely populated country areas where most mothers would have to travel long distances to reach a centrally placed service. The Department provides the infant welfare sisters for this service and supplies each with a station wagon fitted with the equipment needed for her work. Several municipalities may be served on one circuit by such a service and each contributes towards the cost in proportion to the amount of time spent in its area.

Some mothers in the remoter parts of Victoria cannot be reached by the mobile service and for them the Department of Health provides the Infant Welfare Correspondence Service. This is conducted by a sister in the Department who corresponds regularly with the mothers and sends progress letters throughout the early years of the child's life.

Health education is an important part of the Maternal and Child Health Service. In addition to the teaching given to mothers in infant welfare centres, mothercraft teaching is given to girls in secondary schools by infant welfare sisters. The aim is to reach all girls at some stage before they leave school. Encouragement is given to mothers to breast feed their babies and, to achieve this, advice and guidance is given in the pre-natal as well as in the post-natal stage.

Pre-natal service

In all infant welfare centres advice is given by the infant welfare sister on health education, pre-natal care, and mothercraft. At twenty-two selected infant welfare centres, a pre-natal clinic is conducted by a medical officer employed by the Maternal and Child Health Division, Department of Health. These metropolitan clinics are run in conjunction with public maternity hospitals which service these areas. There is also a clinic in Yallourn conducted by local doctors.

Family planning clinics

Family planning clinics are being established at pre-natal clinics as fast as the demand can be met. The Department of Health provides the doctor and nurse and the municipal council the supplies and equipment, and those attending pay for the pills or devices prescribed.

Pre-school services

There have been many new developments in pre-school services in Victoria. In 1975 a Standing Committee on Pre-school Child Development was established to advise the Minister of Health on the co-ordination of health, education, and welfare services for the child under school age, and a Division of Pre-school Child Development was established in 1976. Early childhood development complexes have been established in the City of Knox and at Warrnambool. It is planned that such complexes will in time be established on a regional basis throughout Victoria.

Pre-school child development

The building of pre-school centres is aided in Victoria in a similar way to that of infant welfare centres (see page 678). In this case, however, the building

may be owned by the municipal council, a church body, or a voluntary kindergarten organisation. If the building is owned by an independent committee, the municipal council must be willing to sponsor the project and receive the subsidy.

A building grant on a two-to-one basis up to a maximum of $15,000 for a single unit centre plus a further $7,500 on a one-to-one basis for a double unit, is paid towards the erection of a pre-school centre, which, like the infant welfare centre, has to be approved in the planning stage. These buildings vary in size and complexity according to the needs of the municipality. In general, the unit is a single one providing for twenty-five children; but in bigger areas a double unit accommodating up to fifty children at one time may be provided. To give as many children as possible the benefit of attending these centres, different groups may be taken in the morning and afternoon.

Even though the pre-school centre may not adjoin the infant welfare centre, the functions of these two centres are closely linked and give continuity in the health supervision of the child in its first five years.

The most general type of pre-school centre required by a community is the kindergarten, but in some areas a pre-school play centre may be all that can be established at first. This type of pre-school centre may be conducted by a pre-school play leader, who has less training than a kindergarten teacher. Only fifteen children may be cared for by a pre-school play leader who is not qualified for parent education work—an important part of the pre-school kindergarten programme.

Day nurseries

In urban and rural areas a third type of pre-school centre is required for the all-day care of children whose mothers go to work. There are twenty-two day nurseries providing regular all-day care and one crèche, which provides occasional care, subsidised by the Victorian Government. They may take children from infancy to five years of age and the person in charge must be a State registered nurse with experience in the care of infants and young children. She has mothercraft nurses on her staff and a pre-school mothercraft nurse or a kindergarten teacher to provide educational sessions for the 3 to 5 years age group. In addition to supervising the subsidised day nurseries, the Department of Health staff inspects private child-minding centres to ensure that the minimum standard of service required for registration is being maintained.

Kindergartens

The subsidy paid to a kindergarten is equal to the salary entitlement of the kindergarten teacher plus the salary award of the assistant. The subsidy paid to a pre-school play centre is similarly calculated. The subsidy paid to a day nursery is 80 per cent of the cost of stipulated minimum staff requirements.

The number of kindergartens established has continued to rise. In December 1974 there were 875 kindergartens in Victoria of which 476 were in the metropolitan area and 399 in the country. A total of 45,257 children between the ages of 3 and 6 were enrolled.

Toddler play groups

Toddler groups for children below the age for kindergarten enrolment place an emphasis on mother-child interaction. Most toddler groups are run in conjunction with infant welfare centres. In December 1974 there were 637 children enrolled in sixteen toddler groups.

Family day care

A few programmes are extending education opportunities to children in homes. These are programmes of family day care, as in the City of Knox, in which a kindergarten teacher visits regularly the families where children are

being cared for while their mothers work, interacting with the children herself and offering support and advice regarding challenging play opportunities to the day care mothers.

Medical examinations

Children attending pre-school centres may have a free medical examination conducted by a medical officer of the Department of Health or the municipal council or, in a few cases, by a private doctor. Children at 563 of the 958 subsidised pre-school centres existing in 1974 were examined. Department of Health medical officers covered 505, municipal maternal and child welfare medical officers 40, and private doctors 19.

Lady Gowrie Child Centre

The Lady Gowrie Child Centre in North Carlton is a centre for the study and demonstration of early childhood education. Established by the Australian Government in 1939, it is responsible for studying aspects of child growth and development, as well as pre-school education and interpretation. For a more detailed appreciation of this Centre, see page 701 of the *Victorian Year Book* 1975.

Training programmes

Qualified kindergarten teachers have completed a three year course of teacher education which specialises in early childhood education. In Victoria, the centre for such teacher education is the State College of Victoria—Institute of Early Childhood Development. The Institute, in addition to the basic diploma course, offers post-diploma graduate courses and in-service courses for practising kindergarten teachers. The Department of Health awarded fifty bursaries to students commencing this training in 1974—twenty-five each to metropolitan and country students.

Approximately seventy infant welfare sisters are trained each year at schools subsidised by the Department of Health. Twelve bursaries are awarded by the Department of Health for this training each year.

Mothercraft training schools, subsidised by the Department of Health, conduct courses for the training of mothercraft nurses. In 1974, 149 mothercraft nurses were trained.

A pre-school training course for registered mothercraft nurses is conducted by the Maternal and Child Welfare Branch of the Department of Health. Ten students, all of whom were awarded bursaries by the Department, undertook this twelve months training during 1974. This was the last year that this course was offered.

The Kindergarten Teachers Association of Victoria is the professional organisation for pre-school teachers. It works for the maintenance of good standards in pre-school teaching and for conditions for teachers through representation on the Kindergarten Teachers Wages Board. In 1975 a Victorian Chapter of the newly constituted Australian Association of Early Childhood Educators was established.

The Australian Pre-school Association (A.P.A.) is a national organisation with co-ordinating and recommending functions. The Victorian Branch has as its members representatives of organisations in Victoria engaged in work with children up to the age of 6 years. Links maintained between the Victorian Government, the A.P.A., and other voluntary organisations emphasise co-operation in the field of pre-school education.

