



THE EARLY YEARS

Formative years, 1870–1900

Establishment

Melbourne's Royal Children's Hospital is the oldest paediatric hospital in the southern hemisphere. It was established only 18 years after the first children's hospital in Britain, and 10 years before the Royal Alexandra Hospital for Children in Sydney. Dr William Smith set up the 'Institution for Sick Children' in Bourke Street in 1870.¹ He was joined soon after by Dr John Singleton, and the clinic, renamed the Melbourne Free Hospital for Sick Children, moved to Stephen Street (now Exhibition Street). In September a committee of management was formed and Judge Robert Pohlman was elected the first president of the hospital. This was a purely honorary position; from the outset the real work of managing the hospital was carried out by a committee consisting entirely of women, with the first president of the committee being Mrs Frances Perry, wife of the Anglican Bishop of Melbourne. Initially the Stephen Street hospital treated only outpatients, but by the end of 1870 the first six-bed ward was opened. In October 1873 the hospital moved to a rented building on Spring Street, enabling the number of beds to be increased to 15. After two years looking for a suitable permanent site, in December 1875 the committee agreed to buy the Carlton home of the famous judge Redmond Barry. Following renovations, the new hospital was opened in September the following year.

Patients

The Children's Hospital was founded as a charity hospital and until the 1880s it treated only children whose parents could not afford medical fees. Even after the hospital began charging fees, the committee maintained its policy of never refusing treatment to any child through inability to pay; until the 1940s it remained essentially a charity hospital. As the reputation of the hospital grew it began to attract patients from all over Victoria and beyond, but until the 1950s most of its patients came from the working-class industrial suburbs of inner Melbourne. Malnutrition and maltreatment were frequent causes of admission, and for many children good food was the most important element of their treatment.

In its early decades two types of patients were excluded from the hospital as a matter of policy: babies under two and children with infectious diseases. Babies were not admitted

Matron Sarah Bishop and nurses, the Children's Hospital, Carlton, c. 1895, photograph on card, 29.4 × 23.7 cm.
The Royal Children's Hospital Archives and Collections Department.

because the hospital had no facilities for them and the doctors believed they were generally better off with their mothers. This policy was relaxed from the 1890s as surgery for infants progressed. In the second half of the 19th century there were frequent epidemics of infectious diseases such as diphtheria, whooping cough and scarlet fever, but children with these diseases were excluded to protect the already weakened patients. The fear of epidemics in the hospital's crowded wards was a constant nightmare for the staff.

Many of the hospital's saddest cases arose from the interrelated problems of a young immigrant society with loose family ties, a prevailing morality that regarded unmarried mothers as 'fallen women', and ignorant infant-feeding practices. Many patients were abandoned by their parents, remaining in the hospital for months or even years before being sent to an orphanage.

The popular image of 19th-century hospitals is that they were harsh, prison-like institutions, where the patients lay in silence in their grim wards. The evidence suggests that this was far from true at the Children's Hospital, and we have stories of fun and liveliness, with even the staid ladies of the committee keen for the children to have toys, treats and entertainments.

For many children the most traumatic aspect of their stay in hospital was the separation from their families. Until the 1950s visiting was strictly limited, for fear of visitors bringing infections into the hospital and because it was believed that visits upset the children. As the average length of stay in the late 19th century was measured in months, this must have had a devastating effect on children, although it was never commented on by contemporaries.

Death was an ever-present reality for the patients and staff in the late 19th century, with up to 10 per cent of children admitted dying in the hospital. For those who lived, convalescence was often long and slow, and doctors were often reluctant to discharge children back to the squalor of their homes. In the early 1880s the hospital built a seaside cottage in Brighton where convalescent children could be sent for several weeks or even months to regain their strength. In 1936 the hospital was given a house in the Dandenong Ranges for the same purpose.

In its first 30 years the Children's Hospital treated more than 16,000 inpatients and 165,000 outpatients, who attended on average five times each. For many poor families in inner Melbourne, the only medical attention their children ever received was from the outpatients' department of the Children's Hospital.

Doctors and treatments

Until the early 1950s, when the Children's Hospital became the first public hospital in Australia to pay its senior medical staff, all hospitals relied on 'honoraries': medical practitioners who provided their services free of charge, with the prestige of a leading

hospital appointment attracting patients to their private practices. Unlike the Melbourne Hospital, where the honoraries were elected by subscribers, honoraries at the Children's Hospital were chosen by their peers and the hospital committee. From its early years the hospital succeeded in attracting some of the leading figures in Melbourne's medical world onto its honorary staff, most notably Charles Ryan, Richard Stawell and Hamilton Russell.

