



# Government Gazette

OF  
WESTERN AUSTRALIA.

[Published by Authority at 3.30 p.m.]

[REGISTERED AT THE GENERAL POST OFFICE, PERTH, FOR TRANSMISSION BY POST AS A NEWSPAPER.]

No. 29.

PERTH: TUESDAY, JUNE 6.

[1911.]

No. 13775.—C.S.O.

## MEDICAL DEPARTMENT REGULATIONS.

Colonial Secretary's Office,  
Perth, 26th May, 1911.

1869/11.

HIS Excellency the Governor in Council has been pleased to approve the following Regulations of the Medical Department in lieu of those now in force.

F. D. NORTH,  
Under Secretary.

### INTERPRETATION.

1. Throughout these Regulations the word "Department" shall be deemed to mean the Department of the Public Service of the State for the time being charged with the control of District Medical Officers and Hospitals.

2. "Principal Medical Officer" shall be deemed to be the Officer for the time being charged with the control of the Department, and shall include any officer constitutionally appointed to fill the office temporarily during the absence of the Principal Medical Officer.

### PRINCIPAL MEDICAL OFFICER.

3. The Principal Medical Officer shall, subject to the Statutory powers exercised by the Minister, have the control and management of the Medical Department of Western Australia.

4. He shall exercise a general supervision over all the Hospitals, and it shall be his duty to bring to the notice of the Minister controlling the Department any matter connected therewith which in his opinion requires attention or alteration.

5. For this purpose he shall have discretionary power to visit and inspect all or any such Hospitals, whether wholly or in part maintained by the Government.

6. He shall be the sole medium of communication between the Government and the officers of the Medical Department, and all returns and other official documents connected therewith shall be addressed to him.

### DISTRICT MEDICAL OFFICERS.

7. These Officers shall be responsible for the proper performance of their medical duties within their districts (including free attendance and supply of medicines to all paupers and unindentured aborigines, and, when necessary in these cases issue a certificate of Lunacy), together with the general superintendence of the public hospitals which are controlled and maintained by the Government. It shall be the duty of a District Medical Officer to visit the Hospital both morning and evening, and see that the Regulations for its management are strictly observed, and that the officers and other persons connected with the Hospital discharge their several duties in a satisfactory manner. He shall, when required, attend persons in custody. He shall also be responsible for the care and proper expenditure of all Government Stores belonging to the Department; and at hospitals where no Secretary is appointed, the District Medical Officer shall, with the assistance of the Matron or Sister-in-Charge, perform the duties of Secretary. At Hospitals to which no Resident Physician or Surgeon is appointed it shall be the duty of the District Medical Officer to deliver the course of lectures to Probationer Nurses prescribed in these Regulations. Where no other Resident Medical Practitioner is available, a District Medical Officer shall, when required by the Local Health Authority so to do, discharge the duties devolving upon a Medical Officer of Health which embraces medical inspection of school children. The minimum payment for this service is provided for in the Health Act, 1911; and where a dispute arises between the Medical Officer and the Local Health Authority as to the emoluments, the Minister shall decide the amount to be paid to the Medical Officer for such services.

7A. The boundary line of contiguous districts shall be placed at a point equi-distant between the places of residence of the respective District Medical Officers, provided always that facility of access by road or rail shall be the determining factor in deciding which D.M.O. shall be responsible for attendance on calls in an adjoining district. (Note—When districts have been more clearly

defined in the new settled areas, maps will be prepared showing the area under the jurisdiction of District Medical Officers).

8. District Medical Officers shall be appointed by the Governor in Executive Council, and shall hold office in accordance with the terms of an agreement to be submitted to and signed by them on appointment, subject to faithful discharge of duties and good conduct.

9. In the case of certain District Medical Officers entitled to annual leave of absence, the Department shall pay to a *locum tenens* during such absence on leave of the District Medical Officer, a salary not exceeding the amount received for the permanent appointment by the District Medical Officer. Provided that in special circumstances, the Minister controlling the Department may, on the recommendation of the Principal Medical Officer, approve of such sum as is necessary to provide for the medical attendance of a district.

#### ATTENDANCE ON GOVERNMENT OFFICERS AND THEIR FAMILIES.

10. Officers who entered the Civil Service of the State prior to 8th July, 1886, are entitled to free medical and surgical attendance and medicines for themselves and their families; and such medical attendance shall be furnished by the District Medical Officer. District Medical Officers will not be required to dispense medicines for Government Officers except those which they have themselves prescribed.

11. The word "family" includes all persons constituting an Officer's ordinary household, who live under his roof and at his expense, having no means of their own. Children over 18 years of age, grown up persons who reside in the house for the sake of convenience, and servants, are not included in the word "family."

12. The members of the police force throughout the State shall be entitled to free medical and surgical attendance and medicine from the District Medical Officer, but the wives and families only of such officers as entered the service prior to 8th July, 1886, shall be similarly entitled.

13. Government Officers travelling beyond their districts on duty only shall be entitled to gratuitous medical service; but in all such cases, District Medical Officers shall be entitled to charge the Government with the actual cost of medicine supplied, except when no drug allowance is provided and medicines are supplied to the Hospital by the Department.

14. Government Officers shall not be entitled to Medical attendance in a district where no District Medical Officer is stationed.

15. Any Government Officer in receipt of a salary not exceeding £400 per annum, or members of his family, when requiring medical attention, may be required (when able so to do) to attend personally at the residence of the District Medical Officer or at the District Hospital at such hours as may be notified for the purpose.

16. Government Officers residing at a greater distance than one mile from the boundary of any town in which a District Medical Officer is located must, when requiring medical aid for themselves or their families, communicate with the District Medical Officer at his residence. In cases of emergency, the District Medical Officer shall proceed to the patient's house, and shall repeat the visit if necessary; but the charges for such attendance outside the town boundary shall be paid by the Officer attended.

17. Officers voluntarily, or as a matter of convenience, residing outside a district to which they are attached, shall not be entitled to free medical attendance from the District Medical Officer of the district in which they are so residing.

18. If at any time the post of District Medical Officer should become vacant in any district, or if, from any other cause, the services of the District Medical Officer are not available, the Medical Officer of an adjacent district shall,

when called upon by the Principal Medical Officer, or Resident Magistrate of such vacant district, or by the Commissioner of Police, or by a police officer in cases of emergency, so to do, perform all the duties of District Medical Officer in such district.

19. District Medical Officers attending under Rule 18 herein, shall provide their own means of transport. The State shall pay to District Medical Officers stationed in Division 1, mileage at the rate of 1s. per mile one way, and to District Medical Officers stationed in Division 2, mileage at the rate of 3s. per mile one way. For divisions, see Map.

20. District Medical Officers giving their services under Rule 19, shall, in addition to mileage rates, be entitled to subsistence as follows:—Division 1, 15s. per diem. Division 2, 18s. 4d. per diem. One day to mean three meals and one night away from the usual place of residence. Provided that if return to such usual place of residence be made within nine hours, only one-fourth of the daily rate shall be allowed. The time for meals shall be 8 a.m., 1 p.m., and 6.30 p.m. The time of departure from and return to headquarters shall be shown on the voucher submitted to the Department. When called out of their districts under the provisions of Rule 18 herein, District Medical Officers shall, in addition to the usual subsistence rates, be entitled to charge at the rate of one guinea for the whole or portion of of a day's absence.

21. Nothing in these Regulations contained shall be construed as meaning that Government Officers or their families are entitled to free medical attendance and medicines in respect of any of the following:—

1. Midwifery cases.
2. Venereal Disease.
3. Accident or incapacity which is the result of the excessive use of alcohol.

#### ABSENCE FROM DISTRICT.

22. District Medical Officers desirous of absenting themselves from their districts shall first obtain leave from the Principal Medical Officer, and shall make proper arrangements for the performance of their duties during absence. All applications for leave shall be made in writing, and for the purposes of this Regulation, application made by telegraph shall be deemed to have been made in writing: Provided, however, that in cases of emergency the District Medical Officer shall be entitled to temporarily absent himself for the purpose of affording professional service in a neighbouring district on forwarding to the Resident Magistrate of his district a notification of such emergent necessity. An intimation, by telegraph, of all such temporary absences shall be forwarded to the Principal Medical Officer by the District Medical Officer.

#### HOSPITAL EXPENDITURE AND SUSPENSION OF OFFICERS.

23. District Medical Officers shall not contract any liability, or involve the Department in any expenditure other than the purchase of provisions, etc., for the upkeep of the Hospital, unless such other liability or expenditure, as the case may be, has first been approved by the Principal Medical Officer.

24. In cases of emergency, District Medical Officers may telegraph for authority to incur such other expenditure, but when time permits of a communication by post all applications shall be in writing, setting forth in detail the reasons for the desired expenditure, and be accompanied by the proper requisition or form.

25. The District Medical Officer shall not grant leave to any member of his Hospital staff for a longer period than 48 hours without first obtaining the approval of the Principal Medical Officer.

26. No appointment to the Nursing, Clerical or Domestic Staffs of any Hospital shall be made without the authority of the Principal Medical Officer.

27. The District Medical Officer shall have power to suspend any Officer of the Nursing or Domestic Staff of a Hospital for any dereliction of duty, or for misconduct, and a full report of the circumstances attending such suspension shall be forthwith forwarded, in writing, or by telegraph, to the Principal Medical Officer.