VICTORIA—MATERNAL, INFANT, AND PRE-SCHOOL WELFARE SERVICES

Particulars	1970	1971	1972	1973	1974
Infant welfare services—					
Number of centres (all types)	727	730	738	745	751
Infant welfare sisters employed in centres	395	397	409	421	429
Children who attended centres	180,901	203,905	219,651	214,988	210,269
Attendances of children at centres	1,578,068	1,646,159	1,607,334	1,505,761	1,342,809
Expectant mothers attending centres	9,296	9,920	9,698	8,672	9,655
Attendances of expectant mothers at centres	21,572	20,861	19,852	17,407	18,062
Post-natal visits by nurses to mothers in hospital	26,482	26,611	24,983	19,698	24,781
Post-natal home visits by nurses to mothers and babies	157,560	158,745	154,738	141,133	149,584
Pre-natal services—					
Number of clinics	29	29	29	29	29
Number of patients attending	7,030	6,381	3,998	3,526	2,884
Attendances of patients at clinics	30,267	25,415	18,879	14,161	12,309
Family planning services—					
Number of clinics	n.a.	n.a.	7	17	23
Number of parents attending	n.a.	n.a.	841	1,272	1,886
Attendances of parents at clinics	n.a.	n.a.	3,009	4,571	6,586
Subsidised pre-school services—					
Number of centres (all types)	830	867	904	948	993
Number of children enrolled (*a*)	39,527	41,829	44,338	47,470	49,611

(*a*) Capacity figures have been included as enrolments for day nurseries and a crèche.

VICTORIA—EXPENDITURE ON MATERNAL, INFANT, AND PRE-SCHOOL WELFARE SERVICES

($'000)

Particulars	1969–70	1970–71	1971–72	1972–73	1973–74
Maternal and child health—					
Salaries	359	415	467	530	640
Subsidies to municipalities, etc., towards cost of maintaining infant welfare centres	719	747	753	770	1,157
Subsidies to infant welfare and mothercraft training schools	74	77	73	75	78
Scholarships for training infant welfare sisters	3	3	2	3	2
Ante-natal and family planning services	14	18	22	36	53
Other expenditure	71	79	70	74	103
Child welfare—					
Subsidies to organisations towards cost of maintaining day nurseries and crèches	199	238	318	393	445
Scholarships for training pre-school mothercraft nurses	3	4	5	6	6
Pre-school education—					
Subsidies to organisations towards cost of maintaining pre-school centres	2,615	2,966	4,008	4,947	6,880
Scholarships for training pre-school teachers and play leaders	95	108	126	180	238
Subsidies to organisations towards cost of supervisors	..	..	..	46	51
Total	4,152	4,656	5,843	7,060	9,654
Capital grants approved	397	359	406	357	145

School Medical Service

The School Medical Service was founded in 1909 as a branch of the Victorian Education Department and was incorporated in the Department of Health in 1944. Before 1967 the service examined school children three times during their schooling—in Years of education 2, 5, and 9. Teachers also referred for examination any children they suspected were in ill-health or were medically handicapped. Those who had previously shown signs of illness were reviewed at a later date.

In 1967 the plan was changed to the routine examination of most children in Year of education 1, with follow-up examinations and examinations as the result of teacher referrals in higher grades. Screening procedures to check vision and hearing were instituted in later grades. When any illness is discovered the child is referred to the source of medical care the parents nominate, usually the family doctor.

The assessment of children who are unable to cope at school takes most of the school doctor's time. Mentally defective children become the specific responsibility of the Mental Hygiene Branch of the Department of Health, which maintains institutions and day centres where social and handicraft skills are taught. Emotionally disturbed children may be referred to a consultant psychiatrist. Children with impaired hearing or defects of speech, the blind and partially sighted, and children who are physically handicapped, are helped to receive the necessary medical treatment and any special educational help needed. In this work, the medical officers and nursing sisters work in liaison with private medical practitioners, parents, and teachers.

Familiarity with welfare services and community facilities greatly helps in the management of children and families in need of aid. The school medical officer and the school nurse have special skills and knowledge gained from their experience in the school situation. Though they play no part in conventional treatment they can contribute to the better management at school of the child whose health is impaired. This is particularly so in cases of chronic or recurrent illness or where the child is handicapped by disease. Teachers are often the first to notice illness in a child because of its effect on general behaviour and classroom performance. Increasing attention is being given to children with learning difficulties.

Close liaison is maintained with the Mental Health Authority and the Special Services Division of the Education Department, and survey work is carried out to help in assessment of health standards and problems in school children.

During 1974, there were 232,107 examinations in schools, and 14,376 examinations at Park Street, South Yarra, which included 12,055 examinations of teachers, graduating students, and applicants for teaching studentships.

School Dental Service

In co-operation with the Education Department, the School Dental Service began in 1921 with the opening of a dental clinic at South Melbourne. State school children visited the clinic for treatment and returned each year for a dental check-up. As children in country districts also needed dental care, the service was extended to country areas, using portable equipment carried in dental vans. At this time there was a staff of only nine dentists. The dental service was limited to schools in the inner industrial suburbs of Melbourne, orphanages, and certain country districts. Emphasis was placed on the treatment of children aged up to twelve years. This covers the period when first teeth are replaced by the permanent teeth. In 1944 the dental service was transferred to the Department of Health. The Department bought new vans and twin semi-trailer units in 1951 and the service extended into more country areas. The clinic at South Melbourne had moved to larger premises by 1951, and centres were opened at North Fitzroy in 1953 and Footscray in 1959. These small inner suburban centres serve only

schools in their own locality. In country districts the emphasis is on the provision of dental treatment in the more remote areas.

Treatment is currently available to 50,000 children, including those attending primary school, and children at various institutions in metropolitan and country areas. It is proposed to extend the service, and the initial objective is the treatment of all primary school children within a few years. This will be achieved by the training and employment of dental therapists working under the general direction and control of dental officers. The Dental Therapy School in St Kilda Road, Melbourne, is now in operation and the first group of sixty dental therapy cadets commenced the two year course in February 1976. After graduation, dental therapists will work in dental clinics to be established in school grounds wherever practicable. Other schools will be visited by mobile dental clinics.

Health education

The Health Education Centre of the Department prepares publications on health topics, and provides speakers for groups in metropolitan and country areas. The centre works closely with the Anti-Cancer Council of Victoria, and other organisations working in the field of health education. Health education dealing with problems of modern living is now included in the training of primary school teachers in State colleges as part of the long-term programme of health education in schools.

Tuberculosis Branch

Although the broad policy of tuberculosis control has remained unaltered in recent years, the improved situation has permitted some retraction of services. Persons born outside Australia are showing a considerably higher incidence of tuberculosis than Australian born, particularly in the early years after arrival. Special attention is being directed to the medical supervision of this group.

Mortality rates continue at a low level, being 1.23 per 100,000 in 1974. Tuberculin testing among school children reveals a low infection rate which has been fairly constant recently. In 1974, 2.0 per cent of children at age 14 years gave natural positive reactions. Morbidity figures are probably the most reliable indicator at present.

Better social and economic conditions have continued to make a contribution towards the improved situation, backed up by diligent application to case finding, medical supervision, and contact control. The major credit for improving the situation is most directly related to the availability of modern anti-tuberculosis chemotherapy. The five drugs—Streptomycin, Isoniazid, PAS., Ethambutol, and Rifampicin—make it possible to render virtually all persons with active tuberculosis non-infectious, both new cases and those who have relapsed, and at the same time reduce the period spent in institutions. Treatment on a domiciliary basis, under direct supervision, is being employed when warranted. Experience is showing that relapse of tuberculosis is being reduced markedly among those who have had full courses of drug treatment.

The three completed compulsory chest X-ray surveys throughout Victoria for persons aged 21 years and over, carried out during the years 1963 to 1973, have demonstrated the effectiveness of the compulsory survey combined with effective roll checking.

In addition to the active cases of tuberculosis, persons who have radiological evidence of significant past tuberculosis infections are brought to medical surveillance at clinics or by private doctors. Because of their higher risks of developing active tuberculosis this group are asked to continue under review.

