



Five long service badges were presented to auxiliary members by Lady Delacombe at the Executive Council's Annual Meeting on 19th September. Here, Lady Delacombe is seen presenting a long service badge to Mrs. Yvonne Williams. (More pictures on page 8.)

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Auxiliaries' Record Year

Over \$18,000 was provided by the Executive Council of Auxiliaries for medical equipment during the year ended 30th June of this year, plus an amount of \$8,888 which was raised specially for the Centenary Appeal by the auxiliaries. This was stated in the Executive Council's Annual Report last month.

Miss Alma Pedersen, the Council's President, said the Auxiliaries had undertaken to provide finance for the equipping of the new theatre suite opened earlier this year, and this would be a continuing project in the ensuing year. Miss Pedersen spoke of the team work and co-operation among the Hospital's Auxiliaries.

The Guest Speaker at the Auxiliaries' Annual Meeting held on 19th September, was Dr. Archie S. Anderson (See further reference page 7), who paid a glowing tribute to the role of women in the Hospital. He said that he had become increasingly conscious of the great amount of work done by women in this Hospital. Dr. Anderson referred to the beginnings of some of our present hospital departments, and the medical women who first started in them over thirty years ago. These included doctors, matrons and medical technicians. Dr. Anderson recalled the commencement of the Orthoptic Clinic when Dr. Ringland Anderson returned from London greatly impressed with the possibilities of this type of treatment for squint. He spoke of the inception of the Jean Littlejohn Deafness Investigation and Research Unit and the doctor whose name it bears. Then there was Dr. Stonham, and Dr. "Nellie" Day.

Dr. Anderson's address cast perhaps, for the first time, light on the valuable work of women in the Hospital and the departments they have pioneered.

There was a record attendance of 142 visitors to the meeting, among the distinguished guests was the Auxiliaries' Patroness, Lady Delacombe.

No where else quite, is there more opportunity for charitable expression than in the hospital, and the basis of the charitable impulse lies in man's desire to help in some measure, the sick and less fortunate, even though he may lack the professionalism of the doctor, the nurse or the technician. The substance too, of charity can take on many forms, but none more pronounced, or in fact desirable, than that of the gift of money. It is matched only by the unobtrusive, but purposeful and altruistic endeavours of the voluntary worker.

In chatting over the matter, one must remember that historically, the hospital has (to a lessening degree over the years), depended on charity for its existence and therefore, has been distinctively identified with voluntary effort. Yet in a sense this is anachronistic in an age of rapid change; of national health schemes; the computer, and the scientific approach to medicine and administration of the modern hospital. We hope that we have at long last succeeded in ridding ourselves of the traditional institutional tag which over the years has identified the hospital as a repository for the destitute, and exchanged it for the more explicit role of a health centre. Has therefore, the voluntary worker in these circumstances, a place in our neo-scientific society?

In the United Kingdom, philanthropy lost its meaning in the hospital field when nationalisation accepted total financial responsibility. In fact, in the days following 1948, financial voluntary help for hospitals was actively discouraged, and they were forbidden to become associated with fund-raising. However, in recent times this attrition of charity has been relaxed, and certain voluntary fund-raising has been reintroduced. This change of heart is not, we suspect, a concession to the army of voluntary workers, but rather an admission that they are after all, able to fulfil a decided purpose in the scheme of things; that nationalisation and a more affluent society cannot spell philanthropy's demise for the hospital.

In America the social security component is steadily growing to embrace more medical aid to a defined category of people. "Medicare" and "Medicaid" is expanding its influence particularly in the areas of the elderly, and to those people of indigent circumstances. So much so that there are schools of thought which are convinced that the voluntary spirit is doomed. In an age of increasing social security, there is bound to be some diminishing

of voluntary effort, but again benevolence is basically in the hearts and minds of men and women, and while there is compassion then voluntary aid in its many forms will continue to permeate society. In the United States, statistics reveal that although there has been a marked increase in social security during the ten past years or so, voluntary support has also increased—fivefold.

Despite the advent of the computer age and sophisticated medicine, hospitals here, and those who work in them, cannot entirely divorce themselves from the concept of voluntary effort, because it is just possible that hospitals would be more impoverished than they are if it were not for their consortium with voluntary workers.