The only paid doctors were the residents, who received £150 per annum in the 1880s but as little as £26 in the Depression years of the 1890s. The third resident doctor was William Snowball, generally regarded as the founder of Australian paediatrics. He was the hospital's resident for three years and then joined the honorary staff, practising both as a surgeon and physician. Snowball taught and encouraged the next generation of the hospital's doctors, including Stawell, Russell, Jeffreys Wood and Hobill Cole.

The 1890s saw the beginnings of specialisation among the honorary staff, with notable appointments including Dr Crawford Mollison as pathologist in 1891 and Dr Herbert Hewlett as 'skiagraphist' (radiologist) in 1897. The Children's Hospital was the first public hospital in Melbourne to establish a radiology department, with Hewlett's appointment coming less than 18 months after the discovery of X-rays. Other specialisations developed informally, with Charles Lempriere becoming noted for his expertise in anaesthetics and Peter Bennie and Wilfred Kent Hughes taking on most of the orthopaedic cases.

From the early 1880s medical students began to attend the hospital, largely inspired by Dr Snowball's reputation as a teacher, but it was not until 1900 that formal ties were developed with the University of Melbourne. In that year Dr Snowball was appointed to teach on the diseases of children; following his death in 1902, Peter Bennie took on the position.

The period 1850 to 1900 saw great advances in medical science. Anaesthesia and antisepsis revolutionised surgery, the clinical understanding of disease evolved rapidly, and methods of diagnosis improved greatly. However, the progress in medical science had little effect on the major threats to child health in this period. Diseases such as typhoid, scarlet fever, diphtheria and whooping cough were endemic, and frequently epidemic, while medical science had nothing to offer their victims beyond careful nursing, good food and rest. While doctors were beginning to grasp the causes of disease, they had no effective treatments—the only curative drugs were quinine for malaria and mercury for syphilis. At the Children's Hospital opium was the most common pain reliever, brandy and champagne were widely used as stimulants, strychnine as a tonic, and belladonna as an anti-spasmodic. A significant breakthrough was the introduction in 1895 of anti-toxin for the treatment of diphtheria. Combined with the more skilful use of intubation, anti-toxin greatly reduced the mortality from this disease.

The vast majority of inpatients at the Children's Hospital in the late 19th century were admitted for diseases that are rarely seen at the hospital today, with typhoid fever

and tuberculosis being the most common. Poisoning and burns were the most common accidents (road trauma being rare) and there were many admissions for neglect and failure to thrive. Admissions for congenital conditions such as inguinal hernia and club foot, as well as for appendicitis and intussusception (a type of bowel obstruction), increased as progress in surgery offered hope for relief or cure.

Nurses

During the second half of the 19th century, nursing developed from being a job for untrained working-class women to being ‘a profession demanding refined and intelligent students’, with a regular system of training and certification.² These changes were reflected in the history of nursing at the Children’s Hospital. The first nurse at the hospital was a Mrs Bail, who had no qualifications beyond being clean, sober and kind. When the hospital moved to Spring Street, Miss Marian Harvey was appointed as the first matron; she was succeeded in 1875 by Mrs Sarah Bishop. Bishop was matron until 1899, during which time the number of nurses increased from 15 to 74. Although she was untrained herself, she oversaw the beginnings of formal training from the late 1870s, and the introduction of formal training and certification in 1889.

Children’s Hospital nurses worked long hours in poor conditions for little pay, but there was always a long waiting list of would-be trainees. Nurse training was the passport to one of the few careers open to women, and nurses accepted low pay and poor conditions because the training gave them employability and independence. Many nurses fell victim to the infectious diseases of the hospital’s patients, with typhoid, diphtheria, scarlet fever and measles being common, while infected ‘hospital fingers’ were ubiquitous. Far more nurses failed to complete their training through illness than through any other cause.

Committee and finance

From soon after its foundation until the 1970s, the Children’s Hospital was run by a committee of women. The committee effectively controlled every aspect of the running of the hospital: from the largest policy decisions on finance and buildings to the smallest details of patients’ meals and nurses’ rosters. This was a far greater role for the committee than at any other Melbourne hospital. The early hospital had no paid administrators, although gradually the role of ‘collector’ evolved into a secretary, with John Jackson being the first to fill this position.