28. An Officer so temporarily suspended shall be supplied with a copy of the charge, signed by the District Medical Officer, and be required to give such reply, in writing, as may be deemed to be his or her defence.

29. Upon receipt of a report of any suspension, the Principal Medical Officer shall, either personally or by deputy, investigate the circumstances. If, upon inquiry, he is of opinion that no offence has been committed, he shall remove the suspension; if the charge be admitted by the accused officer, or sustained upon inquiry, the Principal Medical Officer may—

- (a.) Impose a penalty;
- (b.) Dismiss; or
- (c.) Require an Officer to resign his or her appointment.

The Principal Medical Officer shall report the circumstances to the Minister controlling the Department, who shall have power to vary or revoke the action taken.

30. A suspended Officer who voluntarily leaves the district to which he or she is attached, during the period of suspension, shall not be entitled to claim subsistence allowance during such absence, whether the charge be proved or not. A suspended Officer shall not be entitled to draw salary during the period of suspension; but in the event of the suspension being removed, the officer shall be paid salary in full.

#### ADMISSION INTO HOSPITAL.

31. Admission into hospitals shall be obtainable only on the order of the Medical Officer in charge, who shall, unless the patient comes under Rule 215 of Fees Regulations, make no charge for an order of admission. In cases of emergency, admission may be secured on the authority of the Matron or other officer in charge of the Hospital, or of the Resident Magistrate of the District in which the Hospital is situated. The following cases are not to be admitted:—

1. Pregnant females for the purpose of confinement (except to the Maternity Block, when provided).
2. Persons suffering from an incurable disease, (except temporarily to await completion of arrangements for transport to an institution provided for the reception of such cases), or persons suffering from a disease for which a Special Institution is provided for treatment, shall only be detained in Hospital sufficiently long to establish diagnosis.
3. Persons whom it is possible to treat as out-patients.
4. Persons whose admission might endanger other patients (except where wards are provided for the reception of such).

32. If it is desired to remove a patient from a District Hospital to any other Hospital, the approval of the District Medical Officer of such other Hospital must be first obtained.

33. Persons treated as out-patients shall be entitled to free advice and medicines at hospitals at such fixed hours, daily, as may be determined by the District Medical Officer. No persons other than paupers shall be treated as out-patients; and the Medical Officer, if in doubt regarding the financial position of any applicant for such treatment, may seek the assistance of the police in obtaining the necessary information.

#### GENERAL REGULATIONS FOR HOSPITAL ADMINISTRATION.

34. The wards of the Hospital shall be ventilated, according to the state of the weather, under the special direction of the Medical Officer.

35. The floors shall be dry-rubbed and cleansed every day; but washed only when ordered by the Medical Officer. The bedding, so far as circumstances permit, shall be shaken and freely exposed to the air every day.

36. On admission, every patient, unless too ill to be subjected to the treatment, shall be perfectly cleansed with soap and water; his or her hair combed, or cut if necessary; supplied with Hospital clothing, and removed to bed.

37. A ticket showing the name, age, status and religious belief of the patient, the nature of the illness, date of admission and treatment ordered, shall be placed above the bed-head of each patient.

38. Patients suffering from infectious or contagious diseases shall be kept apart from those suffering from other complaints; and bedding used by such infectious or contagious patients shall be thoroughly cleansed, disinfected, and aired before being used again or stored away.

39. Patients shall (unless themselves provided with these necessities) wear the night clothing and linen provided by the Department. The latter shall be changed at least twice, and the sheets of all beds once, in each week, or oftener if necessary.

40. All convalescent patients shall rise at 6.30 a.m. in summer, and 7 a.m. in winter, and all beds shall be neatly made by 8 a.m.

41. As absolute quiet is indispensable in hospitals, every duty shall be performed with the least possible noise. Patients shall retire for the night by 7 o'clock p.m. in winter, and 8 p.m. in summer, and conversation shall not be permitted after the retiring hour, nor any fires or lights left burning except by direction of the Medical Officer.

#### IN-PATIENTS.

42. In-patients shall obey the directions of the professional staff.

43. Patients may receive visits from friends on Wednesday and Sunday, between the hours of two and four o'clock in the afternoon; but not more than two friends shall be permitted to visit a patient on one day. Visitors on other than visiting days shall be admitted only with the special permission of the Medical Officer.

44. No in-patient shall leave his bed or ward without permission.

45. No male patient shall enter the female wards, and no female patient shall enter the male wards, without the permission of the Medical Officer.

46. No patient shall smoke in any of the wards or corridors of the hospital, or gamble or swear or use abusive language, or in any way behave indecently, on any part of the hospital premises. If any visitor be guilty of the aforesaid offences, or of supplying liquor or provisions to patients, the offender shall be prohibited from visiting the hospital except by the special permission of the Medical Officer.

47. In-patients who in the opinion of the Medical Officer are capable of doing so, shall assist the nurses or servants in such employment as the Secretary, Matron, or Nurse-in-charge may direct. Female patients may be required to do sewing.

48. Any patient having cause for complaint shall, within one week after such cause arising, but not at any later date, complain in writing to the Medical Officer, Secretary, Matron, or Sister-in-charge, who shall forward such complaint with reasonable despatch to the Principal Medical Officer.

49. Patients or their friends shall not bestow any gratuity whatsoever on any employee of a hospital.

50. As the wants of patients are fully provided for, the introduction of articles of food or drink (without the sanction of the Medical Officer) is positively forbidden.

51. A patient contravening these Rules may be expelled by the District Medical Officer, who shall forthwith report such expulsion to the Principal Medical Officer; but such patient may be readmitted on the authority of the District Medical Officer.

52. Patients obtaining passes for leave of absence must return to the hospital by 6 o'clock p.m. Passes are available only for the day of issue.

#### GENERAL RULES.

53. A copy of the following Rules and Regulations, so far as they relate to his or her office, shall be furnished to each officer on appointment.

54. Printed copies of the Rules and Regulations affecting patients, official duties, and the general management of the various departments of the hospital and dispensary shall be exhibited for general information in the respective departments concerned.

55. No officer, servant, or other person attached to the institution shall on any pretence, directly or indirectly, accept any fee, reward, or gratuity from a patient, nor from a tradesman or other person supplying or desirous of supplying the institution; and any officer, servant, or other person infringing this Rule shall be liable to immediate removal from office without notice.

56. The Medical Officer of any of the smaller hospitals connected with the Department shall have authority to vary the hours of duty in all cases in which it shall appear to him that the hours hereinafter defined operate against the smooth or economical working of the institution. Nurses' two hours daily leave shall be fixed by the Matron, or Sister-in-Charge, as also the afternoon and Sunday leave. Night duty for nurses and orderlies, as a rule, shall not be continuous for a longer period than two months.

57. MEALS.—The breakfast hour for officers shall be 8 a.m., and the table shall be again cleared at 9 a.m.; luncheon or dinner shall be served at 12.30 p.m., and the table cleared at 1.30 p.m.; the tea hour shall be 6.30 p.m., and the table shall be cleared at 7.30 p.m. The dinner hour on Sunday shall be 1 p.m. These hours shall be adhered to as closely as possible, but may be varied by the Matron.

58. No meals shall be provided at any other than the aforesaid hours, except and unless unavoidable attendance on the medical duties of the hospital shall have prevented an officer from dining at the appointed time.

59. The breakfast hour for patients shall be 7.30 a.m. or 8 a.m. (to be fixed by the Matron); dinner 1 p.m., and tea 6 p.m.

60. Half-past ten o'clock p.m. shall be the retiring hour for servants of the hospital.

61. An employee of the hospital contracting illness in the performance of duty shall, in addition to free treatment as an in-patient, receive full pay during illness: Provided that such full pay shall not be payable for a longer period continuously than three months.

62. Nurses attached to hospitals situate in Division 2 shall be entitled to one month's holiday after one year's service, and all other servants to a fortnight's holiday, on full pay. Nurses and servants attached to hospitals in Division 1 shall be entitled to three weeks' and two weeks' leave respectively after one year's service. All such leave shall be first approved by the Principal Medical Officer.

63. A person engaged by the Principal Medical Officer to proceed to any hospital shall sign an agreement to remain in the service of the Department for a period of six months, and the fare of such engaged person to the place of appointment shall be paid by the Department. Should the person so engaged leave the service before the expiration of the

period signed for, the amount of the fare already paid by the Department as hereinbefore provided, may, at the discretion of the Principal Medical Officer, be deducted from salary due. Out-of-pocket expenses incurred for meals by officers whilst travelling to a centre of appointment shall be refunded by the Department on receipt of a voucher (Form 10) duly certified by the Secretary or District Medical Officer. Matrons and Secretaries will be entitled to claim allowances in accordance with the scale provided in the Public Service Regulations.

64. Laundry work for the nursing staff and resident officers of a hospital shall be done at the expense of the Department, but nurses and other female employees shall not be entitled to send to the laundry articles of apparel worn while off duty, such as dresses, blouses, etc.

65. A leave of absence book shall be kept, which every officer obtaining leave shall sign, stating the hour of going off duty and the hour of return to the hospital.

66. All communications from the members of the staff of a hospital to the Principal Medical Officer shall be forwarded through the District Medical Officer.

