

COMMITTEE SEPTEMBER 10th.

51 Committee Meeting Sept 10 1975 Present Mefor Doughed, (in the Chair) Lungland, " Mr Arugherty that the Government bis asled to grant five weres of land for as with for the proposed Apoputal at Absorbam, suggesting a portion of the Police, haddock its the most eligible for the purposes, I that Arolly Bain he requested to present as polition to the Southment to that effect.

The Smith - Carried Me Smith that Considers to printed and sent to all the Stations in the districts, asking there aid in Justinances of the object in min.

Me Mi Imme. Carried. In Dougherty, that In In: Innes be appointed beaune Carried. Are Langlands that J. B. Words to appointed tomporarily to fill the office of Collector Garries. made brughout, that heretay be appointed rece the de to have sport in well as to have be port in well as to have the house

Extract from Horsham District Hospital Minute Book, Sept. 10, 1873.

Messrs. Dougherty (in the Chair), Present: Langlands, McInnes, Lawton and Cameron Smith.

Mr. Dougherty, that the Government Proposed by: be asked to grant five acres of land for a site for the proposed Hospital at Horsham, suggesting as portion

of the Police paddock as the most eligible for the purpose, and that Mr. McBain be requested to present a petition the the Government to

that effect.

Mr. Smith — Carried. Seconded by:

Mr. Smith that Circulars be printed Proposed by:

and sent to all the Stations in the districts, asking their aid in further-

ance of the object in view.

Mr. McInnes — Carried. Seconded by:

Mr. Dougherty that Mr. McInnes be Moved by:

appointed treasurer.

Mr. Clark—Carried. Seconded by:

Mr. Langlands that J. B. Woods be Proposed by:

appointed temporarily to fill the

office of Collector.

Mr. McInnes — Carried. Seconded by:

Mr. Dougherty, that Secretary be Proposed by:

authorised to have printed all neces-

sary forms and circulars.

Mr. Langlands — Carried. Seconded by:

F. Lawton — Chairman.

GOVERNING **BOARD OF** MANAGEMENT

President:

Dr. R. E. Abud, M.B., B.S., F.R.A.C.P.

Senior Vice-President:

Mr. R. R. Burgess, Ph.C., M.P.S.

Junior Vice-President:

Mr. M. W. Cuddihy, M.A. (Leeds), L.A.C.S.T., T.P.T.C., M.A.A.S.H.

Immediate Past President:

Mr. D. J. McFarlane.

Honorary Treasurer: (Government Nominee)

Mr. K. H. Lovett, F.A.S.A., F.I.M.A., L.M.A., J.P.

Board of Management:

Mr. G. B. Heard.

Mr. G. B. Lind.

Miss M. A. R. Smith,

Mrs. H. M. Mitchell, J.P.

Dr. M. M. O'Brien, M.B., B.S., F.R.A.C.G.P.

Mr. R. W. Shepherd, J.P.

Mr. R. B. Stewart, L.L.B.

Auditor:

Green, Taylor & Greenall Chartered Accountants.

Solicitors:

Power and Bennett.

Bankers:

Commercial Banking Company of Sydney.

R. S. Demaine, Russell, Trundle, Armstrong and Orton Pty. Ltd.

Manager:

Mr. G. T. J. Henry, B.H.A. (N.S.W.), A.H.A. (Prov.), L.I.B.A., A.A.I.M.

Executive Committee:

Dr. R. E. Abud.

Mr. R. R. Burgess.

Mr. M. W. Cuddihy.

Mr. G. B. Lind.

Mr. K. H. Lovett.

Miss M. A. R. Smith.

Dr. T. V. Walpole, Chairman,

Visiting Medical Staff.

Mrs. G._M. Curran, Director of Nursing.

Mr. G. T. J. Henry, Manager. Dr. M. A. Griffiths, Medical Administrator.

Mr. R. E. J. Maher, Secretary.



Dr. R. E. ABUD, M.B., B.S., F.R.A.C.P. **PRESIDENT**



Mr. G. T. J. HENRY, B.H.A. (N.S.W.), A.H.A. (Prov.), L.I.B.A., A.A.I.M. MANAGER

BOARD OF MANAGEMENT REPORT

The year under review was one containing many highlights and brought a great deal of satisfaction to the Board as some of the plans from past years came to fruition during 1978/1979. A number of these highlights are listed below:

1. OPERATING COSTS:

The Board continued to monitor hospital costs in line with calls by State and Commonwealth Governments for hospitals to be cost conscious. The success of the efforts mode by the Board and staff of the Hospital, can be seen in the financial statements attached to this report, once again, the Board is pleased to report that this result hos been achieved without the reduction of any services.

2. BOARD OF MANAGEMENT:

There hove been no changes to the membership of the Board of Management during the year, and I would like to express my appreciation to all members of the Board for their attendances at many Board and sub-committee meetings and their contribution to the Hospital throughout the year.

APPOINTMENTS OF SENIOR STAFF:

In December, 1978, Mr. S. G. Phillips resigned as Manager of Wimmera Base Hospital, following his appointment as Business Manager and Deputy Chief Executive Officer of The Royal Women's Hospital in Melbourne. The Board of Management was pleased to appoint the Assistant Manager, Mr. G. T. J. Henry, to the position of Manager.

In the last Annual Report, it was recorded that Miss Joan Matuschka had resigned as Director of Nursing, following an extensive period of sick leave. The Board of Management was fortunate to be able to appoint Mrs. G. M. Curran, the then Deputy Director of Nursing to the position of Director of Nursing.

The Hospital was also fortunate to be able to appoint Mr. R. E. J. Maher as Assistant Manager, following previous appointments in the Hospital field in Tasmania.

4. THE SIR ROBERT MENZIES NURSING HOME:

The outstanding event of the year was the opening of The Sir Robert Menzies Nursing Home in December, 1978, by Dame Pattie Menzies, and Mrs. Heather Henderson.

The Board of Management was particularly pleased that Sir Robert Menzies agreed to the Nursing Home being named after him, because of Sir Robert's strong links both with the Wimmera Region and his interest in the care of the elderly.

The Board was extremely grateful that Sir Robert's family were able to attend the opening of the nursing home and officiate at the ceremony.

The Board of Management believes that The Sir Robert Menzies Nursing Home is a fitting monument to the greatest son of the Wimmera.

5. BUILDING PROGRAMME:

Approval was received from the Health Commission of Victoria to proceed with working drawings and specifications for Stages 1 and 2 of the major rebuilding programme, estimated to cost in the vicinity of \$8 million. The Health Commission has agreed that the Hospital is in need of re-development, but is unable to announce a commencement date owing to the shortage of capital funds presently facing the health field.

A new five bed Intensive Care Unit will be completed during 1980 and the Health Commission has advised that it will reimburse the Board of Management the cost of the Intensive Care Unit up to a maximum of \$250,000. The Board is particularly pleased that this Unit will soon be built, because many donations were given during the Centenary Appeal, specifically for this Intensive Care/Coronary Care Unit.

The Engineering Department has been responsible during the year for carrying out renovations for the Operating Theatres, Special Care Unit, Ward 8, the old Pathology Building, and has completed the Fire Ring Main. The Board is pleased to report that the standard of workmanship maintained and the amount achieved by this Department of the Hospital, has been excellent.

6. EDUCATION PROGRAMMES:

The Board of Management during the year, agreed to staff conducting a "Sports Injury Seminar" and a series of Seminars on "Care of the Aged at Home", which were open to the public. These activities were well attended and it is hoped that similar education programmes will be conducted regularly in the future.

7. WORK EXPERIENCE:

Over 100 secondary school students worked at the Hospital for one week each during this year. Through this programme, students are able to gain some knowledge and experience of jobs found in the Hospital and the Board is pleased that it can continue to take part in this programme.

8. STAFF:

The Board was pleased to be able to obtain the services of Dr. G. Humphries as Assistant Pathologist, following a distinguished career in the R.A.M.C.

The Hospital was fortunate to be able to participate in the training of doctors in general practice through the Family Medicine Programme conducted by the Academy for General Practice.

The Board would like to take this opportunity of thanking all staff members for their contribution to the Hospital during the year. A hospital is only as effective as the staff who work in it, and in this regard, the Board of Management feels that Wimmera Base Hospital is providing a service to the Community at least equal to anything obtainable elsewhere.

The Board of Management was once again pleased to see the contribution made by the Staff Liaison Committee which has raised \$1,938.58 during the year.

CONCLUSION:

The Board would like to express its thanks to the Health Commission of Victoria, for the co-operation which it has given to the Hospital, the Horsham City Council, the News Media and to all other members of the community who have supported the Hospital during this current year, particularly Service Clubs, the Ladies Auxiliary and Barkuma.



REGIONAL SERVICES — '79 versus '69:

The provision of Regional Services to the Wimmera has formed an important part of the Base Hospital's organisational structure and service for a considerable number of years. In fact, a somewhat pioneer programme began in 1954.

However, since that time there has been an increase in the number and type of service provided and the format of the service has undergone marked change. It is with this aspect in mind that I would like to highlight the increases and emphasize the changes that have taken place over the last ten years.