The committee always showed great concern for the patients, emphasising that the most important requirement for the nurses was to be kind to the children. Far from thinking that children should be seen but not heard, the committee insisted that ‘the children should have more toys even if they do destroy them’.

The hospital’s committee was initially self-appointed and became self-perpetuating. This ensured that it was socially homogenous, as vacancies were filled with friends of committee members. The committee was made up of women from the pinnacle of Melbourne society, whose families were prominent in business, politics and the professions. Mrs Perry was succeeded as president in 1871 by Mrs J Bromby, the wife of the headmaster of Melbourne Grammar, while the third president, Katharine Stephen, was married to a leading lawyer. The only important exception to the general rule that members of the committee belong to Melbourne’s upper class was Mrs Elizabeth Testar, who served as president from 1885 to 1899. Testar led the hospital through the desperate times of the 1890s Depression, when demand for the hospital’s services soared while income collapsed, and was the driving force behind the decision to build a new hospital on the Carlton site.

No amount of money succeeded in making Redmond Barry’s house into a functional hospital and the committee soon realised that new buildings would be necessary. It bought adjoining blocks that came up for sale and carried out many small-scale works before launching a major project in the late 1890s to build a completely new hospital. The red-brick Queen Anne-style hospital (much of which survives on the Pelham Street site) was built in stages between 1898 and 1928. The building program was financed almost entirely from the hospital’s own resources, with the major fundraising exercise being a monster bazaar held in 1900 that raised more than £17,000.

Consolidation: 1900–1924

The turn of the century marked the end of an era in the history of the Children’s Hospital, with the retirements of Mrs Testar and Mrs Bishop, the death of Dr Snowball, the completion of the first stage of the new hospital, and the great bazaar. By 1900 the hospital had more than 80 inpatient beds, and outpatient attendances were almost 60,000 per annum.

Committee, buildings and finance

The growing size of the hospital increased the workload of the committee, with membership requiring many hours a week to be devoted to hospital work. Most members approached their work with great dedication and enthusiasm, and many gave decades of service: the first four presidents of the 20th century—Catherine Austin, Jane Murray Smith, Anne Staughton and Mary Turnbull—had a total of 96 years’ committee membership between them. As president each oversaw another phase of the hospital’s building program: the Princess May Pavilion in 1901 (medical wards, X-ray department), the John Robertson Nurses Home in 1907, the Edward Wilson surgical wards in 1913, and the babies wards (1921). In addition, a new kitchen and nurses’ dining room opened in 1900, an administration building in 1912 and a venereal diseases ward in 1915.

Doctors

In the first decades of the 20th century, most of the hospital's honorary medical staff were not paediatricians. Paediatrics was not an economically rewarding area of practice and few doctors devoted themselves exclusively to the treatment of children. Many of the hospital's leading honoraries, such as Hamilton Russell and Richard Stawell, also held appointments at adult hospitals, while the majority of honoraries were general practitioners with an interest in paediatrics. Almost all honoraries had been residents at the Children's.

There was little specialisation among the honorary staff, and many still practised as both physicians and surgeons. William Upjohn came to the hospital as a resident in 1911 and recalled his bewilderment at seeing one of the young honoraries, Harry Douglas Stephens, who had trained primarily as a surgeon, 'doing the post-mortem examinations of the hospital, and also conducting an out-patient clinic, in which medical cases predominated over surgical'.

The number of residents was increased to four in 1903, but, in contrast to the Melbourne Hospital, their appointment was an *ad hoc* process. There was no fixed term of appointment: residents stayed for as little as three weeks or as long as three years. The longest-serving resident automatically became the senior resident, which was a position of considerable responsibility. From 1911 the residents' quarters were in the new administration building; their proximity to the matron's rooms led to some problems when the residents' youthful high spirits clashed with the matron's desire for calm and order.

Although the hospital was run by a committee of women, it was slow to accept women doctors. The first woman resident was Mary Cowan in 1898, who was followed soon after by Constance Ellis, but there were no more women doctors until World War I, and no provision was made for them in the residents' quarters built in 1911. During the war there were five women doctors, with Vera Scantlebury becoming the first female senior resident. However, after the war all the residents' positions were filled by men until 1923.