#### RESIDENT PHYSICIAN OR SURGEON.

67. Every Resident Physician or Surgeon shall hold office subject to Section 36 of the Public Service Act, 1904.

68. No Resident Physician or Surgeon shall during his term of office engage in private practice.

69. In the absence of the District Medical Officer the Resident Physician or Surgeon shall, if required, discharge the hospital duties of the District Medical Officer.

70. He shall have charge of, and be responsible for, the surgical instruments and apparatus, and may cause ordinary repairs to be effected thereto. On taking office he shall sign the inventory in proof of the correctness thereof.

71. He shall be directly responsible to the District Medical Officer, and through him to the Principal Medical Officer for the proper order and management of the hospital, under such instructions as he may receive for its general supervision.

72. He may summon the police to take charge of any case of attempted suicide or violence, and, if necessary, with the consent of the District Medical Officer, engage a special attendant.

73. He shall not, unless required by these Regulations or by the District Medical Officer, undertake any routine, medical, or surgical work in the wards, but, by general supervision, see that the nurses and orderlies strictly carry out the instructions of the District Medical Officer. He shall keep a complete record in the case book of all cases treated in the hospital. Where there is no Resident Medical Officer, the District Medical Officer shall keep the record.

74. He shall have full power to admit, or refuse to admit, the friends of any patient, and may, in his discretion, prohibit the admission of visitors to a ward at any time.

75. He shall deliver a course of lectures as prescribed in these Regulations to the junior nurses and probationers, attendance at which shall be compulsory.

76. It shall be his duty to make all necessary communications to the Press respecting cases of accident or assault admitted to the hospital.

77. He shall be responsible for, and, with the assistance of the District Medical Officer and Secretary, shall prepare the annual report of his hospital insofar as the medical portion is concerned.

78. In the absence of the Secretary, all matters which in the ordinary way would be referred to such officer shall be referred to the Resident Physician or Surgeon.

79. He shall, in the absence of the Dispenser, dispense or prepare any drugs or dressings required.

80. He shall not perform any operation without the consent of the District Medical Officer, except in cases of special emergency.

81. He shall administer anaesthetics, subject to the direction of the District Medical Officer; no anaesthetics shall be administered in any hospital except in the presence of a medical man.

82. In respect to the operating theatre he shall see—

- (a.) That the windows and ventilators, etc., are in proper working order.
- (b.) That there is a good supply of various antiseptic lotions, dressings, bandages, etc.
- (c.) That all instruments, bandages, dressings, and other appliances are neatly and carefully arranged in proper and suitable places.
- (d.) That it is thoroughly, regularly, and completely cleaned.
- (e.) That it is kept locked.
- (f.) That previous to operations it is properly warmed.
- (g.) That all instruments likely to be required are rendered aseptic, and laid out in readiness and proper working order.
- (h.) That immediately after an operation all the instruments used, when practicable, are cleansed, rendered aseptic, and replaced in their proper place in the operating cases.
- (i.) That immediately after an operation all slabs, basins, etc., are thoroughly scrubbed and cleaned.

83. The Resident Physician or Resident Surgeon shall be under the direction of the District Medical Officer, and shall attend him, if so required, during his visits to the various wards.

84. The hours of house duty to be observed by the Resident Physician or Surgeon shall be fixed by the District Medical Officer, and a notice showing such hours of duty shall be exhibited in the mess-room.

85. No Resident Physician or Surgeon shall leave the hospital during his hours of duty without having first obtained leave from the District Medical Officer.

86. Except by leave of the District Medical Officer no Resident Physician or Surgeon shall be absent on any night later than 12 o'clock.

87. In the event of the Resident Physician or Surgeon being incapacitated from duty from any cause, he shall report the same to the Principal Medical Officer through the District Medical Officer, and shall also report in like manner if any unforeseen emergency shall necessitate his absence from the hospital during his hours of duty.

88. The Resident Physician or Surgeon shall commence duty not later than 9 o'clock every morning, and shall visit the wards every evening, commencing not later than 8 p.m.

89. Every Resident Physician or Surgeon (or if there be no such officer attached to the hospital, the Medical Officer) shall enter in the Certificate of Death Book particulars of the deaths of patients under his care, attaching his signature to each entry and his initials to the block.

90. No Resident Physician or Surgeon shall publish a report of any case without the written permission of the Principal Medical Officer.

91. The Resident Physician or Surgeon shall at once report to the District Medical Officer, through the Matron, with a view to immediate inquiry, any neglect of duty or misconduct by nurses which may come to his knowledge.

92. The Resident Physician or Surgeon shall be responsible for prompt attention on all cases of emergency, and for the proper application of necessary splints, bandages, and dressings to patients suffering from accidents, or who may have been operated upon.

93. In infectious cases, and also in cases considered by him to be serious, the Resident Physician or Surgeon shall immediately report to the District Medical Officer,

and in the absence of the Medical Officer he shall take such action as he may deem necessary.

94. The Resident Physician or Surgeon, or the Medical Officer, shall not give a testimonial of conduct or qualification to a member of the nursing staff of a hospital without first obtaining the sanction thereto of the Principal Medical Officer.

95. Misconduct on the part of the House Surgeon shall render him liable to suspension by the District Medical Officer, who shall immediately report thereon by wire to the Principal Medical Officer.

#### HONORARY DENTIST.

96. An Honorary Dentist may, on the recommendation of the Principal Medical Officer, be appointed by the Minister controlling the Department, the tenure of office being two years, subject to the following conditions:—

He shall be in attendance at the hospital twice weekly, when necessary, at such hours as may be arranged by the District Medical Officer, and professionally attend such cases as may be referred to him by the Resident Physician or Surgeon or District Medical Officer.

In cases of emergency he shall attend promptly on the request of any member of the medical or nursing staff.

He shall enter in a book kept for the purpose the names of all cases and the treatment adopted.

#### THE MATRON OR SISTER IN CHARGE.

97. The Matron, or Sister-in-charge, who shall be the head of the nursing and training staff, subject to any agreement, shall hold office during the pleasure of the Governor, and reside in the quarters provided for her, and shall devote the whole of her time and attention to the superintendence of the nursing, and the nursing staff of the hospital.

98. She shall take entire charge of the domestic arrangements of the nurses and female employees, and have full control over the nursing staff attached to the institution; and in case of disobedience of orders, misconduct, or neglect of duty on the part of any member of the nursing staff, servants, etc. (male or female), she shall have power to suspend, immediately acquainting the Resident Physician or Surgeon or District Medical Officer of such suspension, and reporting fully thereon, in writing, through the Secretary, to the Principal Medical Officer.

99. She shall report, in writing, all resignations, vacancies, leave of absence, promotions, and defects in the nursing staff to the Principal Medical Officer, through the District Medical Officer, and shall furnish monthly, to the Principal Medical Officer, a report as to the efficiency or otherwise of the nursing staff.

100. She shall see that all articles of bedding, clothing, etc., are kept in thorough repair, and that all articles of bedding (including mattresses) in use in the wards are frequently changed and regularly aired, and that no bedding which has been in use is stored away without previous airing.

101. She shall exercise strict economy in the use of provisions, medical comforts, fuel, and light, and see that order and cleanliness prevail throughout the establishment.

102. She shall visit each ward at least twice every day, carefully supervising all that appertains to the nursing and home departments or that contributes to the comfort and welfare of the patients, and to the general efficiency of the hospital.

103. She shall see to the daily delivery to the cook of the proper quantities of provisions for the day's consumption, in accordance with the diet roll.

104. She shall receive from the Secretary (from the Store), on requisition in writing, all clothing, bedding,

linen, glassware, crockery, utensils, and appliances for the use of the hospital; and for the care and custody of these she shall be responsible.

105. She shall be responsible for the internal economy and general management of the nurses' quarters, the quality, quantity, and preparation of the food, the state of their rooms and the comfort generally of the nurses; and shall guard, as far as possible, against irregularities in conduct on the part of nurses and servants, such as late hours, absence without leave, objectionable familiarities, etc., and by the maintenance of a wholesome discipline on her part inculcate among her subordinates a sense of the responsibilities devolving upon them.

106. She shall be responsible that no ward is left without a nurse or junior nurse, and shall see that all nurses carry out the directions of the Medical Officer relative to the treatment of patients.

107. She shall give such practical and theoretical instruction as may be necessary for the training of nurses, and in addition to the ordinary instruction, shall see that nurses are practically instructed in all branches of cookery for invalids, such as the preparation of beef tea, arrowroot, gruel, mutton broth, puddings, etc.

108. She shall see that the nurses under her charge attend the lectures and other forms of instruction given by the District Medical Officer or Resident Physician or Surgeon.

109. She shall during the last year of training of nurses instruct them in the method of keeping the various books and returns provided for in these Regulations.

110. She shall visit the laundry and issue the necessary directions concerning the washing and getting up of the linen, blankets, and other articles, and see that such articles are fit for use before being again used.

111. She shall also issue necessary directions for the making and mending of linen and clothing, and for the proper numbering and marking of all articles with the name of the hospital.

#### SECRETARY.

112. The Secretary shall hold office during the pleasure of the Governor.

113. He shall be directly under the control of and responsible to the District Medical Officer, and shall not engage directly or indirectly in any business or profession, unless by special permission of the Public Service Commissioner in writing.

