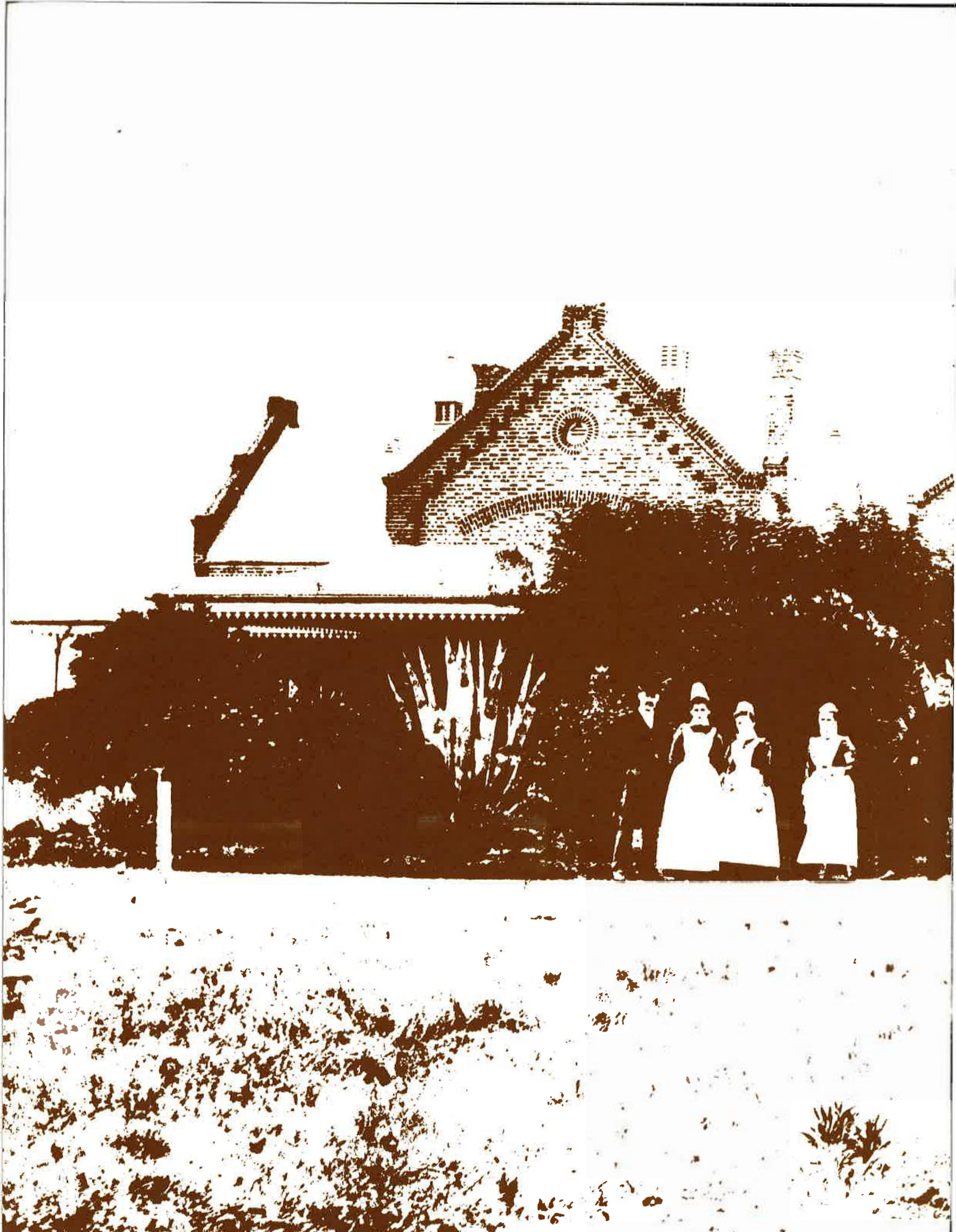


SINCE  
ADAM  
WAS  
THE  
MAN







# Since Adam was the man

by Alan Finch

A story of the growth of a country hospital which grew with the community it served.  
Published by the Wimmera Base Hospital, Horsham, Victoria to celebrate its Centenary 1874-1974.



**H**ORSHAM'S few hundred people were divided on the discussion that buzzed in the shops and hotels in April 1875. Some said the minister was quite right, was doing his job, and it was about time someone stood up for the old traditions anyway. Others, including the violent critics of the churches in a time of strong science-versus-religion debate, said it was silly and old-fashioned. They said Horsham should not be grumbling about such pointless matters when the town might even soon be on the railway and was becoming such an important centre for the new land selectors.

The hospital was less than a year old. It was an important symbol of progress for Horsham as well as a necessary service for the new farmers and businessmen who had followed the opening of thousands of acres under closer-settlement Acts. Horsham's people were almost all newcomers, and the hospital proved they had come to stay and succeed. So, what the Reverend G. W. Adam was supposed to have said in church became everybody's argument — a discussion to start a town debate.

Mr Adam was aptly named as the first Horsham Hospital president. His choice of the wrong words in the pulpit 100 years ago began a theme which has remained through the hospital's story. The town took sides in the discussion until the hospital's committee met on April 2, 1875. The committee, of townsmen, was the governing and guiding body from the start of the Horsham hospital story. Today, the pattern is unchanged, and the committee remains the top level of hospital government.

Committeeman Henry Smith put the big question at the 1875 meeting. He asked why Mr Adam had made remarks from the pulpit about men working on a Sunday to build booths for a hospital fete. Mr Smith said he had heard Mr Adam say he regretted being hospital president. Mr Adam was not at the meeting. His committeemen looked at each other and chose their sides. Some said the report of what Mr Adam had said was wrong.

Mr Smith stayed with the critics. He asked the committee to write to Mr Adam, telling him it had been reported that he had sent police to the fete ground to take the names of the men at work. Mr Smith said he wanted an explanation of the words from the pulpit — that Mr Adam was sorry he was hospital president. Mr Adam's supporters loyally protested, but the letter was written. The hospital secretary made careful notes in his minutes, trying to record a controversial discussion fairly. His work remains today in old hospital records, but his minutes of May 7, 1875, have been crossed out boldly in the same ink used to make the notes. Someone wanted the record of the word-battle removed from the hospital records.

Mr Adam was at the May meeting, with his explanation. He said he had not sent police to interfere with workmen. Police had already been at the fete ground when he had arrived. Mr Adam said the words he had used in the pulpit were 'that he was sorry to see them working on the Sunday for the hospital and he the president of the institution.' The committeemen paused and considered. Mr Robert Clark asked whether Mr Adam had received the letter from the previous meeting. 'Yes,' said Mr Adam. Mr Clark wanted to know why there had been no reply which could have allowed the committee to accept the explanation.

The old minutes show different inks and writing styles. A note similar to Mr Adam's ink and signature says 'the president's explanation was accepted unanimously.' A third hand has crossed out the word 'unanimously' and written above it — 'as satisfactory.'

The squabble was over. It need not have started if Mr Adam had phrased his sermon more carefully. But the early argument proves the foundation of a hospital story which remains after one hundred years. The hospital was serious business; close to the town and the life of its people, and something in which every man and woman had an interest and viewpoint. The town and district criticised and discussed because the management committee included Horsham's elected representatives. The early discussion showed that the medical history and hospital history is the story of the district itself. Through the century the way of life of Horsham district is shown in the hospital's records and the story of its growth. The economic problems of the years are reflected in the rise and fall of costs and wages. The changes in society show in the changing ways the hospital treats its patients and works with its staff. Horsham's hospital has mirrored the frailty, pomposities, hopes, glories, failures, successes and efforts of the district in which it lives. In 1875, people had fierce views on Sunday observance and personal freedom. Mr Adams' comment, right or wrong, was worth argument as the talk of the hospital matched the talk of its town.



also, the words he used from the Pulpit were, that he 36  
was sorry to see men working on the Sabbath for the Hospital  
and he the President of the Institution.

Mr Clark asked the President if he  
had received the letter forwarded by the Secy,  
Mr Adams replied that he had

Mr Clark said that he considered it  
only due to the Committee that the  
President should have replied to that  
letter, if he <sup>had</sup> done so the letter would  
have been read and the Committee  
would have accepted the explanation.  
The President's explanation was accepted <sup>as satisfactory</sup> ~~unanimously~~

The following a/cs for the month of  
April were presented & passed for payment.

J. Turner	- Water.	1..5..0
Hood & Co.	Drugs	17..6
J. L. Larn	Drills	3..1..0
R. Spry.	Funerals.	6..0..0
J. M. Stearn.	Shave digging	1..10..0
W. Schurmann.	Accrued	5..14..4.
D. C. New.	Salary & Comm.	8..14..4.
E. Friles.	Salary & C.	10..3..7
C. W. Stephens.	Printing & Ads.	6..6..0
P. Beaumont.	Wine & Spirits	8..9..0
Mr Anderson.	Breads.	1..13..10
		<hr/>
		£ 53..14..7

The meeting then closed.

Geo. M. Adams President









In these days of increasingly rapid progress in the accumulation of knowledge and technical sophistication, the doctor depends as much on the medical, nursing, managerial and mechanical facilities of the hospital as the hospital depends on the skill, motivation and flexibility of the doctor.  
Tom Walpole — Medical Staff Committee Chairman, 1974.

The Executive Committee of the hospital consists of board members and senior executives..

Left to right :

Mr. J. E. Walter,  
Manager;  
Mr. D. J. McFarlane,  
President;  
Mr. R. G. Edwards,  
Assistant Manager;  
Mrs. G. Curran,  
Deputy Matron;  
Dr. R. E. Abud,  
Vice-President;  
Mr. K. H. Lovett, Treasurer  
and Government Nominee;  
Dr. L. Wong Shee,  
Medical Director;  
Mr. A. A. Johns,  
Board Member;  
Mr. R. Burgess,  
Vice-President;  
Mr. R. B. Stewart,  
Board Member.

**M**EDICAL services in the Wimmera began in the 1860's. Doctors on horseback treated their patients if they could reach them in time over long distances and difficult tracks. They could not give long-term trained care. They could not carry the range of equipment needed for every case. They could not be sure that uneducated bush families would continue care and treatment after their visits. A hospital could solve many of the doctor's problems, linking his skills with the new science of patient care that was growing rapidly as the world hovered on the edge of the technical age which would change medicine from skilled hands and minds to skilled hands and minds plus machines, drugs, devices, supporting services and a new attention to detail. The time was just right for a hospital when Horsham Hospital began in 1874. There had been doctors in the Wimmera since the 1860's or earlier. The first hospital treatment was love and care at the homesteads by friends and relatives, or a slow recovery in a lonely bush hut on the edge of a sheep run. There was no town hospital when the three Duff children — Jane, Frank and Isaac — were lost in the bush near Horsham in 1864. They survived against all odds to begin a story which is now the Wimmera's favorite legend. The children needed many months to recover; recovery which would have been quicker if Horsham had a hospital. Today, a similar bush drama would end: 'They were admitted to Wimmera Base Hospital where their condition last night was satisfactory.'

