

# SOUTH AUSTRALIAN HOSPITALS.

## Fifth Annual Conference.

### Benefits of Hospital Rating System.

The fifth annual conference of the South Australian Hospitals Association was opened at the Lister Hall, Hindmarsh square, Adelaide, on Tuesday morning. Dr. W. H. Russell (President of the association), who had been appointed Chairman of the Conference, presided over an attendance of between 50 and 60 delegates from hospitals throughout South Australia.

In welcoming the delegates to the conference, the President said their attendance augured well for the future prosperity of the hospitals in the State, and of the association's work, and he trusted that their deliberations would meet with results that would be of great benefit to both. He also cordially welcomed the Chief Secretary (Sir John Bice). Since their last conference the King had bestowed the honour of knighthood upon him—an honour, the merit of which was generally recognised, in view of his great service to the State. The association had evolved the best system of hospital management in the Commonwealth, and the success of its efforts had been largely due to the work of Sir John Bice. In him they had a friend who understood their wants, and they appreciated especially his efforts to bring about the present system of hospital rating. There would always be the closest co-operation between the association and the department he controlled in all matters affecting the welfare of hospitals in the State. (Applause.)

#### Beneficial Legislation.

Sir John Bice said that much of the credit for any effective legislation which had been associated with his name was really due to one whose full services to the State it would be difficult to estimate—the late Hon. A. H. Peake. The Hospitals Rating Act was forced on his attention possibly from the large demands made on behalf of the association on the Treasury, and the credit for the development of the whole of the association's work was largely due to the legislation which he (the late Mr. Peake) had effected. The Rating Act was the coping stone to the system of hospital organization. It resulted in ensuring their permanent maintenance. In New Zealand they had a system whereby certain districts were made hospital districts compulsorily; but with the method now adopted in South Australia it depended upon the voluntary determination of the people themselves whether their districts should be so equipped. While he hoped that the Act would be of benefit there were yet difficulties to be faced in the matter of the allocation of districts. Before any consideration could be given to alterations in districts a determination had to be arrived at by the people concerned. The system was one of great interest to the public and to the Government, and any improvements they could make to the conditions of people living in the country districts would be an improvement also in the effective settlement of the country. The interests of the association were largely those of the country, and the Government had tried to administer benefits impartially to the hospital interests of both city and country. Last year they had contributed something like £18,000 towards the establishment of memorial hospitals in the country, and if Parliament were sometimes charged with not supporting soldiers' memorials it should, at least, be credited with that. In the city hospitals too, the Government had not been neglectful. As far back as 1909 he had introduced a proposal for the removal of the present consumptive home on North terrace, and while it had been vetoed at the time, they had now decided upon the plans for a fine new sanatorium at Bedford Park for consumptives—a home that would be a credit to the State, and one that would supply a long-felt want. The Adelaide Hospital was also to have important additions in the form of new wards, involving an expenditure of £350,000. That would bring the building to such a standard as to compare favourably with any in the Commonwealth. A new mental home scheme had also been launched. They had also a fine dental hospital which would provide all the training required by students of dentistry in the State, and that completed

everything to the State stood in need of in the way of ministry to the sick. There was, however, another scheme which he had in mind, and which he would like to see consummated. That was the establishment of infirmaries for intermediate cases. At present, cases being taken at the Adelaide Hospital necessitated an expenditure of from £3 3/4 to £4 1/4 a week each, whereas, under the infirmary scheme, a saving of £2 2/4 a week per patient could be effected. He wished the association continued success, and thanked them for their co-operation in the work of his department. (Applause.) At the instance of Mr. V. G. Petherick, M.P., and Mr. Hawke, Sir John Bice was accorded a vote of thanks for his address to which he suitably responded.