The Executive Council of Auxiliaries of this Hospital provided over \$18,000 last financial year towards projects and medical equipment, and since that time has undertaken responsibility for the purchase of further medical equipment to the tune of \$8,000. Photographic gear, cryosurgery apparatus, light coagulation equipment, slit lamps, audiometers, to mention only a few items, have been made possible by the compulsive strivings of our own auxiliaries. This is the pattern of voluntary effort every year at this Hospital, meeting the Hospital's requests to finance capital equipment as and when required.

Raffle permits issued by the Raffles Board in Melbourne to charitable and other worthy organisations represent a total net income to these organisations of almost \$2 million annually. According to the State Statistician's office, voluntary organisations contribute well in excess of \$5 million per annum to all charitable and other needy causes. When these matters are studied at closer quarters it has to be conceded that the voluntary worker is not merely a "do gooder", but very definitely an essential facet of the decreed social structure of today. If this is difficult to believe, one must then

find an answer to the not so hypothetical question of what would be the alternative if the pervading influence of voluntary workers everywhere, the dimensions of whose activities in relation to fund-raising are vast, ceased to exist!

It is only in comparatively recent times that there has been any organised exertion to mitigate want, with a gradual public awareness that the care and maintenance of its citizens in need are community responsibilities. If then, we look at the many institutions and organisations which have been created out of benevolence and Christian conscience, one can readily appreciate the intrinsic value of the voluntary worker's contribution as being one of national import, set against the broader facts underlying the whole spectacle of distress in a twentieth century community.

It is, perhaps, more than a public relations exercise to focus attention on these matters; the voluntary worker is one of the facts of our daily lives who at times tends to be ignored because of the many aberrations of modern living, and like so many of our inspired benefits, is taken for granted—a definitive and perhaps, unsatisfactory conclusion.

I.S.P.

CUP EVE DINNER DANCE

Will be held on 6th November at Earls Court, St. Kilda. Tickets at \$5 single are available from Miss Pattie Goddard.

Film Premiere

The film "Hotel" will be screened at the Capitol Theatre, City, on 2nd November, as its Melbourne Premiere. The proceeds will be given to the Hospital. 400 tickets on sale at \$10 each, includes a gourmet supper. This is a formal occasion, and enquiries should be made to the Public Relations Officer.

IMPORTANT PROSPECTS IN THE FUTURE

- ANNUAL REPORT

The Hospital's 1967 Annual Report stated that there were three main prospects in the future. They were, a start on the multi-storey building to accommodate the professorial unit, ward floors and certain administrative sections; the hope that the University of Melbourne will establish a Chair of Otolaryngology; the desire that we will be able to obtain extra maintenance funds to extend services urgently needed by the community.

The Report also stated that the new operating theatres were completed at \$2,600 under the original tender price, while the cost of moving the General Store to the location now occupied by the Lecture Theatre, will cost \$10,000.

Mr. G. L. Allard, the Hospital's President, said that without alternative finance however, the envisaged new building would not be completed under one contract and that the completion of each floor level would only be undertaken as and when funds became available. He said this method of building is costly in a period of rising costs, and is to be deplored.

The Guest Speaker at the Annual General Meeting last month was Mr. E. E. Dunlop, Consultant Surgeon to the Hospital. His address traced the history and progress of the Hospital in surgical techniques. He also made references to his own experiences overseas, particularly in India.

DECENTRALIZE

Mr. Dunlop spoke of the excellence of the work being done at this specialist Hospital, but also cautioned that he felt it should not be the express purpose of any specialist Hospital to create a corps elite to carry out all the specialised work at any specific centre. It was eminently desirable for them to maintain where possible, a geographical link with the General Hospital. Specialized work should also be a fundamental part of the General Hospital's work so that in effect, the surgeon would be visiting the patient in his comparatively local area, not the patient visiting the surgeon based at one central establishment, Mr. Dunlop said. Diversification could bring new thinking and fresh approaches to surgery over a wider area.

HOSPITAL'S DEFICIT SMALL

According to the Annual Report released last month, the Hospital ended the last financial year with the relatively small deficit of \$4,266 compared with \$9,512 in the previous year. Total income was shown as \$1,229,936, and total expenditure was \$1,234,202.

During the year under review there was an increase in expenditure of \$139,624 and although this was reflected in all departments, the major portion of this increase was in salaries and wages, which absorbed \$100,087, representing approximately 73% of the increase.

