

# Chapter 11

## HEALTH

The subject of public health is one of increasing importance in a growing city as the problems of providing adequate health services tend to increase both in complexity and importance with the increased concentration of urban population.

The administration of the various health services of Melbourne is shared by Commonwealth, State and municipal authorities. Commonwealth health authorities are mainly concerned with the administration of national health, quarantine, and war repatriation services and the supply of essential biological products through the Commonwealth Serum Laboratories. The State authorities which include the Department of Health, the Hospitals and Charities Commission and the Mental Hygiene Authority, all of whom are directly responsible to the State Minister of Health, are concerned with the administration of hospitals, and other institutions, and the oversight from the viewpoint of public health of food supply, offensive and dangerous trades, schools and cemeteries, and public buildings. The municipal authorities are mainly concerned with administration of local health services within their respective boundaries.

From the standpoint of land use the more important health services may be grouped as follows:

- (a) Hospitals and ancillary institutions.
- (b) Infant welfare centres.
- (c) Cemeteries and crematoria.

### HOSPITALS

There are three broad groups of hospitals in the metropolitan area of Melbourne:

- (a) General hospitals, both State subsidized and private, which provide general medical, surgical and maternity treatment.
- (b) Special hospitals including repatriation hospitals, mental hospitals and tuberculosis sanatoria.
- (c) Convalescent hospitals, providing for convalescent and chronic cases only.

These are supplemented by various institutions and societies, such as benevolent, convalescent and welfare homes of different types. This survey, however, deals primarily with hospitals which form the basis of any health structure and require substantial sites in locations convenient to the people they serve.

The administration of the hospitals in Melbourne is shared by several authorities. The Hospitals and Charities Commission is responsible for all State-subsidized general and convalescent hospitals, the Commonwealth Repatriation Commission for all repatriation hospitals, the Mental Hygiene Authority for State mental hospitals, and the State Department of Health administers the tuberculosis sanatoria and infectious diseases hospitals. The general distribution of hospitals throughout the metropolitan area is shown on map 46.