114. On his appointment as Secretary to a hospital he shall provide a fidelity bond in such amount as may be decided by the Colonial Treasurer, that he will account in proper manner for all public moneys received by him.

115. He shall conduct the correspondence, which shall be signed by the District Medical Officer, and shall have charge of all documents relating to the hospital; and shall keep the books, forms, and accounts of the hospital, in such manner as will permit of ready reference; and shall submit his accounts to the District Medical Officer, or an officer from the Principal Medical Officer's office, when required so to do.

116. He shall keep in a press copy book copies of all letters written, and shall file all letters received on the business of the institution, and shall execute all orders he may receive from the District Medical Officer or the Principal Medical Officer.

117. He shall receive all moneys paid as fees at the hospital, and, after entering particulars of same in the cash-book, shall dispose of such money in the manner provided in the Regulations governing the collection of Hospital Fees.

118. He shall record in the Admissions and Discharges Register full particulars of each patient.

119. He shall receive all property and moneys from patients on admission and enter particulars thereof in a

book to be kept for the purpose, giving the patient a receipt therefor; and on the discharge of the owner he shall return the same, taking a proper receipt.

120. He shall upon admission of a patient, or as soon as possible afterwards, ascertain if the patient is in a position to pay hospital fees or not.

121. He shall obtain accounts in duplicate, covering a calendar month, from contractors and tradesmen supplying the hospital.

122. He shall stamp the back of all accounts so received with the hospital stamp and the date of receipt from the contractor.

123. He shall carefully examine all tradesmen's vouchers, and shall certify to their correctness, in the terms of Section 33 of the Audit Act.

124. He shall note all accounts received in a book kept for that purpose (*see* Appendix for particulars), and shall forward the original accounts to the Principal Medical Officer as soon as possible after receipt, retaining the duplicate copy in his own office.

125. He shall be responsible for the furniture, clothing, bedding, linen, glassware, crockery, cutlery, cooking and kitchen utensils while in Store.

126. He shall quarterly (in the first week in March, June, September, and December), requisition to the Principal Medical Officer for such articles as may be required at his hospital for the ensuing quarter.

127. He shall order and receive the daily supply of stores from contractors and tradesmen; shall see that these correspond in description, quality, and quantity with the tenders and orders; shall be responsible for the due issue of same.

128. He shall not obtain stores from any person other than those under contract to supply, except by direction in writing of the Principal Medical Officer.

129. He shall prepare daily a diet roll showing the number of patients on each diet for the day under review.

130. He shall not lend any official books or papers belonging to the hospital, nor permit their removal or inspection without the express permission of the Principal Medical Officer or the District Medical Officer.

131. He shall obtain authority from the Principal Medical Officer for necessary repairs, and shall supervise the progress of any works; he shall also see that all fittings and appliances are efficient.

132. He shall be responsible to the District Medical Officer for the cleanliness and order of all parts of the hospital grounds.

133. He shall, when practicable, instruct the male employees in hose practice and the use of fire extinguishing appliances, and in the event of fire shall assume command until the arrival of the fire brigade.

134. He shall be responsible for the due observance of these Rules and Regulations, and shall keep an interleaved copy thereof wherein shall be inserted by him any new By-law issued, which shall be communicated by him to the officers or other persons concerned. He shall report to the Principal Medical Officer in writing, through the District Medical Officer, any gross misconduct or breach of these Regulations by any member of the Hospital Staff.

135. He shall keep the following books, etc.:—

Admissions and Discharges Register.

Cash Book.

Fees and Donations Ledger.

Letter Book.

Letter File.

Patients' Property Book.

Visitors' Book.

Record of Accounts passed to Principal Medical Office.

Stimulants Book

136. He shall furnish the following to the Principal Medical Officer:—

Weekly Return of Patients (each Saturday).



Monthly Return of Patients, etc.  
Change of Staff (immediately it occurs).

#### DISPENSER.

137. The Dispenser shall be in attendance at the hospital from 8.30 a.m. until 5 p.m., and at any other hour at which his services are required by the Resident Physician or District Medical Officer.

138. He shall have charge of the dispensing utensils and medicines; shall examine all drugs and chemicals brought into the hospital, both as to quality and quantity, and shall report any defect in either respect to the Resident Physician or District Medical Officer; he shall be responsible for all medicines and other articles intrusted to his care.

139. He shall, if required, be present and assist at any operation when called upon by the Resident Physician or Surgeon or District Medical Officer.

140. He shall prepare and sign quarterly (March, June, September, and December), a list of all drugs and sundries required for the ensuing three months in his hospital. This list shall be signed also by the District Medical Officer, and forwarded with despatch to the Principal Medical Officer.

#### CHARGE NURSES.

141. At the time of appointment, Charge Nurses shall not be under 24 years of age. They must have been recommended by the Matron to the Principal Medical Officer after consultation with the District Medical Officer, and shall be held responsible to her for the efficient nursing of the patients and the good order and cleanliness of the wards.

142. They shall reside in the quarters allotted to them, and when on duty shall wear such distinguishing dress as the Principal Medical Officer, on the recommendation of the Matron, may direct.

143. They shall devote their time and attention to the duties of their office, and shall not be absent from the hospital after 10.30 p.m., nor leave the wards during their hours of duty except by permission of the Matron.

144. They shall at no time leave the wards without placing a qualified nurse in charge.

145. They shall be careful before going off duty to give the nurse in charge all necessary instructions in writing, concerning any patient requiring special care and attention.

146. They shall have the control, when on duty, of the nurses and servants in their respective wards, and shall report to the Matron if the duties are not performed punctually and efficiently.

147. They shall be responsible to the Matron for the efficient training of probationers in all practical details of their work, both medical and surgical, and shall report to her thereon from time to time, as required.

148. They shall see that patients, on admission, are properly bathed and cleansed, and that they are provided with clean linen.

149. They are strictly enjoined to preserve order, silence, and decorum among the patients, nurses, and servants, and to prohibit improper conduct and conversation.

150. They shall superintend all ward meals, and allot diets.

151. They shall see that patients, capable of so doing, take their meals at the public table of the ward, and that all patients retire at the appointed hours.

152. They shall have always in readiness in the surgical wards a proper assortment of bandages, as well as lint, strapping, and other ordinary dressings.

153. They shall have charge of all linen, bed-clothing, earthenware, and other appliances used in their respective wards, and be held responsible to the Matron for same. They shall be particularly attentive to the state of the bedding, and see that it is kept clean and in repair.

154. They shall personally assist in the nursing of all serious cases, besides superintending the nursing in their respective wards, that they may be able to report to the attending physician or surgeon, whom they shall accompany when visiting the patients. They shall have the special care and custody of the medicines kept in stock in the wards, and shall see that they are not used without their knowledge and sanction. They shall superintend the administration of all drugs and external applications, noting accurately the prescribed doses and intervals of administration and application, *and they shall on no account give any medicines to patients other than that ordered by the Medical Officer in the ordinary course of treatment.* If any unusual symptoms occur in a patient, or if a Charge Nurse is at all in doubt as to her instructions concerning the medicines to be given, she shall apply at once to the Resident Physician or Resident Surgeon for direction. In the absence of the District Medical Officer, or Resident Physician or Surgeon, the case shall be reported to the Matron. At the visits of the Medical Officers, she shall be accompanied by the probationers. In the surgical wards, all tray dressings must be ready by the hours of visit, and the nurse ready to give whatever assistance is required by the surgeons.

155. They shall, each afternoon before two o'clock, send to the Secretary's office all diet cards on which alterations have been made by the Medical Officers for the day following. They shall see that the wines and other liquors are punctually administered in the appointed quantities. They shall also be careful that articles of food not required are returned to the kitchen, *and that wine or spirits not used owing to the death of the patient for whom it has been prescribed (or for other reason) is returned to the Store.*

156. They shall see that the beds of the patients are made regularly every morning, and that all soiled bed linen, and dressings, are removed each day before 9 a.m., at 2.30 p.m., and 6.30 p.m., and they shall be careful that the cupboards, sculleries, and water closets are kept clean, and well aired, and that no dirt and articles not required are allowed to accumulate therein, and that all ward utensils are kept thoroughly clean.

157. They shall see that the patients wash themselves regularly before breakfast, in basins provided for that purpose, and that such as are unable to leave their beds are attended by the nurses. They shall see that the baths prescribed are regularly given, and in all respects they shall impress upon the patients the propriety and necessity of personal cleanliness.

158. They shall be at liberty to employ patients to assist in ward work, *provided always such employment in the opinion of the Medical Officer is not likely to retard recovery.* Charge Nurses in the female wards shall take charge of the needlework sent from the linen store, and distribute it among patients able to work, and see that the work is efficiently done.

159. They shall immediately after the death of a patient send the bed card to the Secretary's office, with the time of death noted thereon. They shall see that the body is washed and dressed in clean linen, and removed to the Mortuary without delay, with a label attached, showing the name and age of the deceased.

160. They shall see that all empty bottles, etc., are returned to the dispensary by 8.30 a.m., and that all medicines not required are also returned to that department.

161. They shall see that the lamps are kept low, and that lights are turned out by the night nurses at the appointed hours.

162. They shall see that trinkets and other property in the possession of patients on admission are taken to the Secretary's office for safe keeping, and that clothing, not required, is sent to the store.