Horsham grew around a country store on the bank of the Wimmera River to become the nucleus of the city and service centre it is today. Horsham's reason for existence has changed little in more than one hundred years. Its hospital has become more sophisticated, more businesslike, busier and more self-demanding in its aims. But so has the community which the hospital reflects.

The doctors arrived in larger numbers as the selectors arrived to take up small parcels of the old settlers' runs, making settlement across the plains much closer than in any rural area of the Wimmera today. The new doctors of the 1870's needed the new Horsham Hospital to make their work effective, just as the hospital needed the doctors' skills. Horsham's first hospital doctor received a salary of £100 a year. The easy-going agreement was that he or the hospital management could end the contract for the job with a month's notice from either side. The doctor, Frederick Lawton, had the right of private practice within fifteen miles of Horsham. There was no detailed or formal contract for his work as hospital medical officer. Dr Lawton did not stay long. He retired in December 1874. There was no record of thanks, and none of the usual acceptance of a resignation with regret. He might have found the job in a new hospital not to his liking, too little paid for the amount of work, or he might have clashed with the strong and outspoken men of the hospital's committee. Individualities were less restrained a hundred years ago than they are today. Men were less used to working with a



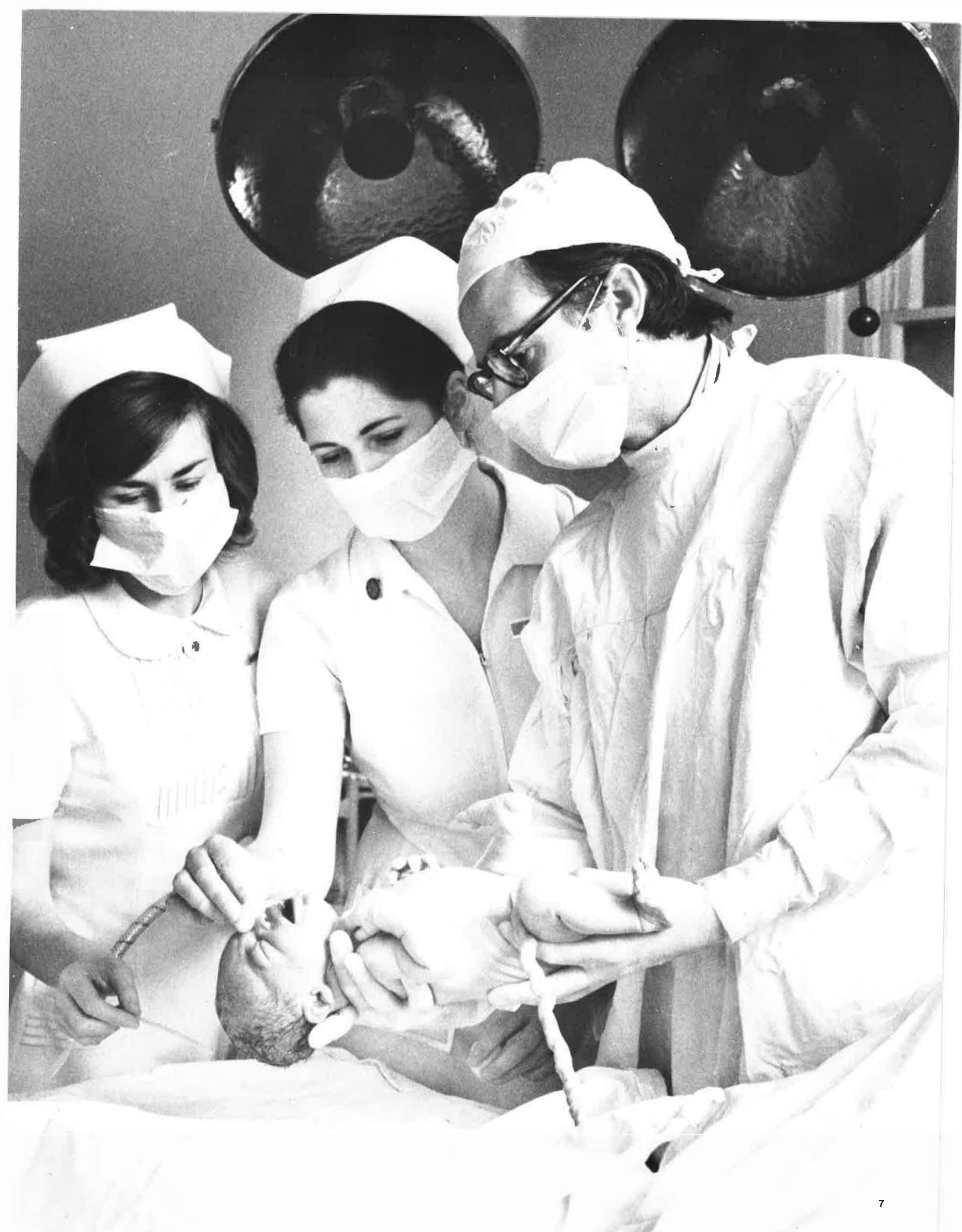
system and through committees. If they believed something, they spoke, and minor matters could quickly become major problems, with word-battlers choosing sides. The hospital leaders of the 1870's met quickly to discuss a replacement for Dr Lawton. They met in their usual place, the Mechanics Institute — Horsham's cultural and social headquarters for professional men. While they discussed Dr Lawton's resignation, Dr Thomas Steele visited the institute to change his library books. Two committeemen took him aside and explained the latest difficulty. Yes, said Dr Steele, he would do the job, and on the same terms as Dr Lawton. But within two months he was asking for more money. Two months later the hospital agreed to a rise, from £100 to £150 a year. Dr Steele paid attention to hospital detail as well as caring for his patients. He told the committee how hospital beds were becoming very hollow in the centre. The committee agreed to place boards across the beds for added strength. Today's doctors leave details to the hospital's administrators. Many of today's doctors are specialists, and their links with the hospital are different from those of a hundred years ago. Most are linked as honorary medical officers who also treat their private patients at the hospital. Their work overlaps with that of the traditional on-the-spot hospital doctor when they treat public patients, lecture nurses, or make decisions on hospital services. Doctors' fortunes have risen and fallen with the hospital and the town, reflecting the link that always exists between the three. In 1893, the management committee boldly reduced the medical officer's salary from £250 to £150 'owing to the urgent need of funds.' The district was then gripped by an economic depression which has faded in historical importance because of the closer memory of the great Depression of the 1930's. The doctor of the 1890's was allowed to practise up to twenty miles from Horsham, but he was to clearly understand that arrangements were to be made for another doctor to be on call when he was out of town. The doctor's reduced salary of £3 a week was for 'entire responsibility for the medical attention of the institution.'

The hospital has wondered about its links with private doctors for almost ninety years, wondering about the need for a fulltime officer, then wondering whether there would be enough work and money for a man with the necessary outstanding ability and qualifications. In 1877, the committee rejected as 'premature' a move for a fulltime surgeon, saying it was not in a position to pay a large salary for a 'qualified gentleman.' Committeemen said, apart from the cash, there had been no delay for patients needing a doctor. By 1933, the committee agreed it needed a resident medical officer. They said the 'time was opportune.' But the honorary medical officers, the town's doctors who visited and worked at the hospital, were very much against the idea. They met, and pronounced 'it would not be a useful policy to proceed in the matter.' The committee did not give up. Six years later it said: 'The need of the appointment of a resident medical officer or officers is now overdue.' But the longer the decision was left, the tougher it became. Doctors

became specialists, leaving the non-medical work to the new race of medical administrators. Today, a resident and fulltime medical officer or superintendent for Wimmera Base Hospital would be a man or woman with vast qualifications as a doctor, and an understanding of the byways of hospital organisation, administration, and dealings with government departments.

A modern hospital must have men on the spot. Modern medicine is far more urgent than medicine of 1874. Doctors, nurses, ambulance men, are now learning to shave seconds from the time needed for early treatment of road accident victims. Wimmera Base Hospital's men, and women, on the spot are senior and junior resident medical officers. They are doctors completing their training by practical work in a big hospital with a variety of medical problems and services. Horsham's residents, the interns of film and television medical dramas, are from Preston and Northcote Community Hospital — a name they usually squash to its initials as 'Panch.' They are on constant call, to give preliminary urgent treatment for accidents, or to remove an awkward splinter from a small boy's thumb. They work with a chief medical officer, although the hospital has yet to have the fulltime resident mentioned so often in the past. In 1973, the hospital named a resident specialist to work as its medical superintendent. After ninety years, the appointment approached what the hospital's committee had first discussed as a need in 1877. The hospital will have a full-time medical chief before the end of the 1970's. He, or she, will have entire responsibility for the medical attention of the institution, just like the £150 a year doctor of the 1890's.

Today's doctors need the hospital to make their ideas of treatment and cure a reality. Doctors also need nurses, the continuing link after a doctor's visit, and a special skill that can be applied only in a hospital.









In the same way as those of other professions, the nurse must acquire a comprehensive body of knowledge in order to enable her to provide her own unique service to the community.  
**Joan Matuschka—Matron, 1974.**

Matron and the hospital's entire nursing staff in 1917.

Left to right:  
 Ms. Curran, Booth, Anderson, Laycock, Matron, McClounnan, McCarlie, Hawkins, Veitch.

The Ward Sisters today

Left to right at back:  
 Ms. M. Donovan, B. Boyd, B. Rose, M. Craig, M. Lowe, N. Krelle.  
 Left to right at front:  
 Ms. L. Hoffman,  
 R. Courtney, J. Handby.

**N**URSING was a young profession when Horsham's hospital began. Modern nursing, with its discipline and skills, dates from 1861 and the actions of Florence Nightingale after the Crimean War. The first person in charge of wards in Horsham was a man, but little is known of him. He was a Mr Spry who resigned his job as wardsman in September 1874, before the young hospital had settled into its routines. He was replaced by Edwin Miles whose wife was to work as matron, with a combined salary of £100 a year. Mrs Miles was probably not a qualified nurse because Miss Isabella Bolton, with a staff of two nurses, is usually named as Horsham's first matron. Mr and Mrs Miles lasted less than a year. They unsuccessfully asked for more money and for help with the hospital's laundry. Hospital leaders met at the Mechanics Institute to solve the latest problem. They considered for a while but could not decide. They made their decision after they adjourned their meeting to the Commercial Hotel and relaxed. They named a Mrs Holthaus as cook and laundress. Mr and Mrs George Wilson were to be wardsman and nurse; this time the title 'matron' was not used.