### *General hospitals*

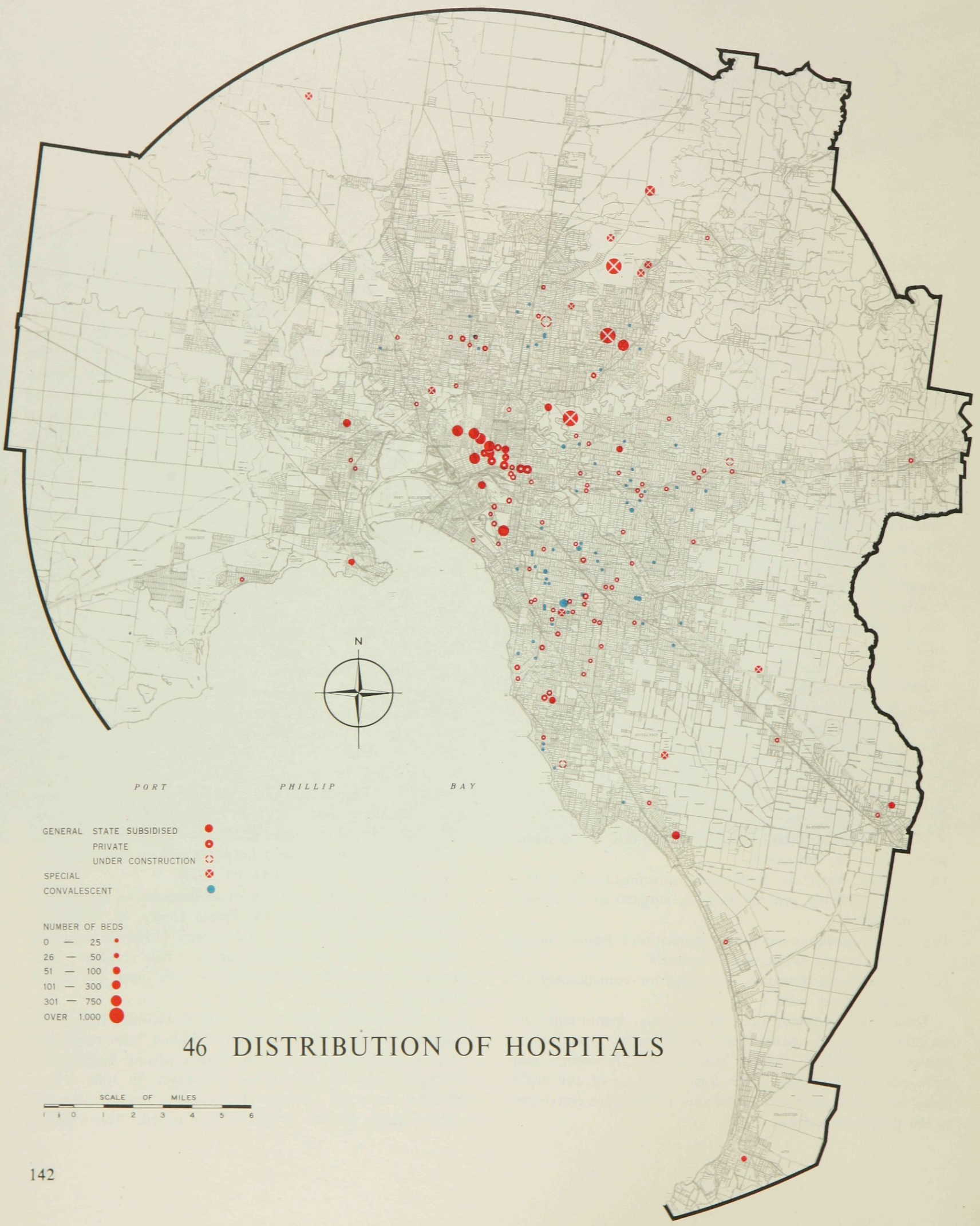
In 1952 the general hospital accommodation in the metropolitan area of Melbourne amounted to some 6,110 beds of which 4,062, or two-thirds, were State subsidized and the remainder (2,048) in private hospitals. Since then a new hospital has been opened at Footscray, which will eventually provide for an additional 250 beds. Table 67 shows the present general distribution of general hospitals. Two-thirds of general hospital beds are concentrated in the central district, most of them in and around the city centre.

When the current proposals for extension and alterations of the existing hospitals and the building of new suburban hospitals are completed the total number of beds will be increased to about 9,200 and the proportion of beds in the inner area will be reduced to about 51%. The long-range view of the Hospital and Charities Commission is that eventually not more than about 25% of Melbourne's hospital beds should be concentrated around the city centre and most of these will be in specialist hospitals such as the Women's, Eye and Ear, and Children's Hospitals.

Current proposals with regard to hospitals in the central area include extension to the Prince Henry, St. Vincent's, Women's, Queen Victoria and Alfred Hospitals on their present sites, and the construction of a new children's hospital and a new dental hospital on sites near the Royal Melbourne Hospital.

In the western suburbs the hospital facilities have been confined until recently to one small 60-bed State subsidized hospital at Williamstown, two smaller private hospitals in Footscray, and one in Altona. However, in June, 1953, the new Footscray General Hospital was opened and this will eventually provide an additional 250 beds. This together





46 DISTRIBUTION OF HOSPITALS



with the proposed extensions to Williamstown hospital will considerably improve the position in this district.

In the north-western suburbs the facilities are very inadequate. There is no State subsidized hospital in this area at the present time, although construction has commenced on a 300-bed hospital in Bell Street to serve both Northcote and Preston, and a smaller one is planned for Essendon. The existing facilities consist of one small private hospital in Essendon, three in Brunswick, one large and two smaller private hospitals in the Moreland-Coburg area, and two small hospitals in Preston. When the new Preston-Northcote and Essendon hospitals are completed there will be a total of some 700 beds in the district. Although this is still short of current needs the position is alleviated somewhat by the fact that the Austin Hospital (516 beds) in Heidelberg serves portion of this area.