There was a slight increase in income from donations, while the Government contribution was up by \$85,000. Patient fees increased by some \$32,000. Although the size of the deficit was encouraging, it is not expected that 1967-68 will produce any improvement as increases in wage rates have already occurred, and it is reasonable to suppose that others could be anticipated following the Wages Board's submissions at the end of this year, or early next year.

Some \$314,933 was spent on capital projects and purchases, of which the Government provided \$190,433, leaving \$124,500 to be met from Hospital resources. An analysis of the expenditure shows that \$227,673 was spent on new buildings, \$42,126 on additions and major alterations, and \$45,134 on purchase of plant, equipment and furniture.

THE BIT BETWEEN

... "A National survey not so long ago resulted in health being identified by the electors as their prime interest in the policy of any political party. Health outranked education as a subject of personal importance.

This is understandable as health is the factor that determines the time we spend between womb and tomb"

... (Douglas Davidson, F.A.S.A., A.C.I.A., in an address to the Hospital Officers' Conference, N.S.W.).

Morning Coffee

A Morning Coffee and Floral Art Demonstration will be held on Tuesday, 31st October, at the Jubilee Hall, Holy Trinity, High Street, Kew, commencing at 10.15 a.m. Proceeds will aid the funds of the Kew Auxiliary. Donation, 50 cents.

Hospital Salaried Officers

The third Annual Meeting of the Hospital Salaried Officers' Association met at the Alfred Hospital on 27th September. Following the business of the Meeting, current developments concerning the Wages Board were outlined by the Association's representatives on the Board, Mr. Alan Bain (Austin Hospital).

The Wages Board was to have met this month, but this has now been postponed for a further month. It was the Hospital Salaried Officers' Association which originally made application to the Minister of Labour and Industry for the formation of a Wages Board, as far back as December, 1960. The construction of Wages Boards subsequently came into being in July, 1966, including the establishment of the Hospital Administrative Officers' Wages Board. The actual constitution of the Board was notified to the Association by the Department of Labour and Industry, in February, 1967. Since that time, six meetings have been held to discuss the log of claims, which was lodged with the Department during August.

Enquiries concerning the Hospital Salaried Officers' Association can be made to the Public Relations Officer.

O.P.S.M. AT YOUR SERVICE

Offer to all members of Staff a CONSIDERABLE CONCESSION on all Spectacles, Sun Glasses, etc. Initial inquiries should be made to the Manager of O.P.S.M. Branch at the hospital who will be pleased to give advice on the range available. Also at 82 Collins Street, 15 Elizabeth Street, and all suburbs.

THE CHAPLAINCY

Members of Hospital Staffs directly involved in the care of patients are naturally subjected to a "clinical" methodology in their training (the word clinical comes from the Greek "kline" meaning "bed"). The Church of England in the diocese of Melbourne is at present borrowing this approach in its endeavours to train people for ministering to the sick.

The Church of England has expressed its concern for those of its membership who become confined to hospital by building up a body of full-time Chaplains to general hospitals, mental hospitals and gaols so that since the establishment of its Chaplaincy Department some twelve years ago, the number of Chaplains ministering full-time in institutions has grown to seventeen.

In endeavouring to train these Chaplains for effective ministry this clinical approach is now regarded as normal. The method is also applied to the pastoral education of theological students, newly-ordained clergy and lay people who volunteer for sick-visiting. From time to time clerical and lay "schools" are conducted by the Department (usually these are open to members of other denominations). These schools are usually centred on a hospital and include supervised visits to assigned patients with full and frank discussion of the visits after they have taken place. Being set in a hospital there is opportunity for novices to become acquainted with matters of ethics pertinent to the task of sick-visiting and to learn of technical developments in the care of the sick which might affect their task in various ways.

Several of the Chaplains who have served with the Anglican Chaplaincy Department have undergone intensive clinical training in U.S.A. The latest of these to return home, in October, 1966, was Reverend R. A. Bradley, now Chaplain at the Austin Hospital. Mr. Bradley is now Clinical Supervisor to the Department. As such he is responsible for the in-service training of these chaplains as well as the training of new chaplains.

Thus the Anglican Chaplaincy Department seeks to be shaped, under God, to an effective instrument, able to share in a real way in the helping and healing of persons in trouble at the truest and deepest levels of their need.

This clinical movement is said to have begun in U.S.A. with an Episcopalian priest who became mentally ill and, after recovering his health in a

psychiatric hospital, determined to have theological students and clergy study "the living document" (i.e. man) as well as the other documents of their faith. It has influenced all denominations in U.S.A. and is doing so here as they appoint full-time chaplains to health institutions.