The big change in nursing was in 1892. Today there are seventy nurses in training, and a total nursing staff of one hundred and sixty. They have all followed the foundation made by Miss Isabella Sexton who began work at Horsham Hospital after a decision in 1892 'to allow for training of a pupil nurse who would, after 12 months' service, and having been able to pass the necessary examination, would also receive a certificate and whose services might thereby be of considerable value both to the hospital and the community.' Isabella, the first Horsham student nurse, was on one month's probation. Her salary was £15 for the first year but she gained a £1 bonus for nursing a contagious patient. The hospital loved her. The doctor reported after the first year that 'she has performed her duties conscientiously and thoroughly, and has given the matron and myself every satisfaction.' Isabella completed her training and passed her examinations, then moved away to more-challenging work as a result of what she had learned at the Horsham hospital. When she resigned in January 1895, the management committee, usually quick to criticise and slow to praise, received her resignation with regret and unanimously agreed to give her a testimonial letter.

A report of December 1892, soon after Isabella Sexton began work, recommended a list of regulations for nurses. Hospital leaders made the revolutionary suggestion that a nurse should be on duty at night because there would be more sickness in approaching hot weather.

Isabella Bolton, probably the first fulltime and qualified matron, resigned in 1893, and the job was advertised as a permanent position at £45 a year. Trainee nurses were paid £15, the amount Isabella Sexton had received when she began training in 1892. The £15 payment was unchanged until 1933 when the annual salary leaped to £20. Matron's salary increased the same year—from £78.11.0 to £120. Pre-war salaries were tiny in cash amount compared with wages today. But the buying power of a penny or a shilling was enormous in relation to the 1970's, and a man with



a pound in his pocket in the 1870's was a man of means who need defer to nobody. The gulf between workers and business and professional men was wide when the hospital was young. The master-servant relationship was based on money instead of differing responsibilities and skills as it is today. Changing social attitudes have changed the hospital, its staff relations, its staff problems, and its wages bills.

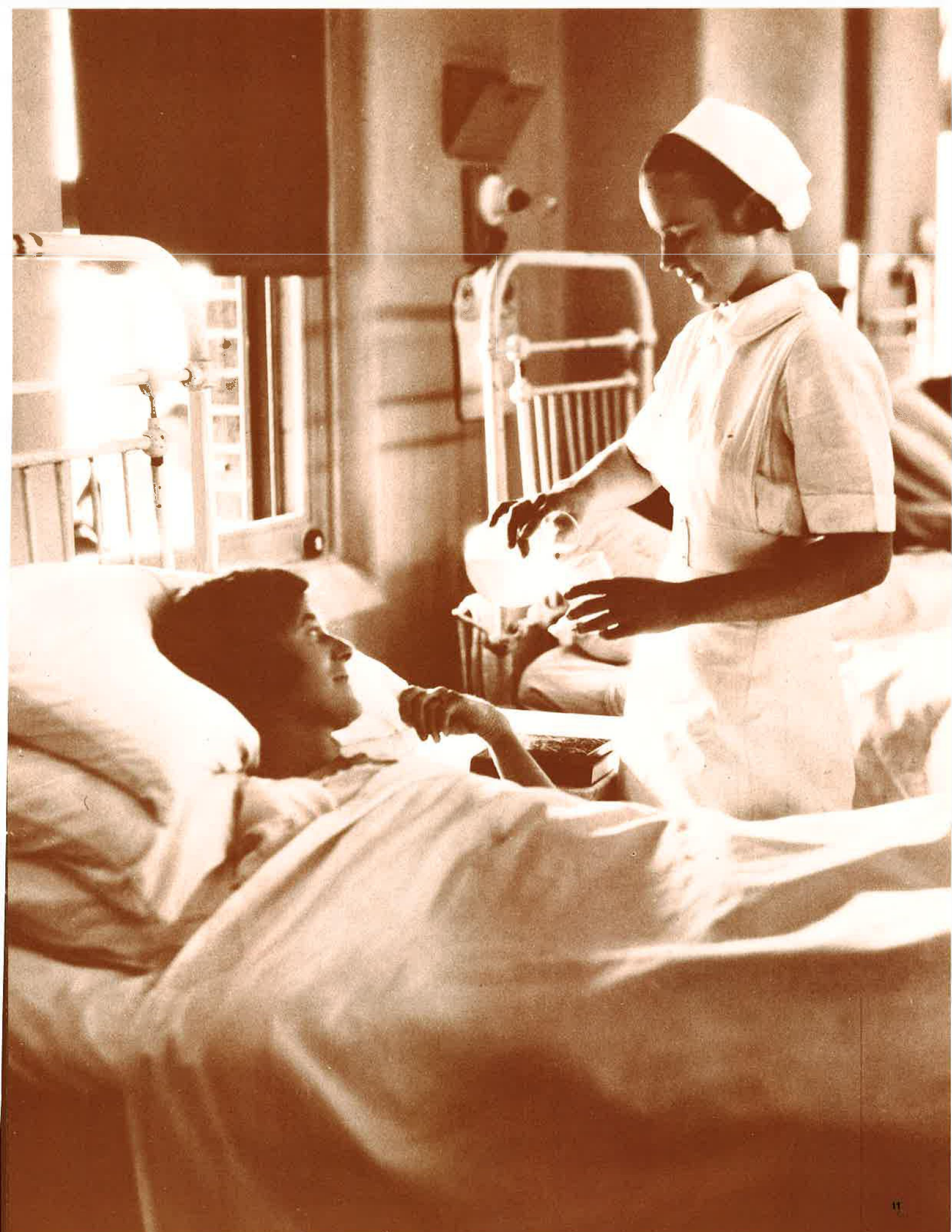
Horsham's nurses compete for a training award, the Ryan Prize, first given thirty years ago when there were sixty nurses on the staff. The first graduation ceremony was in 1949. Nurses moved to a modern home, or group of flats, in 1967. Nursing status has increased as techniques in medicine have made more and more demands on a nurse's skill and understanding. A Horsham nurse now has to satisfy staff and examiners that she will be able to complete her course, before she is promoted to a new year of training. A patient usually assumes a nurse has a complete set of technical skills. The patient looks for the human abilities to gently bully at the right moment, place a pillow in the right place, and appear magically when needed. Isabella Sexton learned from the doctors as she worked, read her books, and taught herself on the job. Horsham's nursing school of the 1970's has four specialised tutors, and a nurse has a total 1,200 hours in training. When she achieves graduation, she probably knows more basic medicine than the average country doctor of the Wimmera a hundred years ago.

A nurse must be more tolerant, more human, more cheerful, than almost any other person at work. Yet she must also cope with distressing, perhaps bloodthirsty, situations which would leave the average self-styled tough man dizzy with embarrassment and weakness. Nurses are expected to be different from other mortals; somehow avoiding the failings of others. Their human failings may sometimes show, despite the training and the ideals of nursing. In 1935, the hospital president reported to his committee that matron had told him 'certain nurses' on the training staff had been misconducting themselves when away from the hospital, and had also been guilty of breaking the regulations framed to ensure discipline. The charge sounded at least as severe as treason. The president noted that 'the matter was most important.' He later interviewed four nurses and gave them a 'severe caution.' Two continued to misbehave and were 'given the opportunity to resign.' There is now no record of the misconduct, but attitudes of the 1970's suggest that the wickedness of 1935 would not be noticed today.

Most patients love or loathe a hospital for its nurses and their attitudes and care. Horsham Hospital's leaders said when they decided to appoint their first trainee in the 1890's: 'This will enable the hospital to compare favorably with other hospitals in the Colony.'



Care and compassion have  
always been practised by  
the nursing staff at the  
hospital over the last century.







Hospital administration requires a full and real commitment to the creation of a hospital service which provides its community with the highest attainable standard of patient care.  
John Walter — Manager, 1974.



**H**ORSHAM Hospital had its share of baddies as well as goodies during its early years, just as its community had all types and attitudes in its men and women. Eighty years ago, life was authoritative. The hospital's committeemen were from the town's businesses, professions, trades and organisations. In November 1892, they were outraged as only men of the bristling Victorian era could be outraged.

*November 26, 1892 — The house committee presented a report stating that on attending this hospital on the 25 Nov. on an official visit they found the secretary unable to perform his duties owing to his being intoxicated and had suspended him from duty pending the matter considered by the general committee.*

The secretary admitted that what was said in the one, long sentence was true. He had no explanation, and he offered to resign. The committee accepted, provided the books and accounts were in order. Committeemen appointed a new secretary from sixty applicants and the matter appeared to be over. Six months later, a monthly committee meeting heard that the latest secretary had obtained the job with a bogus testimonial.

*The president explained that in consequence of information received doubts arose as to the authenticity of testimonial on which he the secretary had been appointed which was to the effect that he had acted for 10 years as sec of Roma, Queensland, Hospital.*

The Horsham hospital fired a telegram to Roma. The answer was that nobody in the town had heard of the secretary, or of the doctor alleged to have signed the troublesome letter of reference. The committee advertised again, specifying that the secretary must be at least 45 years. The previous man had been 34 years. There were fifty applicants, showing the status of the position and the urgent demand for work in the great Depression of the 1890's. The committee made an appointment, noting carefully that testimonials were to be examined. Everything was back to normal after a June 1893 meeting when the hospital's leaders decided 'that 16 pages copied by the late secretary be taken out of letter book and be destroyed, as they contained offensive matter.'

Wimmera Base Hospital's administrative staff work in their offices or appear occasionally beside a nurse or doctor to ask a question. The first administrators included the wardman and secretary who handled paper work as well as the odd jobs of 1874. Today there are qualified men and women who blend with the skills of the doctors and nurses by providing the stage-setting for hospital medicine. They handle more than a million dollars a year in the budget, pay wages, plan new buildings, solve patients' problems, organise a staff of two hundred and sixty, order equipment and send out patients' bills. The administrators also handle complaints because a community always demands perfection from its hospital, leaving it always open for criticism. The staff's fortunes have followed those of the community. In 1894, the depression meant some lost their jobs. The committee used today's fashionable word 'retrenched' to describe sackings for economic reasons. Today's staff have the benefit

of industrial awards, the demands of the new professional skill of hospital administration, and the traditional need to retain the human tolerance that is demanded of nurses and doctors. Wimmera Base Hospital's office men and women work in crowded conditions, below the standard of most private industry and government departments. The necessary people behind the hospital scenes have always taken second place when there has been a choice between spending money on wards, equipment and medical development, and spending it on offices.

Senior administrative,  
medical and nursing staff  
at the hospital, thought  
to have been photographed  
circa 1910.





The treatment of patients is the front line activity of the hospital. There is an increasing number of ancillary medical services which although unseen, are vital to total patient care.

Les Wong Shee —  
Medical Director, 1974.



