

A brief story of nursing at the Royal Melbourne Hospital and the Royal Melbourne Graduate Nurses' Association

Note: specific information about the Royal Melbourne Graduate Nurses' Association is indicated by an orange tag

After humble beginnings in a small brick cottage then a two-storey home on Bourke Street, The Melbourne Hospital officially opened its doors to the 'sick poor' in early 1848 in a purpose-built building on Lonsdale Street. Patients were cared for by a Matron, 2 Day Nurses and one Night Nurse, who would've learnt how to nurse 'on the job' through informal teaching by the apothecaries and medical staff and, unfortunately, through trial and error! As the hospital grew, so did the number of nurses and, although some of these may have been introduced to the Nightingale principles of nursing in other hospitals or during war service, the majority would've been untrained when they first started working.

This all changed when Miss Isabella Rathie, a Nightingale-trained nurse, was appointed as The Melbourne's Matron (later to be called the Lady Superintendent) in 1889. She immediately began the laborious task of improving conditions for, and numbers of, nurses at The Melbourne as well as creating the foundations of a professional nursing workforce by establishing the Melbourne Hospital Training School for Nurses. The first students entered the Melbourne Hospital Training School for Nurses in late 1890 and the school was fully operational by mid-1891.



Figure 1. Miss Isabella Rathie and nurses at The Melbourne Hospital, 1890 (thermh.org.au)

Probationers were taken on whenever a nursing vacancy occurred, were allocated to work from day one and were unpaid. After working for at least 3 months to gain practical experience, probationers had to formally accept the requirements for training as a nurse then await approval (while still working for free!) from The Melbourne Hospital Committee to commence the training program:

- when approved, they agreed to complete 3 years of practical and theoretical learning then stay 'in service' for a further 2 years

Summarised from Sherson, S. (2005). 'being there': Nursing at The Melbourne, Victoria's first hospital

- they were expected to always carry out the ‘Duties of probationers in the Melbourne Hospital’ ([Appendix 1](#))
- attendance at training was mandatory
 - one lecture per fortnight delivered by Honorary (medical) Staff
 - the lectures were delivered in 3 ‘sets’, namely elementary anatomy and surgical nursing, elementary physiology and medical nursing, and general “details of nursing”
 - additional intermediate instruction was presented by the Matron
- probationers were rotated through a wide variety of wards and specialty work
- examinations were performed at the end of each set of lectures and an annual examination done at the end of the first year.

Following Miss Rathie, Miss Farquharson and Miss Burleigh, Miss Jane Bell commenced in 1910 as the Lady Superintendent for the Melbourne Hospital where she remained (except for a period of service during WW1) until June 1934.

Plans for a new, larger hospital to be built next to the current hospital, were well underway when Miss Bell commenced however, she was still heavily involved in the process and ensured the nurses’ quarters were better than the original rooms which were nicknamed “ratland”! From 1912-13, patients, nurses and services were gradually moved into the new hospital as wards and quarters were built and fitted out and, when completed, The Melbourne was the largest hospital in the southern hemisphere with 450 beds.

With the new hospital now fully operational, Miss Bell was finally able to volunteer her services to the war effort and was quickly confirmed as the principal matron of the First Australian General Hospital in Egypt.

However, her time in this role was short-lived due to significant conflict with ‘the military establishment’ where her attempts to raise the status and self-determination of nurses within the armed services were constantly thwarted and she was asked to return to Australia. She was vindicated following an inquiry into the ‘conflict’ and her vision led to the reorganisation of the Australian Army Medical and Nursing Services in 1916 (Gardner, 1979).

“...it was on her return from the war that Jane Bell truly established herself as the leading Matron in Victoria, and a significant figure in Australian nursing” (Sherson, 2005, p. 225). Some of her many accomplishments include:

- organising an agreement with the Women’s Hospital where student nurses of the Melbourne Hospital worked and studied at the Women’s Hospital and vice versa – these students then received a joint certificate in General and Midwifery Nursing. Unfortunately, the Nurses’ Registration Act in 1923 not only further reduced nurses’ working hours from 70 to 56 hours per week but also standardised nursing training to 3 years, which meant this joint training program had to cease