These full-time chaplains in Melbourne and the institutions in which they serve are now being used for the training of theological students and clergy of the various churches to equip them for their pastoral ministries.

Dr. E. J. M. DAY



Evening classes, post-school studies in languages and travel, all make for a very full and active life for Doctor Ellen Jemima Mary Day, the Hospital's Retinoscopist.

After leaving medical school, and holding varied hospital appointments, Dr. Day continued her career at the Queen Victoria Hospital, and in 1931 her association with this Hospital started when she was sent here for two weeks as a locum until an appointed female doctor could take up her duties as Resident Medical Officer. When the Hospital created a newly paid post of Deputy Medical Superintendent in early 1936, the position was offered to Dr. Day. She accepted the post and remained in the appointment until the end of 1939.

Dr. Day then accepted a new appointment as Clinical Assistant to all the Eye Clinics. Subsequently she became Anaesthetist to the Ear Theatre, then variously Sorting Officer to the E.N.T. Clinics; Night Resident Medical Officer and Casualty Officer. She finally transferred to the position of Retinoscopist about 1945, increasing

the sessions worked from two to seven and sometimes more. During the war years, many lunch hours were given to lecturing in anatomy to air force and army radiography personnel.

As Dr. Archie Anderson said in his address to the auxiliaries, "Perhaps her longest and most useful service has been as a team-mate to Dr. Stonham, though it would be hard to choose, for she brings to all jobs and any job a cheerfulness, a thoroughness and willingness to help in any way that, whatever the job, it is well done if Dr. Day does it".

HOSPITAL BENEFITS MAY BE EXTENDED

Increased hospital benefits for members of medical funds in Victoria could be announced before Christmas.

The president of the Health Benefits Council, Mr. H. L. Lambert, said this last month.

The Medical Benefits Fund, which operates in the A.C.T., N.S.W., Queensland and Tasmania announced increased benefits to members paying the maximum contribution. From October 1 they could receive up to \$3,455 a year, a rise of \$773 on the previous maximum payment.

The limit of 84 days' hospital benefit in any year for a contributor would be discontinued, the M.B.F. announced.

Mr. Lambert said the Victorian move had nothing to do with the M.B.F. decision.

It had been under consideration for some time, but the council was trying to achieve uniformity among all the benefit organisations in the State.

Generally, in Victoria members could receive the full benefits they were insured for up to 91 days.

After that they received only \$5 a day until the end of the year when they were entitled to a further 91 days full benefits.

The council hoped to announce within three months that the 91-day period had been extended, he said.

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1967 QUEST ENDS UP WITH \$9,000

At the Southern Cross Hotel, fourteen Quest finalists were presented to the Hospital's President, Mr. G. L. Allard, and Mrs. Allard. This happened on Saturday, 7th October, and was the final function of the Golden Girl Quest for 1967.

Three hundred Guests saw last year's Quest winner, Miss Mandy Allen, crown Miss Cheryl Delmo of Balwyn the 1967 Golden Girl. Cheryl, pictured opposite, was the outright winner in both sections; the Charity Queen and the Golden Girl.

Runners-up were: Miss Gabriel Lucas (Golden Girl), Miss Lynn Soutter Fund-raising), Miss Vihra Neyrev (Miss Bright Eyes) and Miss Margaret Pilling (Special Award).

Special guests were Dr. and Mrs. McBride White, Dr. and Mrs. F. Mehilic (Sitmar Line), Brigadier and Mrs. J. North (Ansett-ANA), Dame Mary Daley, Mr. and Mrs. Patchell. Television personality Tim Evans compered the programme; Elaine McKenna and Philip Brady were also guests.

From the Hospital were: Dr. and Mrs. R. F. Lowe, Dr. and Mrs. Sol Brand, Dr. C. B. Napier and Mr. Hartley, Dr. and Mrs. P. Brett, Miss F. Bathgate and Mr. Gordon Shirm.

Another Golden Girl Quest is planned for 1968. Organiser John Bowman is already working on a new formula for the Quest which may culminate in September of next year.

Further details will be given in later issues.



BUDGETARY BONUS

The Federal Treasurer's recent announcement in the Budget speech of a hearing aid scheme for age pensioners merits the unqualified approval of all who are genuinely concerned with the welfare of our elderly citizens.