Compulsory chest X-rays are continuing but the regular pattern used in previous surveys to visit all areas in Victoria serially has been changed. Now areas known from past experience to have higher incidence of tuberculosis are being given priority over areas where tuberculosis prevalence is lower. The number

of X-ray caravans has been reduced so that there will be longer intervals between X-ray surveys in most areas.

During 1974, 13 electorates were selected for X-ray survey, mostly in the Melbourne metropolitan area. As a result, 70 active cases of tuberculosis were discovered, a rate of 0.19 per 1,000 persons X-rayed, compared with 0.14 per 1,000 in 1973. Suspected cancer in the lung was detected in 145 persons—a rate of 0.41 per 1,000.

VICTORIA—ACTIVE TUBERCULOSIS CASES

Year	New cases	Reactivated cases	Chronic cases	Total cases
1970	421	61	33	515
1971	416	23	19	458
1972	371	42	15	428
1973	369	38	10	417
1974	321	31	8	360

VICTORIA—TUBERCULOSIS SANATORIA: ACCOMMODATION AND INMATES

Year	Accommodation	Admissions	Discharges	Deaths
1970	496	924	896	43
1971	384	846	867	52
1972	340	661	596	27
1973	340	604	586	29
1974	301	564	538	23

VICTORIA—TUBERCULOSIS BUREAUX ACTIVITIES

Particulars	1970	1971	1972	1973	1974
New cases referred for investigation	11,555	11,122	10,106	9,624	9,334
Re-attendances (old cases and new)	55,586	56,077	50,532	46,190	42,480
Visits to patients' homes by nurses	23,810	24,755	22,216	21,324	19,179
X-ray examination—Films (*a*)—					
Large	30,163	22,817	21,596	20,359	18,210
Micro	26,690	36,353	33,652	29,010	26,213
Tuberculin tests	10,293	9,683	8,514	7,544	6,970
B.C.G. vaccinations	3,031	2,742	2,192	1,953	1,766
X-rays taken—Chest X-ray surveys	671,914	694,459	652,752	598,721	354,256
School tuberculin surveys—Mantoux tests	81,405	93,933	96,249	87,495	92,265

(*a*) Excludes mass X-ray surveys with mobile units.

Mental Health Authority

The functions of the Mental Health Authority, defined in the *Mental Health Act* 1959 and subsequent legislation, are to formulate, control, and direct general policy and administration in regard to the treatment and prevention of mental illness, intellectual defectiveness, alcoholism, and drug dependence.

In the planning of mental health services in Victoria, a number of regions have been established (with about equal populations in each). The Authority aims to provide a community mental health service in each region with early treatment centres, residential hospitals, day hospitals, outpatient clinics, and residential hostels.

A State-wide service of outpatient clinics has also been established and these provide a service for the treatment of mental and emotional illness and aftercare for discharged hospital patients. These centres are staffed by the Authority and many of them are conducted at general hospitals in country areas. Several of these clinics have been established as part of the Community Mental Health Programme with financial support from the Australian Government. The Elizabeth Street Clinic, Melbourne, provides a personal emergency advice service. A consultation service is also provided to the prisons system, and is based in G Division

at Pentridge. Other clinics are variously concerned with sheltered workshops, child and family problems, counselling services, therapeutic social clubs, and hostel supervision.

For intellectually handicapped persons there are sixty-one day training centres functioning throughout Victoria. These centres are subsidised by the Authority for their maintenance and capital costs, while their management is under private committees supervised by the Authority's officers. Residential training centres for intellectually handicapped persons are also operated by the Authority.

Specific functions of the Authority are research into the causation and treatment of mental illness, and postgraduate training of staff. For these purposes, the Institute of Mental Health Research and Postgraduate Training has been established at Parkville. The teaching functions of this unit are carried out in conjunction with the Department of Psychiatry, University of Melbourne. There is also an active mental health education programme.

A newer branch of the Health Department, the Alcoholics and Drug Dependent Persons Services Branch, is also administered by the Mental Health Authority. The services provided include a detoxification and outpatient centre, an assessment centre, a rehabilitation centre, and a unit for infirm alcoholics.

VICTORIA—MENTAL HEALTH: NUMBER OF INSTITUTIONS

Type of institution	At 30 November—				
	1970	1971	1972	1973	1974
Mental hospitals (*a*)	10	10	11	11	11
Psychiatric and informal hospitals	10	12	15	16	16
Intellectual deficiency training centres	9	9	9	9	10
Alcoholic and Drug Dependency Rehabilitation Centres	1	1	1	2	2
Total	30	32	36	38	39

(*a*) Includes Repatriation Mental Hospital.

VICTORIA—MENTAL HEALTH INSTITUTIONS: PERSONS UNDER CARE

Particulars	At 30 November—				
	1970	1971	1972	1973	1974
RESIDENT PATIENTS—					
Recommended patients in—					
State mental hospitals	2,874	2,589	2,427	2,303	2,252
Repatriation Mental Hospital	231	231	229	216	218
Psychiatric hospitals	200	196	197	201	183
Approved patients in intellectual deficiency training centres	888	833	780	804	794
Voluntary patients in—					
State mental hospitals	1,912	1,835	1,807	1,736	1,752
Repatriation Mental Hospital	37	32	27	30	26
Psychiatric hospitals	286	363	415	368	319
Intellectual deficiency training centres	2,175	2,376	2,375	2,410	2,452
Informal patients in—					
Informal hospitals	249	108	138	145	145
Training centres	241	248	271	255	224
Alcoholic and Drug Dependency Rehabilitation Centres	34	47	46	74	138
Total resident patients	9,127	8,858	8,712	8,542	8,503
NON-RESIDENT PATIENTS—					
On trial leave, boarded out, etc.	1,247	1,311	1,246	1,168	1,157
Total under care	10,374	10,169	9,958	9,710	9,660

VICTORIA—MENTAL HEALTH INSTITUTIONS: ACCOMMODATION AND INMATES, 1973–74

Type of institution	Under care at 30 November 1973			Admitted, transferred in, etc.	Discharged, transferred out, etc.	Died	Under care at 30 November 1974		
	Resident	Non-resident (a)	Total				Resident	Non-resident (a)	Total
State mental hospitals	4,039	744	4,783	2,685	2,092	603	4,004	769	4,773
Repatriation Mental Hospital	246	64	310	171	155	33	244	49	293
Psychiatric hospitals	569	309	878	7,168	7,201	45	502	298	800
Informal hospitals	145	..	145	1,720	1,699	21	145	..	145
Intellectual deficiency training centres	3,469	51	3,520	812	754	67	3,470	41	3,511
Alcoholic and Drug Dependency Rehabilitation Centres	74	..	74	1,554	1,487	3	138	..	138
Total	8,542	1,168	9,710	14,110	13,388	772	8,503	1,157	9,660

(a) Non-resident patients are those on trial leave, boarded out, etc.

VICTORIA—MENTAL HEALTH INSTITUTIONS: RECEIPTS AND EXPENDITURE ($'000)

Particulars	1969–70	1970–71	1971–72	1972–73	1973–74
Receipts (a)	29,236	32,254	37,743	40,557	53,367
Expenditure—					
Salaries and wages	18,817	22,209	26,782	29,257	38,403
Capital	3,169	2,645	2,881	2,618	4,885
Other	7,250	7,401	8,080	8,682	10,079
Total expenditure	29,236	32,254	37,743	40,557	53,367

(a) Mental health institutions are financed almost exclusively by government contributions.

Further reference, 1975 ; Mental Hygiene Authority, 1963 ; Mental Health Authority, 1972 ; Mental Health Research Institute, 1972

Hospitals and Charities Commission

The *Hospitals and Charities Act* 1948 established a Hospitals and Charities Commission consisting of three full-time commissioners, a secretary, and administrative staff, directly responsible to the Minister of Health.