Perhaps, one method of depicting the increase in services is via a statistical chart. The following chart is based on figures to the end of the financial year in each case:—

Regional Services Provided	1969	1979
Pathology Specimens	8831 per annum	18042 per annum
Radiology (patient visits)	147 average per month	248 average per month
Physiotherapy Treatments	Limited Visiting Service	3742 per annum
Occupational Therapy Treatments	Limited Visiting Service	138 per annum
Group Linen (including Wimmera Base Hospital)	8.7 tonnes/week	16.4 tonnes/week

Of Course, the expansion of the regional programme over this period has necessitated increases in staff establishments together with the resultant increase in expenditure for salaries and wages, material supplies, and transport costs to name but a few. Added to this has been the requirement to purchase new and more sophisticated technical equipment

together with additional motor vehicles so that services can be simultaneously maintained.

As well as expansion, the regional programme has undergone some extensive changes. The following list of additional services that were not available in 1969 serves to highlight the extent of the Base Hospital's involvement over the ten-year period:—

ADDITIONAL REGIONAL SERVICES, 1979

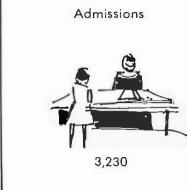
Туре	Content
Speech Therapy	A recent innovation in the regional context, with 778 treatments for the year ended June 30, 1979.
Pharmacy	Pharmaceuticals supplied to Annexe and Regional Hospitals: 18,464 items at a total cost of \$30,231 for the year ended June 30, 1979.
Personnel	Consultative service by the Base Hospital's Personnel and Training Manager in personnel responsibilities and assistance with recruitment of staff.
Medical Records	Base Hospital staff provide installation services and attend to regular maintenance programmes and morbidity statistics.
Payroll	As a result of computer facilities available at the Base Hospital, a regional payroll service is able to be maintained. The service covers approximately 1,300 staff including the Base.
Dietary	A Regional Dietitian provides dietetic and outpatient referal services including nutritional supervision for patients.
Social Welfare	Provision of counselling services and the supply of necessary therapeutic aids.
Geriatric	The appointment of a Regional Geriatrician has facilitated co-ordination of Geriatric Services in the Wimmera Region.
Catering	The Food Service Manager provides an advisory service to all Annexe and District Hospitals as required.

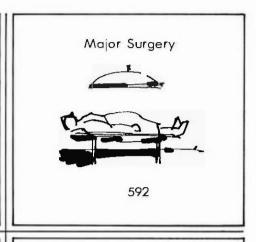
The provision of Regional services, as mentioned above, is not without cost both in the form of staff remuneration and expenditure in equipment and supplies. Nevertheless, the regional programme receives high priority in the Hospital's objectives and

our future aim will continue to be one of assistance whenever possible and practical.

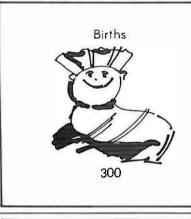
R. E. J. MAHER, B.H.A. (N.S.W.), A.H.A. (Prov.), Assistant Manager.

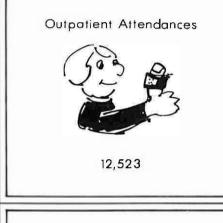
ACTIVITY REPORT FOR THE YEAR 1978/79





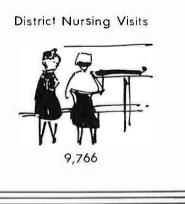






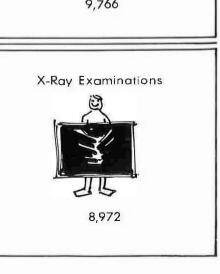
















31,495

Pharmacy Prescriptions

Outpatients – Day Centre – Discharge



5,765

Physiotherapy Treatments



24,014

Occupational Therapy



Treatments 19,223

Speech Therapy



Treatments 2,587

Dietetic Services



13,918

Meals Prepared



214,694

Laundry Output



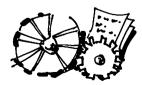
(Kilograms) 792,064

Steam Generated



(Tonnes) 16,710

Engineering Requisitions



1,932







Dame Pattle Menzies, G.B.E., unveiling the plaque for the Sir Robert Menzies Nursing Home.

A photo of the excellent facilities that patients enjoy in the Sir Robert Menzies Nursing Home.

Diahnn Abud presenting a bouquet of flowers to Dame Pattie Menzies.



Dame Pattie talking to one of the patients at the Sir Robert Menzies Nursing Home.

Mrs. Peter Henderson speaking at the opening of the Sir Robert Menzies Nursing Home.

Dame Pattie Menzies speaking to Sister J. Hanby, accompanied by Dr. R. E. Abud,



A view of portion of Str Robert Menzies Nursing Home.

THE HIGHLIGHT OF THE YEAR . . .

Opening of the Sir Robert Menzies Nursing Home, opened jointly by Dame Pattie Menzies, G.B.E., and her daughter, Mrs. Peter Henderson, on December 17th, 1978.

SIR ROBERT MENZIES

95 COLLINS STREET
MELBOURNE C.1 VICTORIA
TELEPHONE 63 9463

21st April, 1978

Dear Mr. Henry,

I have been informed of your recent telephone call to my Office when you advised that a 50-bed frail aged Unit will soon be completed at the Wimmera Base Hospital, Horsham.

I am honoured that you should wish to name this Unit after me, and am pleased to let you have my permission to do this.

My daughter, Mrs. Peter Henderson, has indicated that she would be willing to officiate at the Opening Ceremony which, I understand, may be sometime in July next, but I will await your further advice regarding the exact date.

Unfortunately it will not be possible for me to be present at this function, but my wife is pleased to accept your invitation and she will accompany our daughter to the Opening Ceremony.

Would you please pass on to all those connected with the Wimmera Base Hospital my very best wishes.

Yours sincerely,

molens alaysis

(R.G. MENZIES)

Mr. Gary Henry, Secretary, Wimmera Base Hospital, Baillie Street, HORSHAM. VIC. 3400

Copy of letter received from Sir Robert Menzies authorising the use of his name for the Nursing Home.

MEDICAL STAFF

as at 30th June, 1979

Medical Administrator:

M.A. Griffiths, M.B., B.S., D.A. (Melb.), F.F.A.R.A.C.S.

Director of Pathology:G. B. Leyton, M.A., M.D., D.C.P., F.R.C. Path., F.R.C.P.A.

Director of Anaesthesia.

R. C. Bennett, M.B., B.S., D.A. (Lond.), M.F.A.R.C.S.

Director of Radiology:

L. Wong Shee, M.B., Ch.B., M.R.C.R.A.

Dental Surgeon:

Mrs. J. McCombe, B.D.Sc., L.D.S.

VISITING MEDICAL STAFF

as at 30th June, 1979

Physician:

Ř. E. Abud, M.B., B.S., F.R.A.C.P.

Consulting staff:

T. V. Walpole, M.B.E., M.B., B.S., F.R.A.C.G.P. (Chairman, Visiting Medical Staff). M. M. O'Brien, M.B., B.S., F.R.A.C.G.P.

Surgeons:

G. S. R. Kitchen, M.B., B.S., R.A.C.S. E. G. Brownstein, M.B., Ch.B., F.R.C.S. (Edin.), F.R.A.C.S.

Obstetrician and Gynaecologist:

E. T. Miller, M.B., B.S., F.R.C.O.G.

Opthalmologist:

D. Kaufmann, M.B., B.S., F.R.A.C.S.

Orthopaedic Surgeon:

J. S. Morley, M.B., B.S., F.R.C.S., F.R.A.C.S., L.R.C.P.

Medical Officers:

R. A. M. Taylor, M.B., B.S. (Lond.), L.M.S.S.A. A. McBain, M.B., B.S.

P. P. Haslau, M.B., B.S., F.R.A.C.G.P.

J. Howard Grey, M.B., B.S.

C. H. Foord, M.B., B.S., Dip.Obst., R.C.O.G.

G. A. O'Brien, M.B., B.S.

J. Jenkinson, M.B. B.S.

Assistant Medical Officer:

L. Lloyd, M.B., B.S.

Oral Surgeon:

P. Bowker, M.D.Sc., F.D.S.R.C.S. (Eng.).

Dental Surgeons:

C. W. Pearson, B.D.Sc., L.D.S.

G. Mason, B.D.Sc., L.D.S.

D. Lye, B.D.Sc., L.D.S.

P. Bourke, B.D.Sc., L.D.S.

NURSING STAFF

as at 30th June, 1979

Director of Nursing:

Mrs. G. M. Curran, Dip. Theatre Man., F.C.N.A.

Deputy Director of Nursing:

Miss S. Steele, Dip. N. Admin., F.C.N.A.

Assistant Director of Nursing:

Mrs. N. Wright.

Acting Assistant Director of Nursing:

Mrs. P. Hutchinson.

NURSE TRAINING SCHOOL

as at 30th June, 1979

Principal Nurse Educator:

Mr. T. W. Carran, Dip. N. Ed. (Lond.).

Senior Nurse Educator:

Miss J. Woolley, Dip. N. Ed.