While the committee and senior medical staff were slow to accept women doctors, they were more progressive in their attitude to teaching and research. William Snowball had begun a tradition of quality teaching at the Children's Hospital, and many students were attracted there even when paediatrics was not a formal part of the curriculum. By the early 1920s, six weeks' full-time attendance at the Children's was compulsory for fifth-year medical students, and the hospital achieved full recognition as a clinical school of the university.

Mrs Matilda Turnbull, president of the hospital from 1911 to 1923, was an enthusiastic supporter of medical research. She gave strong support to Richard Stawell's suggestion for a research project on 'summer diarrhoea' (the major cause of mortality in babies), which marked the beginnings of organised research at the hospital. In 1913 the hospital built a modern laboratory for diagnostic and research purposes and Dr Reginald Webster became the first full-time pathologist at any Melbourne hospital.

Nurses

In 1899 Sarah Bishop was succeeded as matron by Miss Hilda Player, who had trained in nursing at the Sydney Children's Hospital. Miss Player's formal title was 'Lady Superintendent', reflecting the position she was given in the hospital hierarchy, with authority over all staff except the doctors.

Most of the hospital's nurses held no formal qualification, with the children being cared for by trainees under the supervision of a small number of experienced nurses. Continuing the trend that had begun late in the 19th century, virtually all trainees were recruited from Melbourne's middle-class eastern suburbs or from country Victoria. Training was primarily 'on the job', although Miss Player did expand the theoretical side, requiring trainees to attend regular lectures given by the residents and honoraries. The training emphasised care of the children, with the most important rule being: 'It shall be the duty of every nurse to watch and attend the children with care and kindness; inability to amuse or render contented the patients may be regarded as sufficient ground for dismissal.'

Although the pay and conditions for nurses were poor by modern standards, and they worked long hours (more than 60 hours a week until about 1917), they received three weeks of annual leave, sick leave (uncommon at the time) and excellent free medical attention.

Patients and diseases

In the early decades of the 20th century uncontrollable infections remained the central problem of paediatrics. While improved public health and better treatments led to a decline in the incidence of the three great scourges of the late 19th century—typhoid, diphtheria and scarlet fever—the incidence of other diseases rose, notably poliomyelitis, with Victoria experiencing its first epidemic in 1908. 'Pink disease' was first described in 1914 and remained a mystery until the 1950s, when it was shown to be caused by mercury in teething powders.

By the early 1900s, mortality for Victorian children aged over 12 months was steadily falling, but there had been only a slight fall in the death rate for babies in their first year: more than 10 per cent of babies died before their first birthday, while the figure was almost 20 per cent in the inner industrial suburbs of Melbourne. The major cause of death was diarrhoea, so the interrelated issues of infant mortality, diarrhoeal diseases and infant feeding became the central concerns of the hospital in the first two decades of the 20th century. The hospital's medical staff, led by Jeffreys Wood, Hobill Cole and Richard Stawell, published many articles on these issues and led public campaigns for a pure milk supply and the establishment of baby health centres, while the hospital committee devoted resources to providing better facilities for the treatment of babies. Some progress



was made, but even in the 1920s hundreds of babies died in the hospital every year from diarrhoeal diseases.

Greater progress was made with the treatment of congenital syphilis, a common condition in the late 19th and early 20th centuries, although its incidence is still the subject of debate due to the inaccuracy of the Wasserman antibody test (developed in 1906 to detect that disease). The introduction of salvarsan and other arsenical drugs greatly improved the outlook for adults and children with syphilis, and its incidence began to decline well before the introduction of penicillin. In contrast, the treatment of children with gonorrhoea was prolonged and often ineffective before sulphonamide drugs became available in the late 1930s, and the hospital never confronted the question of how so many children acquired the disease.

Although there were no revolutionary breakthroughs in paediatric surgery in the early decades of the 20th century, there was steady progress in the treatment of many conditions such as hernia, intussusception and appendicitis, and surgeons began to tackle conditions previously considered inoperable, such as pyloric stenosis (a blockage between the stomach and small intestine). Physicians still faced the dilemma of better understanding the aetiology and pathology of diseases while possessing little new in the way of treatments. Many of the traditional treatments, notably the use of alcohol, were abandoned, but there were no new or more effective drugs to replace them. Experiments with vaccines and serums (inspired by the success of the diphtheria anti-toxin) proved disappointing, and only the introduction of salvarsan inspired hope that 'the destruction of organisms in situ' might prove possible.