The Commission is the authority under the Minister for the payment of maintenance and capital subsidies to registered hospitals and institutions. It exercises a close scrutiny over hospital budgets and expenditure for capital and maintenance purposes.

It is the authority responsible for determining the site and extent of new hospital construction, and for co-ordinating hospital and institutional activities after these are established. As part of its general administrative responsibility, the Commission may inquire into the administration of institutions and societies. The Commission determines, in consultation with the Victorian Nursing Council, those hospitals which should be used for nurse training, and the standards required of nurses in hospitals. It conducts a continuous recruiting campaign for nurses, provides bursaries to encourage girls to enter the nursing profession, and generally assists hospitals in nursing matters.

The Commission promotes collective buying of standard equipment, furnishings, and supplies. The Victorian Hospitals Association, which acts as a central purchasing organisation for Victorian hospitals, is a non-profit company of which the hospitals themselves are the shareholders. By way of encouragement to purchase, the Commission offers the inducement of a subsidy upon collective purchases made by hospitals from the Association ; the amount of this subsidy is

currently 15 per cent, and the Association operates as an active purchasing organisation handling all types of equipment, drugs, and commodities generally used by hospitals. Total sales by the Victorian Hospitals Association in the year 1974–75 amounted to $14.9m.

In the year 1974–75 the Commission distributed a gross amount of $24.9m from loan funds for new buildings, additions or remodelling projects, and for furnishings and equipment for hospitals, institutions, and ambulance services. It distributed $191.9m for maintenance purposes.

The Commission exercises control over State funds for (1) capital works where Commission approval is required at all stages of the building project from the original narrative through the preliminary sketches to documentation, tendering, and supervision of the project; and (2) maintenance purposes where each institution is required to submit for Commission approval a budget covering the succeeding year's operations.

At 30 June 1975, the Commission had on its register 1,822 institutions and societies, which, besides hospitals and ambulance services, included benevolent homes and hostels, organisations for the welfare of boys and girls, crèches, relief organisations, and other institutions or societies.

Public hospitals

Since their inception in 1846, Victorian public hospitals have maintained a distinctive pattern. First, they are managed by autonomous committees elected by contributors, following closely the practice applying in Britain before the introduction of the National Health Service. Second, they have received financial assistance by way of government subsidies. With rising costs, this has steadily increased in amount. At present, hospitals in Victoria derive some 56.4 per cent of their income from Victorian Government sources. Third, medical staffing has followed the former traditional British pattern of honorary service. In recent years this has been necessarily supplemented by salaried doctors employed either in university teaching departments or in diagnostic and technical therapeutic fields.

Improved medical methods and more effective drugs have shortened the average patient stay in hospital, with an important effect upon the community need for acute hospital beds. In Victoria the present acute hospital bed need is assessed at fewer than 4 beds per 1,000 of population as compared with 7.5 beds per 1,000 in 1948. The fall is significant, not only in its effect on hospital building costs to provide for an expanding population, but in terms of cost to the patient.

Improved medical and hospital care have not only shortened bed stay, but they have also increased the length of life expectancy, with a corresponding increase in the number of older people in the community. State instrumentalities, in collaboration with the hospitals and religious and charitable organisations, are endeavouring to meet the changing needs.

VICTORIA—NUMBER OF PUBLIC HOSPITALS AND NURSING HOMES AT 30 JUNE

Type of institution	1970	1971	1972	1973	1974
Hospitals—					
Special hospitals (*a*)	12	11	11	11	11
General hospitals—					
Metropolitan	22	24	24	24	24
Country	112	112	112	111	111
Auxiliary hospitals	1	1	1	1	1
Convalescent hospitals	1	1	1	1	1
Hospitals for the aged	7	8	8	10	10
Sanatoria	1	1	1	1	1
Total	156	158	158	159	159

(*a*) Special hospitals are those having accommodation for specific cases only or for women and/or children exclusively and in this table include the Cancer Institute.

VICTORIA—PUBLIC HOSPITALS AND NURSING HOMES: ACCOMMODATION AND INMATES, 1973–74

Institution	Number of beds in—		Daily average of occupied beds in—		Total cases treated in—		Outpatients (including casualties)
	Public section	Intermediate and private section	Public section	Intermediate and private section	Public section	Intermediate and private section	Cases treated
Special hospitals (a)	1,381	588	804	544	38,975	28,110	138,408
General hospitals—							
Metropolitan	3,605	1,838	2,677	1,529	88,656	79,180	552,148
Country	2,977	3,634	1,758	2,907	43,053	140,722	563,961
Auxiliary hospitals	418	10	370	5	2,618	89	234
Hospitals for the aged	4,040	..	3,706	..	7,471	..	..
Convalescent hospitals	35	9	41	..	51	9	..
Sanatoria	237	..	83	..	377	..	..
Total	12,693	6,079	9,440	4,984	181,201	248,110	1,254,751

(a) Special hospitals include the Cancer Institute.

VICTORIA—PUBLIC HOSPITALS AND NURSING HOMES: RECEIPTS AND EXPENDITURE
($'000)

Institution	1969–70	1970–71	1971–72	1972–73	1973–74
Public hospitals (a)—					
Receipts—					
Government	74,474	96,486	109,105	129,687	169,931
Patients (b)	45,472	49,972	72,460	82,767	101,459
Other	10,550	13,310	10,939	10,316	14,592
Total	130,496	159,768	192,504	222,770	285,982
Expenditure—					
Salaries and wages	80,375	100,318	127,974	153,991	199,646
Capital	15,778	21,558	19,137	20,731	25,660
Other	33,024	38,759	44,286	50,395	58,523
Total	129,177	160,635	191,397	225,117	283,828
Sanatoria—					
Receipts (c)	1,357	1,145	1,127	1,223	1,452
Expenditure—					
Salaries and wages	935	752	817	885	1,072
Other	422	393	310	338	380
Total	1,357	1,145	1,127	1,223	1,452
Total receipts	131,853	160,913	193,631	223,993	287,434
Total expenditure	130,534	161,780	192,524	226,340	285,280

(a) Hospitals include hospitals for the aged.
(b) Australian Government hospital benefits payments are included in patients' fees.
(c) Sanatoria are financed almost exclusively by government contributions.

Private hospitals

The Hospitals and Charities Commission registers and controls the standards of private (or non-public) hospitals through regular inspections. Bush nursing hospitals are registered with the Commission as private hospitals. (See pages 694–6.)

In recent years total bed capacity has increased with the registration of more private hospitals and additional wards in existing private hospitals. Private hospitals therefore constitute an important aspect of the hospital facilities available in Victoria. At 30 June 1975 there were, in the Melbourne metropolitan area, 216 registered private hospitals with 7,456 beds, while in country areas there were 92 registered private hospitals with a total of 2,088 beds.

Regional planning

The Regional Hospital Service was instituted in 1954 when eleven regions were formed, each centred on a base hospital. Regional councils were appointed and these meet regularly to co-ordinate activities. Medical, administrative, nursing, engineering, and catering advisory committees also meet at regular intervals to discuss problems and make recommendations to the regional councils.

Services which are being set up in each region as personnel become available will include pathology, radiology, blood banks, physiotherapy, speech therapy, and occupational therapy.

Reference libraries for doctors, managers, and nurses have been set up at each base hospital, and reserve equipment is held at these locations for use in emergencies. Group laundries are being established at strategic centres, and each hospital now has access to the services of a regional engineer. The regional plan has been the means of patients receiving a higher standard of medical and ancillary care throughout Victoria.