- instituting the 'Theatre Nurse' role
- introducing the Sister Tutor role to support, monitor and manage pupil nurses
- forming, and being a long-term President, of the Melbourne Hospital Trained Nurses Association in 1917 "to promote the bond of union between nurses holding the Melbourne Hospital Certificate, to promote the interests of nursing in every possible way and to endeavour to procure State Registration for nurses" (Sherson, 2005, p. 22)
- promotion of awards and prizes to encourage student nurses to excel in their work
- the introduction of the first Preliminary Training School (PTS) in Australia: groups of probationers commenced on the same day and were given 6 weeks of lectures and practical instruction as well as learning how to do invalid cookery; this was a major improvement to previous practices where probationer/s were employed whenever staffing vacancies occurred and no formal orientation or training was provided
- initiated mandatory reporting of student nurses' performance by the Sister Tutor for PTS students ([Appendix 2a](#)) and by the ward sisters for students post-PTS ([Appendix 2b](#))
- in her role as the President of the Royal Victorian Trained Nurses Association (RVTNA; later the Royal Victorian College of Nursing), she encouraged the University of Melbourne to establish post graduate courses in Nursing Administration and Nursing Education however, her wish to see a School of Nursing established at the university took a further 63 years!
- founded 'post graduate instructions for trained nurses' through the Melbourne Hospital Training School
- was a member of the Nurses' Board (1924-50).

On the resignation of Miss Bell, Miss Helene Grey became the Lady Superintendent in 1934. During her tenure the hospital became the "Royal" Melbourne Hospital (RMH); the Depression; an influenza epidemic and other diseases such as tuberculosis caused significant nursing vacancies (sadly, some of these vacancies were due to nurses dying) and increased patient demand; and the Wages Board of Nurses mandated a 48-hour working week for nurses necessitating increased nursing numbers and additional housing needs.

The hospital again exceeded its capacity so in 1938, despite the imminent threat of World War 2, work began on a new hospital (with a stand-alone nurses' home named the Charles Connibere Nurses Residence) on the site of a pig and cattle market in Parkville.




Figure 2. RMH balconies used as makeshift wards, c1920s (thermh.org.au)


In 1942 work on the Parkville site increased, not to receive patients from the 'old' Melbourne Hospital on Lonsdale Street, but to take in sick and injured American soldiers. Records from this time also show many RMH nurses joined the war effort and the sacrifice of those RMH nurses, most notably those who lost their lives during WW2, was commemorated by a plaque and a landscape painting purchased by the Royal Melbourne Hospital Trained Nurses Association. 

Following the departure of the American soldiers at the end of the war and some further refurbishment, the RMH moved from Lonsdale Street to its new home on the 10th of December 1944 (colloquially known as "D-Day"). A fleet of 16 ambulances maintained a shuttle service between the two sites, moving 200 patients in 2 hours which was half the time estimated for the move!

Around this time, Dr J H Lindell (the RMH Medical Superintendent) began researching nursing manpower in Melbourne hospitals. He found several inefficiencies in nursing recruitment and retention, so recommended centralising and modernising nursing training as well as employing 'lay staff' for non-technical work to ease the burden on nurses. In June 1950, a Central School of Nursing was established, called the Melbourne School of Nursing, which meant practical and theoretical training provided by individual hospitals ceased. The MSN ran from 1950 to 1963 and consisted of:

- 8-week PTS carried out at The Teaching Centre in Malvern
- Nurses completing practical training/working in 'blocks' at different hospitals and in different specialties i.e., RMH, RWH, Fairfield Hospital, Queen Victoria Hospital and the Children's Hospital
- Theoretical training (lectures and demonstrations) were also delivered in 'blocks' so students no longer needed to work on the wards while they studied
- For the duration of the MSN, the history of nursing and nursing ethics were taught by the Dean of the MSN, Miss Jean Hedberry.

In 1954, Miss Hedberry suggested MSN graduates form the Melbourne School of Nursing Past Trainees' Association to help individuals stay in touch. It was a highly successful organisation that raised funds to buy equipment for the central teaching centre, funded scholarships for nurses, commissioned books and produced a quarterly newsletter. "When the school closed (in 1963), the MSNPTA was asked to join the RMH Trained Nurses Association but....it decided to remain separate....[when] the MSNPTA finally wound up with a gala luncheon in 2001, the option to join the Association was again offered to MSN members and many took it up" (Sherson, 2005, p. 338). 


In 1957, after an exemplary career at the RMH of 38 years, as a member/office bearer of many nursing councils and federal organisations as well as recipient of an OBE, Miss Grey retired from the Lady Superintendent role but was retained as a consultant on nursing matters for the RMH. In December 1974, a portrait of Miss Grey was commissioned by the RMH Graduate Nurses Association (formerly the RMH Trained Nurses Association) and then, in 1989 following her death, an archival cabinet was purchased by the Association to display nursing memorabilia. 