The patients of the Children's Hospital in the early 20th century were still primarily the children of the working class of inner Melbourne. Despite a gradual increase in living standards, many children still came to the hospital with diseases of poverty: skin diseases, parasitical infections, rickets, scurvy and malnutrition. However, the hospital's growing reputation attracted an increasing number of patients from further afield, and children of wealthy families began to attend for treatment of serious conditions.

The hospital wards in the early 1900s were large and light, with up to 40 beds. There was a great emphasis on the value of fresh air in aiding recovery, and many children slept in the open air on the balconies, even on the coldest winter nights. The patients' diet was stodgy and monotonous, but for most children it was vastly superior to the food they received at home. The average length of stay in the hospital in the early 1900s was about 60 days, and many children stayed for more than a year. Visiting was strictly limited, the only exceptions being for nursing mothers, and the parents of dying children.

Staff Nurse Marion Marjorie Cunningham (photographer), **Patient in bed at the Children's Hospital, Carlton** (detail), c. 1943, photograph, 6.1 × 8.8 cm. The Royal Children's Hospital Archives and Collections Department.

The Children's Hospital was the general practice for the working-class children of inner Melbourne. By the 1920s there were more than 100,000 outpatient attendances each year. For many children their memories of the hospital were of the hard benches, cramped treatment rooms and barely controlled chaos of the outpatients' hall, presided over with unflappable patience for many years by Sister Maria Thomas. One of the features of outpatients in that era was 'bloody Wednesday', when Wilfred Kent Hughes would perform dozens of tonsillectomies in a few hours. Although some doctors such as Rupert Downes spoke out against the obsession with tonsillectomy as the panacea for every ailment of the nose or throat, it was not until the 1950s that the number of tonsillectomies began to fall.

In 1909 the hospital's convalescent cottage at Brighton was burnt down. The committee bought a new house in Hampton to replace it. Run for many years by Sister Danaher, the convalescent cottage was a happy place for children, with the beach, swings and slides, dolls' houses, toys and books, as well as a vegetable patch, cows, horses and rabbits. The ladies of the committee noted that the glass doors at the cottage were frequently broken during children's games, but they did not try to stop the games—they just paid for new glass.

Economic depression and crippled children

The Orthopaedic Section

In March 1922 the ladies of the committee were shocked to find that 'on the Doctor's instructions children in a nude state were having sun baths on the lawns and balconies and verandahs'. Wilfred Kent Hughes had served overseas during World War I and returned full of enthusiasm for 'heliotherapy', a treatment for tuberculosis of the bones and joints based on a belief in the curative powers of sun and fresh air and involving exposing patients to the elements for long periods. Although the scientific basis for heliotherapy was not strong, orthopaedic surgeons seized on it as offering hope where there had previously been none.

Tuberculosis, polio and osteomyelitis (bone infection) were the three main crippling diseases of children; during the inter-war years a central focus of the hospital was the treatment and rehabilitation of children afflicted by these diseases. New treatments were tried, new facilities built and, in what ultimately proved to be the most valuable initiative, many ancillary services were developed, notably occupational therapy, physiotherapy, social work and vocational training.

Although the ladies of the committee were initially shocked when confronted by heliotherapy in action, Kent Hughes was supported by the other honorary surgeons and they persuaded the committee, headed by new president Hilda Mackinnon, to make provision for its use on a large scale. In February 1926 the committee bought an 8-hectare property near the beach at Mount Eliza and launched a public appeal for £85,000 to build

a specialised 100-bed orthopaedic hospital. The hospital was opened in March 1930, with a young Scottish orthopaedic surgeon, John Colquhoun, as its first medical superintendent.

The results of treatment given to children at the Orthopaedic Section were generally disappointing. More than 80 per cent of patients were there for at least a year, and many for much longer, but almost all left the hospital still disabled. Immobilisation through extensive use of splints and plaster, combined with heliotherapy, might have helped slow the spread of disease, but it was far from a cure. Results were similarly depressing for the use of human immune serum in the early treatment of polio. Promoted strongly by many doctors at the Children's Hospital, notably Jean Macnamara, this ultimately was shown to be ineffective. For osteomyelitis one doctor noted in the late 1930s that 'no progress in diagnosis or treatment had been made in forty years'.