Nursing

The Commission has various responsibilities for nursing in Victoria. It decides in consultation with the Victorian Nursing Council whether any particular hospital will be made available for use as a training school in any branch of nursing; it determines the establishment of nursing staffs for hospitals; through the provision of bursaries it encourages prospective nurses to improve their general education prior to commencing training; it maintains a continuous nurse recruitment programme throughout Victoria; it produces publicity material including films on nursing; it directs a staff of nurses to relieve matrons in country hospitals during their leave and assists when urgent shortages of nursing staff occur; and it assists generally in nursing matters in hospitals.

Ambulance services

Under the *Hospitals and Charities Act* 1958 the Commission is charged with the responsibility of ambulance services in Victoria. For adequate and efficient provision of ambulance services, Victoria has been divided into sixteen regions, each with regional committees elected by contributors, each committee being autonomous and responsible for the provision of service under its own constitution and by-laws. Each regional committee appoints a full-time superintendent/secretary as executive officer.

Strategically placed throughout the regions are branch stations, most of which are manned by full-time officers, the remainder operated by qualified volunteers. The headquarters station is based in the largest town in the region (generally a base hospital town) and provides maintenance facilities for its fleet of vehicles, backing up of service, and co-ordination of ambulance transport. Common two-way radio communication is established in all the regional services and ensures direct communication throughout Victoria on all matters relating to persons in need of prompt medical attention.

Funds are provided by the Commission for both maintenance and capital purposes.

VICTORIA—AMBULANCE SERVICES

Particulars	1970–71	1971–72	1972–73	1973–74	1974–75
Ambulances	310	318	336	346	368
Other vehicles	50	48	56	56	76
Staff	682	706	738	795	904
Subscribers	375,982	358,625	388,881	409,075	459,864
Patients carried	318,171	324,956	332,793	341,822	366,579
Kilometres travelled by ambulances	7,681,620	8,069,041	8,025,910	8,822,998	8,540,340
Maintenance grants	$1,295,000	$1,620,000	$1,755,000	$2,310,000	$3,999,546
Capital grants	$330,455	$419,165	$369,567	$403,147	$450,000

Hospital regional planning, 1962; Nursing training, 1962; Nursing recruitment, 1964; Care of the aged, 1965; Hospital architecture, 1966; Hospitals in medical education, 1967; Charities in Victoria, 1968; Care of the elderly, 1969; Rationalised medical services, 1971; Medical education: second medical school, 1972; Community care centres, 1974

Royal Children's Hospital

Historical

At a public meeting held on 9 September 1870 at St James' Parsonage, a group of Melbourne women were elected to a Committee to establish the "Melbourne Free Hospital for Sick Children". A semi-detached cottage at what is now 49 Exhibition Street, Melbourne, that had formerly been used as a dispensary by Dr John Singleton and Dr William Smith, provided accommodation for six inpatients. These doctors became the first honorary medical officers. In the first fifteen months, over one thousand outpatients were treated.

Three years later it was decided to lease a bigger building at 13 Spring Street, where the number of bed-patients more than doubled to fifteen. Pressure of numbers forced the Committee to consider alternative sites easily accessible to public transport and to the desperate or needy parents whose children were being brought to the hospital. Finally, in December 1875, they were offered the home of Sir Redmond Barry in Carlton for $20,000 and just before Christmas $10,000 was paid from funds in hand and the remainder on a bank mortgage. For the next 80 years this site, with the addition from time to time of adjacent properties, was "The Children's".

This piecemeal acquisition of land meant that large-scale re-development was virtually impossible. By the mid-1930s the hospital at Carlton was not only shabby and in need of expensive repairs and modernisation, it was also becoming overcrowded. At the annual meeting in 1937, the Committee announced a complete re-building scheme, to handle the 5,000 bed patients and 19,000 outpatients yearly. Twenty years later in 1956-57 there were over 10,000 bed patients and 53,000 outpatients. There was still no new hospital.

In 1948 the Victorian Government responded to a deputation from the hospital and made available a 4 hectare site on the corner of Flemington Road and Gatehouse Street in Parkville, even though this meant the alienation of parkland from Royal Park. The new hospital was finally occupied on 20 January 1963 and on 25 February Her Majesty the Queen performed the opening ceremony.

Main features

The hospital plan resembles an "H". The south wing, parallel to Flemington Road, is 8 storeys high and a further 2 levels are in the course of construction. Besides housing the University of Melbourne Department of Paediatrics, this wing contains specialised departments such as the Handicapped Children's Centre, Radiology, Outpatient Clinics, Physiotherapy, Occupational Therapy, Psychiatry, Pathology, Pharmacy, and the Research Foundation. The Medical Social Workers and all administrative offices are here as well. At the main entrance a Child Minding Centre with indoor and outdoor play areas has been provided where

children may be cared for while the parent takes the sick child in for treatment. The Handicapped Children's Centre on the ground floor has its own entrance and consists of a pre-school kindergarten and an assessment and treatment unit and includes the director, psychologists, medical social workers, and kindergarten teachers. It is a consultative centre for handicapped children who are referred to it for detailed assessment and planning of their care and treatment. An important feature is the help offered to parents of these patients. There is an appliance fitting centre in which trained nursing staff are able to supply and fit appliances and give instruction to parents in their use.

The North (Royal Park) Wing is 10 storeys high and contains most of the 517 beds on seven ward floors with two 27 bed units on each. Each of the standard plan wards has three single bed isolation rooms with accommodation for a mother if required in two of them, kitchen, bathroom, treatment and dressing room, flower preparation room, charge sister's office, nurses' stations, and utility rooms. The North Wing also contains a block of six major operating theatres, resuscitation and recovery wards, and a central sterile supply department from which dressings, operation kits, and linen can be dispatched by automatic lifts to wards. Six smaller theatres are in various parts of the building. The kitchen, dining rooms, medical reference library, lecture theatres, besides the various trades workshops and services are contained in this block. Splints and appliances for adults as well as handicapped children are manufactured and fitted to patients. In conjunction with this is a surgical footwear section.

The 11 storey high link building which joins the North and South wings has its ancillary medical departments such as Anaesthesia, Dentistry, Audiology, and Neurology. The Medical Records Department and the Chapel are also located here.

The North West Building provides room for bed and treatment facilities for children suffering from emotional disorders and more serious psychiatric disturbances. These children are assessed and treated in a day centre or on a residential basis as may be required. It also provides ward and special rehabilitation facilities for long-term convalescent medical, surgical, and orthopaedic patients, and houses the plastic surgery unit which is fully self-contained for bed accommodation as well as having its own operating theatre and outpatient facilities.

The Education Department has set up a "Special School" within the hospital with a principal and ten teachers. Every effort is made to engage the children in the same subjects pursued at the ordinary school and in conjunction with the staff of the Department of Psychiatry, special attention is given to those who have been admitted with emotional disorders. The hospital collaborates with institutions engaged in the teaching of students for medical, nursing, and health sciences professions.

The objective of the Committee of Management is to encourage the development of an effective paediatric service throughout Victoria and the graduation of skilled professionals who have had experience in this hospital will do much to achieve that end.

There is a separate nurses' home with bedroom accommodation for 304 student nurses, as well as classrooms and offices for teachers. In addition to the provision of a block of 28 flats in North Melbourne to house nursing and junior medical staff, construction has commenced of Ferguson House which will be a large block of 106 flats in Flemington Road, directly opposite the main building.

The hospital is administered by a voluntary board known as the Committee of Management. The 22 members chiefly represent donors of the hospital, but include one each from the Victorian Government and the University of Melbourne.

The honorary medical staffing system was abolished progressively in the early 1950s, and the medical work is now carried out by employed staff. Many are engaged on a part-time or sessional basis, but in equivalent full-time numbers the workers in all categories numbered 1,629 at 30 June 1975. The number of nurses included in this figure was 790.