In previous issues of Sight and Sound News (June, 1967) we drew attention to the difficulties confronting many old people when they are faced with the need to buy hearing aids. For the most part, the hearing defects that accompany the ageing process can be resolved only by the use of first quality instruments but these, of course, are beyond the meagre financial resources of most pensioners. Some, indeed, have been forced to depend on charitable handouts to obtain any type of hearing aid at all, while others have resigned themselves to the joyless silence that deafness brings in a world whose communica-

tion systems are based, for the most part, on the ability to hear. Though long overdue, the Federal Government's intercession on behalf of pensioners will remove a glaring anomaly from our national health services and will enable all of us to live a little easier with our community conscience.

It seems likely that the new scheme will be entrusted to the Commonwealth Acoustic Laboratories. This organisation, a special branch of the Department of Health, has had many years experience in the design and distribution of hearing aids to children, adolescents and ex-servicemen, and has established an excellent repu-

tation for service to the deaf and hard of hearing generally. It has always been an essential feature of the Acoustic Laboratories' philosophy to provide top quality hearing aids and to follow up each fitting with an individualised programme of counseling and guidance to help the aid-user over the initial hurdles of his rehabilitation, and to ensure that he obtains maximum benefit from the fitting at all times. This kind of approach will be most appropriate for the elderly deaf who stand in great need of patient and understanding care. Hearing aids, in any event, should not be issued like boots from an army Q-store.

At present few details are available as to how the scheme will be put into effect, but the Treasurer did intimate that pensioners seeking assistance would be required to pay a nominal fee; probably a hiring charge. This seems wise for not only will the patient's contribution help to defray the costs of the scheme but it will remove any suggestion that the pensioner is accepting an act of charity.

Now that the decision has been taken, it is to be hoped that the Government will lose no time in putting the scheme into operation. The need is urgent for many of the potential beneficiaries have little enough time to spare.

A. N. Lewis.

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you go
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THE AUSTRALIAN MEDICAL ASSOCIATION, THE COMMUNITY AND THE HOSPITAL

By Dr. A. W. BURTON
Medical Secretary to the A.M.A. (Victorian Branch)

The Australian Medical Association is a voluntary organisation of medical practitioners. It has no legal powers, and is entirely unrelated to the Medical Board of Victoria, which is the statutory body appointed by the Governor in Council to maintain the Medical Register and hence, in effect, to license doctors to practise.

The vast majority of registered medical practitioners (upwards of 90%) belong to the A.M.A. It exercises no compulsion over them and can take no disciplinary action, except that a member who breaches an ethical rule may be censured or expelled, quite independently of any action which may be taken by the Medical Board. Yet despite its lack of any real powers the A.M.A. exercises a very considerable influence on the medical profession as a whole by making recommendations from time to time which although not binding on anybody are in fact generally observed.

Members of the Victorian Branch of the A.M.A. are also members of the Medical Society of Victoria, which has had a continuous existence since 1852 and is by far the oldest organisation of medical practitioners in the Commonwealth.

The Medical Society Hall on the corner of Albert Street and Morrison Place, adjacent to The Royal Victorian Eye and Ear Hospital, has been its headquarters since 1878. Because of the steady expansion of the activities of the Association, this site is now inadequate (a problem with which the Hospital itself is thoroughly familiar) and in the next year or two a move will be made to Parkville, thus ending a long physical association with the Hospital in the course of which a very cordial relationship has been established.

The activities of the A.M.A. are many and varied. It accepts the responsibility for speaking for the whole of the profession in medico-political matters, and this has had profound effects on the structure of medical practice in this country. Many will remember, for example, the Association's challenge to the Commonwealth Pharmaceutical Benefits Act in 1949, when the High Court of Australia held that the direct and immediate effect of this legislation was a very substantial interference with medical practice and that the Act imposed a form of civil conscription, which was beyond the powers of the Commonwealth Parliament. The consequences of this decision were far-reaching because it thwarted the in-

tention of the government at that time to introduce a national health scheme on the British model, to which the medical profession in Australia still stands uncompromisingly opposed, and resulted in the development of our present system of government-subsidised voluntary health insurance.