**F**OR most of its one hundred years, the hospital has treated people who were sick. The need to treat accident and disease remains a primary purpose, beside the traditional delight of welcoming brand-new babies in the maternity department. But the hospital is now adding a new theme to the long-term purpose of cure and treat. It is becoming more concerned with overall health needs. This is reflected in departments and services which were unknown when the hospital was founded, impossibly expensive fifty years ago and unlikely even a decade ago. Wimmera Base Hospital of the 1980's will still treat and cure, and welcome babies, but there will be increasing work that will show the hospital is not only a place for people who are sick. It will be a centre to ensure that fewer people become sick. The successful hospital of the future will be one which has kept the greatest number of people away. Wimmera Base Hospital's services will go out to the community to say: 'Don't wait to come to us when you are sick. Let's work together now so that illness is avoided.' Patients in hospital will be there for the latest techniques which demand highly-trained people and specialist equipment and machines. The hospital began in 1874 as an essential service very close to a new community. Sometimes during the past hundred years the hospital has moved away from a direct impact on society because its work has become increasingly technical and specialised. It is now returning rapidly to everyday links with Horsham district lives through its planned day hospital, meals on wheels service, therapy departments and links with work for the elderly and handicapped.

The types of disease treated at Horsham Hospital and Wimmera Base Hospital over the century tell the story of what affected the community during one hundred years of growth.

*September 1876 — During the past month there has been a great demand for admission of very urgent cases which so overcrowded the hospital that beds had to be made on the floor for patients and the passage converted into a ward. This large increase of patients necessitated your committee to procure an additional supply of beds and bedding.*

The crisis of the month included the cook and laundress, a Mrs Schulz. She was among the patients. Another patient took over her duties to the doctor's entire satisfaction. The terrifying diseases of the past stalked the farms and houses of the Wimmera as they did around the world before the tight controls of public health today.

*July 1892 — We are glad to state that the records show a great decrease of the number of typhoid cases treated in the hospital, the number being only 12 all of which were discharged cured.*

There was a total twenty typhoid cases in the year to June 1893, of a total 113 hospital cases. Three people died. Today, typhoid to most people means a simple injection as a preventive on an overseas journey; nothing to do with Wimmera daily life. The great poliomyelitis epidemics of the 1930's and 1940's are reflected in hospital records as well as the lives of the people who were treated. Fifteen patients were in hospital for the whole year to June 1939.

The first few years of accident cases in Horsham were from falls from horses, and a large number of farm accidents. Now there are tight controls on machine safety, meaning fewer farm accidents. But there is no effective check on individuals in fast cars who like alcohol, and traffic accidents are high on the classification list of causes of sickness. Wimmera Base Hospital is specialising in treatment and handling of road accident cases, as part of a statewide study of hospital development. It is one of the sadder ways the hospital reflects the changing pattern of the surrounding world.



Caring for the aged has always been an important function of the hospital.







The hospital today requires many specialised services and buildings to match the needs of modern hospitalisation and treatment given to people who are away from home yet who must still receive the comfort of friendly yet efficient surroundings.  
John Ireland —  
Hospital Engineer, 1974.

**T**HE efficiency of a building, its design, layout and equipment is more important in a hospital than in any other type of organisation. Clever placing of departments and services in industry means time and money saved. Best placing of services in a hospital means lives saved, cases treated better and with less fuss, and more-contented patients. The precision and detail of modern medicine demands an efficient home; a modern hospital adaptable to changes in medical methods which often cannot be foreseen. A hospital becomes a patient's home, but under difficult circumstances because immediately a person reaches a hospital he or she is aware of the change from the secure routine of everyday-home life. He or she would not be in hospital unless there was a cause. The cause means stress — an emotional effect on the patient's attitude separate from the discomfort of an illness. This means that every patient is under tension from the very fact of being a patient. The efficient building must be quietly efficient. Its services to all patients must not intrude on the service to one patient. The development and best use of hospital buildings is a special job for hospital architects and administrators.

Building development has been discussed at almost every Horsham hospital committee meeting of the past century. Talks and hopes will continue as more and more welfare services are added to the tradition of treat and cure. Horsham Hospital's first leaders found they needed an addition to their buildings as soon as their first hospital was ready. Within two years of foundation, Horsham had a fever hospital, an addition for a special need in the hospital's community. The major changes in hospital purposes and services continue today with the urgent call for \$250,000 to match the newest ideas and provide the planned base for the perhaps-unknown services of the future.



The first hospital, with twelve beds, was welcomed in Horsham with a supper and a ball, just as the hospital of the future was welcomed in February 1974 with a dinner and an evening of entertainment. The extremes of the hospital's century are joined with the constant theme of building progress. The demand continued through the years of the century, and many of the problems remain unchanged. The first major extension, in 1876, was delayed for the same reason that caused near-crisis in every type of building in 1973 and 1974 — shortage of materials.

Horsham needed a fever ward as its first step forward in building because epidemics of easily-communicated diseases were part of life in the young Wimmera. Today they are rare, and attitudes to often-fatal infections have become casual because public health work has almost defeated the diseases, and so changed the aims of the public's hospitals. Wimmera Base Hospital today has no fever ward. The hospital committee of 1876 decided there would be no penalty for delays in the contract to build a ward because of the shortage of timber and interruptions to work by Easter holidays. The ward was finished by June but it was to be a headache for the hospital. The ward, for scarlet fever only, was controlled by Wimmera Shire's board of health. Less than a year after the building was finished, there were strongly-worded discussions about who was responsible for lining the ward.

Horsham Public Hospital  
in 1890.



Meanwhile the hospital was growing. The Governor, Sir George Bowen, had laid a foundation stone in 1876 — for the Bowen wing. The pressure of demand for new buildings after two years was to continue for the next ninety-eight years, to the end of the first century. Each time building has caught up with the calls for growth, there has been a new need to fill. In October 1876, the hospital's architect, Mr M. Ryan, reported that the kitchen was dangerous and needed bracing with iron rods. The committee was then struggling with the contractor for the Bowen wing. It met four times in five days before taking the job from one builder and signing it to another with the demand that it be finished within a fortnight. The wing was finished on time, and all were happy except the original contractor.

Hospital buildings must be tailored to meet special equipment and services. Ordinary buildings seldom meet the tailoring needs, and no skill can guess at the changes that will be commonplace in medicine at the end of the next decade. The development and work in building often links with the story of the community and its people. Architect Ryan had a problem in 1877. He explained in a report to the committee. He had found contractors for hospital gates away from the job, building a chimney in Horsham.

*I remonstrated with them for leaving an important work such as they were engaged at and leaving the place open for the ingress of goats, two of which I turned out. They made light of it by offering some flimsy excuse. In the face of such conduct, I would recommend that they should be fined in accordance with the terms of their agreement.*

Another tender had been let at the same time, for a laundry. Mr Ryan was satisfied with work but the laundress complained that her copper had arrived but no one had installed it. In 1882, a four-bed wing for women was added 'to give to female patients the same privacy that had been enjoyed by males.' In 1889, the hospital's three wards were lit by gas, and a government decision firmly established the hospital on its site; a Crown grant of nine and a half acres meant security for development and space for building.

One of the earliest pieces of specialised equipment was an incinerator which filled the minutes and agenda books for a year. Today, discussion and decision on new equipment is by specialist committees. In early days, the general committee handled everything, right down to the details of an incinerator. But the burner was one of its big triumphs. After fourteen months of talk and planning, there was a trial burning. The committee pronounced it 'eminently satisfactory.'. Within six months three other hospitals had asked about the incinerator, and Horsham was proud of its progress. Development which is big news in its day becomes inconsequential, almost humorous, with the wise hindsight of history. The big progress of June 1894 was the piping of cold water to the operating room.





The hospital grew to thirty-three beds in 1893. In 1902 there was a new wing, new nurses' home and a new operating theatre. Building prices have appeared enormous at any time in the 100 years of Wimmera Base Hospital. A building tender of £20,473 in 1925 was a staggering figure for the average man to compare with his wages. Today, the £20,000 would buy two houses instead of much of a big country hospital. Urgency in building has always hovered over hospital leaders as the city and district demanded the latest medical sophistication for its hospital. A report of 1937, typical of many years, said: 'The matter of accommodation is a more urgent need now than previously.' The hospital was then awaiting a government grant, following the traditional pattern which is still the base of development — matching state funds with district money. In 1937, nine builders tendered for a pathology department and mortuary. The average price was £2,100. The equivalent amount today would not pay for similar buildings because there are new specialities in equipment, work arrangement and services linked with the department. This means the cost of hospitals not only increases with inflation and growing builders' costs; it rises as hospital demands rise.

Wimmera Base Hospital today is centred on its red-brick, four-storey building, Horsham's largest building for many years, opened in July 1943. The thirty-year-old building was finished after changes of plans, problems with money, and coping with a different community life because of a new world war. There were problems with foundations; the familiar battle with shifting foundations which has worried every Horsham builder and house-owner. Work stopped soon after war began because of the problem of raising £10,000 to match £40,000 in grants. In February 1940, hospital committeemen gave up their ideas of a major development, and revised their plans to work for a building in keeping with funds in the bank and to allow more beds. Five months later, work stopped for three months. The war dominated public and private life, and the hospital knew it could not manage without government support. The main block, today's dominant hospital building, was priced at £40,000. It was to be the first section of a 'complete new hospital' — four floors from entrance to sun room, and a new boilerhouse with two wood-fired boilers.

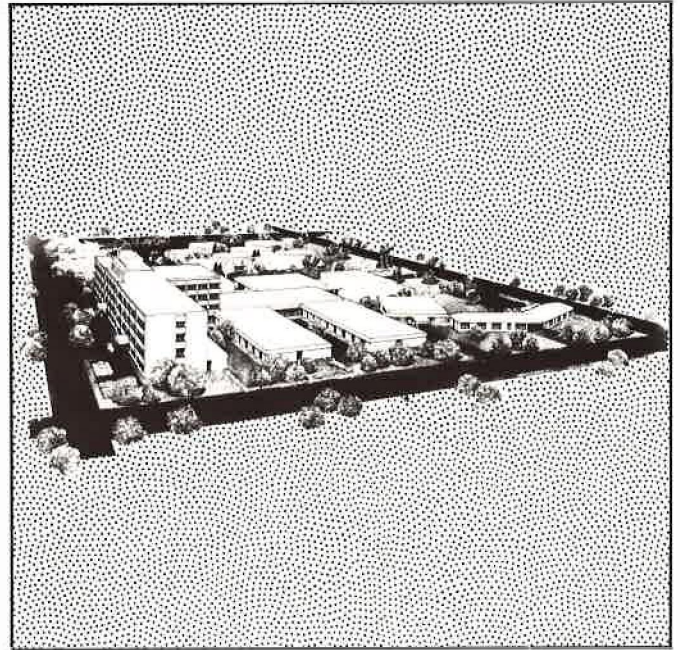
The hospital was becoming more like the Wimmera Base of 1974. Horsham had 5,800 people and the hospital averaged 94 patients every day. The 'complete new hospital' was never finished. The four-storey building was gobbled up for beds and services, and old hospital buildings remained in use. A major decision of 1973 brought the ideas of 1940 up to date. The complete new hospital was planned, to cost at least \$2½ million, and to be the largest single project for a building in the Wimmera's history. The planning was for a sophistication and breadth of services never considered, not known, in the 1940's.

Panoramic view of Wimmera Base Hospital and Baillie Street in the immediate post-war years.