163. They shall see, in the event of a patient requiring the presence of any minister of religion, that notice is sent

to the Secretary, in order that there may be no delay in complying with the request.

164. They shall be careful that no visitors are admitted to the wards, except on the appointed days and hours, without written permission from the Resident or District Medical Officer. But in case of sudden or serious illness, they shall send the names of the patients to the Secretary's office, in order that the visits of relatives or friends may be facilitated. They shall take care that visitors do not bring articles of food or drink to the patients, and that all parcels (belonging to patients) are inspected before being taken out of the ward.

165. In the evening, before leaving the wards, they shall see that the Night Nurse in charge is duly informed of the condition of each patient requiring special attention, and everything in the ward must be left in perfect order.

#### THE NURSES.

166. Their hours of duty shall be such as may from time to time be arranged by the Matron. All nurses are required to keep their sleeping apartments neat and clean, and make their own beds. Nurses on day duty must be in bed at 10.30 p.m.; and lights must be turned out at that hour.

167. They shall make the beds, with the assistance of the probationers, in their respective wards each morning before eight o'clock. They shall assist and move all infirm or helpless patients, and take care that patients incapable of leaving their beds are washed (or supplied with washing materials when able to assist themselves), and also that all linen removed from the beds is sent without delay to the laundry.

168. They shall treat patients under their care with patience and kindness, and pay attention to their state and symptoms, so as to be in a position to report to the Charge Nurse, or, in her absence, to the Medical Officer. Should any threatening symptom manifest itself in a patient, the nurse shall give immediate notice to the Charge Nurse of the ward.

169. They shall attend, under the Charge Nurse's directions, or at the request of the Medical Officer, to the application and administration of prescribed remedies; and if doubtful as to the precise nature of instructions shall apply at once to the Charge Nurse for advice. They are strictly forbidden to give medicines to patients on their own responsibility *vide* (Regulation 159).

170. They shall, in the absence of the Charge Nurse, accompany the Medical Officer on his daily visits, and be ready to afford information respecting the action of medicines, and the previous condition and symptoms of patients. In surgical wards the nurses shall have trays, dressing-pans and other appliances in readiness at the hour of these visits, and render assistance when required by the Surgeon or dressers. Complaints as to the conduct of patients or assistants in the wards shall be made at once to the Charge Nurse.

171. They shall have ready for collection by 8.30 a.m., all empty medicine bottles, pots, boxes, powder, labels, etc., requiring to be refilled or replaced, and take care that there is sufficient of each preparation in the ward to last from Saturday till Monday. After the visit of the Medical Officer they shall take to the Dispensary the treatment charts, as well as all medicines, lotions, etc., the use of which is discontinued. On no account shall unused preparations be allowed to accumulate in the wards. If a medicine bottle be broken, or anything ordered for a patient lost, the nurse in charge of the case shall report to the Dispenser without delay, and at the same time show him the treatment chart on which the prescription is written, in order that it may be at once replaced. Between the hours of two and three o'clock in the afternoon, general ward supplies of dressings, etc., shall be obtained from the Dispensary.

172. They shall not visit other wards without the permission of the Charge Nurse, nor enter the wards or loiter about the corridors when off duty.

#### SUPERINTENDENT OF NIGHT NURSES.

173. She shall be responsible for the nursing of the patients during the night, according to the written or verbal instructions of the Medical Officers to the night nurses, and shall visit the wards at frequent intervals, paying particular attention to urgent or severe cases.

174. She shall see that the nurses administer medicines, stimulants, and food at the proper times, as directed.

175. She shall at once communicate to the Resident Medical Officer on duty any change in a serious case.

176. On the death of the patient, she shall see that all arrangements are carried out with promptitude.

177. She shall see that the night nurses carry out the rules relating to their position, and on her last visit to the wards for the night shall sign the nurses' night chart.

178. She shall report, in writing, daily to the Matron on matters relating to the condition of the patients and conduct of nurses.

179. She is strictly forbidden to give medicines to patients on her own responsibility, but should immediately call the Resident Physician or Surgeon should any fresh symptoms develop in a patient.

#### NIGHT NURSES.

180. The hours for duty of night nurses shall be such as may from time to time be arranged by the Matron.

181. They shall preserve order in the wards during the night. They are not permitted to sleep, lie down, or leave their wards during the night, except for urgent reasons.

182. They shall, on entering on duty for the night, receive from the day nurse verbal and written instructions concerning the patients, and shall present the night chart to the Superintendent of Night Nurses for signature on her last visit to the ward. In case of emergency, they shall inform the Superintendent of Night Nurses or call in the assistance of the Medical Officer at once. The sub-division of duties assigned to nurses shall be arranged by the Matron.

183. They shall pay particular attention to the state and symptoms of the patients, visiting them frequently, and administering medicines and stimulants at regular intervals, and in the manner prescribed.

184. They shall see that the lights are kept low, and turned off at daylight.

185. Before leaving their wards, they must report to the Charge Nurse as to the state of the patients, especially as regards cases of a serious nature, and everything in the ward must be left in perfect order.

NOTE.—Nurses and wards-maids on duty in that part of the hospital set apart for infectious cases shall not by day or night (unless specially ordered to do so) have intercourse or communication with any other part of the hospital, or the nurse's house, or any patient in any other part of the hospital.

#### NURSE PROBATIONERS.

186. Shall be engaged by the Principal Medical Officer, and discharged on the recommendation of the Matron. They shall not be under twenty-one years of age, and shall continue on trial for one month without pay, at the expiration of which, if found satisfactory, they shall be required to sign an Agreement to remain in the employment of the hospital for a period of four complete years of training, unless in the matter of ability or conduct, they are found to be unsatisfactory, in which event, on the recommendation of the Matron, their Agreement may be cancelled by the Principal Medical Officer.

187. They shall be respectful and obedient to those in authority, and, without hesitation or comment, carry out the duty assigned to them by the Charge Nurse under whom they are placed.



188. They shall wear, when on duty, such distinguishing dress as the Principal Medical Officer, on the recommendation of the Matron, may direct, and the cost of making shall be paid by the Department.

189. They shall, when on duty, be under the more immediate control of the Charge Nurse in charge of the ward in which they are placed, and during their second year may be required to take night duty, or at any time, if in the opinion of the Matron or District Medical Officer they are competent to do so.

190. Their hours of duty shall be arranged from time to time by the Matron, and when on duty they are not to leave their wards except by permission of the Charge Nurse, or to engage in any private work whatever. *No Nurse or probationer shall be permitted to see friends when on duty.*

191. They shall make the beds of the patients in their respective wards, and be ready to assist, wash, and feed infirm and helpless patients, and see that those able to assist themselves are supplied with washing materials before leaving the wards. They shall see that everything is in readiness for the Night Nurse, in accordance with the instructions of the Charge Nurse, and they must relieve each other punctually at the hour appointed.

192. They shall act under the Charge Nurse or nurses, and assist them, when required, in all departments of their work. They shall assist in keeping the wards and ward furniture clean, and in its proper place, and, when necessary, assist in fetching patients' food from the kitchen. They shall, during the afternoon, take messages and fetch articles from the dispensary. All other matters relating to details of their work shall be arranged by the Matron.

193. They shall be subject in all matters of discipline to the same regulations as the nurses. When off duty, they are not to enter the wards without permission, and they are not to loiter about the lobbies or corridors.

194. They shall retire to their rooms at ten o'clock, and the lights must be turned off at 10.30.

195. They shall be required to attend courses of lectures during their probation.

196. On completing her engagement, and provided she has successfully passed the necessary examinations, a Probationer shall be entitled to receive a certificate of training issued from Head Office, signed by the Principal Medical Officer, District Medical Officer, and Matron

**TERMS UPON WHICH PROBATIONERS ARE ENGAGED.**

197. The age considered desirable for Probationers is from twenty-one to thirty years; and applicants should be spinsters or widows. A certificate of age and other information shall be required, *vide* printed form herein.

198. The term of a Probationer's training shall be not less than three years, but may be extended to five years in accordance with the number of occupied beds in Hospitals in which a Probationer receives her training. Applicants shall be received only on the distinct understanding that they will remain for the required term; but may be permitted to withdraw from such undertaking on approved grounds. The Matron shall have power to suspend a Probationer at any time for misconduct or inefficient or negligent discharge of duty.

199. To Probationers serving for three consecutive years in Kalgoorlie and Coolgardie Hospitals (recognised as one training school), a certificate of efficiency will be issued at the end of three years, provided the necessary examinations are passed satisfactorily.

200. Probationers shall be subject at all times to the authority of the Matron and to the Rules of the Department.

201. The names of Probationers shall be entered in a register, in which also shall be kept a record of their conduct and qualifications, and such record shall be treated as a confidential document and retained by the Matron. On completion of the period of training the names of

Probationers who have passed satisfactorily through the course of instruction and examination shall be entered in the Register of Nurses.

202. At the expiration of one month from the date of entry, every Probationer shall be required to write a letter to the following effect:—

*“To the Principal Medical Officer, Perth.*

“Having been a month at.....Hospital, I have a general idea of the duties of a Hospital Nurse. I am able and desire to continue training as a Probationer Nurse at any Hospital under the control of the Medical Department, where directed from time to time for a period of not less than three years; but such term may be extended to five years, in accordance with the number of occupied beds in the Hospitals in which I receive my training.”