PARA MEDICAL

as at 30th June, 1979

Chief Pharmacist:

Mr. I. R. Gerlach, Ph.C., M.P.S.

Chief Radiographer:

Mr. H. Kortman, M.I.R., A.R.M.I.T.

Chief Physiotherapist:

Mrs. R. M. Carter, Dip. Physiotherapy, M.A.P.A.

Chief Occupational Therapist:

Mrs. J. Jarred, B.App.Sc. (O.T.).

Chief Speech Pathologist:

Miss A. Lee B. App. Sc. (S. Path.).

Dietitian:

Miss F. Mitchell, B.S.C., Dip.Diet.

Medical Records Administrator:

Mrs. L. J. Butler, Ass. Dip. M.R.A.

Medical Librarian:

Mrs. J. Sheldon.

MEDICAL ADMINISTRATION

The installation of piped gases to Theatre, Special Care Unit, and selected areas of other wards is a welcome improvement. It reduces the handling of cylinders and almost guarantees continuity of supply and saves money. The engineering staff is to be congratulated on completing this demanding job.

Earlier in the year Dr. L. J. Makeham, Regional Dental Officer, resigned because of ill health. Dr. Janet McCombe is Working part-time in the Dental Clinic. The enthusiasm, skill and vivacity she has brought to the Dental Clinic have endeared her to staff and patients.

The Special Core Unit in Word 3 has been very successful. This is in no small way due to the enthusiasm of the nursing staff and the co-operation received from the medical staff.

The Blood Bank has continued to fuction through the year with the generous help of the voluntary band of workers. Mrs. Corine is trying to alter the roster so that a more even distribution of donors is achieved throughout the year.

Finally, thanks must go to the resident medical staff for its loyalty to the hospital. Each hos contributed to the welfare of patients and the smooth running of the hospital be he on rotation from Preston and Northcote Community Hospital, or The Royal Melbourne Hospital, a full time intern, or an appointee under the Family Medicine Programme.

MAX A. GRIFFITH, Medical Administrator.

NURSING ADMINISTRATION

The year July 1978 to June 1979 has been one of high activity in both patient care and staff training areas, with new staff bringing expertise in their particular fields of nursing.

My appointment as Director of Nursing by the Boord of Management has presented me with a great challenge — I hope I can justify their confidence in my ability and am grateful for the continued support of the nursing staff, medical staff, the President of the Board of Management, the Manager and the staff of all departments in the Hospital.

Miss Sandra Steele has joined the staff as Deputy Director af Nursing. Sr. Jan Claytan has been appointed to the staff of the School of Nursing. Sr. Kathleen Taylar has replaced Sr. Helen Sands as Evening Supervisory Sister. Sr. Shirley Wines is Sister-in-Charge of Ward 8. Sr. Eileen McManus resigned as Theatre Sister-in-Charge after 16 years, we record with gratitude her years af service; Sr. Margaret Glen cammenced duty an August 27 as Theatre Sister-in-Charge to relieve Sr. Nola Wright who has guided its aperation since January 1979. Twa Sisters have been undertaking post basic training in theatre pracedures at Geelang. We are very appreciative af this facility extended to us by the Geelong Haspital.

The completian and cammissioning of the Sir Rabert Menzies Nursing Home and the subsequent transfer of Nursing Home patients from the main Haspital, together with the apening of eleven beds in Ward 8 for canvalescent surgical patients has proved beneficial for patients, nursing and medical staff. The canversion of three beds in the South Wing of Ward 3 to an Intensive and Coronary Care nursing area has enabled nursing staff to gain greater expertise in caring for seriously ill patients. This is reflected in approval being granted by the Victarian Nursing Council for our student nurses to undertake the Practical Intensive Care camponent of their training in this unit, rather than spending time at Western General Hospital, Foatscray.

In Navember 1978 the Victarian Nursing Council approved Wimmera Base Haspital as a School of Nursing under the Nurses (General Training) Regulations 1972. Student nurses who commenced their training prior to Navember 1978 will camplete the course under the Nurses Regulation 1958.

The annual Nurses' Graduation Ceremony was held an March 16, 1979, when Mr. Graham Jayson, Director of Nursing, Royal Melbourne Haspital, was guest speaker. He presented certificates to the following:

Frances CARROLL
Julie FORD
Christina KREUNEN
Joyce LEAR
Maree McCLURE (nee Lynch)
Gillian McCONVILLE
Judith PAYNTER
Paula RABL
Dorathy TRENGROVE
Barbara TREWIN

Pamela BARBER
Thaess COLBERT
Ja-Ann KIRSOPP
Margaret LAWSON
Wendy McCRAE
Julie PETSCHEL
Calleen ROSS
Pauline SMITHSON
Kathleen SLEEP
Catherine WILLIAMS

Miss Paula Rabl was awarded the T. F. Ryan Nursing Prize. Miss Colleen Ross was awarded the Wimmera Base Hospital Past Trainees Prize. Mrs. Frances Carrall was awarded the Academic Award.

In conclusion, I wish to thank the public and the Auxiliaries for their interest and support and all staff members for their loyalty and devotion to duty.

G. M. CURRAN, Director of Nursing.

SCHOOL OF NURSING

The year has been eventful in respect of nurse education, for a number of reasons worthy of note. Firstly, the 1600 hours programme achieved full implementation in our School of Nursing; secondly, from the viewpoint of staff members we achieved security in respect of Victorian Nursing Council regulations, i.e., a minimum of three qualified Nurse Educators; and, thirdly, in respect of equipment we were the recipients of a splendid range of video equipment and a photo-copier. It would thus seem that we have little excuse for failure, for we now have both the staff and the tools!

STUDENT BODY

Currently we have 70 students distributed as follows:

Phase	Commenced Training	Number
Phase 1	February 1979	12
Phase 2A	August 1978	11
Phase 2B	February 1978	10
Phase 2C	August 1977	11
Phase 2C	February 1977	16
Phase 3	August 1976	9
Phase 3	February 1976	1
	TC	OTAL 70

CONCESSIONAL INTAKE

Cecilia Bond, Registered Psychiatric Nurse from Aradale, joined February 1978 Group.

STUDENT ATTRITION

During period 7 students

(Phase 1 = 5, Phase 2 = 2). Cause of attrition being failure to achieve, or maintain, required academic standard.

RECRUITMENT

Interviewing and aptitude testing of applicants continued throughout the year.

STUDENT CLINICAL EXPERIENCE— PSYCHIATRIC NURSING

During the year we have seen the result of the seCondment to Aradale Psychiatric Hospital of our Phase 2 students for a four-week period. Not only have our students found this a rewarding experience but also the staff at Aradale have been gracious in respect of comments regarding the quality of our students.

INTENSIVE CARE EXPERIENCE

During the year we achieved a major breakthrough in this area — through the efforts of management we were liberated from what could only be described as an intolerable rostering problem by the establishment and recognition of our new innovation Special Care Unit. Not only has it saved the trip to Western General, it has also provided equal experience to that formerly obtained.

PUBLIC HEALTH

During the year there has been considerable expansion in this area for which we owe a debt of gratitude to an ever-increasing band of local population and services who donate time and expertise to enlightening students, not only of problems within the area, but also facilitating first-hand experience of function of health services.

STAFF EDUCATION

Mrs. M. Pannan continued her Nurse Education course, via Armadale C.A.E., and is now anticipating her final examination during the coming year. Staff attended seminars in spinal injury management and goals in Nurse Education during the year, for which we express our gratitude to the Hospital Board of Management.

EXTERNAL EXAMINATION

Our students attempted final examination of Victorian Nursing Council, November 1978 and June 1979. Twenty students attempted — all were successful in all parts of the examination. Perhaps it should be stressed that the Victorian Nursing Council examinations are equivalent to the "home" straight in a hurdle race; students will be aware that there is a very hectic time involved in arriving at the "final sprint".

One should not permit the opportunity to pass of offering our thanks to all those dedicated individuals who contribute to the broad range of education offered to our students, particularly the "old faithfuls" who have laboured manfully year by year, but not forgetting more recent volunteers whom we hope will labour in our educational vineyard for years to come.

EDUCATION COMMITTEE

During the year staff have been ably supported by this group of local people who contribute their time and expertise to coping with the dilemma in respect of standards of Nurse Education and other matters requiring extra-faculty wisdom.

T. W. CARRAN.

Principal Nurse Educator.

DEPARTMENT OF PATHOLOGY

This has been the first full year that the Department has spent in its new building. After a number of teething problems with various services the increased space and modern facilities have resulted in a department in which it has become much more pleasant to work, as well as being safer for the staff and more convenient for the patients who attend in ever increasing numbers.

The actual number of specimens received during the year increased to 22,254 which is about 8.3% more than in the previous year. However, this does not by any means show the real increase in the amount of work performed as the number of tests carried out on each specimen also continues to increase compounding the strain put upon the laboratory.

The event of the year was the arrival from England of Dr. G. Humphries, who has taken over the responsibility for Morbid Anatomy, Histopathology and Haematology. The advantages of having two Pathologists in the Department are many, but perhaps the most important is that it allows for some specialization within the major speciality itself, and thus more time and a better-informed service can be given to the ever-increasing number of practitioners who refer patients to us.