#### Reason for Satisfaction.

The President, addressing the conference, said that each year found an increase in their number of delegates. They had evolved a system of management of hospitals of which they could feel justly proud. When it was considered that they had treated more cases than the Adelaide Hospital, more than twice the number of maternity cases dealt with at the Queen's Home, and had indirectly been the means of saving about £40,000 for the public purse, and that their buildings and equipment were a credit to the State, it would be realized, also, that the way in which their hospitals were managed might well be taken as pattern by the hospital associations in other States. In speaking of finance, the President dealt with the various difficulties they had experienced. He cited the difference in methods of financing in different parts of the world. In South Australia, he said, there were a few State hospitals in the country towns, and most of them were under the rating system. It was an ideal system, because the people shared, on equal terms, the responsibility of the hospitals. Under the old voluntary system there were many obvious difficulties, and as the districts got to understand the justice of the rating system they would be more generally satisfied with the scheme. The affairs of the association had run smoothly throughout the year. The hospitals had been largely used as training schools both for general nursing and maternity nursing. They had not achieved that facility without many difficulties. The great objection to making training schools of the hospitals were the maternity cases. He had been connected with the subsidized hospitals for a life time, and was well acquainted with all the conditions. It had been recently said that their hospitals could not train maternity nurses, and that the practice was an unfair one to the public. Knowing the hospital conditions well, he (the speaker) could emphatically controvert that statement. There were always a matron and a medical man in charge. The art of obstetrics had made tremendous strides, and there was always a double-certificated nurse in charge. Those conditions could not even be compared with those at the Queen's Home, where the aid of a medical man was invoked only in the event of complications. It was said there was to be an amendment of the Nurses Registration Act to exclude maternity nurses from taking a certain class of cases. If they did that they would create class distinction, which would act as a distinct deterrent to nurses so training, and the association would strenuously resist all such attempts to alter the Act. The time had come when the rights of the association had to be considered, and the rights also of the nurses under the employ of the association. The result of the recent maternity examination was disastrous, so far as the nurses were concerned; only one nurse had passed the examination. He had gathered that there was a decided atmosphere antagonistic to the nurses of the institution. The examiner had asked where they were trained. That was colossal impudence, and was unheard of in ordinary practice. One nurse had been told that she could not train in a country hospital, and it was lowering the status of the nursing profession to do so. He (the speaker) was there to insist that every nurse in their employ got due consideration, and he hoped that the association would send on a strongly worded protest to the authorities to see whether due consideration could not be enforced. He thanked Mr. C. Spiller for the work he had done throughout the year. (Applause.)

#### Functions of a Hospital.

Dr. B. H. Morris (Inspector-General of Hospitals) spoke on the relative position of one department of the hospital to another. The staff existed indirectly to alleviate the sufferings of the distressed, and the board of management had indirectly a similar function. It was as well to remember that if there were no patients there would be no hospital; so those various units should remember that they were all subservient in importance to the chief person in the hospital—the patient. Unless the medical, surgical, nursing, and domestic units should therefore attain to the highest degree of co-

operation under the direction of the board, the greatest efficiency could not be achieved in the treatment of the patient. There should be a responsible medical officer attached to every hospital, under whose immediate control the matron and the nursing staff should be. He should be a member of the Medical Board, and should be consulted on all matters in which professional advice was required. Appointments and dismissals should be subject to his advice. The matron was responsible for the carrying out of all directions of the medical officer. The efficiency of the nursing staff was a vital essential to the successful running of the hospital. The duty of the board was to provide decent and comfortable living conditions, and to enable probationers to obtain the early part of their training. That was one of the duties of the board. If no such provision was made, it made it doubly difficult for hospitals to obtain adequate staffs. It also safeguarded the public from the services of unqualified nursing help. (Applause.)

#### Dangers of the Dining Table.

Dr. E. Angus Johnson spoke on "Unsuspected dangers of the dining table." He said they had the best food conditions in the State in the matters of food in the original state, but in the matter of delivery one of the greatest dangers to guard against was dirt. Especially was this the case with regard to milk. He quoted from authorities to show how prevalent dirt had been shown to exist from a number of test cases. The adulteration of milk with water, and the question of preservatives in foods were also dealt with.

The doctor was thanked for his address. Thanks were also accorded to Dr. W. H. Russell for his presidential discourse. Add South Aust. Hospital Association.

