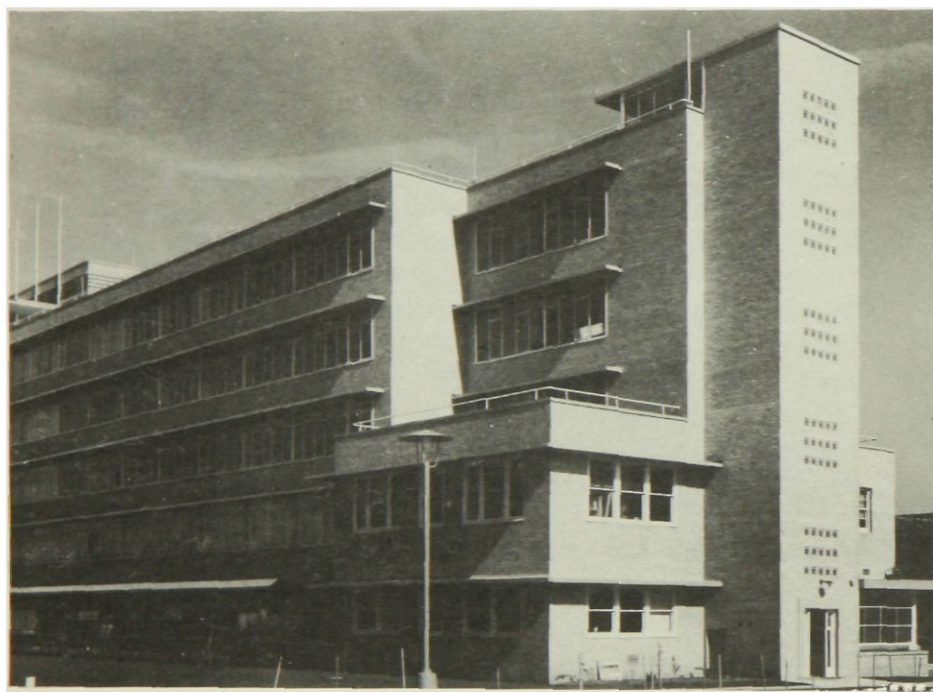




Royal Melbourne Hospital

SOME OF MELBOURNE'S
GENERAL HOSPITALS



Footscray District Hospital



Prince Henry's Hospital



Queen Victoria Hospital

(200 beds) and McLeod (220 beds) adjoining Mont Park. According to the present view of the authorities, it is unlikely that any new metropolitan site will be required for tuberculosis sanatoria or special infectious diseases hospitals.

Convalescent Hospitals

To distinguish them from general hospitals, convalescent hospitals, for purposes of this survey, include all hospitals, both State subsidized and private, which are registered for chronic and convalescent cases only, and which therefore do not cater for any acute hospital cases. The majority of such hospitals are occupied chiefly by elderly people and the proportion of true convalescent cases is relatively small. As will be seen from Table 69 most are private hospitals.