Specialization within specialities is one of the trends in modern medicine and it is fitting that a beginning should be made in this at the Wimmera Base Hospital's Department of Pathology, since it serves a large area of Western Victoria and has now joined Ballarat Base Hospital as one of the comparatively few Base Hospitals in Victoria with more than one Pathologist on their staff.

During the coming year it seems likely that the area the Department serves will continue to increase and this would not have been possible had not a second Pathologist joined the Department Staff.

G. B. LEYTON, Director of Pathology.

DEPARTMENT OF RADIOLOGY

During the year, X-ray examinations were carried out on 7,537 patients.

Where X-rays are used so extensively, it is desirable that the radiation dose be kept to a minimum. Basically this requires good radiographic technique, involving accurate positioning of the patient, good judgement of X-ray exposures and collimation of the X-ray beam. In fluoroscopy, image intensification has significantly reduced patient dose. More recently, the introduction of rare earth-intensifying screens has further decreased X-ray exposures. To prevent the small risk of irradiating a very early pregnancy in women, the "10-doy rule" has been adopted—abdominal X-rays being confined to the first 10 days of the menstrual cycle.

Our student, Jenny Dunlop, successfully passed the second year examinations in Radiography, conducted by the R.M.I.T.

L. WONG SHEE.
Director of Radiology



PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department now provides a wide range of services to many types of patients both within and outside the setting of the Wimmera Base Hospital itself.

Five full-time Physiotherapists and one Physiotherapy Aide work in the following areas —inpatients, outpatients, Day Centre, Domiciliary, Cardiac Rehabilitation, Ante and Post Natal, Robert Menzies Nursing Home and a Regional Service.

A continuous Regional Service is provided to Jeparit, Rainbow and Dimboola. One Physiotherapist also attends Minyip Hospital once a week to supervise the Health Assistant who is presently running a program there.

Whilst the types of patients who benefit from Physiotherapy treatment are many and varied there are a number of areas which have received additional attention over the past year.

Care and treatment of the elderly is of increasing concern within this community. The benefits of caring for people within their own homes for as long as possible have been recognised.

The Physiotherapy Department provides a determined rehabilitation program for all disabled patients aiming if at all possible for them to return to their own home. On going home many support facilities are provided including domicillary Physiotherapy if required.

We are also now providing a regular program for those patients requiring long term care in the Robert Menzies Home. Our contribution has been small in this area and with an increase in staff in the new year we anticipate more adequately meeting the needs of these patients.

Recognition is also now given to the need for more expert care in the area of sports injuries. The Physiotherapy Department held a one-day seminar on treatment of sports injuries which was attended by over fifty local trainers and others involved in sport. This very successful day emphasised the need for further efforts to be made into the area of Community education.

Preventative medicine has also been increasingly put into practice as evidence by the increase in referals of, for example, children with early developmental delays and chest conditions. Parents are taught how to best cope with these conditions and prevent future problems. Children from Karkana also attend weekly for assessment and treatment.

The Hospital also recognises the need for continuing education and our Physiotherapy assistant is presently completing the Mayfield Centre's Health Assistance Course.

This year 24,014 "treatments" have been given. We appear assured of a full quota of staff for the next year and look forward to continuing and expanding our services.

ROBYN CARTER, Chief Physiotherapist.

SPEECH PATHOLOGY

During 1978-79, the Speech Pathology Department saw the resignation of Chief Speech Pathologist Ms. Gayle Gilley, and the promotion of Ms. Alison Lee to that position. Ms. Heather McNicol, B. App. Sci. (Sp.Path), a previously bonded student, took up her position as Speech Pathologist in November 1978.

The Speech Pathology Department is involved with both child and adult work, in the from of inpatients, outpatients and Day Centre patients. Particular conditions treated include — cerebral palsy, cleft palate, minimal brain damage, mental retardation, maturational delay, diverse brain damage (result of strokes or car accidents) and laryngectomees — resulting in some level of disturbance of comprehension and/or expression.

Weekly regional services have been maintained to Warracknabeal and District Hospital, Nhill Hospital, Stawell Hospital and Dimboola and District Hospital. Although demand is continually increasing, these services have af necessity been restricted to allow both therapists time to adequately attend to inpatients in Wimmera Base Hospital. Karkana Centre pupils still receive considerable treatment.

An additional service to Wimmera Base and regional hospitals has been talks to mothers of school and kindergarten children as well as Infant Welfare Sisters. We feel this has been most successful and aided both early detection of speech problems and alleviation of parental concern.

An invaluable extension to our services has been monthly visits by Sharyn Deloney, an Audiologist from the Health Department. Numerous hearing problems have been detected and treated thanks to close co-operation between Sharyn and those medical practitioners involved. Expansion of this service to include adult testing is an aim we hope to soon realize.

MS. A. LEE, Chief Speech Pathologist.



FINANCE

CONSOLIDATED STATEMENT OF RECEIPTS AND PAYMENTS FOR HOSPITAL AND NURSING HOME SECTIONS FOR THE YEAR ENDED JUNE 30, 1979

OPERATING ACCOUNT

RECEIPTS		
HOSPITAL RECEIPTS		
Ordinary Government Grants*	\$4,550,000	
Works and Services	75,037	
Medibank Irust rund	75,043	
Special Government Grants	42,348	
Home Nursing Subsidy	16,575	
Special Found Employment Fraining Scheme	11,507	
Inpatient Fees. Non-Inpatient Fees	774,601	
Meals and Accommodation	295,736	
MIEGIS-OII-AAIIGEIZ	84,088 18,856	
Services Provided to Other Institutions (Sale of Steam)	33,000	
Other (Drugs, Property Rental, Refunds, etc.)	68,962	
Total Hospital Receipts	30,702	\$6,045,753
		\$0,043,735
NURSING HOME RECEIPTS		
Government Grant.	6100 000	
Patients' Fees	\$100,000 175,658	
Commonwealth Benefits: Department of Health	238,700	
	200,700	\$514,358
Total Nursing Home		
Total Receipts		\$6,560,111
*Includes \$32,854 not received, being deduction of 1977/78 surplus.		
PAYMENTS		
Salaries and Wages	\$4,499,914	
Superuniugilon	41,067	
ruymenis io visiting /wegical Officers	209,499	
rood Supplies	217,613	
Medical and Surgical Supplies	126,612	
Special Services Departments.	130,391	
Drug Supplies (including Medical Gases) Fuel, Light and Power	159,823 110,974	
Domestic and Laundry Charges	325,899	
Renovations and Additional Works and Services	76,443	
Replacement and Additional Equipment and Repairs.	250,255	
Administrative Expenses	299,495	
	49,960	
Other Payments — Cost Sharing.	16,395	
Bank Interest	15,417	
Total Payments		\$6,529,757
Operating Surplus for 1978/79		\$30,354
Prior Years' Deficit Brought Forward		(17,840)
Accumulated Surplus.		\$12,514
riceomorated 301D:03		\$12,514

OPERATING ACCOUNT

SUPPLEMENTARY INFORMATION

ASSETS		
Patients' Fees Outstanding		
Hospital		
Motor Accident Boord Workers' Compensation Repatriation Private Outpatients	\$38,352 6,719 37,311 152,479 68,944	\$303,805
Ni Calles		,,
Nursing Home		
Patients' Fees Commonwealth: Department of Health	\$19,673 89,137	
		\$108,810
TOTAL FEES OUTSTANDING	1,5	\$412,615
OTHER ASSETS		
Stores. Debtors (Other).		\$115,398 6,429
	_	\$121,827
LIABILITIES		
Creditors		
Sundry Trade Creditors Special Purposes Medical		\$68,813 11,000
	11000110011001100110011 <u></u>	\$79,813
	-	

STATEMENT OF BALANCES

AS AT JUNE 30, 1979

OPERATING FUND

	OPERATIN	- 11000	
Liabilities		Assets	010 514
Fund Balance (Cash Proportion).	\$12,514	Cash at Bank	\$12,514
	CAPITAL	FUND	• 40 001
Handyman Service	\$2,250	Cash at Bank	\$40,081
Loan Accounts	80,820	Investments	127,336
Fund Balance.	4,405,166	Land and Buildings, General	920,230
		Plant and Equipment	706,459
		Boiler House	137,919 39,639
		Services Building	28,502
		Sub-Station	84,437
		Water Treatment Plant	410,156
		Day Hospital	120,857
		Staff Flats	577,820
		Pathology Building	
		Menzies Home	821,278
		Stoff_Amenities	144,231 41,733
		P.A.B.X.	287,558
		Housing	
	\$4,488,236		\$4,488,236
	MAINTENA	NCE EUND	
Bank Overdraft			\$200
Botik Overdrutt	\$49,398	Investment	49,198
	\$49,398	Fund Balance	\$49,398
	\$49,390	-	\$47,070
SPECI	AL PURPOSES A	MEDICAL TRUST FUND	
Equipment Trust.	\$12,800	Cash at Bank	\$16,476
Fund Balance	144,676	Investments	130,000
		Other Debtor — Special Purposes	
		Medical (Pathology)	11,000
	\$157,476	_	\$157,476
	SPECIAL DURB		
Fund Balance		SE DENTAL FUND	\$501
Tona Balance.	\$531	Cash at Bank	\$531
	PATIENTS"	TRUST FUND	
Fund Balance	\$24,956	Cash at Bank	\$24,956
	FRAIL A	GED FUND	
Liabilities		Assets	
Fund Balance	\$61,703	Investments	\$61,703
	RESER	VE FUND	
Fund Balance			\$1,398
Tong Balance	Ψ,,3 70	Investments	\$1,370
		AN PRIZE	
Fund Balance.	\$1,010	Cash at Bank	\$310
		Investments	700
	\$1,010		\$1,010

