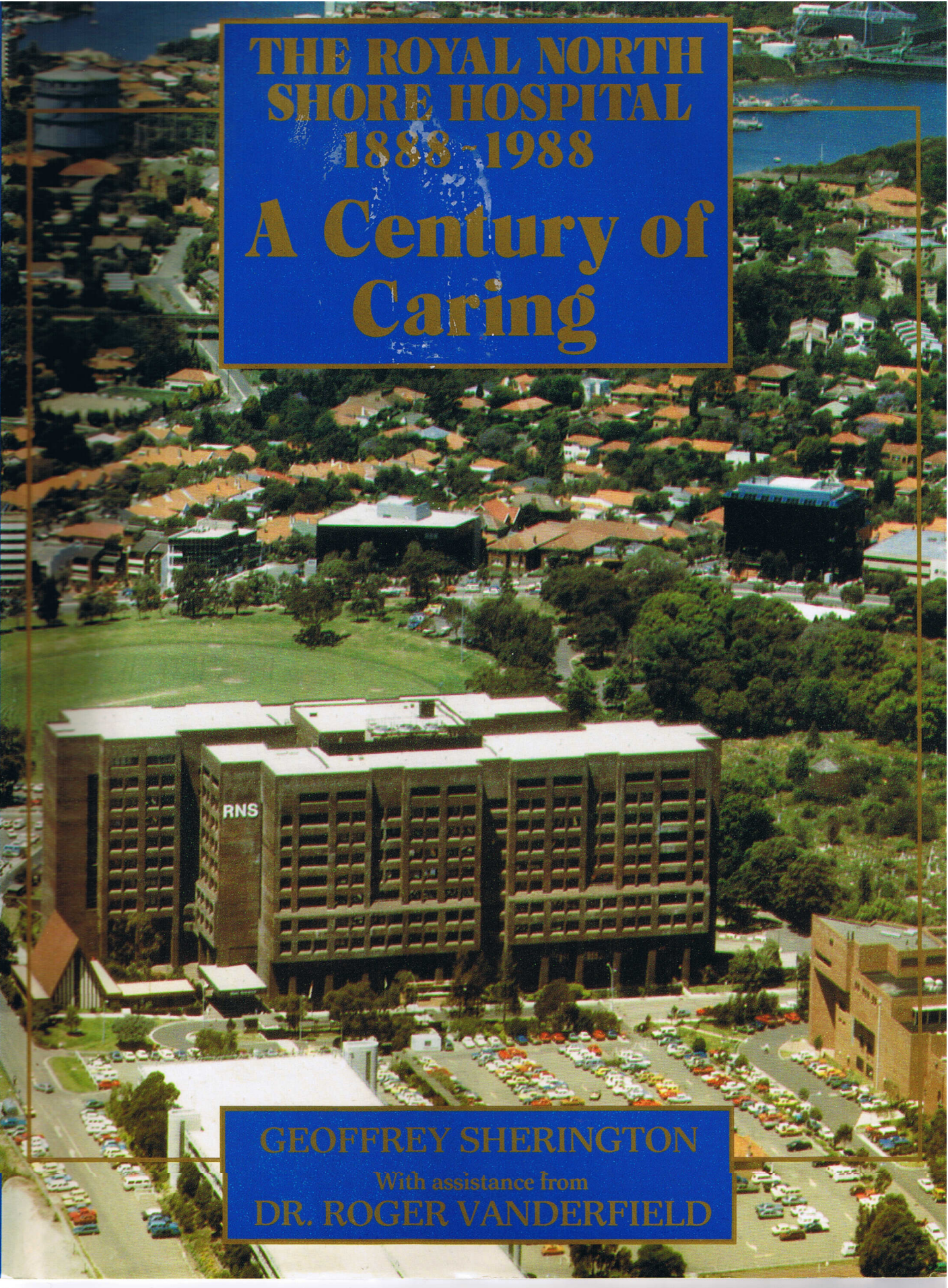
THE ROYAL NORTH SHORE HOSPITAL 1888 - 1988