Despite the disappointing medical results, the efforts the hospital put into the care of crippled children stimulated the development of many allied health services. The staff developed the philosophy that the treatment of their patients was not just a medical problem, but had social, educational and vocational aspects. Under Dr Douglas Galbraith, the Orthopaedic Section pioneered many new ideas in paediatric rehabilitation. A sophisticated occupational therapy program was developed, with the occupational therapists working closely with the physiotherapists to strengthen weakened muscles. Physiotherapy had begun at the Children's Hospital in response to the first major polio epidemic in 1908 and had developed rapidly in the 1920s, under the guidance of Dr Macnamara. Social work at the hospital also arose out of the concern for crippled children. During the polio epidemic of 1931 Miss Isabel Hodge was appointed as the hospital's first social worker, to work with the families of children with the disease.

Doctors between the wars

By the 1920s there was an increased awareness that children should not be treated as little adults and that their problems required special knowledge and skills, but it was still hard to make a living in paediatrics, with only a handful of Melbourne doctors confining their practice to children. The staff and committee began to recognise the need for a career structure for paediatricians, but little action was possible until after World War II. In 1923 the committee introduced a new position, that of medical superintendent, as the senior paid medical role in the hospital. Howard Boyd Graham was the first medical superintendent; he and many of his successors went on to distinguished careers in the hospital, including Robert Southby, Russell Howard, Stanley Williams, Vernon Collins, Howard Williams and Elizabeth Turner.

By 1939 there were nine resident doctors, including one at the Orthopaedic Section. Until 1923 the hospital maintained its peacetime policy of appointing only male residents, but in that year William Upjohn insisted that Jean Macnamara and Kate Campbell should

be appointed to the Children's, as they had been outstanding residents at the Melbourne Hospital. From this time on, women regularly received resident appointments, but no more than two each year—due to 'lack of facilities'.

Women faced even more obstacles in being accepted onto the senior medical staff. In 1928 Jean Macnamara was appointed honorary medical officer to the Physiotherapy Department, but no other woman received a senior appointment until 1946. This resulted in the loss of many talented women, notably Kate Campbell, Melbourne's pre-eminent neonatal physician, who left for the Queen Victoria Hospital.

Although the inter-war years saw little progress in treatments for most diseases of childhood, there were two important therapeutic developments that saved the lives of many children: the use of insulin, and blood transfusions. Insulin was one of only two major new drugs introduced at the hospital between 1894 and 1937 (the other being salvarsan). Before its discovery in 1923, child diabetics faced a grim prognosis, because the strict, sugar-free diet that could keep adult diabetics alive provided insufficient nourishment for children to grow, reducing them to 'little more than living skeletons'. Boyd Graham, the hospital's medical superintendent, was quick to appreciate the significance of insulin, organising supplies for the hospital and starting an outpatients' diabetic clinic. This dramatically improved the outlook for diabetic children.

The introduction of blood transfusions at the Children's Hospital owed much to Dr Ian Wood (the son of Jeffreys Wood), who came to the hospital as a resident in 1928. The concept of transfusions had been known for many years, but it was not until blood types were understood and the problem of clotting overcome that they could be widely used. By 1932 Wood was successfully using transfusions to treat severe blood loss, haemophilia, shock, toxæmia and chronic sepsis. Later in the decade Dr Vernon Collins developed a method of giving transfusions to babies, with good results.

An important development was the establishment of the hospital's psychiatric clinic in 1928. Beginning with intelligence tests conducted by Professor RJA Berry of the University of Melbourne, the clinic developed rapidly under the leadership of Dr John Williams, the hospital's first psychiatrist, and the founder of child psychiatry in Australia. Dr Williams realised that many of the disorders of the children he saw required specialised treatment and he built up a range of allied health services to support his clinic's work. Ruth Drake began a child guidance nursery at the hospital in 1936, where she developed play therapy and became Victoria's first child psychotherapist.

Staff Nurse Marion Marjorie Cunningham (photographer), **Nurse holding child with leg brace at the Children's Hospital, Carlton** (detail), c. 1940, photograph, 10.6 × 7.6 cm. The Royal Children's Hospital Archives and Collections Department.



Nurses and patients

The nursing staff grew substantially between the wars, from about 80 to more than 250, being ruled over for most of the period by Miss Hilda Walsh, who had been assistant matron at the Melbourne Hospital before succeeding Grace Wilson in 1922. A highly skilled if old-fashioned nurse, Walsh did much to maintain the standing of the Children's Hospital's training school. Shy and impersonal, she ran the nursing side of the hospital along rigid lines of protocol and discipline, but her system produced well-trained and highly competent nurses. Walsh was a shrewd judge of nursing ability and her choices of senior nursing staff were almost invariably successful—among many others, Ivy Flower was a popular deputy matron and Isobel Pilkington an outstanding tutor sister.