Fund Balance	\$800	Investments	\$800
	4000	THE CONTROL OF THE CO	\$000
MEDICAL A	ND SURGICAL	EQUIPMENT TRUST FUND	
Fund Balance	\$12,800	Debtor (Special Purposes Medical Trust Fund)	\$12,80
	• 10,000	110311 0110).	ψ12,00
W	IMMERA BA	ASE HOSPITAL	
ANALYSIS OF A	MAJOR FUN	D AND BANK ACCOUNTS	
FOR	THE YEAR END	DED JUNE 30, 1979	
	CAPITAL FUN	ND ACCOUNT	
Debit		Credit	
Transfer to Medical Trust Fund	\$85,000	Balance July 1, 1978	\$4,247,80
Paintings Interest Repaid	458 4,779	Transfer from Specific Purposes Capitol Items paid for out of	50,00
Transfer of Other Creditors.	0.050	Operating	205,30
Prior Year Adjustments	2,250 122,724	Prior Year Adjustment	117.07
Balance June 30, 1979	4,405,166	Receipts	117,07
	\$4,620,377		\$4,620,37
CAR	TAL BANK AC	COUNT SUMMARY	
Receipts	ILVE DVIAK V	Payments	
Balance July 1, 1978	\$212,293	Housing Loans.	\$4,45
Donations.	65,742	Interest Repaid	4,77
Grants.	20,720	Capital Works	134,81
Sale of Cardiophone.	1,525	Equipment	8,49
Equipment Interest on Investments	2,800 27,463	Investments Transfer to Special Purposes	400, 00 85,00
Transfer from Investments	416,102	Staff Flats	3,36
Sundry Income	2,388	Medical and Surgical Equipment	0,00
		Trust	2,80
		1 Arnott Street	38,52
		3 Arnott Street	26,25
		Sundry Expenses Balance June 30, 1979	46 40, 08
	\$749,033	Bulance Jone 30, 1777	\$749,03
_	\$749,033	-	\$7.49,03
SF		POSES FUNDS	
	MEDICAL T		
Debit	607 007	Credit	005 (0)
Bonuses Pathology Equipment	\$27,307	Balance July, 1978	\$35,696 3,766
Subscriptions, Journals and Con-	53, 130	Interest	13,703
ferences	4,216	Grants.	12,352
Balance June 30, 1979	144,677	40% Pathology Fees	71,914
		Other Receipts	1,557
		Prior Year Adjustment	5,342 85,000
_	6220 220	Transfer fram Capital	\$229,330
	\$229,330	-	φ ∠∠ 7,330
MEDICAL AN Balance June 30, 1979	ID SURGICAL	EQUIPMENT TRUST FUND	

SCHEDULE OF INVESTMENTS AT JUNE 30, 1979

FUND	Date of	Interest Rate	Amount	Total
Capital	Maturity	%	10,437.50	
	6/7/80 2/8/79	9.00 9.75	116,808.10	127,335.60
Special Purposes Medical	2/8/79	9.75	130,000.00	
Specific Purpose — Frail Aged	2/8/79	9.75	61,703.40	
Specific Purpose Reserve	2/8/79	9.75	1,398.50	
Specific Purpose — T. F. Ryan Prize	15/4/84	5.00	700.00	193,801.90
Maintenance	1/9/80	9.00	200,00	200.00
Endo wment	1/9/80	9.00	100.00	
	1/9/80	9.00	300.00	
	15/12/79	5.00	400.00	800.00
TOTAL INVESTMENTS				322,137.50

COMPARATIVE STATISTICS Total Inpatient Admissions Total Inpatients Treated Total Bed Days Daily Average Occupancy of Beds Average Stay of Patients (Days) Total Outpatient Attendances Total Outpatient Treatments	14.6	1976 3,212 3,349 50,359 137.6 15.0 20.175	1977 3,177 3,321 47,484 130.1 15.0 21,911	1978 3,114 3,251 50,361 127.9 15.5 23.031	1979 3,234 3,373 52,561 144.0 15.6 41,570
Total Outpatient Treatments		20,175 31,989	21, 911 28,482	23,031 31,057	41,570 52,597

AUDIT REPORT

We report that we have examined the Accounts of the Wimmera Base Hospital and Nursing Hame for the year ended June 30, 1979.

These Accounts comprise Statements of Receipts and Payments for the Operating Account from July 1, 1978, to June 30, 1979, for other funds for the year ended June 30, 1979, the Statement of Bajances and Supplementary Information as at June 30, 1979.

In our opinion, the Statements of Balances and Statements of Receipts and Payments are properly drawn up in accordance with accounting instructions issued by the Health Commission of Victoria so as to give a true and fair view of the cash situation of the institution as at June 30, 1979, and of the Receipts and Payments for the period ended on that date, insofar as they are not affected by the opening balances as at July 1, 1978, which the Hospital were not able to identify in part.

The accounting and other records examined by us are in the course of being substantially improved.

We hove examined the Statement of Supplementary Information and supporting detail as at June 30, 1979, and in our opinion, it is in accordance with the records of the institution and has been properly prepared so as to give a fue and fair view of the values of these items, other than Patients' Fees Outstanding which have not been assessed for collectability.

GREEN, TAYLOR & GREENALL, Chartered Accountants.

WIMMERA HOSPITALS GROUP LINEN SERVICE STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED 30th JUNE, 1979

OPERATING ACCOUNT

Income Charges to Participating Hospitals Collective Buy Subsidy Miscellaneous Income		\$461,070.14 11,408.00 1,268.52
		\$473,746.66
Deduct Expenditure Salaries and Wages Superannuation	*041.747.0 <i>4</i>	
	\$261,767.04 3,643.60	
	1,296.00	
Jiedin	36,000.00	
FILLELL MODIUS COLLIGIT.	98,099.11	
Edulary Marchais	13,014.28	
	1,941.26	
	10,911.35	
	10,487.96	
	2,270.82	
Depreciation	22,752.00	
		\$462,183.42
SURPLUS	FOR THE YEAR	\$11,563.24

BALANCE SHEET

AS AT 30th JUNE, 1979

BALANCE OF FUNDS AS AT 30th JUNE, 1979		\$96,528.90
REPRESENTED BY CURRENT ASSETS		
Stores (Bulk Linen) Stores (Laundry Materials) Sundry Debtors		\$84,159.78 9,674.33 44,716.09
		\$138,550.20
LESS— CURRENT LIABILITIES		
Bank Overdraft Creditors and Accrued Expenses	\$33,742.25 8,279.05	
		\$42,021.30
	NET ASSETS	\$96,528.90

WIMMERA HOSPITALS GROUP LINEN SERVICE

BALANCE SHEET AS AT 30th JUNE, 1979

CAPITAL ACCOUNT

ASSETS	12	
Capital Bank Account Investments.		\$20,401.48 40,000.00
Investments. Plant and Equipment at Cast Less Provision for Depreciation	\$260,304.85 125,574.44	
New Buildings at Cost		\$134,730.41 323,362.52
	estives, indicata est u-c-ova	\$518,494.41
Less Provisions		
Provision for Asset Replacements	\$16,792.28	
Provision for Maintenance and Repairs.	6,507.19	
Provision for Long Service Leave	24,417.30	
		\$47,716.77
BALAN	NCE OF FUNDS	\$470,777.64

AUDIT REPORT

We report that we have audited the Accounts of Wimmera Hospitals Group Linen Service for the year ended June 30, 1979.

In our opinion, the above statements are drawn up so as to give a true and fair view of the financial position of the Wimmera Hospitals Group Linen Service as at June 30, 1979, and the results of its operations for the year then ended.

GREEN, TAYLOR & GREENALL, Chartered Accountants.

OCCUPATIONAL THERAPY

During the past twelve months the Occupational Therapy Department has continued to provide both rehabilitation services and "activities therapy" in the Day Centre, Workshop, Geriatric Unit, Sir Robert Menzies Nursing Home, acute hospital wards and a number of regional hospitals.

Rehabilitation is the responsibility of the Occupational Therapists, and has the principal aim of assisting patients who have permanent or temporary difficulties in function to improve their ability to perform basic activities of daily living independently.

Patients treated include those with conditions such as strokes, head injuries, arthritis, heart attacks, fractured limbs and depression. Treatment is usually on a 1-to-1 basis, and involves the assessment of functional capacities and limitations, specific therapy to improve function, provision of aids as required, and home visits.