In late 1950s

- Miss June E. Allan commenced as Sister in Charge of the Operating Theatres – she revolutionised the 'old ways' in theatres and set up a 12-month postgraduate course in operating theatre nursing, the first of its kind in Victoria;

- Miss Lynley Aitken (previously Chief Dietitian and Caterer at RMH) was appointed as the new Lady Superintendent (this position was renamed the Director of Nursing in 1971);
- the RMH Committee of Management withdrew from the MSN program and recommenced its own training school; and
- Miss Jane Bell died in Ward 9 North (the 'sick nurses' ward).

On recommencement of training at the RMH, nursing students attended classes in several disparate spaces such as the music room in Charles Connibere Nurses' Home and the lower levels of the Merlyn Myer Hall, with the shortage of appropriate classrooms becoming critical in early 1970s. In 1976, Jane Bell House opened on Wreckyn Street and housed the RMH School of Nursing until the end of hospital-based training in 1993. Opposite Jane Bell House, the RMH Nursing Aide School commenced in 1973 and was in operation until 1983.

Miss Aitken resigned in 1976 after 40 years of service to RMH, 18 of those years as the Director of Nursing. Nursing changed a lot during her tenure: additional wards, increased general trained nurse numbers on the wards, increased numbers of applications for general nurse and nurse aide training and the establishment and expansion of Nurse Bank. She was also the president of the RMH Graduate Nurses' Association from 1958-89 and was instrumental in the establishment of the Jane Bell Scholarship by this association. 

Graham Joyson was the next RMH Director of Nursing from 1976-86; his successor, Dianne Campbell, took over at a critical time for nursing at RMH and in Australia. Increased patient workloads and harsh budget cuts, along with hundreds of Victorian nurses reclassified into lower classifications with lower pay led to Victorian nurses going on strike for 50 days in October 1985. Mrs Campbell found it stressful supporting nurses while ensuring patient care was not compromised, admitting "we stood down nurses because they were not performing their role [by being on strike]" (Sherson, 2005, p. 419).

During the rebuilding following the strike, another major change was coming. Rapid political, social and economic change meant modern healthcare was demanding a deeper educational foundation for nurses; in other countries, nursing education began transitioning to the tertiary sector in the 50s and 60s, but Australia was slower to respond (Bryant, 2022). In Australia, legislation supporting the move of nursing education from hospitals to universities was finally passed on 24th August 1984, but it took almost 10 years for this transition to be complete. 1990 was a big year for nursing at the RMH – it marked 100 years of formal nursing education at the hospital and, in September, the last group of RMH hospital-trained students started their PTS (Group 390). The last year of their training was difficult with the loss of educators and everyone's focus (and resources) being directed to nursing education in the tertiary sector, but they persevered, and all passed the State Registration Examination.

On her appointment, Mrs Campbell said some of her objectives as the Director of Nursing were to ensure high standards of nursing care through nursing research, quality assurance and continuing education programs which led to the establishment of the Nursing Resource Centre which housed the staff responsible for the:

- Continuing Education unit (later called the Staff Development unit)
- Short Courses program
- Graduate Year Program (initially supporting a mix of hospital and university-based new nurses) in 1990 and included a competency-based orientation program, a mandatory clinical skills plan,

ward-based educator support (initially only 1 educator!) and allocation of “Orientor Nurses” (now called preceptors)

- Nursing Research
- Post-basic Courses
- Quality Assurance Unit



Figure 3. Last graduates from the RMH School of Nursing, 1993 (Sherson, 2005)

After 35 years of service to the RMH, Mrs Campbell’s final legacy before resigning her position as Director of Nursing in 1996, was her central role in the creation of the School of Postgraduate Nursing at Melbourne University forming the strong academic relationship that exists today.

RMH nurse leaders 1996-2003

- 1996-1998: Greg Pickard (DoN)
- 1999: Michelle Pratt (DoN)
- 1999-2000: Sue Williams (now called Chief Nursing Officer)
- 2001: Helen Kemp (now called Executive DoN)
- 2001-2007: Danny Rathberger (EDoN)
- 2007-2023: Denise Heinjus (EDoN)
- 2023- : Kethly Fallon (we’re back to Chief Nursing Officer!).

The Royal Melbourne Graduate Nurses' Association activities and events (2024)

The RMGNA has continued its work for over 100 years, supporting RMH nurses and our members to stay in contact and promoting the nursing profession. These activities are wide ranging, with examples such as providing scholarships and awards, buying Christmas hampers for nurses working on Christmas Day, donating money for the purchase of the RMH Directors of Nursing Honour Board and commissioning books about "The Melbourne" Hospital.