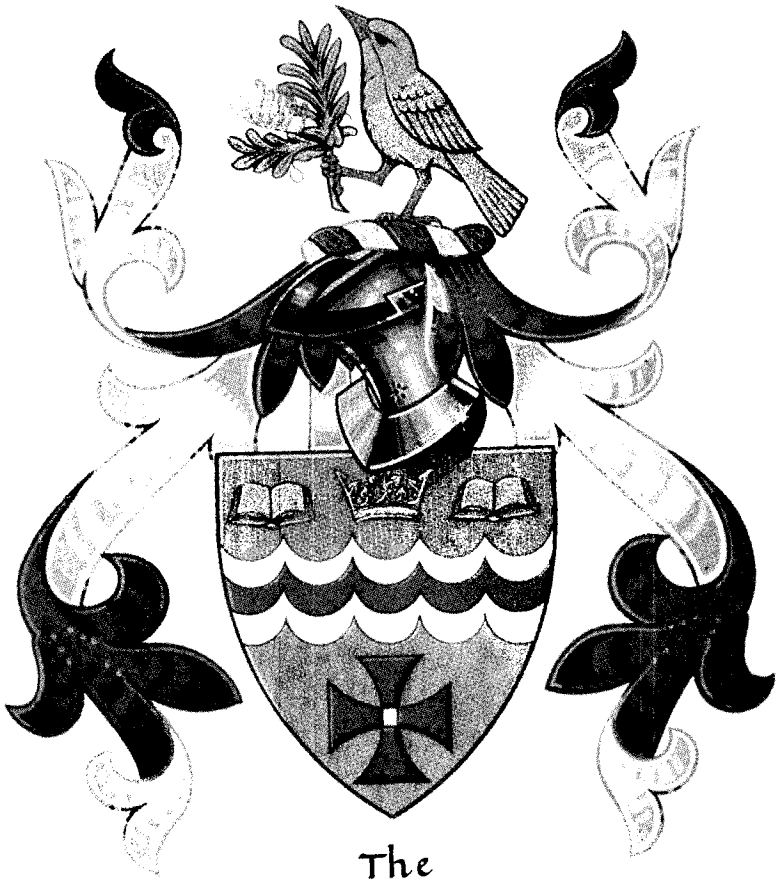
A Century of Caring



GEOFFREY SHERINGTON

With assistance from

DR. ROGER VANDERFIELD



The
Armorial Bearings of
THE ROYAL NORTH SHORE HOSPITAL
Sydney, Australia

College of Arms
LONDON

Lancaster Herald

THE ROYAL NORTH SHORE HOSPITAL 1888 — 1988

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GEOFFREY SHERINGTON
With assistance from
DR. ROGER VANDERFIELD

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Preface

Hospitals have become increasingly complex social institutions. It is difficult to do justice to all those who have been involved in various ways with the Royal North Shore over the past century. This is essentially a history of the changing administration of the Hospital set against the emerging system of health care in New South Wales. It is hoped, nevertheless, that this will still be a history of interest, involving also part of the social and political history of the North Shore community. In this respect, I would like to see this history carrying on the tradition which Ken Inglis established in *Hospital and Community; a History of the Royal Melbourne Hospital* (1958) and which has been maintained in such as Margaret Barbalet's *The Adelaide Children's Hospital 1876 — 1976*. Some developments in the history of the Hospital may not receive the attention that they deserve. In the case of the nursing at Royal North Shore, however, there is a separate account planned.

There are many who have helped in the research and production of this book. I would like to thank the Librarians at the Department of Health Library, the Stanton Library of North Sydney Council, Willoughby Municipal Council Library and the Library of the Royal Australasian College of Physicians. Numerous individuals associated with the Hospital over the years have given up their time to talk to me and share their experiences of life in the Hospital. I am indebted to a number of people who had previously collected, classified or recorded data and photographs, much of it held in the General Medical Superintendent's Special Collection and which was used as a basis for my research. I understand those especially involved were Mrs. Glen Rose, Mrs. June Eichler, Miss Joan Kelk and Dr. Bill Ingram. During the two years of writing the History my wife Lisa also acted as my research assistant. Reg Money, Penelope Vanderfield and Richard Drew prepared much of the photographic and art work.