The Association is not concerned solely with the interests of its own members and does not function as a trade union. In a variety of community and social activities the world outside medicine looks to the A.M.A. for guidance and representation, and its members sit on committees of a great number of public organisations. Much useful work is done in advising and educating the general public in medical matters. The daily Press constantly turns to the Association for comments on the multitude of medical items which come to its notice, and although it is not always successful the Association in this way is able to exercise a measure of restraint on the publication of misleading and harmful medical statements.

A major role of the Association is to define and maintain the ethical standards of the profession, and thus to ensure that each patient receives from his doctor not only technical competence but also a high standard of professional responsibility. The medical profession has been bound by a code of ethics ever since the time of Hippocrates in the fifth century B.C., and then, as now, the interests of the patient must be the first consideration. The A.M.A., like the British Medical Association and kindred associations in other countries with which it is now united in a World Medical Association, has the function of preserving these ideals. Statutory bodies, such as the Medical Board, deal with offences prescribed by law, but the overall behaviour of doctors depends on what is accepted within the medical family, and in this doctors look to the Association to set standards of professional conduct.

A hospital is primarily a place where doctors treat patients. This basic fact is often lost sight of these days, as the hospital system becomes more

complex and more unwieldy in response to changing social patterns, technological advances, and increasing governmental control. Nevertheless the medical staffs of hospitals continue to discharge a dual role of teaching and patient care which is still based largely on the old honorary system designed for days when the public hospitals existed for the sole purpose of treating the indigent poor. The honorary system of medicine has served the community well. It is now on the way out, and the A.M.A. is engaged in preparing for consideration by the Minister of Health a staged plan for its replacement which will obviously have considerable consequences within the hospitals. So also will the continuing trend towards full-time salaried appointments. One-third of the medical profession is now full-time salaried, and concurrently with this trend the A.M.A., as the only body representing the interests of all the various groups within the profession, must assume an increased responsibility for their conditions of service. Under the aegis of the A.M.A. the statutory wages board machinery has already been invoked for hospital resident medical officers, and the results of this new departure for the medical profession will be watched with interest.

The first public hospital was founded on an island in the River Tiber during the reign of the Emperor Claudius, from 41 to 54 A.D. On this island it was the custom to expose ill and worn out slaves because of the trouble of treating them. "The Emperor Claudius, however, decreed that such slaves were free, and, if they recovered, they should not return to the control of their masters." In time the island became a place of refuge for all poor people who were ill; care was given to them, and the old temple of Aesculapius on the island became a hospital. The modern hospital has come a long way from that time, but it inherits a tradition of service in which the medical profession has played its full part. It is the function of the Australian Medical Association to maintain that tradition in the developing patterns of the future.

People in the News . . . by Glenys Delacy

Dr. ARCHIE S. ANDERSON RETIRES FROM HOSPITAL MANAGEMENT

At the Committee of Management's meeting last month, Dr. Archie S. Anderson unexpectedly announced his retirement from the Committee of Management.

Dr. Anderson first joined the Committee in 1946, and was made a vice-President in 1952. He was President for a short time in 1956. As reported in our April issue, Dr. Anderson held a number of important posts at this Hospital including that of Chairman of the Honorary Medical Staff from 1946 to 1950. While the new theatre will perpetuate his name, those who have known him well at the Hospital will not need the name of the theatre suite to remind them of this scholarly gentleman who associated freely with all levels of staff, and never forgot those little courtesies that made people feel they were people.

MISS MARY SHAW — MEDICAL SOCIAL WORKER

After eleven years service, Miss Mary Shaw left the Hospital last month on virtual retirement. Miss Shaw will, however, continue to give one day per week to the Hospital on a sessional basis. During her time here, Miss Shaw has rendered excellent service. Her work and the way in which it was achieved, was quiet and unobtrusive, but she accomplished her objectives with efficiency and satisfaction.

Miss N. Bowman has been appointed Medical Social Worker. Miss Bowman is not new to the Hospital field, she has been here on several occasions as locum for Miss Shaw. She has held positions as Medical Social Worker at most of Melbourne's major Hospitals.

ALSO RESIGNED

Dr. W. Hamilton Smith on 31st October. Miss Judy Tynan, Medical Director's Office, on 19th September. Mrs. M. Parkinson, Medical Social Workers' Department, on 22nd September. Miss Thelma Bishop, Wardsmaid since 1957; and Mrs. Janet Lewis, Orthoptist, in September, Miss Joan Graydon, October 13th.