Wimmera Base has one building it never built. The Commonwealth Government built Horsham's tuberculosis chalet after the war, in 1948, as part of a national campaign against the now-obscure disease. The chalet cost £11,400. It remained under government control until 1973 when the hospital took charge. There is room for fourteen patients; and the chalet will be a useful standby for moves during building development. One modern part of the present building will fit well with the \$2½-million plan. The west wing, opened in 1967, is a bright, modern home for radiology, outpatients and visiting clinics. But after six years it is too small for the growing services, from blood bank to visiting clinics. Departments needing more space will have a place in the \$2½-million development but the wing as a whole will be a useful foundation for new building. The wing cost \$190,000 — the first development after decimal coinage, and the first part of the total hospital a layman would label as acceptable for a modern medical centre.

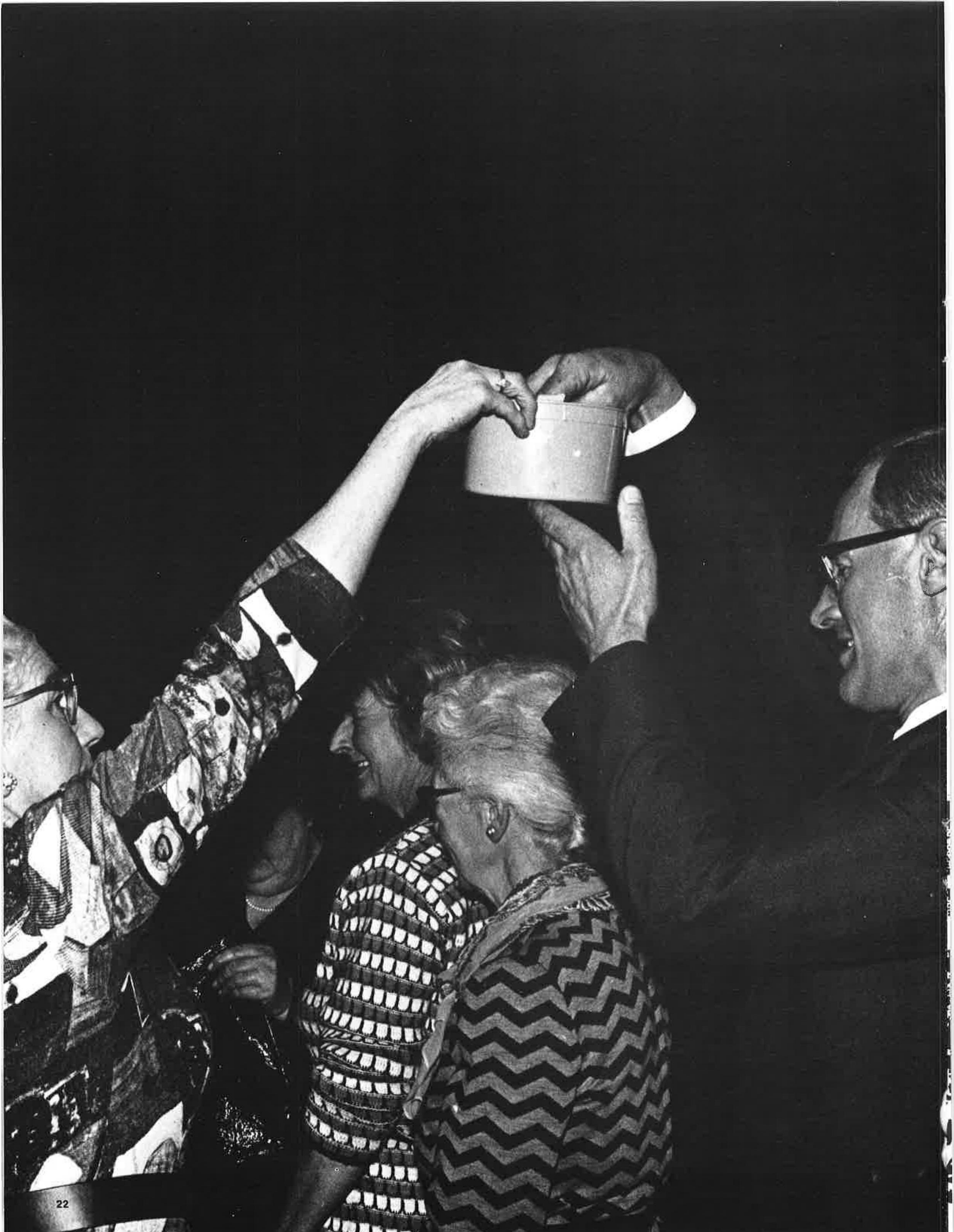
The hospital budget for the year the wing was built totalled \$640,000 but the money was for running costs. Building development is from capital funds — money for new work. The problem of raising capital is familiar to every house-owner and car buyer, and is quite separate from paying running costs, the equivalent of the weekly groceries and regular accounts.



Master building plan for the ultimate development of the hospital.









To enable a hospital to best use the combined talents of its staff in providing the best of patient care it is essential not only that there be adequate financial resources but that those financial resources be used in the best possible way. Gordon Edwards — Assistant Manager, 1974.

**T**HE saga of fund-raising began with the foundation of Horsham Hospital. A hospital must always be complete so it is ready for a patient's demand or a new medical idea. So, a hospital can never be finished. Science and technology, the cause of change and progress, cannot say what a hospital will need in the next decade. When needs become urgent, they can be solved — with money. Hospital leaders and administrators of one hundred years have either been optimists because they always seek a little more, or pessimists because they are never quite content with the building fund's bank balance.

The hospital's links with the government are as old as the hospital. The State Government's interest and support for district medical services is older than it appears because there was far less discussion of government services and welfare in the early days of the hospital.

*December 1874 — Whilst regretting the smallness of the amounts granted for the Horsham Hospital, the committee are satisfied with the explanation given by the Under Treasurer.*

Patient fees are fixed today, and are usually linked with a medical benefits scheme. In the hospital's early days there was often haggling over the price of a bed. There was no fixed wage, and incomes varied far more than today.

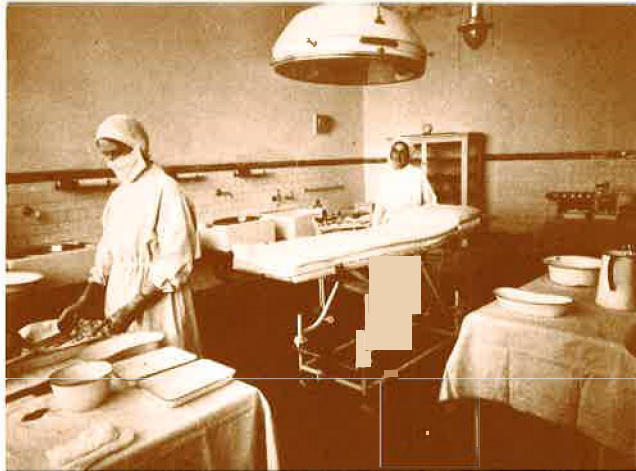
A man visited the hospital's board meeting in December 1874 to explain that he could afford ten shillings a week for his mother as an in-patient — he said 'indoor' patient. The committee agreed to admit her. Another patient complained that his bill of £2 a week was too high. The committee agreed to reduce to fifteen shillings. Lack of money left hospital leaders fuming in November 1877 when they heard their grant for running costs would be £750. They called a special meeting.

*. . . agreed to send telegrams to the leading Melbourne papers stating 'that great indignation is expressed' at the smallness of the amount for Horsham.*

The depression of the 1890's meant even-smaller government grants. Demands on the hospital grew but income dropped £500 in two years. An oddly-worded note in hospital records for June 1895 said: ' . . . from the balance sheet it will be seen that the financial of the hospital has suffered severely during the past year owing to the continued depression.' The value, or buying power, of money remained little changed for many years during the hospital's history. Direct comparisons with costs are reasonable between years in the early Horsham Hospital days. In the 1920's, as a new depression approached, the cost of a bed with a patient doubled between 1922 and 1926. But the daily average of patients dropped from 23.56 to 20.59. The hospital's 1928 report said: 'We are commencing the new financial year with a debit balance of £491.6.9 but are optimistic as to the future.' The report had an air of surprise because it appeared there would be little change from £5,000 for a year's work. Over the next seven years the budget increased to £6,780, a slow climb compared with the soaring costs of the early years of the 1970's. The patient remained the main source of income for day-to-

Fund raising activities of the hospital's voluntary auxiliary have ensured continued participation from the local community over the last century.





day running costs as she or he had since 1874.

In 1950, the hospital averaged 124 patients a day, approaching the numbers of 1973 and 1974. The budget was then \$62,000. Within three years it had doubled to £122,000. By 1957 it was approaching three times the 1950 figure. The hospital averaged almost 130 patients a day in 1963-64, and had two hundred on the staff. The budget passed the quarter-million mark at £253,000 and the hospital had become Horsham's largest single business. The need to stress that it was not a business organisation but a service to be run in a businesslike way became a hospital policy. Money was the means to the end of a better hospital, not the end or the success in itself. There had been no need to adopt a policy of remembering to be human in the days of Horsham Hospital. The need followed the introduction of new, complicated techniques and ideas, and the growth of the hospital in physical size and staff numbers.

Running costs became a major matter in July 1968. The hospital owed its bills for two months; the first time it had been unable to pay monthly accounts to the city's traders and suppliers. Today's running costs top one million dollars a year, reflecting the inflation that worries the community but showing in its huge turnover that the hospital is working to meet the demand for new, and higher-priced medical care.

With the passage of time and changed circumstances there is a continuing need to re-equip to enable the hospital to provide the most up-to-date medical care for the Wimmera community.

The photographs illustrate the recent installations of sophisticated equipment in the operating theatre, boiler house and laundry.





HORSHAM  
DISTRICT HOSPITAL  
ESTD 1873

VISITING HOURS  
DAILY  
9:30-10:45



The centenary year in a hospital's life is an appropriate time to assess the changing medical services needed to meet the ever-changing demands of a modern community. David McFarlane — Hospital President, 1974.

Entrance and portico of hospital building. The lettering on the late 1920's facade shows the foundation date as 1873, although it was not until 1874 that the hospital was established.

**H**ORSHAM'S hospital story began in a hotel. The hospital was born in the Carriers Arms, Horsham, on September 10, 1873. A public meeting agreed to ask for five acres of land, suggesting the police paddock which had been used to rest and feed the horses for the town's mounted troopers. Letters went off to the surrounding sheep runs and stations explaining the hospital plan and seeking money. Almost a year later, on August 27, 1874, another public meeting at the same hotel elected a committee and appointed trustees. The Reverend G. W. Adam became chairman of the first committee of management, and so first hospital president. Government funds, always needed but always with district support, had been arranged and everything was ready for the first building.