"Activities therapy" is geared towards long-term patients and programmes cover a wide range of activities, including physical games, exercises, quizzes, discussions, cooking, films, outings, process work and craft. These programmes are conducted by the five assistants and workshop supervisor under the supervision of the Occupational Therapists, and provide opportunities for meaningful activity, socialisation and development or maintenance of a satisfactory level of self-esteem and independence.

Regional services are provided at Nhill, Dimboola, Goroke and Jeparit, and involve supervision of activity supervisors employed by these centres. In addition regular study days are conducted for activity supervisors throughout the Wimmera, to assist in continuing development of skills and sharing of new ideas and problems.

The Occupational Therapy Department has been staffed throughout the past year by eight full-time members of staff comprising two Occupational Therapists, five O.T. Aides and a Workshop Supervisor. For some months a third full-time Occupational Therapist was employed, and the increase in numbers of therapists made possible a more comprehensive cover of existing a reas of service, and the development of both domiciliary and paediatric services. It is hoped that with the appointment of two new graduate Occupational Therapists in the near future, bringing the number of therapists to four, that further improvement and expansion of services will be possible.

JILL JARRED, Chief Occupational Therapist.

MEDICAL RECORD DEPARTMENT

The Medical Record Department has extended the number of regional visits from two hospitals to nine hospitals within the Wimmera District and surrounding areas over the past year. The increase in regional visits has been primarily due to the statewide introduction of morbidity statistics. This has been established to enable the Bureau of Census and Statistics to have detailed statistics relating to the type and nature of diseases and operations that arise in acute bed hospitals.

A weekly service has been started to the four annexes, namely Murtoa, Jeparit, Minyip and Rupanyup, to establish a uniform unit record number system for their medical records. Regional services have also been extended to Donald, St. Arnaud, Kaniva, Edenhope and Dimboola to both establish and maintain existing medical record systems. Regular visits have been maintained to Nhill and Warracknabeal District Hospitals where we act in an advisory capacity to any problems or queries that may arise within their medical record system. A disease and operation index for all discharges is also maintained and updated on each subsequent visit.

In April of this year a cancer registry was commenced for the Wimmera region in conjunction with the Anti-Cancer Council of Victoria.

In February this year our staff complement was raised from three to four with the welcome appointment of Miss Catherine Lane, Assoc. Dip. M.R.A., Who took up the position of Assistant Medical Record Administrator.

LEANNE BUTLER, Chief Medical Reco^rd Adminis[†]ra[†]or.



PHARMACY DEPARTMENT

The past year, 1978/79, has seen a further progression in the updating of services, with a steady increase in workload. The number of items issued has increased from 63,346 to 79,601 during this period — these are supplied to the Wimmera Base Hospital and to regional hospitals.

At present, the Pharmacy Department has five members of staff: two Pharmacists, Mr. Ian Gerlach and Mrs. Helen Muller; one part-time Pharmacist, Mrs. Barbara Fraser; and a Pharmacy Technician, Mrs. Lois Hutchins. In addition, Miss Ann Puls is a full-time member of staff this year. She is completing the final year of the Pharmacy course as a trainee, and will become registered as a Pharmacist at the end of this year. Leanne Rook will spend another six weeks with us this year as part of her student programme.

Our main achievement this year has been the extension of the Imprest System to Wards 1, 2, 3, Intensive Care and Ward 8, giving all wards the advantages of this effective method of controlled distribution. New drug cupboards were required, and these were installed by the Hospital Engineering Department.

Using this system, drug stocks, intravenous solutions and antiseptic solutions ore maintained at a fixed level by Pharmacy staff. This guarantees availability of all necessary items, and also results in a saving of time by nursing staff, as ordering is no longer required.

The system is supported by the Ward Pharmacist, Mrs. Muller, who checks the drug treatment sheets for potential drug interactions and correct dosage, and can also ensure that the necessary drugs are available, and are correctly stored. The system also helps in the area of cost containment, as drugs are rotated and dated products withdrawn for credit where necessary.

The main increases in issue of items has been in the areas of restricted substances, intravenous solutions, antiseptic solutions and dispensing for the Day Centre. Dispensing of outpatients' prescriptions, discharge prescriptions and supply of drugs of addiction has remained constant.

In addition to the 79,601 items supplied, it has been necessary to pre-pack 21,167 i^tems from bulk packs for ward use.

In the area of Nurse Education, we have been able to liaise with the Nursing Educators in providing lectures for first year nurses and co-operating in the Nurse Experience Programme.

The Department has continued to provide a regional service to Dimboola and Jeparit Hospitals, and to provide drugs for other regional hospitals and annexes where required—in particular Warracknabeal Hospital

where the dispensing and control is carried out by the local Pharmacists on a sessional basis. In this area of regional services, 18,464 items have been supplied. It appears likely that this service will be further extended in the forseeable future.

The Department is now in a position to comply with the ACCREDITATION recommendation that "Personalised dispensing from Pharmacy be considered to partly replace the wide use of Ward Drugs". It is hoped to gradually introduce this system using specially-designed drug medication trolleys.

With our present efficient distribution system, and future plans for personalised dispensing, we feel that further improvements in drug medication care of patients is ensured.

IAN R. GERLACH, Chief Pharmacist.

DAY CENTRE

Today, the Day Centre has an increasingly important role to play in the community, as the emphasis in health care has shifted to prevention of hospitalisation if possible.

In some instances, patients may be discharged from hospital earlier than would otherwise have been possible, using the services of District Nursing, Home Help, Meals-on-Wheels and the Day Centre, to support patients in their homes.

Patients are accepted on referral from their doctor, for rehabilitation therapy, maintenance, and family relief.

The Day Centre has been operating for almost three years, providing specific therapy under medical direction, and a programme planned to suit individual needs.

Social activities included in ^the programme were a trip to the Grampians, ^{the} Homes Exhibition and "Olde Horsham".

A visit to the Art Gallery to see a display of historical photographs was of special interest.

Patients enjoyed fellowship with Elderly Citizens Club members when they entertained them at their clubrooms, and also when club members visited the Day Centre. Goroke Day Centre patients also visited us recently.

Our grateful thanks go to everyone — children and adults — who have entertained the patients in the Doy Centre during the year.

All of these people have given generously of their time, and some have travelled long distances to participate.

Patients and staff would like to thank Mrs. Roma Carlson for regularly arranging a social afternoon, and for a great Christmas Party.

SR. L. HOFFMANN. Charge Sister

NUTRITION DEPARTMENT

In February of this year, the position of Dietitian was taken up by Miss Faye Mitchell, replacing Miss Helen Crome who returned to Melbourne after spending ten months setting up the Nutrition Department within the Hospital.

The Dietitian has become responsible for the assessment of patients' nutritional needs and for the formulation of individualized dietary plans where modified diets are required. She constructs menus for special diet meals within the Hospital, supervises their preparation, and provides dietary counselling to patients to help them adjust their daily food habits to meet their health needs.

The nutrition Department is servicing inpatients and outpatients, Day Centre visitors and people receiving Meals-on-Wheels within the community.

The education of diabetics within both the Hospital and the community is developing as an important area of involvement for this department. Patients are being regularly re-assessed at the Diebetic Clinic. Regular assistance and resource materials is also given to the Horsham Diabetic Association at their monthly meetings.

In addition to receiving nutrition lectures in their study blocks, the trainee nurses spend time working with the Dietitian on the wards and with the food service staff in special diet preparation areas.

Several secondary students have spent periods of one week working in the department as part of the work experience programme of their schools.

Community interest in diet and health has been most encouraging. Nutrition as it relates to the pre-school child, the elderly person, the family group and to physical fitness has been discussed in community groups and frequent requests for resource materials have been made.

During February, a regular fortnightly regional service to Nhill and Warracknabeal Hospitals was commenced, and more recently to Stowell Hospital. Visits are also made to Dimboola and Kaniva Hospitals and to Goroke Community Health Centre where need arises.

The Nutrition Department is in its infancy and its role is still being defined. However, the numbers of patients being treated in areas which have been established are increasing, which is in itself, evidence of the gradual successful integration of the department into the total health care team of this Hospital.

(MISS) FAYE MITCHELL, Dietitian.





Two of the district's Secondary School students participating in the work experience programmes.



ADMINISTRATION STAFF

as at 30th June, 1979

Assistant Manager:

Mr. R. E. J. Maher, B.H.A. (N.S.W.), A.H.A. (Prov.).

Administrative Officer:

Miss L. E. D. Skea, B.A. (Melb.), M.H.A. (N.S.W.), A.H.A. (Prov.).

Departmental Managers:

Finance:

Mr. J. J. Kelly, A.A.S.A., Dip.Bus. Studies, Cert. Work Study.

Personnel and Training:

Mr. J. D. Law^rence, M.A.I.P.M.

General Services:

Mr. p. J. Aitchison.

Food Services:

Mr. R. S. Cox, A.F.C.I.A.

Chief Engineer:

Mr. L. B. Ryan, Dip.Eng.(Elect.), Grad. M.I.E.E.

Accountant:

Mr. M. B. Delahunty, B.Ec., A.S.A.