NEW STAFF

Mrs. Margaret Thatcher, Medical Director's Department. Miss Anne Sedgley, Medical Social Worker's Department. Mrs. Sheila Moulding, Outpatients Department. Miss R. Foley,

Manager's Department. Mr. R. Elliot, Accounts Department.



RETURNED FROM OVERSEAS

Mrs. Sheila Drummond returned last month from an overseas study tour under the auspices of the Churchill Scholarship Fund; Dr. McBride White also returned last month from a world tour. Dr. McBride White made the interesting observation that our Outpatient services here were as good, and in some cases better, than many hospitals he had visited in Europe and America.

ENGAGED

Miss Georgina Smith to Mr. W. Rose, of Sydney, on 30th September. Miss Gillian Lake (trainee Orthoptist) to Paul Burgess.

NURSING NEWS

WEDDING BELLS RANG

Sister Patricia Roberts was entertained at a Kitchen Tea at Ensor prior to her marriage to Mr. Michael Bernard Dwyer at St. Fidelis Church, Moreland, on 9th September, 1967. (Pictured).

Sister Jennifer Treleaven (Theatre Suite) was married to Mr. Roger Putnam on Saturday, 23rd September, 1967.

R.N.A. Margaret Anderson was married to Mr. Dennis Conradi in August.

The wedding took place between Sister Kaye De Gruchy and Mr. Gerry Mawley on Saturday, 14th October.

ENGAGEMENT

Sister Geraldine Dowling announces her engagement to Mr. Douglas Johnston.

CONGRATULATIONS

Sister Ailsa Nixon came to the Hospital from Sydney on 3rd September, 1964, to undertake the Post Basic Course, which she completed in March, 1965. Gaining distinction in her examinations, she was also a Thurai Prize recipient. She accepted an invitation to remain on the staff, and was appointed a Charge Sister.

Granted study leave to undertake a Post Graduate Diploma Course at the College of Nursing, Australia, we congratulate her on having completed the Hospital Nursing and Ward Management Diploma Course, gaining distinction in three of five examinations. We are pleased to welcome her back.

FAREWELL. Sister Rae Winter and Sister Tonia Marchetti left to return to Queensland. Both girls completed our Post Basic Course successfully and stayed on the staff in the Operating Theatres for some time.

CONGRATULATIONS and best wishes for the future to the following Aides who successfully passed the Victorian Nursing Council examinations in August — Nursing Aides Foun, Rybicki, Serrurier, Quirk, Tyers and Leahy.

The following are welcomed to the Nursing Staff: Ex-Post Graduates — Sisters Elizabeth Lim, Jean Telfer, Barbara Hill. Roslyn Waterman, Margaret Allard, Aloisia Cooper; Ex-Nurse Cadets: Sisters Cheryl Townsend, Faye Barton. Marv Davis.

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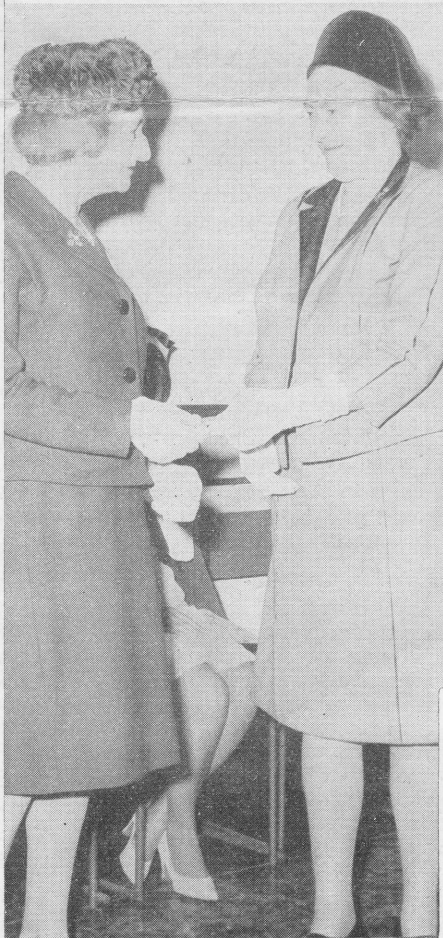
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ANNUAL REPORT PICTURES



Above: Miss Allen receiving her Certificate of Proficiency in Audiometry from Mr. Allard. Below: Best Nursing Aide of the Year — Theresa Brigdale.



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Editor: I. S. Pepper.



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