203. APPLICATION FOR APPOINTMENT AS PROBATIONER NURSE.

*Questions to be answered by Candidate.*

Name in full and present address ... ..	.....
Are you a spinster or a widow? ... ..	.....
(If a widow, marriage certificate required.)	.....
Your present occupation or employment; also, if a widow, the former occupation of your husband	.....
Age last birthday, and place of birth ... ..	.....
Height ... ..	.....
Weight ... ..	.....
Where educated ... ..	.....
Of what religious denomination; name and address of a Clergyman or Minister who knows you	.....
Are you strong and healthy, and have you always been so?	.....
If a widow, have you any children? How many? Their ages. How are they provided for?	.....
Where (if any) was your last situation? How long were you in it?	.....
What is the address and occupation of your father or (if not living) your mother?	.....
The names in full and addresses of two persons to be referred to (ladies preferred); state how long each has known you. If previously employed one of these must be your last employer	.....

I have read and clearly understand the Regulations.

I undertake, if appointed to the position of..... in the Medical Department, to do duty for a period not exceeding 12 months when called upon in the Consumptive Wards of the Coolgardie Hospital.

I am prepared to produce certificates or other proofs of education equal at least to that required by the sixth standard of a Western Australia State School. (*See footnote.*)

I attach certificate of health from Dr.....

Signature.....

EDUCATION CERTIFICATE:

(If the applicant finds it difficult to produce the required proofs without considerable delay, she may cross out the last paragraph, and write on the back of this form her explanation; at the same time stating where she was educated, and general remarks upon her qualifications in this direction.)

## DUTIES OF PROBATIONERS.

You are required to be—

Obedient.  
Sober,  
Honest,  
Truthful,  
Trustworthy,  
Punctual,  
Quiet and orderly,  
Cleanly and neat,  
Patient, cheerful, and kindly.

204. You are expected to become skilful—

1. In the dressing of blisters, burns, sores, wounds.
2. In applying fomentations, poultices, and minor dressings, and in the administration of subcutaneous injections.
3. In the application of leeches, externally and internally.
4. In the administration of enemas for men and women, and the use of the catheter for women.
5. In the management of trusses and appliances in uterine complaints.
6. In the best method of friction to the body and extremities.
7. In the management of helpless patients, that is—moving, changing, personal cleanliness of, feeding, keeping warm or cool, preventing and dressing bedsores, managing position of.
8. In bandaging, making bandages and rollers, linings of splints, etc.
9. In making the beds of the patients, and removing of sheets while patient is in bed.
10. In invalid cooking.

You are required—

11. To attend operations, to understand ventilation, or keeping the ward fresh by night as well as by day. You are to be careful that great cleanliness is observed in all the utensils in the ward.
12. To make strict observation of the sick in the following particulars:—The state of the secretions, expectoration, pulse, skin, appetite, intelligence (as delirium or stupor), breathing, sleep, state of wounds, eruption, formation of pus, effect of diet or of stimulants, and of medicines, and to “take” the temperature, pulse, and respiration.

And to learn the management of convalescents.

## 205. SYLLABUS OF LECTURES FOR FIRST YEAR PROBATIONERS.

- APRIL .. *First Week*: Skeleton—Head.  
*Second Week*: Skeleton—Body.  
*Third Week*: Skeleton—Limbs and Joints.  
*Fourth Week*: Heart and Lungs.
- MAY .. *First Week*: Principal Vessels.  
*Second Week*: Principal Vessels.  
*Third Week*: Alimentary Tract.  
*Fourth Week*: Abdominal Organs.
- JUNE... *First Week*: Nervous System.  
*Second Week*: Nervous System.  
*Third Week*: Topographical Anatomy.

## PHYSIOLOGY.

- JULY .. *First Week*: Cell, White and Elastic Fibres—Structure of Membranes—Tendons—Cartilage.  
*Second Week*: Structure of Bone—Tooth—Muscle—Nervous Tissue—Gland Tissue.  
*Third Week*: Blood and Lymph Spleen.  
*Fourth Week*: Circulation.

- AUGUST .. *First Week*: Respiration.  
*Second Week*: Alimentation.  
*Third Week*: Alimentation.  
*Fourth Week*: Kidney—Urine.

- SEPTEMBER .. *First Week*: Nervous System.  
*Second Week*: Nervous System (continued)—Skin—Thyroid—Suprarenal.  
*Third Week*: Special Senses.

## SYLLABUS OF LECTURES FOR SECOND AND THIRD YEAR PROBATIONERS.

## MEDICAL NURSING.

- APRIL .. *First Week*: Introductory.  
*Second Week*: Scarlet Fever—Measles—Small Pox, Chicken Pox.  
*Third Week*: Diphtheria—Peripheral Neuritis.  
*Fourth Week*: Diseases of Stomach and Liver.
- MAY .. *First Week*: Diseases of Intestines.  
*Second Week*: Bronchitis—Broncho-Pneumonia—Lobar Pneumonia.  
*Third Week*: Inflammation of Pleura and Pericardium—Phthisis.  
*Fourth Week*: Bright's Disease—Chronic and Acute Hæmaturia—Pyuria and Urine.
- JUNE .. *First Week*: Rheumatic Fever—Cardiac Disease.  
*Second Week*: Cerebral and Nervous Diseases.  
*Third Week*: Emergency Cases, i.e., Poisons, Fits, etc.  
*Fourth Week*: Nursing and Feeding of Infants.

## SURGICAL NURSING.

- JULY .. *First Week*: Inflammation—Suppuration—Ulceration—Gangrene.  
*Second Week*: Septicæmia—Pyæmia—Sapremia.  
*Third Week*: Preparation of Patient for Operation—Asepsis and Antisepsis—Wounds, Burns and Scalds.  
*Fourth Week*: Hæmorrhage and its Arrest—Aneurisms—Varicose Veins.

- AUGUST .. *First Week*: Shock and its Treatment.  
*Second Week*: Bandaging.  
*Third Week*: Splints and Fractures.  
*Fourth Week*: Splints (continued).

- SEPTEMBER .. *First Week*: Amputations—Tubercular Joints—Spinal Caries.  
*Second Week*: Operations for Head, Throat, Tongue, Eye, and Nose.  
*Third Week*: Tracheotomy—Empyema—Tapping of Chest—Abdomen.  
*Fourth Week*: Diseases of Abdominal Organs and Treatment.

## SYLLABUS OF LECTURES FOR THIRD YEAR PROBATIONERS.

## HYGIENE.

- OCTOBER .. *First Week*: Air: Composition, Impurities—Ventilation.  
*Second Week*: Food: Classification—Dietaries.

*Third Week :* Water Supply—Milk Supply—Impurities of Water.

*Fourth Week :* Sanitation of Buildings—Sanitary Fittings—Disinfection of Person.

NOVEMBER .. *First Week :* Infectious Diseases : Antiseptics, Disinfectants —Clothes —Rooms—Contents—Treatment of Discharges—Law relating to Notification of Infectious Diseases.

*Second Week :* Personal Hygiene—Clothing—Exercise—Bathing.

#### LECTURES BY MATRON OR SISTER IN CHARGE ON GENERAL NURSING.

##### LECTURE 1.

Qualifications of a Nurse—Nurses' Health—Necessary Care of Hands—Gossiping and Grumbling—Distinction between Doctors' work and that of Nurses—Hospital Etiquette—Systematic Observation—Noting Symptoms and Reporting of same.

##### LECTURE 2.

Bedsteads : Size, shape, and kind—Water Beds and Water Pillows—Beds for Fractures—Position of Bed—Bedmaking—Management of Helpless Patients—Special Bed for Abdominal Section—Care of Linen—Hygiene of Sick Room—Washing of Patients—Attention to Mouths and Heads—Care of Patients' Backs—Bedsore and Dressing of same—Ventilation—Lighting—Temperature of Sick Rooms—Hot Water Bottles and Covers.

##### LECTURE 3.

Feeding of Patients—Nasal Feeding—Observation as to amount of Sleep—Night Nurses' Work—Reports—Prevention of Infection—Baths : Different kinds, Sponging.

##### LECTURE 4.

Cleansing and Padding of Splints—Pain and Swelling after application of Splints—Sandbags—Strapping, and how to remove same—Unna's Paste—Gum and Chalk Splints—Plaster of Paris Splints—Croft's Splints—Silicate of Potash Splints—Bedrests—Slings.

##### LECTURE 5.

Use of Clinical Thermometer—Charts—Pulse : Its Variations and Methods of Records—Respiration : Its Method of Record.

##### LECTURE 6.

External Applications : Preparation of Fomentations and Poultices—Local Application of Heat and Cold—Hot and Cold Packs—Hot Air Bottles—Counter Irritation—Leeches and Blisters.

##### LECTURE 7.

Various Methods of Administering Drugs—Oils—Inhalations—Subcutaneous Injections (hypodermic)—Salines—Suppositories.

Hypnotics : Doses and Action : of more commonly used—Methods of Administration.

##### LECTURE 8.

Enemata : Passing of Catheter—Washing out of Bladder—Vaginal Injections—Washing out of Bowel.

##### LECTURE 9.

Poisons : Effects—Symptoms of Poisoning by Morphia, Strychnine, Arsenic, Belladonna, Alcohol, Chloroform, Mercury, Iodoform, Carbolic Acid, etc., and what to do—Drug Rashes.