About 50,000 outpatients are treated each year and these children make over 200,000 attendances. For the year ended 30 June 1975 there was a daily average of 357 bed patients, the average stay being 6.73 days. The total estimated cost of running the hospital, excluding capital expenditure, for the year 1975–76 was $19.5m. A volunteer service, mainly comprising women, numbers about 300 persons and provides an average of 35 present on week days.

Fairfield Hospital, 1961; Geelong Hospital, 1962; Royal Melbourne Hospital, 1962; Alfred Hospital, 1963; Prince Henry's Hospital, 1964; Royal Children's Hospital, 1964; History of hospitals in Victoria, 1964; St Vincent's Hospital, 1965; Dental Hospital, 1965; Austin Hospital, 1966; Queen Victoria Memorial Hospital, 1967; Royal Victorian Eye and Ear Hospital, 1968

National health benefits

Information about the various types of benefits is set out on pages 712–7.

Nursing

The nursing profession practises in hospitals, day care centres, babies homes, baby health centres, bush nursing centres; retail, insurance, and industrial establishments; doctors' rooms; and in special schools for the physically and mentally handicapped.

The demand for nurses continues to exceed their supply, a trend which has been accelerated by the expansion of medical and scientific knowledge in the past few years. There is an ever-growing need for nurses skilled in specialised nursing care in intensive care units, coronary care units, operating theatres, and geriatric care. Opportunities for domiciliary nursing and community health nursing are expanding, although it is anticipated that hospitals will continue to require the largest share of nurses available for employment.

Every person who practises nursing for fee or reward is required to be registered under the Nurses Act and to hold a current annual practising certificate issued by the Victorian Nursing Council, the statutory body responsible for administration of the *Nurses Act* 1958. The Council is empowered to prescribe standards of nursing education and practice and approve nursing schools.

In 1974 there were 84 establishments conducting some form of basic nursing training and 6,777 student nurses were enrolled.

Under the Nurses (General Nursing) Regulations 1972, a comprehensive basic general nursing programme is being phased in as schools of nursing have upgraded their facilities for nursing education to merit approval to be schools of nursing under the new regulations. Teaching staff of the order of at least five nurse educators for 80 students with one additional educator for every 20 additional students is required. A minimum period of 1,600 hours formal instruction in the three year programme is required to be given to each student nurse.

Similar improvements in the other basic nursing courses are well advanced, and the possibility of establishing nursing courses in educational institutions is being explored.

VICTORIA—NURSES IN TRAINING AT 30 JUNE

Type of course	Hospitals and institutions approved as training schools (a)		Students in training		Number who completed training	
	1973	1974	1973	1974	1973	1974
Basic courses—						
General	37	37	5,056	5,189	1,157	1,039
Psychiatric	10	10	346	326	80	94
Mental deficiency	5	5	64	63	10	15
Nursing aides	60	59	1,022	1,006	721	984
Mothercraft	7	5	193	193	193	166
Total	119	116	6,681	6,777	2,161	2,298

VICTORIA—NURSES IN TRAINING AT 30 JUNE—*continued*

Type of course	Hospitals and institutions approved as training schools (a)		Students in training		Number who completed training	
	1973	1974	1973	1974	1973	1974
Post-basic courses—						
Midwifery	13	13	668	613	658	623
Infant welfare	3	3	23	23	68	45
Infectious diseases	1	1	6	7	9	14
Eye, ear, nose, and throat	1	1	10	12	8	9
Gynaecological	1	1	6	12	10	12
Radiotherapeutic	1	1	. .	13	7	10
Total	20	20	713	680	760	713

(*a*) Some establishments conduct more than one type of training.

VICTORIA—NURSES HOLDING CURRENT PRACTISING CERTIFICATES

Classification	Total holding annual practising certificates				
	1970	1971	1972	1973	1974
General nurses	20,304	24,558	24,694	25,693	27,600
Psychiatric nurses and mental deficiency nurses	1,128	1,521	1,615	1,621	1,615
Nursing aides	5,640	6,437	7,663	8,233	9,250
Mothercraft nurses	1,140	1,354	1,328	1,666	1,770
Total	28,212	33,870	35,300	37,213	40,235

Victorian Bush Nursing Association

The Victorian Bush Nursing Association was formed in 1909 when Lady Dudley, wife of the then Governor-General, recognised the need to provide a nursing service in remote areas throughout Australia. Initially, the Association was self-supporting assisted by charitable donations. In time, the aims of the Association changed to provide not only a nursing service in country areas but also a hospital service in those areas where no such service existed.

In 1975 the Association had thirty-nine hospitals providing 561 beds as well as twenty centres where nursing assistance was available with facilities for outpatient treatment and living accommodation for nursing staff.

The Association is a voluntary organisation registered with the Hospitals and Charities Commission. The constitution provides for twelve elected members of a twenty-three member Council. The elected members are persons interested in the Association and are normally country people associated with one of the hospitals or centres and in this way local committees have direct representation on the Council. The remaining eleven members are nominated by various other bodies involved in the health care system.

The original role of the Association was to provide a nursing service through its superintendent, a trained nurse. This responsibility extended to the appointment of staff to hospitals and centres but the role has changed in recent years. While the superintendent continues to have the responsibility of appointing centre sisters and matrons of hospitals, most local committees arrange for the appointment of their own staff. The superintendent still arranges the appointment of some staff to hospitals when the local committee experiences difficulties in maintaining an adequate staff level.

This changing role has resulted in the appointment of a sessional administrator experienced in the field of hospital administration to assist Council and hospitals with matters relating to finance and hospital and business administration generally. The Association also provides other assistance to hospitals and centres through its

honorary consultant architect and honorary solicitor. Nursing staff are paid centrally but domestic staff are paid by and organised by local committees.

The main financial aspect of the Council's activities is involvement with Government grants. These grants are allocated on a yearly basis in the Victorian Budget and consist of a capital grant and a maintenance grant. In the year 1974-75 the capital grant was $789,785. Each year, hospitals may apply to Council for permission to incur capital expenditure and thereby receive a capital grant for this expenditure. The Council establishes priorities and endeavours to work to a three year plan and make recommendations accordingly to the Department of Health.

The annual maintenance grant which totalled $470,000 in 1974-75 is determined by the Victorian Treasurer. Council then allocates this grant to hospitals on a needs basis with smaller hospitals receiving more sympathetic consideration than larger ones. It is considered by Council that the larger hospitals are in a better position to organise their own finances and priorities than the smaller ones.

The centres are administered jointly by the Association and the Hospitals and Charities Commission, with finance for the centres being provided by the Hospitals and Charities Commission and the Australian Government through home nursing subsidies.

Because of the work of local voluntary committees, auxiliaries, a relatively small administrative staff, and considerable local financial support, most hospitals are able to achieve financial stability and balance their budgets each year. The cost per daily occupied bed is comparatively low and in 1975 this averaged $37.63. The low bed cost is not achieved by inferior physical or nursing standards but is due to the close scrutiny on costs exercised by local committees and the lack of expensive paramedical and pathology facilities normally present in a public hospital. Although the hospitals operate as private hospitals, pensioner patients are admitted. Under voluntary insurance schemes (operative in 1975) their costs are covered.

Each hospital is administered by an autonomous local committee which has the responsibility for the day to day running of the hospital. Most finance is generated through fees paid by patients but the hospitals also enjoy some support from the Victorian Government by the provision of maintenance grants recommended by the Department of Health.

In addition, hospitals receive capital grants from the State, again on the recommendation of the Department of Health, for necessary capital works and the provision of major items of equipment. This grant is usually 75 per cent of the cost, the local committee having the responsibility of financing the balance from its own funds.

In 1975, of the 39 hospitals, more than 80 per cent had been erected in the preceding thirty years. Of the remainder, most have plans for modernisation which will be carried out in the foreseeable future as the small local hospital is regarded as being of high priority to the people who live in the area. New centres are opened when required but there are now few remote areas in Victoria which are not being served with some health service.