Table 69
DISTRIBUTION OF CONVALESCENT HOSPITALS,
1952

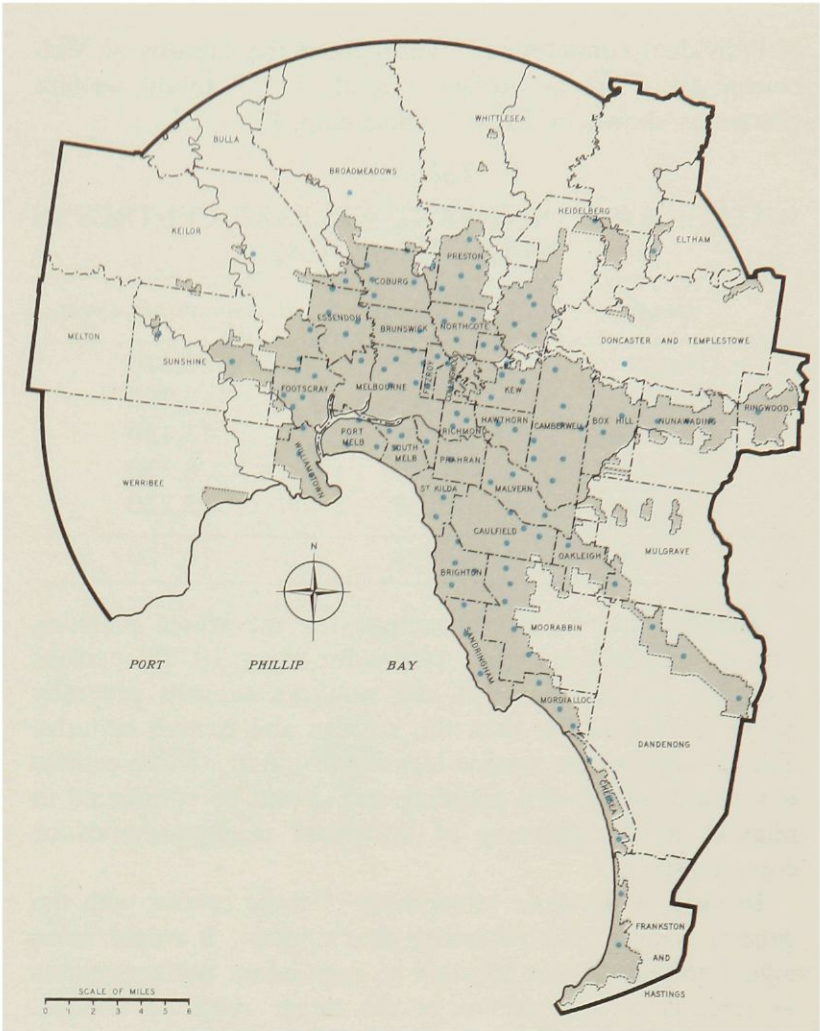
District	State		Private		Total	
	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds
Central	1	130	1	26	2	156
Western						
Northern			10	114	10	114
Eastern	1	48	20	290	21	338
Southern	1	315	34	547	35	862
Total	3	493	65	977	68	1,470

A Medical Centre

The Hospitals and Charities Commission is of the opinion that a higher medical centre should be established in the general vicinity of the Royal Melbourne Hospital and the University of Melbourne. This is already tending to develop with the construction of a new Children's Hospital on a nearby site at the corner of Gatehouse Street and Flemington Road and the rebuilding of the Women's Hospital on the present site. This concept of a higher medical-educational centre has developed extensively throughout the United Kingdom and United States and is favoured both by medical and educational authorities in Australia. Such a centre would provide for medical research and training in association with the University, as well as additional specialised features, such as a neurological centre. The Eye and Ear Hospital is another specialist hospital that needs rebuilding and could well be located in this vicinity. The area suggested by the Commission as most suitable for the development of such a medical centre is the area between the Royal Melbourne and the new Children's Hospital sites.

INFANT WELFARE CENTRES

The Maternal and Child Hygiene Branch of the Department of Health is responsible for the supervision of infant welfare centres, kindergartens and creches. An infant welfare or baby health centre might be defined as a place in which parents may individually or in groups receive health



47 INFANT WELFARE CENTRES

guidance, advice and demonstration in the care of infants and pre-school children. All such centres are administered and subsidized by the State Government, but established by arrangement with the local municipal councils. Kindergartens, on the other hand, are a mixture of State and privately operated institutions, and have been dealt with under education. In the past the function of infant welfare centres was covered to a large degree by clinics at the large hospitals, especially at the Women's and the Children's Hospitals. However, the development over recent years has been towards providing these facilities in local centres.

The desirable standard to be aimed at is that in urban areas there should be a centre within ½ mile walking distance of every home. The Department of Health considers that there should be a one-nurse centre for every 5,000 population, although this is subject to variations according to the age, income structure and density of the population.