BUSINESS ADMINISTRATION DEPARTMENT

GENERAL ACCOUNTING:

The Accounting Section administers an annual expenditure for the Base, Annexe and Associated Hospitals and Palm Lodge of approximately \$8 million. In addition, the Hospitals have over \$0.5 million in investments.

At the end of the financial year, five of the six present accounting staff had been with the Hospital for an average of only eight months and have had to contend with an extremely complex system of accounting. No fewer than 16 different bank accounts are reconciled each month.

The practice of hospitals maintaining a myriad of fund accounts largely reflects the various sources from which our funds are obtained and the different regulations under which these funds operate.

At the Base Hospital, our largest fund, the Operating Fund, derives its revenue to finance the Hospital's net operating costs, equally from the State and Commonwealth Treasuries. Any surplus in the Operating Fund belongs to the Governments, not the Hospital.

The Capital Fund on the other hand obtains its income mainly from donations and fund-raising activities. Surpluses are retained and invested by the Hospital for future development. Approved projects will attract State Government grants of up to 75% of their cost.

A third major fund is the Special Purposes (Medical) Fund, created for salaried doctors who retain the right of private practice. Forty percent of fees from private patients receiving their services are deposited with this fund (the remainder with the Operating Fund). Disbursement of this income is restricted by definition to specific purposes, including medical equipment, subscriptions, conference fees and fixed bonuses to doctors. The purchase of medical equipment may attract a Government grant of up to 50%.

The demands on the accounting staff are many and various. In addition to recording every transaction within the funds, a variety of financial and statistical information must be produced monthly, quarterly and yearly for the Board of Management, Health Commission of Victoria and several other State and Commonwealth health and welfare agencies. The function of the Accounting Section therefore extends considerably beyond paying bills and sending out accounts.

While our staff have quickly adapted to hospital accounting and reporting procedures, they have managed to transform what has been a cumbersome system of manual, ledger machine and computer record-keeping, to a system that is now computer-based for all hospitals and the Group Linen Service.

The resultant streamlining of the accounting activities will enable our people to direct more of their attention towards the more creative areas of financial analysis and control.

RECEPTION:

The first contact by the public with the Hospital is made at the reception and admitting area, where a patient, visitor or a person telephoning will form a first, and often lasting impression of the Hospital.

The work at the outset is therefore difficult, because a high standard of public relations is required at all times and this is often under pressure.

We appreciate very much the efforts made by the people in this area, including the night and weekend staff who spend many lonely hours at the switchboard. J. J. KELLY.

Finance Manager.



PERSONNEL AND TRAINING

Personnel management has its origins in World War II; for the first time in Australian history there was a national concern for people and productivity. Manpower controls were introduced, and personnel were allocated to industries according to defence priorities. From this beginning in a time of national crisis, personnel management in Australia expanded and matured as more specialists were appointed to industrial, commercial and governmental organizations. In the post-war period industry rapidly expanded and diversified. Organizations grew in size and there was an increasing requirement for specialists to make the best possible use of human resources. Industrial law became more complex and Union/management conflict intensified.

From this makeshift beginning, personnel management has developed to a formal set of processes, practices and techniques related to the employment of people.

Within a hospital environment, the human resources comprise nearly 80% of health care expenditure. To provide first-class patient care and because of this high cost, it is imperative that optimum use be made of these resources and to ensure that personnel are continually informed of advances within their areas of speciality.

There are always strong pressures on organizations to provide training for their employees, but before embarking on any expensive activity it is wise to ask—why train? Is there a problem to be solved by training? Is it for industrial reasons? Is it to gain status for the organization?

Training is, first and foremost, improving the effectiveness of personnel in carrying out their tasks in a work situation. There are many good reasons to train employees, such as technological change, rapid growth, maintenance of flexibility and preparation for the future.

Training is as old as work itself, but it is only in recent years that there hos been a concerted effort to define a systematic approach to training and development that would maximize the effectiveness of the activity.

With training conducted at Wimmera Base Hospital, a number of specific activities are employed to realize various objectives. Nurse education is conducted in a formal education system and also with clinical and on-the-job instruction. Apprentice training consists of on-the-job instruction, woking with experienced tradesmen, and also practical and theoretical instruction at Technical Schools. Many staff are involved with external short courses on skills applicable to their functions or on general topics such as communication or management development.

The Board of Management strongly supports attendance at various seminars and meetings of professional bodies to ensure staff are not professionally is dated and to assist employees' knowledge and understanding of new developments in their particular fields.

In some areas we have provided job ration to assist experimental learning of staff undertaking port-time tertiary courses. In other areas employees are tertiary courses in other areas employees or visiting other hospitals to attend training courses or visiting other hospitals to attend training courses or to evaluate equipment systems that could be implemented at this Hospital.

Various awareness training courses are conducted, and these include hygrendraining for food handling and domestic staff, supervision courses for staff with supervisory responsibilities, and middle management supervisory responsibilities, and middle management courses that cover suc hopics as leadership, discicurses that cover suc hopics as leadership, discicurses that cover suc hopics as leadership, and pline, confrontation, interviewing skills and motivation.

All these activities provideacis implete framework in which to enhance the development of individuals in a dynamic and constantly changing organization.

One area of concern, however, is the lack of training in fire prevention, rescue and evacuation. It is quite in fire prevention, rescue and evacuation. It is quite in fire prevention, rescue and evacuation. It is quite in fire prevention. Several staff it would create an horific situation. Several staff it would be purchased and regular fire Burn Down' hos been purchased and regular fire Burn Down' hos been purchased and regular fire burning is in the process of development. Prevention training is in the process of developed Comprehensive fire orderar e also being developed Comprehensive fire orderar e also being developed and should be complete dwithin several months.

whilst it is hoped that fireswill never occur, over the Whilst it is hoped that fireswill never occur, over the ensuing twelve months sufficient training will be ensuing the fire of the firesponsional to ensure staff are fully aware of the firesponsibilities in any disaster.

J. D. LAWRENCE, Personnel and Training Manager.



Mr. John Lawrence, Personnel and Training Manager, explaining to Mr. R. Thom, some of the newly purchased video equipment used in the Hospital training programmes.



A number of the day Hospital patients receiving instructions in crafts.

FOOD SERVICES DEPARTMENT

The Department has had a very busy year, not anly in providing meals for patients and staff, but catering for many impartant functions and V.I.P.'s. The major function was the apening of The Sir Robert Menzies Nursing Home, which tested the resources in the food preparation area, but the staff were excellent in their application.

Food service surveys have been canducted throughout the year, and the results were most heartening.

Plans for renovations to food preparation and storage areas have been campleted, and ore still awaiting Health Cammission of Victoria approval for funding. Sketch plans have also been finalised for the new food services area to be built in Stage 1 of the Hospital development programme.

Meals-on-Wheels are now dispensed into aluminium disposable containers, which have many outstanding advantages, and have proved a success.

Mr. Christapher Andersan hos completed his apprenticeship and achieved excellent academic results throughout his caurse. To highlight these efforts, he was chosen jointly as "Apprentice of the Year" for the Wimmera region.

All fresh provisions are now supplied to the Hospital on a tender basis, and this is proving successful, especially in the area of budget planning.

Miss Lee Fanke left the Deportment earlier during the year, to take up a teaching appointment at Fawkner Technical School, and also to further her studies in the food services field. Mr. David Ridgewell joined us from Adelaide, and has proved a very competent acquisition to the staff.

Mrs. Barbara Peskett attended Mayfield Centre, the Health Commission Training School, for a five-day course in food services.

In conclusion, I wish to thank my staff for the splendid way in which they have carried out their duties during the year, sometimes under very difficult conditions.

R. S. COX, Food Services Manager.

ENGINEERING DEPARTMENT

During the past year the Engineering Deportment has undertaken the following major tasks:

A system for supplying medical gases from a bulk storage was set up. This system improves safety in the Hospital, as it means there are far fewer heavy cylinders in use in the words, and it will bring about a substantial reduction in the cost of purchasing medical gases.

An intensive care unit was built on the third floor of the Hospital. There are three beds in this unit and it will serve as our intensive care unit until a new fivebed ward is completed.

The theatre suite has been extensively reno vated, and has new floor coverings, new roomlighing and surgical lighting, madified doors to help traifficflow, four ceiling pendants for the supply of medical gases and power, and has been repainted. The labour wards were also upgradedwith same new floor coverings, new cupboards and medicalgas outlets.

The gardeners put a lot of effort into prepaing the grounds around the Sir Robe t Menzies Nursing Home, and in spite of heavy rain, the new lawns were in excellent condition for the opening.

The old pathology building is presently being fitted out as a medical records room and a medical library. Completion of this project will library completion of the new pathology building.

As well as these major projects, the day-today maintenance of the Hospital continuel, with 1988 works requisitions being completed.

L.B. RYAN, Chief Engineer.



GENERAL SERVICES

WIMMERA HOSPITALS' GROUP LINEN SERVICE:

The function of the Group Linen Service is more or less self-evident — the laundering, storage, issue, repair and, in some instances, the manufacture of some items of linen for use within the hospitals. The operation of the laundry is a continuous cycle where the linen is used, retrieved, sorted, laundered and processed, stored then issued for use again.