Horsham District Hospital saluted its regional background and work in 1927 when new buildings were opened. It then became Horsham Base Hospital. The next change of name was mentioned nine years later. A 1938 committee meeting considered changing the name to Wimmera Base Hospital.

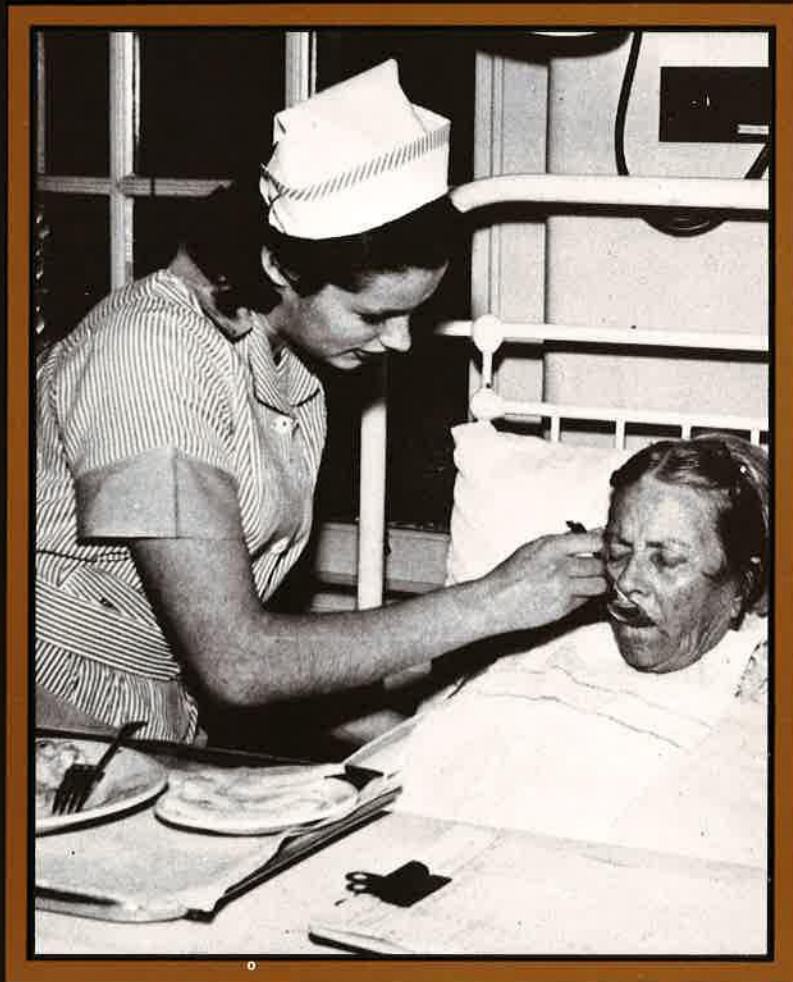
*... Comment was desultory, although the president, Mr R. G. W. Brett, referred to the apparent lack of outside interest by the people, and he thought that a name denoting a sphere of wider activity than the local name might be an incentive to greater interest being taken in the institution. It was tacitly agreed that the matter be left in abeyance for one month.*

The matter was left in abeyance for twenty two years before the name was changed to match the region from which the hospital received more than half its patients.

The hospital has made annual returns of statistics, and filled in government forms since the first of its one hundred years. In 1876, the Victorian Government asked Horsham about its hospital organisation and administration because the New South Wales Government wanted the information. In 1877, the Victorian Under Treasurer told the hospital it had been gazetted as incorporated, meaning it was an organisation with legal standing, answerable to the district through its contributors.

Government officers have always been part of the Horsham hospital story. In 1894, the inspector of charities said: 'In the absence of a dining room for convalescent patients they take their meals in a ward which is an arrangement susceptible of improvement.' The inspector said a hot-water supply was needed for baths and was, in fact, indispensable. He also suggested a telephone to the medical officer's home, pointing out that 'all the hospitals are fast adopting this most necessary means of communication.' Today, the hospital's link with the state is through the Hospitals and Charities Commission which handles government money, and advises on medical services. Wimmera Base, like all other hospitals, must meet standards and obligations as a government-public medical centre. But now the pressures and calls for improvement and development are almost always from the hospital.







Food is not only important to a patient's general well-being, a proper diet is an essential part of his or her recovery.

Nell Healey —  
Hospital Dietician, 1974.

WIMMERA Base Hospital has always been a big customer for Horsham shops and businesses. The hospital feeds an average 130 or more patients a day, and many shift staff. It needs all the supplies needed in a modern motel, and the amenities of a modern home. There are the routine needs of soap and butter, brooms and pencils, cheese and water jugs, as well as the exotic medical supplies from specialists. For ninety-nine of its hundred years the hospital gobbled trees for fireplaces and boilers. One of the first decisions, in 1874, was to buy a supply of wood stacked at the hospital, for thirty shillings. In the last year of woodfired boilers, before a 1973 change to oil, the hospital used 376 tons of wood. Supplies have included unlikely items such as water. In early days the hospital was without its own supply, and a contractor carted his tanks from the town. In 1875, the committee heard that the contractor had been irregular in his calls. The committee cancelled a contract, called new tenders and accepted a price from a man who offered to deliver at fifteen pence for a hundred gallons. Most food still comes from Horsham district and city suppliers. It is fresher, more suited to the tastes of people from the district, and matches a hospital policy to shop at home whenever possible.

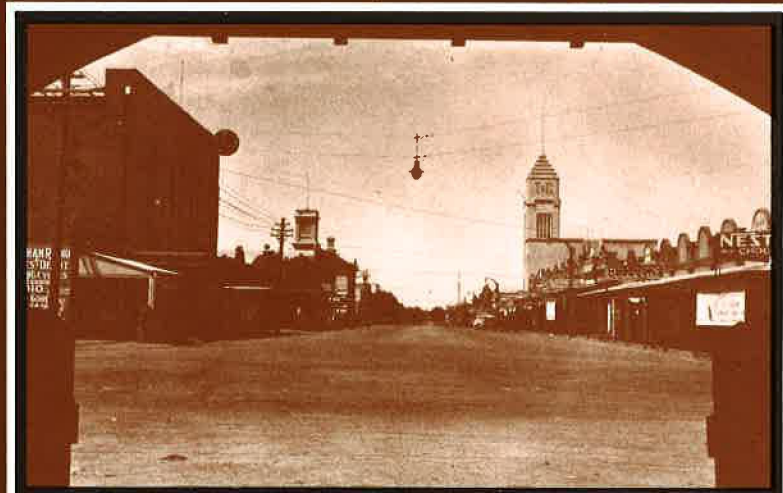
The hospital's food was the responsibility of a cook for most of its history. Now, diet is important for general patient recovery or as a link with treatment and cure of an individual case. Today, a dietician is a specialist in yet another department of modern hospital work. In the early days, kitchen staff specialised in personality clashes. The house committee, responsible for day-to-day hospital affairs, told one of the stories in July 1876.

*We regret to report that some disagreement existed between the cook and wardsman and matron. Your committee fully investigated the cause of the same, and found that no real grievance existed that could not be overcome by a little forbearance on both sides, and the committee are of the opinion that the differences have now been smoothed away, and the interests of the hospital are not likely to suffer therefrom.*

But eighteen months later the problem boiled up again. There was an 'unhappy feeling' between the cook and the wardsman and his wife. The wardsman complained that cook disobeyed his instructions, and caused insubordination among the patients. Cook was sacked. Hospital leaders sought a new cook, and specified a man for the job at £1 a week. The new cook arrived, and became a patient soon after starting work. The hospital sent to Ballarat for temporary help. Then the former cook wrote 'denying all the charges made by the wardsman at a previous meeting and stating that he was not always in a fit state to attend to his duties.' The committee ignored her letter. But even her squabble reflected a community outlook of the time. A cook in a camp, shearing shed or family service was not worth the name unless he or she had a strong individuality and a fierce independence.



*Firebrace St. Circa 1940  
Looking South*



*Looking North*

The hospital supplies have always been enough to delight any grocer or trader. In 1943-44, with war time austerity still affecting the hospital, the bills included 736 pounds of soap, 18,663 pounds of potatoes, and 1,258 tons of wood for the hungry boilers. Ten years later, the boilers demanded 2,385 tons of wood, and the hospital cleaned up with 4,813 pounds of soap. The kitchen cooked 64,320 eggs.

Some of the best-appreciated meals leave the hospital's side door from noon each day. Wimmera Base cooks for Horsham's meals on wheels service which delivers to the elderly, infirm and lonely through volunteers who supply their own cars. The help for the service is a clear example of the change in hospital work to moving out to the community in social care and preventive medicine before a person becomes a patient.

The hospital once had a veterinary officer. James Barnes, of Horsham, was listed as honorary veterinary surgeon in the 1920's. The apparently-disturbing appointment to a hospital is explained by an activity which ended many years ago. The hospital had its own market garden or farm, producing vegetables, meat, milk and eggs. It began with the earliest days of Horsham Hospital. One of the first records is agreement to build a piggery for £10 in 1878. But the price was higher; the final cost was £11.9.0.

*July 1892 — We have also had about a square chain of ground dug and fenced as a vegetable garden from which we may expect a very acceptable return but from which we cannot expect a very tangible profit.*

The hospital faced the same problems as the farmers of its community when the cows went dry. It shared the delight of farmers when a cow sold for a profit, adding income for the year's balance sheet. The garden started in 1892 was a great success despite the doubt about a tangible profit.

*June 1894 — Owing to the vegetable garden being too small to grow sufficient vegetables for the institution, a new one has been formed north of the hospital which we hope will be a success.*

A patient built a new cowshed by wrecking the old one and re-using the material. A patient on the way to recovery built a fowlhouse as part of odd jobs around the hospital. He received thirty shillings and became an early if unknowing example of occupational therapy —recovery through activity and work.

Hospitals no longer have their own farm gardens. Food production and processing is now too sophisticated and specialised, and more than 210,000 meals, now needed every year, cannot be left to the chances of the seasons in a small market garden.



Volunteer drivers operate a "Meals on Wheels" service distributing food prepared by the hospital's kitchens to elderly and incapacitated people.





A hospital, probably more than any other government organisation, is very much a public institution.

Keith Lovett — Hospital Board Government Nominee, 1974.

A PATIENT, because he or she is a patient, is one of the most self-centred users or buyers or any community service or product. No patient can look at his own case dispassionately because he is so vitally involved in his own health. Hospitals understand that a patient is under stress by being away from home, as well as the added worry of illness.

Patients know they are important, and hospitals agree. The traditional caring for people remains. But today there is a positive policy that the hospital must work to retain its human outlook. The attitude at Wimmera Base Hospital is the result of working to maintain understanding of the importance of the individual in a society which has become complicated, often ruled from far away, and sometimes overwhelming with its government and administrative activities.

The early Horsham Hospital believed thirty shillings a week an average sort of bill for a patient. It settled the amount in 1875 when Dr Steele asked how much he owed for treatment for his servant girl. The £1.10.0 was above the doctor's salary of the time, and Dr Steele received a slight reprimand from the committee for using wrong procedures to admit his servant-patient.