The nurses of the Children's Hospital in the interwar years lived in a closed community, with poor food, Spartan living conditions and strict discipline. They all lived in the nurses' home and their lives were strictly controlled, both on and off duty: they were not allowed to decorate their rooms in any way, were punished severely for being out late, and until 1936 were not allowed visitors. Despite this, most nurses looked back on their years at the hospital with a great deal of affection, mainly because of the happy communal life they shared. There was great *esprit de corps* and a sense of belonging.

The number of beds at the hospital (including the Orthopaedic Section) had risen to 442 by the early 1930s and it was rare for a bed to be empty. Patients' average length of stay had fallen slightly but was still more than three months at Carlton and much longer at Mount Eliza. Throughout this period the death rate remained fairly steady at about 10 per cent of admissions. The number of children attending outpatients continued to rise, reaching a peak of almost 150,000 at the depths of the Great Depression in 1932, with doctors treating children for coughs, colds, cuts and bruises, and performing innumerable tonsillectomies and other minor procedures in the outpatients' theatre. An increasing number of children attended the special outpatients' clinics that developed in the interwar period for diabetics, rheumatics, asthmatics and children with a disability such as cerebral palsy.

The winds of change

The constructive work of the 1920s ended with the onset of the Great Depression in 1929. As in the 1890s, the hospital's income fell sharply while demand for its services soared. The hospital struggled to maintain its level of care for patients, but spending was cut in most areas, ranging from food for nurses to research. Ever-increasing numbers of sick children and the staff needed to care for them were crammed into ageing and inadequate buildings.

In 1933 Ella Latham, wife of politician and later High Court Chief Justice Sir John Latham, became president. As the hospital's financial position improved with the easing of the Depression, Lady Latham was able to lift the hospital's focus from dealing with

immediate problems to developing a long-term vision for the future—the transformation of an old-fashioned charity hospital into a modern teaching hospital. The hospital's longest-serving president, Ella Latham oversaw revolutionary changes that have shaped the development of the hospital ever since. She encouraged the blossoming of a group of brilliant and highly motivated young doctors, who formed the backbone of the senior medical staff for the next 25 years, revitalised research activity, and initiated planning for a completely new, modern hospital.

This transformation was contemporaneous with the broader revolution in medicine based on antibiotics. One of the most dramatic events in the history of the Children's Hospital occurred on 13 March 1944, when nine-year-old Allan Goates was admitted suffering from septicaemia with osteomyelitis. *Staphylococcus aureus* was isolated from a blood culture, and his temperature rose to 108 °F. Allan was dying, and no physician had ever been able to cure a child in his condition. Elizabeth Turner was medical superintendent of the hospital (the first woman to hold that position) and late at night she went to the Melbourne Hospital, then occupied by the American Army, and asked for penicillin. She was given five large glass vials containing a golden powder, which she dissolved in sterile normal saline and injected into Allan at three-hourly intervals. She later recalled that 'next morning we could not believe our eyes. Allan was afebrile and looking fine.' Within a few days he had recovered completely. This was the first use of penicillin on a civilian patient in Victoria.

Although supplies of penicillin were limited until the late 1940s, its use had a dramatic effect on the work of the Children's Hospital. The number of deaths at the hospital fell from 359 in 1942–43 to 211 in 1944–45, despite a steady rise in the number of patients. Penicillin was soon followed by other new drugs, giving physicians an armoury of medications capable of combating most infections. Together with mass immunisation, antibiotics led to the virtual disappearance of many of the diseases that had filled the wards of the Children's Hospital since its establishment in 1870. Most young doctors at the hospital in the 1960s had never seen diseases such as osteomyelitis, tuberculosis, rheumatic fever, diphtheria, tetanus, whooping cough and polio.

Dr Peter Yule

- 1 The first mention of Smith's clinic is in the *Argus*, 15 March 1870, p. 7.
- 2 GJ Carmichael, *Hospital children: Sketches of life and character in the Children's Hospital, Melbourne (1891)*, reprinted Melbourne: Loch Haven Books, 1991, pp. 53–4.