In the north-eastern and eastern suburbs there are two large hospitals, Austin and Fairfield, which jointly account for almost three-quarters of the total general hospital bed accommodation in the eastern district. As both these hospitals are on the Heidelberg line to the north-east, they tend to serve the northern suburbs more than the east. Excluding these two hospitals the eastern suburbs are generally very short of hospital accommodation. One 250-bed hospital is nearing completion at Box Hill.

In the southern suburbs there are no large general hospitals at the present time, although these suburbs account for a high proportion of the metropolitan population. Hospital facilities in this district are very inadequate, consisting of small general hospitals, mostly privately owned. There is a current deficiency of some 1,500 beds in the southern district, after making allowance for accommodation in city hospitals. The Hospitals and Charities Commission has plans for building new hospitals at Brighton, Sandringham and Mordialloc, and extending the hospitals at Dandenong and Frankston. Sites have also been acquired in other areas.

*Standards for General Hospitals:* The Hospitals and Charities Commission consider a standard of 7 beds for each 1,000 people desirable with regard to general hospitals, although it is recognised that the present trends in the treatment of patients may eventually result in a lower proportion of beds being necessary than at present.

The general world tendency since the war has been for the period of hospitalisation to decrease with most ailments. The aim of most modern hospital practice is to provide more facilities for keeping patients out of hospital beds or at least shorten their stay by making provisions for handling a larger proportion of outpatients. With developments in science and medicine there is every reason to assume this trend will continue. Some ailments which formerly took weeks of hospital treatment are now cleared in a matter of days. Furthermore, the tendency is for convalescence to be undertaken outside the general hospitals, either in the home or in special convalescent hospitals. All this means that the

turnover per bed in general hospitals is constantly rising. As against this, however, the trend has been for an increasing proportion of all minor operations to be done in hospitals, whereas formerly a substantial proportion was done in the home.

It is difficult to obtain comparable up-to-date hospital standards for different countries as these tend to vary, particularly with regard to the grouping of hospital functions. For example, in some cases infectious, women's and children's hospital beds are all included as general hospitals, while in others they are separated. Because of the tendency to provide for infectious wards in general hospitals rather than to have special hospitals, these are included here with general hospital figures. Similarly, these figures include children's and women's hospitals and the eye and ear hospital beds, all of which provide for acute cases who require a hospital bed whether it be in a specialist hospital or some general hospital.

It would seem that the generally accepted minimum desirable overall standards accepted in the U.S.A. today are as follows:

	<i>Beds per 1,000 persons</i>
General hospitals for acute cases—	
medical and surgical	5.5
Infectious hospitals	0.5
Hospitals for chronic cases	2.0
Convalescent hospitals	0.75
Mental hospitals	5.0
T.B. Sanatoria	2.5

These figures relate to the whole country requirements and it is indicated that urban populations require much more than 5.5 general hospital beds per 1,000 persons while rural areas require less.

The existing figure for London where the standard is generally high in relation to other cities is 6.4 hospital beds for each 1,000 persons compared with New York 4.9, Los Angeles 4.9 and Melbourne at present 4.6.

The standard of 7 beds for each 1,000 persons considered to be desirable by the Hospitals and Charities Commission is therefore a reasonable one if taken to include beds in specialist and infectious diseases hospitals. It has therefore been adopted in estimating future hospital requirements for Melbourne.

#### *Present Deficiencies and Future Needs for General Hospitals*

Taking the figure of 7 beds for each 1,000 persons, therefore, the population of Melbourne in 1952 needed 9,100 general hospital beds compared with the 6,110 available—a shortage of some 3,000 beds. Current proposals provide for an additional 3,085 beds in all, which will do little more than remedy the present deficiency for the existing population. At 7 beds per 1,000 persons, a population of 2,000,000 will require 14,000 beds and a population of 2,500,000, about 17,500 beds so that when the population reaches the latter figure it will need almost double the number of beds at present existing and proposed.