##### LECTURE 10.

Lotions in Common Use—Preparation in Various Strengths—Disinfectants and Antiseptics—Dressings and their Application.

##### LECTURE 11.

Instruments : The Care and Use.

##### LECTURE 12.

Bandages : Various Kinds and Sizes—Methods of Applying same.

#### ORDERLIES AND OTHER MALE EMPLOYEES WHOSE DUTIES ARE NOT OTHERWISE ENUMERATED HEREIN.

206. Orderlies and other male employees shall carry out the instructions of the Medical Officer, Matron, Secretary, or Sister in charge or Nurse as the case may be. They shall be appointed subject to the condition of liability to immediate dismissal by the District Medical Officer for insobriety, wilful disobedience of orders or incapacity.

207. They shall immediately report any person they may observe loitering in the hospital grounds after the hours fixed for visitors.

#### WARDSMAIDS, HOUSEMAIDS, COOKS, LAUNDRESSES, AND OTHER FEMALE EMPLOYEES WHOSE DUTIES ARE NOT OTHERWISE ENUMERATED HEREIN.

208. Shall be directly under the charge of the Matron and shall carry out such orders as they may from time to time receive. They shall be appointed subject to the condition of liability to immediate dismissal by the District Medical Officer for insobriety or wilful disobedience of orders.

209. The wardsmaids shall carry out the orders of the Nurse in charge of a ward.

#### CLERGYMEN AND RELIGIOUS INSTRUCTORS.

210. Every clergyman or religious instructor who visits at the hospital shall confine his visits to patients of his own denomination, unless his services are specially requested by any patient of another denomination, and shall, except in cases of emergency, make such visits between the hours of 2 and 4 p.m.

211. Every such clergyman or religious instructor shall perform the duties of his office at the bedside of the patients in such way as to be as little overheard as possible by the surrounding patients.

212. No person shall read aloud, or conduct religious service in the sick wards of the hospital.

213. The board room (if any) of the hospital shall, so far as practicable, be available for public worship for convalescent patients.

214. Clergymen and other visitors must retire from the bedside if requested to do so by a Medical Officer or Nurse.

#### COLLECTION OF HOSPITAL FEES.

##### INTRODUCTORY.

215. The following Regulations are to be observed by District Medical Officers, Secretaries, Matrons, Collectors, and other officers in the service of the Department who, by virtue of their appointment, become subject to the operation of "The Audit Act, 1904," and the Regulations thereunder.

In the following Regulations the word "Officer" means and includes District Medical Officer, Secretary, Matron, or Sister in charge.

District Medical Officers are hereby charged with the duty of seeing that the Regulations are carried out at hospitals under their control.

##### ADMISSION.

216. Every patient admitted into hospital shall have his or her name entered in the Admission and Discharge

Book, and in the Fees Ledger. The consecutive number given to the patient in the former of the abovenamed books is *also to be entered* in the latter, and the financial circumstances of a patient are not to be considered. If the physical condition of a patient permits, and he is in a position to pay any sum of money in advance, on account of the cost of treatment, he should be urged to do so. The Admission and Discharge Book shall be numbered consecutively from 1 to 3,000, when the numbers shall again be commenced.

#### SCALE OF CHARGES.

217. The scale of fees for patients shall be as determined from time to time by the Governor in Council.

The Scale of Charges shall be conspicuously posted at the entrance to the hospital, and in each ward.

In each Hospital printed cards are to be placed in conspicuous positions directing patients that fees are only payable to the Hospital authorities or the authorised collector, and that in every instance a receipt must be given on the printed form of the Department.

#### ADMISSION OF PRIVATE CASES TO HOSPITALS.

218. In towns where there is no private hospital, the District Medical Officer may admit patients able to pay for private treatment, and such patients shall be treated as private patients by the District Medical Officer, who shall be responsible for the payment of fees for treatment.

The Principal Medical Officer shall be informed immediately on the admission of any patient under this Rule. A copy of the Agreement entered into between the District Medical Officer and the patient, signed by the latter, must be forwarded to the Principal Medical Officer, by whom it will be kept as a record, and every such case shall be marked accordingly in the Admission and Discharge Book.

#### DISCHARGE FROM HOSPITAL.

219. Upon discharge of a patient who is not indigent (see Rule 218), the Officer shall make full inquiry of the patient, and shall decide the terms of payment to be agreed upon; Form H shall then be filled in, the patient signing the Form in duplicate; one copy to be handed to him.

If, in the opinion of the Officer, an account owing by a patient is a debt which should be handed to the Collector for collection, a copy shall be handed to him at once, and that fact recorded on the butt of the book in the space provided.

The fact should be impressed on patients that any failure to comply with the terms of their agreement will be followed by legal action.

If, subsequent to the signing of the agreement, a patient finds himself unable to comply with its terms, he must at once communicate with the Officer of the hospital, who may re-arrange the terms as he thinks fit.

Patients must notify the hospital of any change of address.

#### REFUSAL TO SIGN FORM H.

220. Should a patient refuse to sign Form H, then Form I shall be used. If the Officer is satisfied that recovery of the cost of treatment cannot otherwise be promptly effected, the Form shall be handed to the Collector, and the debt placed in his hands for collection.

#### INDIGENT CASES.

221. When a patient is, to the knowledge of the Officer, genuinely in indigent circumstances, and likely to remain so, or when the circumstances of a patient are of so precarious a nature that to make any charge at all would mean to inflict hardship, the indigent declaration (Form J.) may be produced, and signed in lieu of Form H. These declarations are to be numbered in consecutive order, and the number noted in the Fees Ledger.

When a genuinely indigent case (such as that referred to above) is discharged from the hospital, the word "Indigent" shall be written below his name in red ink in the Fees Ledger, and the number of the declaration signed shall be noted. *No debit is to be raised.*

#### EMPLOYMENT OF COLLECTORS.

222. Collectors may be employed by District Medical Officers, with the approval, in writing, of the Principal Medical Officer, at the remuneration by commission on moneys collected at a rate mutually agreed upon, and employment being determinable by either party at will.

If payment of any portion of a debt placed in the Collector's hands is made through the agency of the Crown Law Department, only one-half of the agreed rate of commission shall be paid.

#### DUTIES OF COLLECTORS.

223. The Collector shall keep a Diary in the form supplied by the Department. Upon receiving Form H from the Officer, the Collector shall make the necessary entries in the Diary.

The Collector shall use every means in his power to as promptly as possible recover every debt placed in his hands for collection. Form D shall be used by him in every case where a considerable period occurs between the patient's discharge from hospital and the due date of the first instalment.

Should an instalment not be paid on its due date, the Collector shall send to the patient Form D1. If, within the time specified in such Form no payment be made, nor any satisfactory reason given for non-payment, the fact shall be reported in writing to the hospital Officer.

So soon as such a Report is made by the Collector, the Report shall be forwarded to Head Office, in order that the collection may be placed in the hands of the Law Department.

For all moneys received, the Collector shall give a receipt on the Form supplied for that purpose.

The Collector shall submit his diary monthly for inspection by the Officer, who shall initial below the last entry with date of inspection and shall satisfy himself that due attention has been paid to the work by the Collector as disclosed by the diary. Should the Officer consider the position to be unsatisfactory he shall report to the Principal Medical Officer.

#### DISPOSAL OF MONEYS BY COLLECTOR.

224. All moneys received by the Collector shall either be paid into a Bank (a receipt being obtained on Treasury Form 27), or direct to the hospital in cash. No monies received by the Collector shall be retained by him for a longer period than one week.

The Collector shall, at least weekly, hand to the Officer of the hospital a statement on Form E, showing what sums he has collected since the last statement was rendered; and cash or Bank receipts (Form 27) shall be produced for the amount shown. The Officer shall then furnish a receipt and initial the last butt of the Collector's receipt book; at the same time noting the numbers of the receipts issued by the Collector in order to show such numbers subsequently on Treasury Form 2.

#### IF NO MONEYS COLLECTED—PROCEDURE.

225. When no moneys are received by the Collector during a period of one month, he shall produce his receipt book to the Officer, who shall initial it, noting the date.

#### COMMISSION ON SUMS COLLECTED.

226. Subject to Regulation 219 commission may be claimed, according to the terms of a Collector's appointment; upon all amounts collected, whether payments on account of debts placed in his hands for collection are made to himself or to the Department.

Collectors shall claim commission monthly, on Treasury Form 10. The claim shall be submitted to the Officer of the hospital, who shall attach supporting Form E, detailing payments in respect of which commission is claimed; the whole to be checked with such forms, certified by the Officer, and forwarded to Head Office.

The Collector shall not have access to the hospital books, but may obtain necessary information from the Officer.

#### MONEYS PAID AT HOSPITAL.

227. For all moneys received at the hospital a receipt is to be given on the prescribed form.

When moneys are paid at the hospital after being placed in the Collector's hands, he shall be so informed when claiming his commission, and a separate voucher, showing details of such amounts, shall be certified to and forwarded to Head Office, provided the Collector shall have satisfied the Officer that he has taken steps to secure the payment of the same.

#### DISPOSAL OF MONEY BY HOSPITAL AUTHORITIES.

228. All moneys received at the hospital, whether from the Collector, or from patients direct, shall be disposed of as prescribed from time to time by the Treasury. (The procedure below is authorised until further notice.)