The availability of public transport facilities is another factor to be taken into account, and it may be found desirable to have one large centre with two nurses regularly in attendance rather than two smaller ones where a desirable central location is well situated in relation to the public transport system of the neighbourhood.

It is difficult, therefore, to apply overall standards to broad areas as much depends on the varying requirements

of individual communities. Throughout the suburbs of Melbourne there are at present a total of 128 infant welfare centres as shown in Table 70 and map 47.

Table 70
DISTRIBUTION OF INFANT WELFARE CENTRES IN
MELBOURNE, 1952

<i>District</i>	<i>Number of Centres</i>	<i>Population per Centre</i>
Central	21	12,320
Western	14	7,790
Northern	26	11,150
Eastern	30	8,730
Southern	37	12,220
Total	128	10,720

These figures show an average for the whole planning area of one infant welfare centre for every 10,700 persons with the northern, central and southern suburbs generally being more deficient than the western and eastern suburbs. The question of the precise location of infant welfare centres is a matter of detailed planning and should be considered in relation to the planning of individual neighbourhoods or communities.

In view of the close relationship of these centres with the general pattern of community development, it would seem logical to consider the location of large infant welfare centres in relation to the pattern of the larger shopping centres. This might prove not only more economical from a community viewpoint, but also more convenient to mothers who would then be able to co-ordinate activities more conveniently.

Other factors that should be considered in locating infant welfare centres are:

- A site area of about 5,000 square feet is desirable for a one-nurse centre.
- Provision for parking cars and prams.
- Ease of access.
- Proximity to public transport.
- Insulation from noise and dust, smoke and other nuisances.

CEMETERIES AND CREMATORIA

In considering the future needs of Melbourne with regard to cemeteries and crematoria there are three main factors to be taken into account—the population growth, the death rate and the proportion of dead likely to require cremation. Having arrived at an estimated figure of the number likely to be cremated and the number likely to require earth burials, it is then a matter of relating these figures to the facilities available and making adequate provision to meet the estimated future needs.

Death Rate

The crude death rate of Melbourne has been fairly

constant over the past 20 years as shown by the following figures:

<i>Year</i>	<i>Deaths per 1,000 persons</i>
1930	8.91
1935	10.67
1945	10.31
1947	10.80

An average of 11 persons per 1,000 of population is considered to be a reasonable figure for making future estimates. If the population grows to 2,500,000 within the next 50 years, then it is reasonable to anticipate a total of about 1,000,000 deaths over this period.

Cremation

The percentage of cremation to earth burials has shown a steady increase each year since the first crematorium was established in Victoria.

Table 71
PERCENTAGE OF CREMATIONS, 1932-1950

<i>Year</i>	<i>% of Cremations to the total deaths of Melbourne</i>
1932	2.1
1935	4.7
1939	11.1
1944	19.2
1947	23.7
1950	29.3

There are varying opinions as to how high the figure for cremation may rise in the future. This will depend on several factors, the principal one being the religious one. In some overseas cities the percentage is already above 60% and is continuing to rise. The Funeral Directors' Association is of the opinion that it is reasonable to anticipate that a figure of 66% will eventually be reached in Melbourne, while the Health Authorities feel that with the present religious attitude it will level out at about 35%. If a figure of 40% is taken as a reasonable compromise this would mean that over the next 50 years the city would need to provide for 400,000 cremations and 600,000 burials.

Burial Facilities in Relation to Future Needs

The cemetery facilities at present available for earth burial within the metropolitan area are set out in Table 72, the location of the cemeteries being shown in map 48.

Additional areas of 200 acres at Fawkner and 150 acres at Williamstown have been or are being acquired.

At Spring Vale a count by the Trustees showed 876 graves per acre and over the past 5 years there has been an average of 1.57 burials per grave. The majority of old cemeteries average over two burials per grave. It is therefore reasonable to allow for 800 grave sites per acre and over a long period two burials to each grave site. On this basis and assuming 40% cremation, the existing cemeteries and the