During this year the Group Linen Service commenced an Imprest Linen Supply Service to Nhill Hospital. An Imprest system is one in which the supplies of clean linen in the user hospital are maintained at predetermined levels. Before the introduction of this system, considerable time was wasted by counting, checking and ordering linen at the hospital. With the introduction of the Imprest supply system, it is hoped that it will lead to a better service, increased efficiency, greater control over linen stock and a cost saving for Nhill Hospital. It is hoped to extend this service to other regional hospitals in the coming year.

The Group Linen Service completed the financial year with a weekly output of 16.1 tons, an increase of 3.1 tons. This is because most of the larger hospitals using the linen service have increased their number of hospital beds. Wimmera Base Hospital had an increase of 50 beds with the opening of The Sir Robert Menzies Nursing Home.

The cost of linen to the user hospital increased during the year by five cents to 56 cents per kilogram. It is hoped that in the near future, at least, there will be no further increase in the cost of linen. The Group Linen service completed the financial year 1978/79, with an operating surplus of \$15,570.

GENERAL SERVICES:

The objective of the General services department is to provide hygienic hospital environment — one that ensures that the Hospital is kept in a clean and attractive condition so that patients, visitors and staff are made to feel "at home" in the Hospital.

During the past year further improvements have been made to the cleaning methods used in the Hospital. Dusting and sweeping are avoided and all surfaces are either vacuumed with properly filtered vacuum cleaners, wet mopped or wiped with a damp cloth to avoid the spread of infection from one patient to another or from one area to another.

The standard of cleanliness has been further improved with the introduction of a half-day training session on the need for a high standard of both personal and hospital hygiene.

The connection between the apparently mundane work of cleaning and high standards of patient care may appear slim. Clean patient areas may contribute nothing positive to the patient's recovery in the way drugs or skilled medical or nursing care may, but the absence of cleanliness may certainly contribute harmful features to patient care such as slowness of recovery. The threat of infections acquired within the Hospital poses a constant problem and the work of the General services staff is therefore very important in helping provide the right setting in which high standards of patient core may take place.

PETER AITCHISON,
General services Manager.



ANNEXE AND ASSOCIATED HOSPITALS' ADMINISTRATION

Within the Wimmera region there are four hospitals, namely Minyip and District Hospital, Rupanyup and District Haspital, Murtao Hospital and Jeparit Hospital, each only able to accommodate eight to ten patients at a time, and the Gorake Community Health Centre which provides outpatient, damiciliary and health education services to its community.

Because these are only small health care arganizations, it is not practical or viable for each to have its own Manager, administrative, paramedical and other supportive services as are available in larger haspitals.

Therefore, the manager of the Wimmero Base Hospital is also the manager of these organizations, and thus the Wimmera Base Hospital provides administrative services to the Committees of Management, and is also involved in the routine everyday management of the haspitals and the Community Health Centre.

As it is impossible for one person to manage the activities of oil of these organizations, the manager hos appointed an administratar for each. These peaple, as port of their overall duties of the Base Hospital, act an behalf of the manager at Committee of Management meetings and in the operations of the hospitals and the Health Centre.

The administrators attend Committee of Management meetings and regularly visit the hospitals and the Health Centre to overview activities and provide management expertise, advice and guidance in maintaining and developing health services with each arganization. The routine clerical and accounting functions are performed by the annexe Administration Department and the General Business office of the Wimmera Base Hospital. Regular meetings of administrators and Presidents of the Committees of Management are also held, thus facilitating communication and providing a venue for the discussion of topics of mutual interest.

The experience and expertise of other staff at the Base hospital are also made available as required. Such services provided are in the fields of Physiotherapy, Occupational Therapy, Pharmacy, especially when there is not a Pharmacist resident in the town, Dietetics, Laundry, Engineering, Catering, Personnel and Staff Training, and Domestic Services.

Although these hospitals and the Health Care Centre are small and located in small towns some distance from the principal tawn in the Wimmera Region, with the assistance and support of the Base Hospital in the areas autlined, they are still able to fill the basic health care needs of the communities in which they are located.

HOSPITAL AUXILIARIES

LADIES' AUXILIARY

I have much pleasure in presenting the Annual Report for the Wimmera Base hospital Ladies' Auxiliary for 1978/79.

The year has been most successful for the Auxiliary, with our functions being well attended. The sum raised this year is \$11,907.99. Our project for the caming year will be to raise funds for specialised equipment and furnishings for the new Intensive Core Unit which will be finished in about twelve to eighteen manths. We express our thanks to the people of Horsham and districts for their continued support throughout the year, also to the Committee of our Hospital Shop who have again worked very hard to make the shap a continued success. With the help from the Church Guilds and District Ladies' Clubs and their generous donations of goods to the shop, we have been able to raise another record sum of \$4,810,92.

To 3WM and the Wimmera Mail/Times for publicity, donors of prizes and raffles, members' husbands for their help, Mr. Gary Henry, auditor, Mr. Ron Cox and the kitchen staff for their cartering, and Mr. Noel Wik and staff, we give our sincere thanks.

Our social functions for the year were:

- •Floral Extravaganza, presented by Mr. Greg Block.
- •Fomily Gorden Party, held at the home of Mr. and Mrs. Cal Jenkinson, of Horsham.
- •Garden Lunchean at"Como", home of Mr. and Mrs. E. Jackman.
- •Casserale Luncheon at the C.W.A. Hall.

We are sincerely grateful to all the people mentioned above for making these functions possible.

I also take this apportunity to express my sincere thanks to all afficebearers and members for their help and loyal support over the past year. To the incoming officebearers, my best wishes for the coming year, and may we continue to achieve worthwhile improvements for the Wimmera Base Hospital.

(MRS.) J. MURCH, President.

BARKUMA

Barkuma has celebrated its fifth birthday, and 1978/1979 has been a year full of activity for Barkuma members. Our meetings continue to be held twice monthly, as either dinner meetings at various venues, or as supper meetings in the Wimmera Base Hospital Day Centre. The closer contact with the Hospital has enabled us to see the Sir Robert Menzies Nursing Home and Pathology Department. This has done much to generate enthusiasm.

Our activities have included:

•Bastille Night, a French soiree for 100.

•Kaleidoscope, a fashion parade with a great deal of help from our friends at "Audene's Boutique".

 Annual General Meeting, dinner and social evening for members.

•Porker Party, another successful dinner/dance when two handsome roast pigs were presented for our enjoyment. On this occasion we handed over a cheque for \$2,000 to Dr. Rodney Abud, President of Wimmera Base Hospital Board of Management, as proceeds of our 1978 fund-raising year.

•Sunday Family Picnic, a social day at Mount Arapiles.

We have also tried to "help out":

•by providing 17 framed colour prints to brighten Wimmera Base Hospital wards.

•by handing over seven new individual fans for the Maternity ward, when the S.O.S. went out during a January heat-wave.

•by associating ourselves with the Wimmera Base Hospital Handyman Service.

With three more fund-raising activities planned before our Barkuma year closes in December, it has been a particularly busy year for members. My thanks to the enthusiastic organizing committees, and especially to my efficient secretary, Robyn Carter. (MRS.) MARION BOTH,

President.

REDCROSS LIBRARY

It is my pleasure to present the annual report of The Red Cross Library situated at the Wimmera Base Hospital.

We have had our library moved from the "Dental Clinic" passageway to a house opposite the Hospital at 92 Baillie Street. This is much better as we now can display our books, and our thanks must go to Mr. Henry, Hospital manager, and Sr. Nottrass.

The latest books we have received from Headquarters are much more attractive than the alder type. They are fitted with dust covers made fram clear plastic, and this work is done voluntarily by women at Red Cross in Melbourne.

In March of this year a Picture Library service was added to our library and four framed prints were hung in the Sir Robert Menzies Nursing Home. These prints are changed every three months.

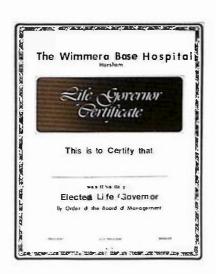
Our library consists of a large number of interesting books, especially the large print that is very much appreciated by the aged patients. Our library takes in Dimboola and Warrocknabeal. All boaks from these libraries con be exchanged from Horsham.

During the year we give birthday gifts to elderly patients. At Christmas we held our usual party at the Geriatric Word, each patient receiving a gift and being entertained by the "Gospel Singers". Then afternoon tea was served by the branch members. These afternoons are very much enjoyed. At Christmas R.S.L. patients also receive gifts which are wrapped in Christmas paper and sent from Headquarters. Our service at the Hospital helps in many other ways and is very much appreciated by the patients.

In closing my report I would like to thank Mr. Henry for any help and advice we needed. I would also pay tribute to Matron, Sisters and Nursing Staff for kindness and co-operation, and to all concerned who have helped us in any way during the year. So thank you all, as this certainly makes our work at the Hospital very happy and rewarding.

MRS. THELMA CAIN.

LIFE GOVERNORS



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20.00	A Blest house	17 . 55
	M. Bidckburn	5.00
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	C. Forrest	250.00
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