In 2024, the RMGNA activities include:

For general members

- Morning tea at RMH
- High Tea at Sofitel Melbourne
- AGM and lunch
- Spring luncheon
- General Meeting and xmas party

For graduate members

- Online reflection sessions
- Hot chips, drinks and a chat at Naughton's Hotel (new graduates and RMGNA members)

Representing the RMGNA

- Nursing Associations' seminar
- ANZAC day
- Posy Day at RMH
- Brighton Cemetery Flag ceremony (Remembrance Day)

Awards & scholarships

- Jane Bell Scholarship
- Art of Nursing Award
- Nursing Research gift (University of Melbourne)
- Member CPD grants (coming soon)

22/1/2024 Further updates planned, especially in relation to the career achievements of RMH nurses and details about our nurse leaders. If you wish to contribute to these updates, provide further information or to correct inaccuracies, please email rmhgna@outlook.com

Bryant, R. (2022). Some reflections on the evolution of nursing over the past 50 years. In *Australian Journal of Advanced Nursing* (Vol. 39, Issue 2). <https://doi.org/10.37464/2020.392.867>

Gardner, L. (1979). *Jane Bell (1873–1959)*. Australian Dictionary of Biography.

Sherson, S. (2005). *Being There. Nursing at "The Melbourne", Victoria's first hospital*. The Royal Melbourne Hospital Graduate Nurses Association.

Appendix 1. Duties of probationers in the Melbourne Hospital (circa 1897)

You are required to be:

- Obedient
- Sober
- Honest
- Truthful
- Trustworthy
- Punctual
- Quiet and orderly
- Cleanly and neat
- Patient, cheerful and kindly (p. 115)

You are expected to become skilful:

- In the dressing of blisters, burns, sores, wounds
- In applying fomentations, poultices and minor dressings; and in the administration of subcutaneous injection
- In the application of leeches, externally and internally
- In the administration of enemas for men and women, and the use of the catheter in women
- In the management of trusses and appliances in uterine complications
- In the best method of friction of the body and extremities
- In the management of helpless patients, that is – moving, changing, personal cleanliness of, feeding, keeping warm or cool, preventing and dressing bedsores and managing the position of
- In bandaging, making bandages and rollers, linings of splints, etc.
- In making the beds of the patients and removing of sheets while the patient is in bed
- You are required to attend operations
- To understand ventilation or keeping the ward fresh by night as by day. You are to be careful that great cleanliness is observed in all the utensils in the ward
- To make strict observation of the sick in the following particulars – the state of secretions, expectoration, pulse, skin, appetite, intelligence (as in delirium or stupor), breathing, sleep, state of wounds, eruption, formation of matter, effect of diet or of stimulants, and of medicines, and to 'take' the temperature, pulse and respiration
- And to learn the management of convalescents (Sherson, 2005, pp. 115-6)

Appendix 2a. PTS nursing student performance report (circa 1930)

1. Is she refined in manner and speech?
2. Is she scrupulously clean and tidy in person?
3. Is she scrupulously clean and tidy in work?
4. Is she quick and methodical?
5. Does she carry out orders promptly and intelligently?
6. Was she studious and anxious to learn all she can?
7. Is she punctual in every way?
8. Has she been intelligent and receptive in regard to lectures, etc.?
9. Have her lectures been written out clearly and neatly?
10. Has her general deportment and behaviour been quite satisfactory?
11. Did she pass the final practical nursing test satisfactorily?
12. Did she improve while in school? (Sherson, 2005, p. 249)

Appendix 2b. Post-PTS nursing student performance report (circa 1930)

1. Is she thorough in her work?
2. Is she quick and methodical?
3. Is she scrupulously clean and tidy in her work?
4. Is she scrupulously clean and tidy in her person?
5. Does she promptly and intelligently carry out orders?
6. Is she anxious to learn all she can to make herself generally useful?
7. Is she careful of hospital property and economical in the use of linen, dressings, gas, lights, stores, etc.?
8. Is she punctual in the discharge of her duty?
9. Is her general deportment and behaviour quite satisfactory?
10. Has she improved while in your ward?

“It is essential to the efficiency of the hospital that the nurses’ work and character should be of a high standard, therefore reports must be filled in as fully as possible. In the case of a Senior or Intermediate Nurse the Sister is requested to state whether, in her opinion, the nurse is capable in the management of her own and the supervision of the junior nurses’ work, also if she maintains good discipline in the ward” [with space for further comments] (Sherson, 2005, pp. 248-9)

How do you think these performance assessments would go today (with more inclusive pronouns)?