The Association believes that the service provided in country areas is efficient and satisfactory. From a medical point of view, over 80 per cent of patients are treated for surgical, medical, and obstetric conditions in the hospitals. In the event of complications, a nearby base hospital can provide the extra facilities required for medical, para-medical, and nursing purposes.

VICTORIA—BUSH NURSING HOSPITALS AND CENTRES: RECEIPTS AND EXPENDITURE
($'000)

Particulars	Year ended 31 March—				
	1970	1971	1972	1973	1974
RECEIPTS					
Government grants	735	921	726	978	928
Collections, donations, etc.	148	151	124	165	123
Proceeds from entertainments	4	5	(a)	..	..
Patients' fees	1,193	1,498	2,180	2,778	3,510
Members' fees	52	55	49	42	37
Interest and rent	23	31	38	44	43
Miscellaneous	34	23	34	48	28
Total receipts	2,190	2,684	3,151	4,055	4,670
EXPENDITURE					
Salaries—					
Nurses (paid to central council)	837	1,062	1,424	1,641	1,815
Other	415	506	604	719	1,243
Provisions, fuel, lighting, etc.	216	232	249	263	315
Surgery and medicine	71	88	98	122	127
Repairs and maintenance	54	54	65	84	98
Furniture and equipment	16	14	7	108	76
Printing, stationery, etc.	32	35	48	45	54
Interest, rent, bank charges, etc.	8	7	11	7	5
Miscellaneous	125	134	148	155	208
Loan and interest repayments	12	20	34	48	30
Land and buildings	307	275	81	181	30
Alterations and additions	119	72	168	128	119
Total expenditure	2,211	2,500	2,937	3,501	4,122

(a) Less than $500.

Royal District Nursing Service

The Royal District Nursing Service, by providing comprehensive assistance on a daily basis, allows patients to remain at home, thus easing the pressure on public hospitals. The health care provided includes active bedside nursing, health teaching, rehabilitation nursing, provision of aids to nursing, linen service, a limited chiropody service, and some degree of social assistance. Close liaison has been established with thirteen major metropolitan hospitals and a number of community health centres for the purpose of ensuring continuity of nursing care according to medical orders. Patients are admitted to the care of the Royal District Nursing Service by direct referral from hospitals or general practitioners. A comprehensive article dealing with the Service can be found on pages 787–8 of the *Victorian Year Book* 1975.

Lord Mayor's Fund

The Lord Mayor's Fund was inaugurated by the Lord Mayor of Melbourne in 1923. The object of the founder was to rationalise and regularise the collection and distribution of voluntary contributions to support the hospitals and charities of Melbourne. There are two methods of operation : the Hospitals and Charities Sunday Committee and the Lord Mayor's Fund. The Hospitals and Charities Sunday Committee raises its funds from an annual one day appeal to parishioners on the fourth Sunday in October by means of specially printed offertory envelopes supplemented, latterly, by grants from church budgets.

The Lord Mayor's Fund does not employ collectors nor does it pay commissions. Its appeal is presented to the public as directly as possible by advertising, personal correspondence, or by voluntary speakers addressing groups.

VICTORIA—LORD MAYOR'S FUND AND HOSPITALS AND CHARITIES SUNDAY APPEAL: RECEIPTS
($'000)

Year	Lord Mayor's Fund	Hospitals and Charities Sunday Appeal	Total
1970–71	549	47	595
1971–72	528	47	575
1972–73	560	43	603
1973–74	564	45	609
1974–75	696	48	744

MEDICAL RESEARCH

Anti-Cancer Council of Victoria

The Anti-Cancer Council of Victoria was constituted by an Act of the Victorian Parliament in 1936 and entrusted with the responsibility of co-ordinating in Victoria " all activities in relation to research and investigations with respect to cancer and allied conditions, and with respect to the causation, prevention, and treatment thereof ".

In discharge of these duties, the Council supports a substantial programme of cancer research in university departments, research institutes, and hospitals in Victoria. As part of its research programme, the Council endows three full-time research fellows—one in basic research in leukaemia, one in clinical research in childhood leukaemia, and one conducting basic research in renal cancer. Much of this work has been accorded international recognition. The Council also has an active educational programme designed to inform people about the early warning signs of cancer and to encourage those who have such symptoms to seek early diagnosis and treatment.

The Council provides lectures, films, literature, and specialised library services, and acts as the Victorian component in the National Warning Campaign Against Smoking. Materials designed by the Australian Government are distributed widely in primary schools and evoke a continuing response from school children.

The Council publishes *Victorian Cancer News*, which is issued five times a year, has a circulation of 70,000, and has proved to be a useful tool in cancer education.

The Council offers help to cancer patients in a variety of ways. Assistance may be given to a family whose financial stability is threatened by a cancer illness. The help given may be for transport costs, to meet a mortgage payment, or even to help with funeral costs, depending on the area of greatest need. This programme has helped many families in an imaginative way through crises caused by cancer.

The Central Cancer Registry which is also conducted by the Anti-Cancer Council of Victoria has records of all cancer patients presenting to major metropolitan hospitals since 1939. To date the Registry has been hospital-based and has offered a specialised follow-up service. In face of the mounting public interest in the epidemiology of cancer, it is anticipated that the Registry will expand so as to register the total incidence of cancer in Victoria.

VICTORIA—ANTI-CANCER COUNCIL: EXPENDITURE
($)

Particulars	1969–70	1970–71	1971–72	1972–73	1973–74
Research	176,636	193,018	231,185	271,426	290,012
Education	59,162	56,314	63,388	71,907	65,754
National warning campaign against smoking	..	..	..	..	56,309
Patient aid	34,208	41,584	39,875	35,490	58,957
Other	66,836	88,708	120,094	96,991	110,774
Total expenditure	336,842	379,624	454,542	475,814	581,806

Baker Medical Research Institute

On 1 April 1926, an agreement made between Thomas Baker, his wife Alice and her sister Eleanor Shaw, and the Alfred Hospital established the medical research institute which bears their name. As 1976 is the jubilee year of the Institute, the past contribution of the Institute to medicine in Victoria can be viewed in some perspective.

To appreciate the significance of research in the early years, it is necessary to remember that in 1926 diseases due to bacterial infections of various types were common and that no specific drugs with which to treat them were then available. Pneumonia, tuberculosis, typhoid fever, puerperal fever, among others, were dreaded. Insulin as a treatment for diabetes mellitus had been discovered only a few years before. At that time the Alfred Hospital, a large teaching hospital, had only the most rudimentary facilities for biochemical tests, the tests needed to measure the concentrations of various substances in body fluids, and for bacteriology, the study of micro-organisms causing disease. It was in order to establish facilities for biochemistry and bacteriological investigations and to apply current knowledge to medical practice, as well as to seek new knowledge, that the founders set up the Institute. For the first twelve years of its existence the Institute also embraced the Pathology Department of the hospital.

These routine service functions, from which several of the hospital's departments evolved, were gradually taken over by the hospital as were other newly developing services. Thus Pathology in 1935, Bacteriology (1939), Biochemistry (1948), Cardiovascular Diagnostic Service (1952), the Diabetic and Metabolic Unit (1957), and the Vascular Service (1974) moved from Institute sponsorship to the hospital.

During the first half of the Institute's history, applied research was a most important aspect of its work. The introduction of the insulin treatment of diabetes mellitus into medical practice in Victoria was a major undertaking requiring both public and professional education and the establishment of laboratory procedures for the monitoring of sugar metabolism in patients. At the same time laboratory investigations into the manner in which various organs used carbohydrates helped to elucidate the role of insulin and the control of its secretion within the body. In this period other projects of joint clinical and laboratory approach led to the production of monographs on practical anaesthesia, spread of tumours, blood cultures, cardiological investigations, and vascular disease.