I owe special acknowledgements to two people in particular. Mrs Sally Ashmore has been both editor and assistant in both organising interviews and resources and typing up the text and interpreting its meaning and I am most grateful for all her help in those tasks. Most of all Dr. Roger Vanderfield, who has done so much to retain the records of the Hospital and who had also carried out research and written up much of its history, has given up much of his valuable time to enlighten me on many aspects of the Hospital with which he has been associated for over one-third of its centenary. In particular his efforts have produced almost all the informative appendices, while his own contribution to the final chapters and general knowledge of the history of the Hospital was of great benefit to an author who felt daunted by the prospect of attempting to understand the so much that has happened so recently.

Geoffrey Sherington

The R yal North Shore Hospital f Sydney

A Century of Caring
Significant Historical Dates

1885 Public Meeting held with formal Resolutions to establish the "North Shore Cottage Hospital".

1886 Industrial Exhibition held to raise funds. Provisional Committee formed.

1887 First Foundation Stone laid by Sir Henry Parkes in Willoughby Road, Crows Nest.

1888 First Office Bearers and Committee of Management elected by Subscribers.

1888 The North Shore Cottage Hospital of 14 beds admitted first accident patients (18th June).

1902 Royal Charter granted by King Edward VII.

1903 "The Royal North Shore Hospital of Sydney" with 48 beds was opened on Gore Hill site by Premier Sir John See. First Ward Block comprised "DIBBS" Ward (Upper) "CAREY" Ward (Lower).

1914 New Wards of 34 beds each (later A Block) opened:
(Upper) "Northern Suburbs Hundred" Ward, by Governor Sir Gerald Strickland.
(Lower) Hospital Saturday Fund Ward by Health Minister Flowers.

Total beds now 132

1919 6¼ acres land north of initial site with 26 cottages acquired. Used for Maternity, Infectious Diseases and Nurses Accommodation.

1921 25 Bed Maternity Section opened in cottages.

1921 Further land resumption fronting Herbert Street.

1921 New Outdoor Patients Department facing Highway opened by Hon. J.G. McGirr, Minister for Public Health & Motherhood.

1922 Total beds now 220

1931 Nurses Home completed and named in memory of late President Walter Vindin.

1931 Kolling Institute of Medical Research completed. Dr W.W. Ingram appointed Director.

1932 Total beds now 274

1932 New Laundry and Workshop built.

1934 "The Princess Elizabeth Pavilion" for Children and Women opened by Her Excellency Lady Game. (Later C Block, then Block 4).

Total beds now 312

1935 "The Sister Kenny Clinic" opened for investigation and treatment of paralysis in children.

1935 A Dental Clinic established in the Out Patient's Department.

1936 First Stage of new Obstetrics Block opened: "Alec Thomson Pavilion".

Total beds now 340

1939 Administrator appointed, Commission of Inquiry held and Board dismissed.

1941 Wakehurst Wing opened by The Lady Wakehurst **making 368 beds.**

1943 New Operating Theatres opened.

1944 Extension to Vindin House and West Wing completed.

1946 Dr. Wallace Freeborn appointed General Medical Superintendent.

1948 Inauguration as Teaching Hospital of University of Sydney by the Chancellor, Sir Charles Bickerton Blackburn.

1948 Thoracic Unit opened. (Now Block 3)

Total beds now 407

1949 6¼ acres of Gore Hill Reserve acquired as site for proposed 600 bed Ward Block.