In the past year the hospital has had an average 134 patients a day. The challenge of giving each a modern yet personal medical service cannot be compared with the young hospital.

*August 1875 — Number of patients in hospital, 9; dismissed, cured, and relieved, 9; admitted, 10; remaining in hospital, 10.*

The hospital's records tell many details about the patients of the past, and so tell much of the history of the district. The early committees considered the many details that are handled by administrators or sub-committees today. In 1893, the hospital wrote to a Melbourne firm asking for a sample of artificial eyes for a patient. It wrote to a Naracoorte man asking him to take his cousin from Horsham Hospital because she was anxious to return home, and it wrote for a set of manacles for a 'refractory patient.' The correspondence was all noted in the management committee's records. Patients are like customers in old-fashioned business — always right. The fact that they may sometimes be very wrong is forgiven because of the stress of being a patient. The hospital's committee noted in 1893 that a patient had been reported for misconduct. A medical officer found the charges 'fully substantiated' and the patient was discharged. The punishment was very harsh if the man was sick. Probably he was recovering and a little playful. The word 'misconduct' is full of drama but unfortunately records do not explain any further. An Aborigine sought admission to Horsham Hospital in 1895. The committee discussed his case very seriously before agreeing to allow him as a patient. The committee said the man should leave when the medical officer considered him fit, and there should be a doctor's report before he was admitted. Today, the hospital notes religion and birthplace in patients' records but the principle is — admit first, treat, then consider any personal difficulties. No person needing treatment is refused admission to Wimmera Base for any reason.









The policy of pleasing patients may not always have had the intended result. They may not have been delighted by one by-law designed to care for their spiritual health. The rule dated from 1894.

*The operating room of the hospital shall, as far as practicable, be available for public worship among the convalescent patients.*

Patients and their reasons for being patients have helped tell the story of Horsham and region life over the hundred years. The diseases fought in the hospital were the diseases which changed public life and individual lives in the community. A list of causes of hospital cases for a year of the First World War totalled 279 patients. Fourteen were typhoid; little more than a frightening word today. In another war year there were 322 cases. The largest single disease was diptheria with 71 patients. There were twelve heart cases, and five from injuries caused by machinery, vehicles and trains.

The community has changed, and so changed the work of its hospital. Latest Wimmera Base figures for a total 3,000 cases, show 167 from heart complaints, 114 from road accidents, and 83 from infectious and contagious causes. Some traffic cases were outpatients.

Hospital officers once kept detailed lists of the backgrounds of their patients; lists they solemnly published in annual reports. Much of the information has a historical or novelty interest but seems little help in medical matters. A list of the religions of 172 patients in the year to June 1895 carefully listed one pagan. Today, the lists tell of the religious background of the region, giving historical information difficult to find from other sources. There were 380 patients for the 1921-22 year.

Church of England	117	Baptist	11
Presbyterian	94	Roman Catholic	81
Methodist	49	Others	11
Church of Christ	14		

The listing of 'others' for the year was a minor revolution in hospital records. The previous year had listed the religions of 483 people including: No religion 1, Buddhist 0.

Wimmera Base Hospital records are district historical records, able to tell more than the medical story alone. A list of birthplaces of patients in 1924-25 tells the story of Wimmera settlement since the turn of the century when the main wave of German migration was over and British migration was increasing. Oddly, the records of the year loyally, or subversively, list Scotland as a separate country from the remainder of the United Kingdom.

Victoria	3 2 1	Other British posses-	
New South Wales	5	sions	1
Other states	28	Germany	5
England-Wales	32	Other foreign	1
Scotland	13	At sea	2
Ireland	6		

In more-formal days, the hospital's youngest patients were not boy babies or girl babies. The annual report for 1927-28 noted that '38 males and 31 females' had been born in the maternity ward which opened in July 1927. The next report grouped patients by age, an invaluable record when considered with other years. In 1928-29,

most patients were in the 15 to 25 age group, a total 268. There were 68 young patients in the 10 to 15 years group of a total 995 patients in tiny detail, but only the whole community and not individual cases because records of any one patient are confidential. Wimmera Base Hospital's records are linked with a Melbourne computer. Numbers and types of patients for a district, a region or a state can be quickly found by medical administrators and researchers. The information is accurate, quick to find and up to date. But it means more work for doctors in completing detailed notes, sometimes demanding the skill of a mathematician. It means the hospital employs a medical records librarian — another of the new professions linked with new ideas for hospitals. It means the days that a doctor scribbled his notes on the back of an envelope are over. Horsham Hospital's first medical records were in the heads of family doctors. Today a patient receives better treatment because his or her case can be related to the cases in the whole community, and because a person's total medical story is recorded.

Wimmera Base works on the principle that the patient is always right. In practice, patients have the human qualities and failings of people in any place or situation. The hospital's committee jumped to attention in 1934 when it received a report from the Horsham branch of the Returned Soldiers League that a nurse had struck a patient. The patient, a returned serviceman, said he and his wife and his mother were quite satisfied with his treatment. But the league sources insisted that the mother had complained about the ex-fighting man being hit. The committee sent a dispatch to the hospital solicitors, and the topic slid into the past beneath the surface of hospital records.

Obstetric ward circa 1930.



Inpatients are the hospital's big-time patients, needing a full range of services, skills and equipment. The outpatients have the numbers. Last year, the hospital treated more outpatients than there are people in Horsham and nearby farming districts. An outpatient is usually somebody with a minor medical crisis, needing a share of the same skill and sympathy offered to inpatients. Wimmera Base' outpatients department is never closed; and never empty on Saturday nights during football seasons. It receives fit and healthy people regularly from all parts of the Wimmera to give blood for Red Cross blood banks. Last year the bank's visitors gave a record 1921 packs of blood to the service which began in 1956 and now collects weekly from donors.

District nursing has a corner of the outpatients department; the only space available for a service which began in 1968, and now visits 3,600 times a year to help 100 people with home nursing care. Patients change as the community and its people change. They ask for more services than were known or imagined a hundred years ago. One Wimmera Base Hospital community service ended on June 20, 1939 — probably the only service to end instead of grow during the century. Hospital leaders decided that 'the practice of tramps bathing at the hospital be discontinued and not allowed in the future.' Some services have been handed to specialists as the community changed. The hospital bought its first horse-drawn ambulance in 1914. A motor ambulance arrived in 1925, and for many years received a proud place in annual reports with details such as the amount of oil burned in the engine of the car each day. Today, the services are moving closer together after Wimmera District Ambulance Service took over as a specialist organisation in 1951. The hospital is linked with the ambulance radio network, and hospital doctors discuss emergency treatment with ambulance officers.

Departments and services with separate staff today can often be traced from a beginning linked, as always, with the ideas and needs of district people. By the mid-1890's the early settlers who had followed the selection Acts of the 1870's included old people, the region's first senior citizens. In September 1895, hospital leaders agreed that their work should be broadened to include the services of a benevolent institution. The decision was the birth of today's geriatric department which cares for elderly people who are not sick with a specific illness but need general health care.

Today's occupational therapy department began formally eleven years ago. But it had grown with the hospital, particularly in helping older people, from the days patients made wicker baskets to find a new interest as he or she recovered from illness.

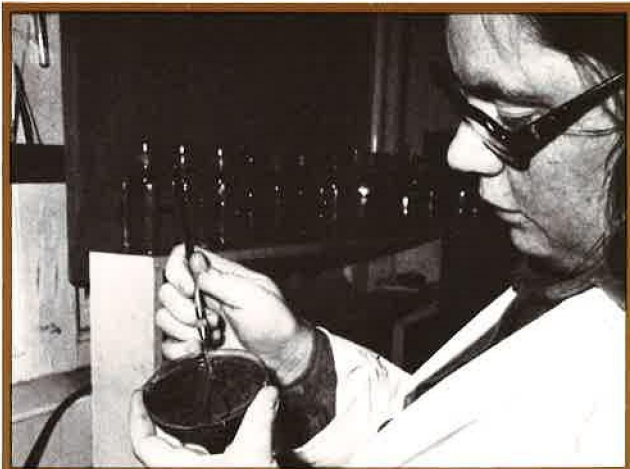


Nursing care is provided by the hospital to many patients in their own homes.

Occupational therapy supervised by skilled professional staff assists many people in their rehabilitation.





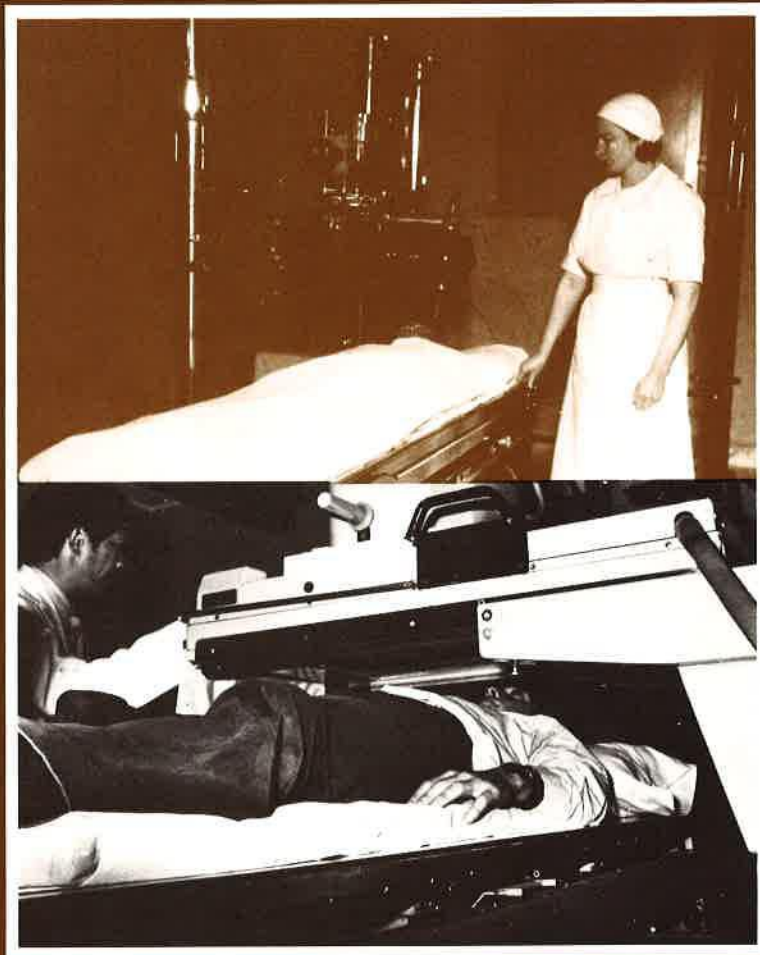


The pathology department has the deepest mysteries for the average hospital visitor. Pathology means hospital laboratory work, from examining a simple piece of body tissue to detailed investigation of the type seen in the more-dignified police dramas of television. Like many other departments, pathology is a regional service offering special skills to other Wimmera hospitals and out-of-town patients. It is a vastly-technical department which symbolises the technical complexity of modern medicine as it works as a back-up service for doctors' diagnosis and treatment. There were moves for a separate pathology department more than fifty years ago when the hospital committee discussed delays in sending swabs to Melbourne to check suspected cases of infectious diseases. The system was changed to sending swabs to Horsham doctors, reducing delays but still not satisfying the hospital. The laboratory began just before the Second World War. It expanded in 1962-63 with more room and more equipment. Its work continued to grow as medical knowledge and practice increased in the knowledge-boom of the past decade. More and more checks were made with everyday cases. The department made 7,168 tests in 1962-63, almost 1,400 more the next year, and 10,647 in 1964-65. The latest total figure shows 12,409 tests for a year.