- (a.) Details of payments shall be entered from the Receipt Book into the Receiver's Cash Book. The books being in manifold form a carbon sheet is to be used, so that a duplicate may be obtained simultaneously with the original entry. A special pen will be provided or an indelible pencil may be used.
- (b.) In places where a Bank exists, the total daily receipts, as shown by the Cash Book, are to be paid into the Bank in one sum, for transmission to the credit of the Colonial Treasurer, Perth. In places where no Bank exists, the amount shall be paid to the local Treasury Cashier.
- (c.) In either case the duplicate cash sheet, together with the Bank or Treasury Cashier's Receipt, is to be forwarded to the Under Treasurer, Perth, as soon as possible.

#### RECEIVER'S CASH BOOK.

229. The Cash Book and duplicate are to be totalled each day and the amount carried forward to the 25th of each month (June excepted, for which read 30th). This total will represent the collections for the month.

All moneys received, from whatever source, at the Hospital, shall be entered in the Receiver's Cash Book, together with name of patient, dates of admission and discharge, rate charged, etc.

#### FEES LEDGER.

(To be kept by Secretary, Matron, or Sister-in-Charge.)

230. (a.) On the admission of a patient, the procedure specified in Regulation 213 shall be followed.

(b.) Upon the discharge of a patient he shall be debited with the amount of the fees owing, and credited with any money he may pay then and there. Full details as to dates and rate charged shall be shown. In indigent cases procedure to be followed is laid down in Rule 218.

(c.) Overpayments of fees shall not be brought to account in the Fees Ledger, but only in the Cash Book as "Donations."

(d.) Before the last day of each month, Form "L" (*vide* Appendix) shall be completed and sent to Head Office. It embraces the period between the 26th day of the month preceding and the 25th day of the current month, and thus agrees with the Receiver's Cash Book. In the month of June it will cover the intervening days between the 26th June and 1st of July.

The "Creditor" side of this return is merely the monthly total shown in Receiver's Cash Book. The "Debtor" side, on the other hand, will require some care in considering, since it forms the sum total of the debits made against patients during the interval specified above. With intelligent reference to the fees ledger, the butts of Form "H," the Discharge Sheets, and the receipt book, no difficulty should be met with in furnishing accurate information. The spaces marked "A" and "B" are all with which the hospital authorities are concerned. This form is required by Head Office for administrative information.

#### Annual Statement of Fees outstanding.

(e.) As soon as possible after the 30th June in each year a detailed list (as per Form "G1") of arrears is to be compiled and sent to the Head Office.

#### Bringing forward of names annually in ledger.

At the same time, these amounts are to be brought forward in the Fees Ledger and a note made therein that all previous entries have been either written off or brought forward.

In bringing forward these amounts care must be taken to give each person the number originally appearing against the name in the Admission and Discharge Book.

#### BAD DEBTS TO BE WRITTEN OFF FROM TIME TO TIME.

231. (a.) From time to time, during the year, recommendations shall be made by the District Medical Officer for writing off hopeless debts, Form "F" being employed. On receipt of this recommendation the Principal Medical Officer may, if deemed necessary, send to the Debtor, at his last known address, a final demand for payment. After allowing a reasonable time to elapse, the Principal Medical Officer may, if he is satisfied that there is no hope of recovering such debt, recommend that the approval of the Governor in Executive Council be obtained to same being written off as a bad debt (Form F2).

(b.) When authority has been received from the Principal Medical Officer for writing off a debt, the number and date of the advice, together with the amount, are to be written in red ink in the credit column of the Fees Ledger and the advice is to be retained for Audit purposes. Against each item of advice the ledger folio is to be inserted.

#### PAYMENTS DIRECT TO PRINCIPAL MEDICAL OFFICER.

232. When payments are made direct to Head Office on behalf of a Hospital, advice will be sent to the District Medical Officer of the Hospital on Form "K." On receipt of the advice the amount is to be entered in red ink in the credit column of the Fees Ledger with the date and number of the advice. The advice shall be filed in its consecutive order for Audit purposes.

#### MEMBERS OF W.A. RAILWAY HOSPITAL FUND.

233. When patients are members of the W.A. Railway Hospital Fund they shall not be asked to sign Form "H," but the Officer shall write across the face of a form ("H") the membership number of the patient, and forward the form to the Principal Medical Officer immediately on the discharge of the patient, with particulars of amount due for collection.

#### SURGICAL OPERATIONS UPON INDIGENTS.

234. Where surgical operations on indigent patients are necessary, no charge shall be made.









(Specimen of last part of book.)  
INSTALMENTS OVERDUE.

Form "H." No.	Name.	Amount still due.	Arrangements made.
54	Mills, Wm.	£ s. d. 4 10 0	New dates fixed—noted in diary.
17	Smith, A.	7 0 0	Summons taken out.
121	White, N.	0 15 0	Other instalments paid, left district; regard this as hopeless.
43	Brown, N.	12 16 0	Out of work. Will begin instalments 1st June.

Thus :—On receipt of Form "H" the patient's name is at once entered in the list at the beginning of book, with further information as detailed.

WESTERN AUSTRALIA GOVERNMENT HOSPITALS.

Diet Scale for Staff.

Bread	...	...	11lb. per diem.
Meat	...	...	11lb. per diem.
Milk	...	...	20oz. per diem.
Potatoes	...	...	8oz. per diem.
Other Vegetables	...	...	6oz. per diem.
Butter	...	...	11lb. per week.
Sugar	...	...	1½lb. per week.
Tea	...	...	6oz. per week.
Jam in lieu of butter	...	...	3lbs. per week

Puddings or pies are to be included daily in the Bill of Fare. Bacon, fish, fruit, or other articles may be substituted wholly or in part for meat or other article to an equivalent value.

ADDENDA.—Salt, 4oz.; pepper, ½oz.; mustard, ½oz.; currants and raisins, 4oz.; rice, sago, or tapioca, 6oz., or an equivalent of cornflour, etc.; bread for puddings, 8oz.; flour, 8oz.; suet, 4oz., or its equivalent; per week.

GOVERNMENT HOSPITALS, WESTERN AUSTRALIA.

Diet Scale for Patients.

	FULL DIET.	HALF DIET.	FEVER DIET.	RE MARKS.
BREAKFAST ...	Bread, 6oz. Butter, ½oz. Oatmeal, 2oz. Tea, ½oz. Sugar, 1oz. Milk, 8oz.	Bread, 4oz. Butter, ½oz. Cocoa, ½oz. or Tea, ½oz. Sugar, ½oz. Milk, 10oz.		Coffee may be substituted in equivalent quantity for Tea, and extra Butter or Jam for the Porridge and Milk in full diet.
DINNER ...	Bread, 4oz. Sugar, ½oz. Milk, 2oz. Meat, without bone, 8oz. Potatoes, 8oz. Other Vegetables, 4oz. Pudding, 8oz. (including Rice, etc., 2oz., Sugar, ½oz., Milk, 8oz.)	Bread, 4oz. Rice or Sago, etc., 2oz. Sugar, 2oz. Milk, 1 pint. Cooked Fruit, 8oz. or Sour, 1 pint.		The quantity of meat should be reduced to 6oz. for women and proportionately for children. Fish (equivalent value) may be substituted for meat.
SUPPER ...	Bread, 6oz. Butter, ½oz. Tea, ½oz. Sugar, ½oz. Milk, 2oz. Jam, 2oz.	Bread, 4oz. Butter, ½oz. Cocoa, ½oz. or Tea, ½oz. Sugar, ½oz. Milk, 10oz. Egg, 1.		Butter may be increased proportionately in lieu of Jam in full diet
TOTALS ...	Bread, 16oz. Butter, 1oz. Jam, 2oz. Oatmeal, 2oz. Meat, 8oz. Potatoes, 8oz. Other Vegetables, 4oz. Pudding, 8oz. (including Rice, Egg, Sago, or Tapioca, 2oz., or Cornflour, 1oz.) Tea, ½oz. Sugar, 2½oz. Milk (including Puddings and porridge) 1 pint	Bread, 12oz. Butter, 1oz. Cocoa, ½oz. or Tea, ½oz. Rice, Sago, etc., 2oz. Egg, 1. Fruit, 8oz. or Soup, 1 pint. Sugar, 3oz. Milk, 2 pints.	Milk, 3 pints, or Milk, 2 pints, with Beef Tea or Mutton Broth, 1 pint. Arrowroot, 1oz. Barley, 1oz.	Beef Tea and Mutton Broth to be made from 11lb. of meat to the pint. Raw Meat Extract (made freshly) to be substituted when required. Barley to be used for Barley Water.

ADDENDA.—Salt, 4oz.; pepper, ½oz.; mustard, ½oz. per patient per week. Sauce when required, and flavourings for puddings are to be included in this scale.

EXTRAS must be specially ordered by the Medical Officer, for any patient, at his discretion, and must be separately accounted for. Each order for extras must be cancelled at the end of the current week, and a fresh order made, if necessary.

MEAL HOURS.—Breakfast, 7·30 or 8 a.m.; dinner, 1 p.m.; supper, 6 p.m.

Approved by His Excellency the Governor in Executive Council, this 24th day of May, 1911.

BERNARD PARKER,  
Clerk of the Council

