

Table 67
DISTRIBUTION OF GENERAL HOSPITAL ACCOMMODATION
IN MELBOURNE, 1952

District	State Subsidised		Private		Total Existing Hospitals			
	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds	%	Beds per 1,000 Persons
Central	9	3,030	23	1,061	32	4,091	67.0	15.8
Western	1	60	3	36	4	96	1.6	0.9
Northern			9	216	9	216	3.5	0.7
Eastern	4	856	19	259	23	1,115	18.2	4.3
Southern	3	116	24	476	27	592	9.7	1.3
Total	17	4,062	78	2,048	95	6,110	100.0	4.5

As the most favoured size for new hospitals at the present time appears to be a 200-300 bed unit on a site of about 5 acres, Melbourne will be needing some 15 to 20 additional hospitals when the population reaches 2,000,000, and 30 when the population reaches 2,500,000 if the new hospitals are confined to that size. Probably, however, some of the more important suburban hospitals will have more than 300 beds, thereby decreasing the total number of new hospitals required. In Sydney four major 600-bed suburban hospitals are planned and it would seem logical to make provision here for a similar pattern of development fitting into the broad district community structure. The Hospitals and Charities Commission consider a desirable site for a 500-600 bed hospital is 10-15 acres, according to the location.

Locational Requirements for General Hospitals: The principal factors considered by the Hospitals and Charities Commission in selecting new hospital sites are:

- (a) Accessibility from more than one road where possible.
- (b) Close proximity but not direct access to main road.
- (c) Proximity to public transport.
- (d) The site should be well drained and preferably on a slight slope.
- (e) Adequate water and sewerage facilities.

Normally the hospital site area provides parking space only for staff and service vehicles, leaving the bulk of visitors' cars to be parked outside the site. Modern American standards include provision for one car space for each bed to cater for visitors' cars and this practice should be followed here.

The importance of reserving adequate sites for future hospitals is apparent. Already there are several examples around Melbourne of new hospitals being constructed on insufficient areas because the acquisition of such sites has been left so late that residential development has absorbed all larger areas. The new proposed Brighton District Hospital site is a good example. Here it is proposed to build a 400-bed hospital on a 4½-acre site, although it is generally agreed that this is one of the most suitable locations for a large district hospital for which an area of

at least 10 acres is desirable. Similarly with other new hospital sites held around Melbourne, such as Preston and Footscray, it is generally agreed that the sites are in most instances not really large enough to cope with the size of hospitals which the surrounding area may warrant when fully developed.

If the sites acquired in the growing outer suburbs are confined to the needs of the next few years only, the problem will only be intensified. The best site for a large district hospital is often the best site for some other purpose so that failure to plan well ahead in rapidly growing areas may ultimately result in the hospital having to be located on an inadequate site or in a less suitable position.

Special Hospitals

These hospitals might be classified under three broad groups: repatriation hospitals, mental hospitals and tuberculosis sanatoria. The general distribution of these various hospitals are set out in Table 68 and illustrated in map 47.

Repatriation Hospitals

These hospitals are all under Commonwealth administration and the scale of their activities is largely dependent on the incidence of war. The present site areas held are believed to be adequate for any likely future developments short of another war. The policy is to concentrate as many general patients as possible at the new Heidelberg hospital which has accommodation for 1,250 beds, and to gradually vacate Caulfield which will eventually become available for other hospital use. Already three wards from the original Caulfield hospital are now being used as a State convalescent hospital, the Repatriation Hospital being largely confined to tubercular cases. Additional facilities will need to be constructed at the sanatorium at McLeod and at the mental hospital at Bundoora, both of which adjoin Mont Park. There is, however, ample space on the present sites to take care of such extensions.

Mental Hospitals

These hospitals are administered by the Mental Hygiene Authority and those located within the metropolitan area

provide for about 60% of the mental hospital bed accommodation of the State. The metropolitan mental hospitals consist of five State-owned institutions, totalling 3,650 beds (96%) and two registered private mental hospitals, accounting for 145 beds (4%). The largest establishment is at Mont Park to the north-east, where an area of some 1,900 acres is used by various mental institutions and tuberculosis sanatoria. The mental institutions in and around the Mont Park area includes Mont Park (1,600 beds), Larundel (320 beds), Bundoora (260 beds), and Janefield (300 beds). These account for over 60% of the mental hospital beds in the planning area. The next largest centre is at Kew where the hospital facilities occupy an area of about 200 acres and provide for 1,200 beds. A third centre is at Royal Park where are located a mental hospital with some 230 beds and a receiving home. Nearby is the Travancore Development Centre for children. Of the two registered private hospitals one is located in Preston and the other in Brighton. In addition there are several other private hospitals which provide for uncertified mental cases.

There does not appear to be any recognised Australian standard for mental hospital beds in relation to population, but the desirable standard in the United States is about 5 beds for each 1,000 persons. On this standard our present population of Melbourne would require some 6,500 beds. The present total of registered beds amount to about 3,800. However, it is difficult to compare these standards without allowing for differences regarding the certification of the insane and for unregistered private hospital beds providing for non-certified cases. It is estimated that the present sites held could provide for expansion to accommodate at

least another 3,000 beds. In addition, the present policy of the Mental Hygiene Authority appears to be towards decentralising mental hospital facilities throughout the country areas and, as with tuberculosis cases, to treat an increasing proportion of voluntary cases as outpatients.

In general, therefore, the present areas held would appear adequate to meet future metropolitan requirements at least for some considerable time. If another metropolitan mental hospital site was ever considered necessary in the future, it could be appropriately located in the rural area to the south-east.

Tuberculosis Sanatoria and Infectious Diseases Hospitals

The tuberculosis sanatoria are administered by a special section of the Department of Health which cares for tuberculosis and infectious diseases. The general policy with regard to the treatment of these ailments is tending to change. The present policy with regard to infectious diseases generally is to incorporate a section for their treatment in each new hospital thereby tending to eliminate the necessity for special hospitals. The same applies in a somewhat lesser degree in the case of tuberculosis, where the tendency is to endeavour to treat an increasing proportion of cases as outpatients. As a result, the Fairfield Hospital is now being used partially for general hospital patients, while the Watsonia project for a large central tuberculosis hospital on an 80-acre site has been abandoned. At the present time there are three special tuberculosis sanatoria being administered by the Department of Health, and one by the Repatriation Department. These include Greenvale (250 beds), located in the north-western part of Broadmeadows, Heatherton (250 beds) in Warrigal Road, Cheltenham, Gresswell

Table 68
DISTRIBUTION OF SPECIAL HOSPITAL ACCOMMODATION
IN MELBOURNE, 1952

District	Repatriation		Mental		T.B. Sanatoria	
	Hospitals	Number of Beds	Hospitals	Number of Beds	Hospitals	Number of Beds
Central	—	—	Royal Park	230	—	—
Western	—	—	—	—	—	—
Northern	Bundoora (Mental)	260	Mont Park	1,600	Greenvale	250
			Larundel	320		
			Janefield	300		
			Pleasant View ⁽¹⁾	65		
Eastern	Heidelberg (General)	1,250	Kew	1,200	Gresswell	200
	McLeod	220				
Southern	Caulfield (General & T.B.)	295	Merton ⁽¹⁾	80	Heatherton	250
	Brighton	17				
Total		2,042		3,795		700

(1) Registered private mental hospitals.