Radiography — taking x-rays — began in 1928 when a district family gave equipment costing £1,885.19.2. The hospital faithfully noted that the cost included five shillings bank charges. In June 1933, a report said there had been more than 2,300 x-ray exposures since equipment had been installed. There were 5,795 x-ray photographs in the single year 1972-73. Radiography has grown as other departments have widened their work, and speed has become more important. Wimmera Base x-ray department now has equipment to show a television-type picture of a patient's inside — for a preliminary check and guide to detailed photographs or diagnosis.

The hospital through its skilled staff and sophisticated technical equipment is able to provide assistance to the medical staff in diagnosis and treatment.

Doctors throughout the Wimmera Region utilize these services for the benefit of their patients.



Physiotherapy in Horsham has grown from the 1930's when a masseuse helped poliomyelitis — infantile paralysis — victims to regain mobility. In 1937, the hospital formally appointed a woman as honorary masseuse after she had worked voluntarily for eighteen months. Hospital leaders decided they were responsible for helping overcome the paralysis which followed the infection of polio. They planned a central service for the Wimmera because of the special needs of cases, not easily met in other centres. A regional physiotherapy department began in 1957. Within four months there were two hundred patients.

Small departments or sections today will be the big hospital units of the future. But the size and rate of growth can seldom be guessed. Intensive care for heart patients, yet to have its own department, will be commonplace in the 1980's. The hospital will be known for its day hospital, a centre proving how services are reaching out to the men and women at home — working with them before they become fulltime patients. Speech therapy will have grown from its beginning in 1972 to be a major part of a patient's happy return to the community after time in hospital. Today's departments will be bigger because pressure from outside will force the growth within the hospital.

Wimmera Base Hospital will stress more strongly its need to work with its patients as ordinary people in a complicated world. Its new century will begin successfully if it remembers that the first began with Mr Adam's concern, and Horsham's concern, about the hospital's place in the community.

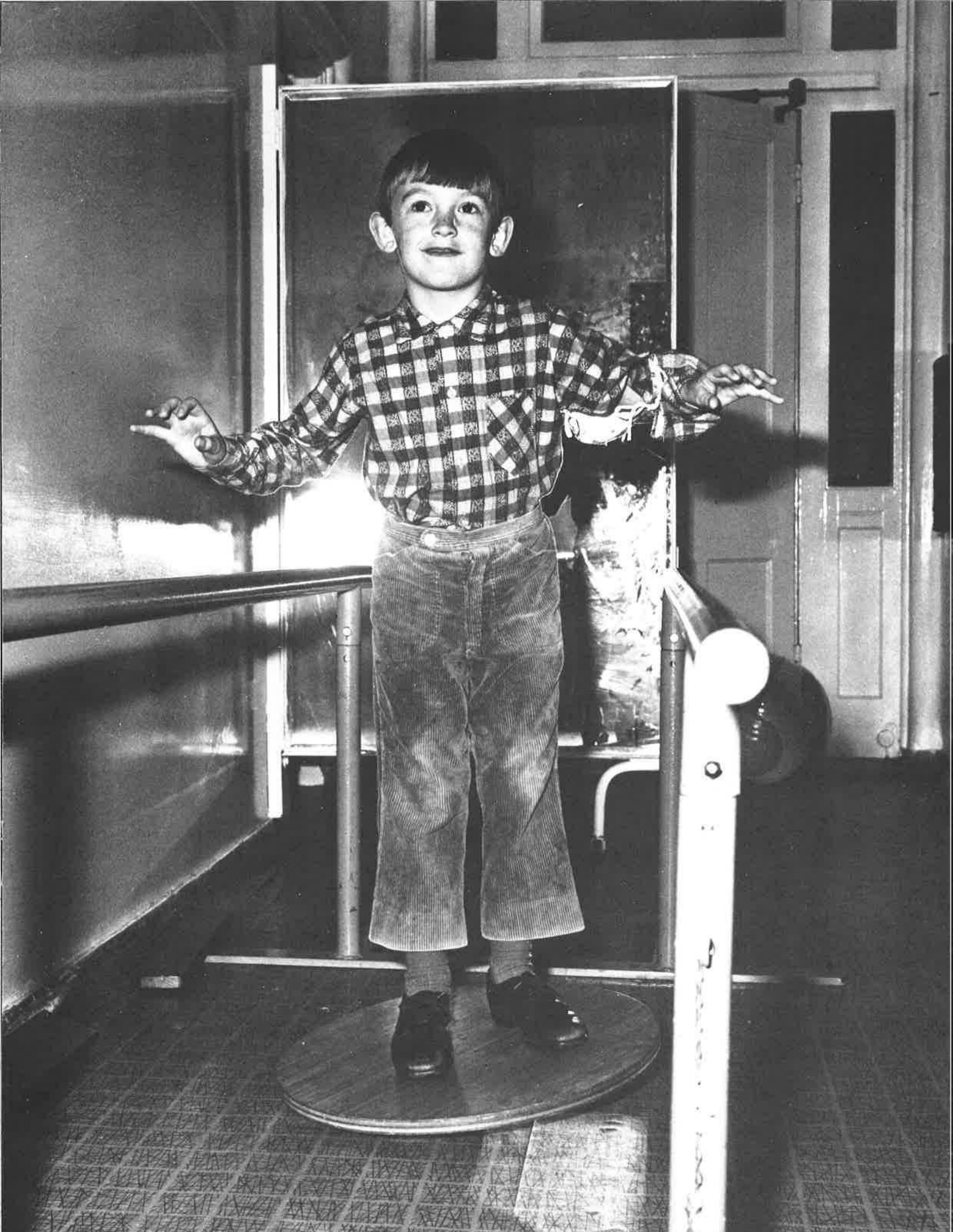
An argument, a discussion, and public debate about the hospital was a tiny affair in the total story of the Wimmera. But the first president's concern and the immediate link between the hospital and its people in the debate of 1875 was a perfect foundation.

Horsham, town, city, district, region and hospital have been unwilling and unable to break the natural link that holds them together as it has for one hundred years — since Adam was the man who unknowingly showed that it was there.

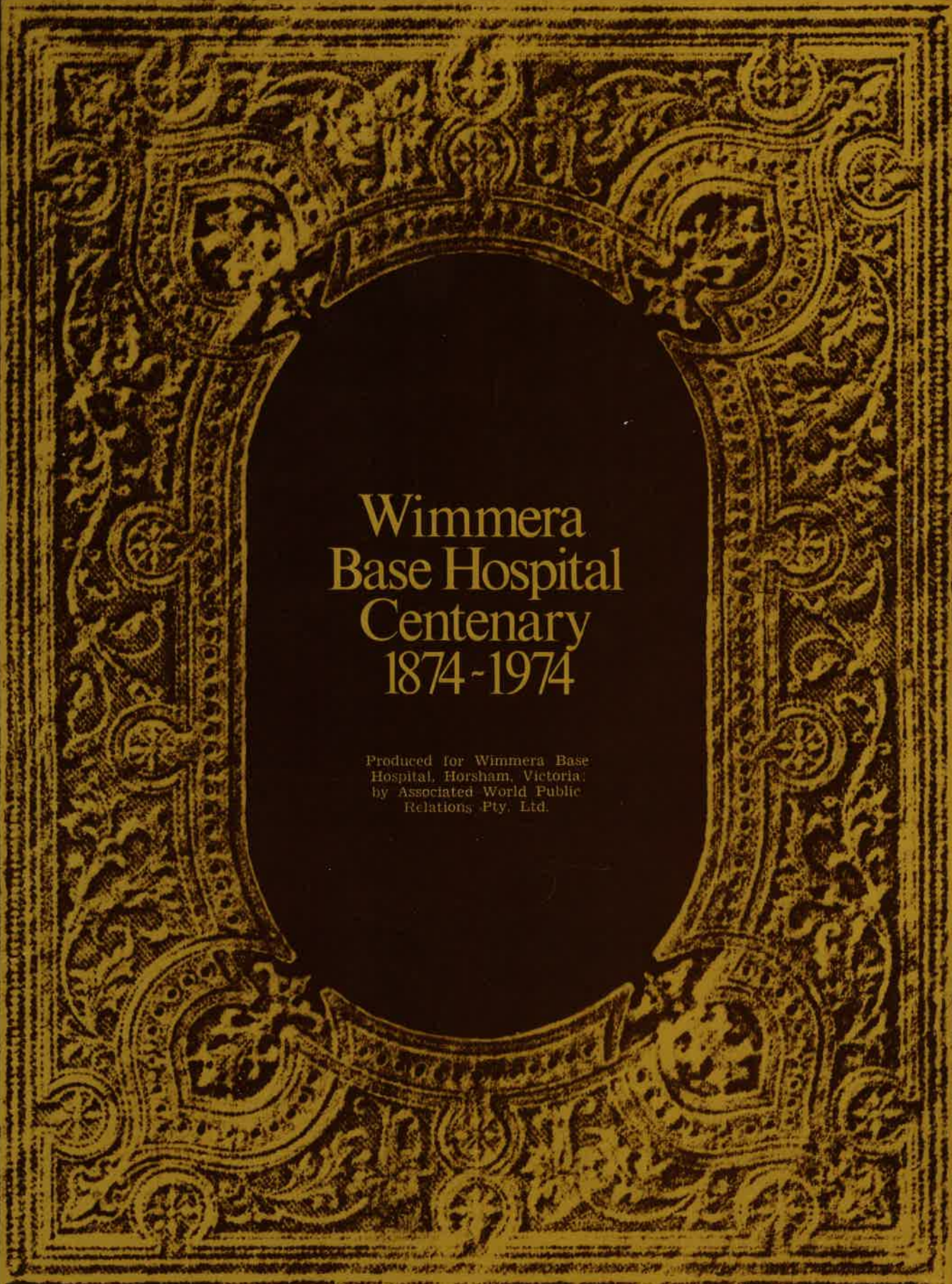


Physiotherapy and speech  
therapy assists many patients,  
both young and old to  
re-establish their normal  
way of life in the community.









Wimmera  
Base Hospital  
Centenary  
1874-1974

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