In much of this work members of the honorary medical staff of the hospital played an active part and in the immediate post-war period the hospital expanded this aspect of the research work by creating a Clinical Research Unit. The research activities of this Unit were integrated with those of the Institute and with the transfer of routine service activities to the hospital, the combined Baker Institute—Clinical Research Unit was free to concentrate on research projects.

Over the past twenty-five years the research projects have been devoted to various cardiovascular problems and the action of chemicals which can produce cancers. These researches have led to a better understanding of the way in which the body controls its fluid volume, how this control is distorted in heart failure, and methods for treatment of heart failure. Heart failure frequently follows from failure of heart muscles to produce adequate power and studies in the Institute have over a long period been directed to understanding the faults in this energy production and methods for their correction. At various times new diagnostic aids have been introduced by applying advances in various aspects of science to clinical problems encountered in diseases of the heart and arteries.

Teaching, particularly at a postgraduate level, has always been a commitment of the Institute staff and affiliation with Monash University provides an academic backing to this and makes the facilities of the Institute available to university students.

Over the years the provisions in the charter of the Institute have evolved and although originally a part of the hospital, the Institute is now an autonomous body situated in the hospital grounds. However, the basic agreements enable hospital staff to be integrated with the Institute as required for research projects. The Institute has always enjoyed financial independence because of the policy of the benefactors which has been continued by the trustees of the Baker Benefaction. Of recent years the Institute has also been able to accumulate some endowment funds of its own so that the finanical burden on the Benefaction Trust is lessened.

The Institute commenced in 1926 in a six room building built especially for it, which was added to from time to time. Later an adjacent building was converted to house the Clinical Research Unit and incorporated into the complex. In 1966 a rebuilding and re-equipping programme was made possible by the generosity of the Benefaction Trust and other donors and a 3 storey air-conditioned building specifically designed for its task was erected and provides some 2,300 square metres net space which can house up to 50 graduate workers together with appropriate technical and administrative staff.

National Heart Foundation of Australia

The Foundation is an independent voluntary organisation dedicated to the reduction of death and disability from cardiovascular diseases. This group of diseases, mainly coronary heart disease, stroke, high blood pressure, congenital heart defects, and rheumatic heart disease accounts for 55 per cent of all deaths in Australia, and through premature death and invalidism is the cause of an economic loss estimated to be at least $800m annually.

The work of the Foundation is directed by a small permanent staff and a large number of honorary medical and businessmen who serve on the various boards and committees. Approximately $1.3m is spent annually in Australia, and about $400,000 in Victoria, in three main areas : research, education, and rehabilitation. All of this money has to be raised from the public, commerce, and industry.

Research. This is conducted in nearly all major hospitals, several departments of universities, and medical research institutions. Salaries of research staff and running expenses are paid by the Foundation and some essential equipment is provided. Research projects are directed to obtaining greater knowledge of the causes of cardiovascular diseases with the aim of prevention, earlier and better diagnosis, and better treatment. One example of direct interest to the public is the National Blood Pressure Study being conducted in various areas in Australia, four of which are in Victoria, whereby 100,000 members of the public will have their blood pressure taken. The Study will show the extent of the problem in Australia and a selected number of 5,000 people with elevated blood pressure in certain limits will be watched and studied for up to five years. The information gained will be valuable in the future treatment of blood pressure.

Professional education. With the rapidly improving methods of diagnosis and treatment it is essential that practising members of the medical and para-medical professions be kept up to date. A programme is conducted by the National Heart Foundation for this purpose.

Community education. (1) General knowledge. A great deal is known of the various " risk factors " in heart disease and a continuing campaign is conducted to develop public awareness. Booklets and pamphlets are available free. (2) Specific knowledge. Printed matter is available for patients and their families on cardiovascular diseases to help their recovery and return to normal living. Classes are conducted in emergency heart lung resuscitation, both in Melbourne and country areas, so that more people will know how to save life when heart attack occurs. So far some 12,000 people have been directly taught.

Rehabilitation. Units have been set up in all States. In Victoria there are units at Melbourne, Geelong, and Traralgon where patients who have problems in returning to normal life may be sent by their doctors for help and advice. Where necessary employment is found suitable to the patient's condition.

Royal Children's Hospital Research Foundation

The Foundation was established by the Committee of Management of the Royal Children's Hospital in 1960 to co-ordinate the administration and finance of the research activities carried out within the hospital. It is designed to develop and promote research, recruit and train research workers, and undertake teaching, so that its knowledge, practice, and influence will permeate through the Royal Children's Hospital into other institutions concerned with child health and welfare.

The activities of the Foundation are directed by a Board consisting of three representatives of the Committee of Management of the Royal Children's Hospital, the Medical Director, two members of the Senior Medical Staff Committee of the Hospital, two members of the Faculty of Medicine of the University of Melbourne, one of whom is the Professor of Paediatrics, two members from the general scientific and business world not represented by the three preceding organisations, and one other member. It is part of the Royal Children's Hospital Teaching Centre which comprises the Royal Children's Hospital, the Department of Paediatrics of the University of Melbourne, and the Research Foundation. The offices and laboratories of the Foundation are situated within the hospital. A Director of Research, who is also a Professor of the University of Melbourne, supervises and arranges the activities of the Foundation. In scientific matters and teaching, the staff of the Foundation work in close collaboration with the scientific and clinical staff of the hospital, and with the Department of Paediatrics. It is affiliated by deed with the University of Melbourne for specific purposes, the most important of which are teaching, providing facilities, and supervising selected postgraduate students to carry out research work for a higher degree.

The scientific work of the Foundation has been developed around clinical scientists who have studied a specific paediatric problem in depth and then organised a group of laboratory and clinical projects to further develop the field of study. Accordingly the emphasis of the work of the Foundation has been principally in clinical research. Units in the fields of gastroenterology, genetics, immunology, haematology, urology, and respiratory diseases have been established and have made a significant contribution to original knowledge in these various fields, at the same time providing a specialised consultative and treatment service. However, in 1976, following a series of recommendations by the Director, the Research Foundation will consist of three divisions : the Director's Unit working on growth and development, the Genetics Unit, and the independent workers, including those engaged in immunology. The units in the field of gastroenterology, haematology, urology, and respiratory diseases will come under the direction of the Committee of Management of the Hospital, while at the same time continuing research. The Professor of Paediatrics will co-ordinate hospital research.

Education is an integral part of the work of the Foundation and the staff are active in graduate and postgraduate medical training. A steady flow of post-graduate workers from Europe and America train for periods of one to two years in the Foundation.

The annual expenditure of the Foundation for 1975 was in excess of $550,000. These moneys are provided by a substantial grant from the annual Good Friday public appeal for the Royal Children's Hospital, from other grant giving bodies such as the National Health and Medical Research Council, and from specific donations and bequests.

Medical research at University of Melbourne, 1964 ; National Heart Foundation of Australia (Victorian Division), 1964 ; Medical research at the Royal Women's Hospital, 1965 ; St Vincent's School of Medical Research, 1965 ; Medical research at Monash University, 1966 ; Melbourne Medical Postgraduate Committee, 1967 ; Epidemiological Research Unit, Fairfield Hospital, 1969 ; Asthma Foundation of Victoria, 1969 ; Para-medical services, 1969 ; Baker Medical Research Institute, 1970 ; Royal Children's Hospital Research Foundation, 1970 ; Commonwealth Serum Laboratories, 1971, 1975 ; Walter and Eliza Hall Institute of Medical Research, 1972, 1975 ; Cancer Institute, 1975