#### Sympathy With the Association.

Dr. F. S. Hone, in addressing the conference, said he sympathized with the important work being done by the association. The country hospitals in South Australia had made a marked development. The needs of the conditions of settlers in the country had never before been so acute. Up to the present time the country settler had not suffered greater disabilities than those of residents in the city, except in the matter of water supply and sewerage. From 1890 to 1910 those conditions had been revolutionized. Electric light, motor cars, reservoirs, and other improvements all made for better conditions, and the establishment of country hospitals had revolutionized the life of the country settler, and the country practitioner. It offered scope for brilliant students to open up practices in the country. It was usual to look upon the work of hospitals as curative, but he had been struck with the fact that it was in a large measure preventive also. Separate infectious blocks should be a part of all country hospitals, and patients suffering from infectious diseases should be treated without charge, because they were isolated in the interests of the public. He felt the need of a chain of adequate laboratories attached to country hospitals, and he expressed the opinion that they would be established within the present generation. A laboratory at Morgan would serve four hospitals between Renmark and Kapunda, but it was necessary to establish X-ray and bacteriological laboratories to supply the needs of the Murray districts. Post-natal attendance was eminently desirable in the country maternity cases, and instruction in ante-natal care should be undertaken also. He did not favour the increase of the bonus, but the Commonwealth should provide extra allowances to those institutions which provided ante-natal and post-natal treatment.

#### Hospital Administration.

Mr. Inkster read a paper prepared by Mr. F. Cole on the subject of "Hospital administration."

#### The Year's Work.

Mr. C. Spiller (secretary), in submitting the annual report, said that there were 31 hospital members. Staffs numbering 127 had been secured during the year, including 10 matrons, 53 nurses, 59 probationers, and 5 domestics. The uniform system of training of probationers had resulted in a greatly improved supply, though some difficulty had been experienced in securing charge nurses and matrons. Sixteen trainees had been placed for midwifery training. Supplies at a cost of £2,301 had been purchased by the association, which resulted in a saving of £230 in hospital expenditure. (Applause.)

#### Free Parliament.

It was resolved that the association should endeavour to arrange with the District Councils Association to fix a uniform

date convenient to all municipal councils for the payment of contributions under the Rating for Hospital Purposes Act.

The matter of uniformity of fees for patients in all subsidised hospitals was referred to the council for consideration.

The proposal that the dates for the rendering of statistical returns should be adjusted so as to necessitate the rendering of only one return was carried.

To enable the outlying country hospitals to participate more fully in the benefits of the association, it was resolved that all appointments to nursing staffs should be made through the association, so far as possible, and the same sequence as applied for by the associated hospitals.

It was decided that the association should pay the expenses of members attending council meetings.

The matter of standardizing the forms of the records and other books connected with the administration of country hospitals was referred to the Inspector-General of Hospitals for consideration.

It was resolved that the medical officers of the country hospitals should be asked to confer on country hospital practice.

A motion reading:—"That members of the nursing staff of country hospitals should be granted concession fares, when proceeding to hospitals to take up appointments, and during the period of their annual leave," was agreed to.

It was resolved that the attention of the Government should be directed to the fact that no provision had been made for the medical treatment of boy immigrants.

## GOVERNMENT MEDICAL INSTITUTIONS.

### A COMPREHENSIVE PROGRAMME.

An interesting statement of the Government's activities in relation to medical institutions was made by the Chief Secretary on Tuesday.

In his inaugural address at the annual conference of the Hospitals Association the Chief Secretary (Sir John Bice) said though the Government had been chided for their failure to take any decisive step in connection with the soldiers' memorial in the city they had expended £18,000 for the erection of permanent soldiers' memorial hospitals in the country. They had also embarked upon an extensive programme of medical institutions in the city. Though the erection of a new consumptive home had been postponed from 1909, Parliament had now approved of the building of a sanatorium at Bedford Park which would be a credit to the department. They were also committed to an expenditure of £350,000 on renovations and additions to the Adelaide Hospital, and as an outcome of the improvements that institution would be brought into line with those in the other capital cities. Plans were being prepared for a new mental hospital, and the work, which it was anticipated would extend over ten years and involve an expenditure of £1,000,000, would be commenced in the near future. A thoroughly modern home would be erected so that it would not be possible for the statement to be repeated that some mental homes were out of date, but Adelaide was B.C. (Laughter.) A receiving-house had been provided at Enfield, and a new infectious diseases block was under consideration. The new dental school in connection with the Adelaide Hospital would render it possible for students in dental surgery and science at the Adelaide University who had hitherto to go to the eastern States to complete their studies, to remain at home. The new hospital was equal to anything in Australia. So far the Government had done virtually all that had been asked of them, but he still desired to see a system of infirmaries established for the treatment of intermediate cases. At present they were spending from three to four guineas a week in the care of such cases, but he had made enquiries in other States and collaborated with Dr. B. H. Morris, and hoped to secure the erection of infirmaries where patients would receive the best of attention at a reduction of about 25 on the present expenditure and would be able to spend their last days there in peace.