1950 B Block modernised. (Built in 1902)

1952 A Block modernised. (Built in 1914)

Total beds now 432

1952 Princess Juliana Hospital (Turramurra) taken over as an Annexe to Thoracic Unit. (Extended to 100 beds in 1954).

1954 "Temporary" pre-fab Orthopaedic Ward of 40 beds opened. (Now Block 5)

Total beds now 477

1955 Thoracic Block extended to 100 beds.

Total beds now 512

1956 Maternity Wing 2nd Stage completed.

Total beds now 546

1956 New Nurses Home (Sturt House) completed.

1956 RNSH Ladies' Committee formed. First project was Child Care Centre. (Opened 1960).

1958 Paraplegic Unit and Rehabilitation Service established.

1959 RNSH Medical Association founded.

1960 Radiotherapy Department established after successful public appeal.

1960 Wellcome Research Laboratories built.

1960 Heart Lung Appeal – open heart by-pass surgery introduced.

1962 First Post-operative Intensive Care Ward built.

1963 First Cobalt Unit installed.

1963 Norman Nock Clinical Teaching Block and Lecture Theatre completed.

1964 First Stage New Main Block, including Accident & Emergency Unit, opened by Minister for Health, W.F. Sheahan.

Total beds now 574

1965 Cummins Unit of Psychiatry opened by Minister for Health A.H. Jago.

Total Beds now 608

1968 Inter-denominational Chapel Dedicated.

1970 First Professorial Chair to be based at the Hospital established (Orthopaedics).

1970 Third Wing of Obstetrics Block completed, followed by Neonatal Intensive Care Nursery.

1971 First Regional Automated Pathology Service established in New South Wales.

1973 Wallace Freeborn Professorial Block opened by Premier Sir Robert Askin.

1973 Total beds now 634

1977 New Main Block opened by Governor of NSW, Sir Roden Cutler **making total beds 834.**

1977 First Teaching Hospital to be fully accredited by Australian Council on Hospital Standards.

1978 Hydrotherapy Pool opened, adjoining "Carey Ward" (B1) converted to Gymnasium.

1978 First whole body CAT Scanner installed.

1979 Total beds reach maximum 945

1979 First Helicopter Rescue Service based at a Hospital.

1981 Staff Recreation Complex completed after 5 stage development.

1980 Rotary Lodge completed. (7th phase)

1983 First IVF birth in NSW at Royal North Shore Hospital.

1985 Regional Renal Service, Transplantation & Dialysis set up.

1985 NSWIT School of Nursing established on North Shore campus.

1985 Governor General unveils plaque commemorating centenary of foundation of the Cottage Hospital.

Total beds now 900

1986 First Magnetic Resonance Imaging Unit approved for a Public Hospital in Australia.

1986 Multi-storey Car Park completed.

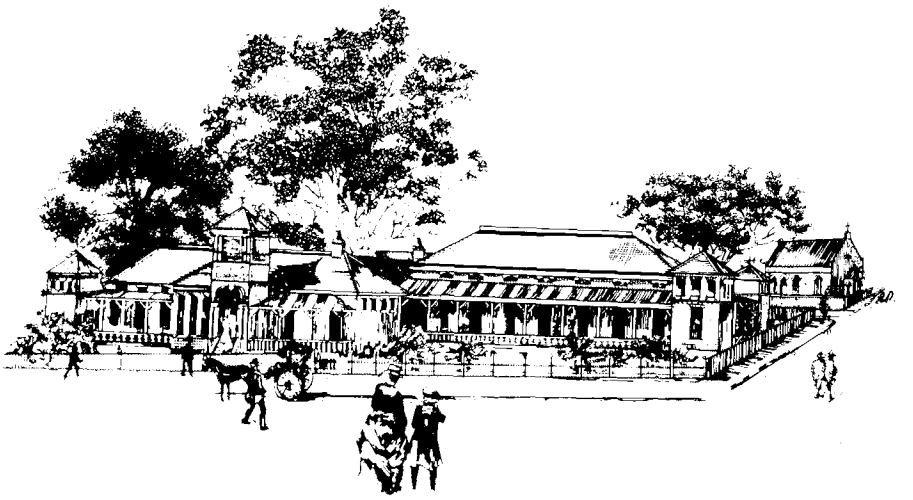
1987 Linear accelerator & computerised treatment simulator installed.

1987 Day Surgery Unit opened.

1987 Centenary Lecture Theatre opened.

1988 Day Hospital & Community Health Facilities completed.

CHAPTER 1

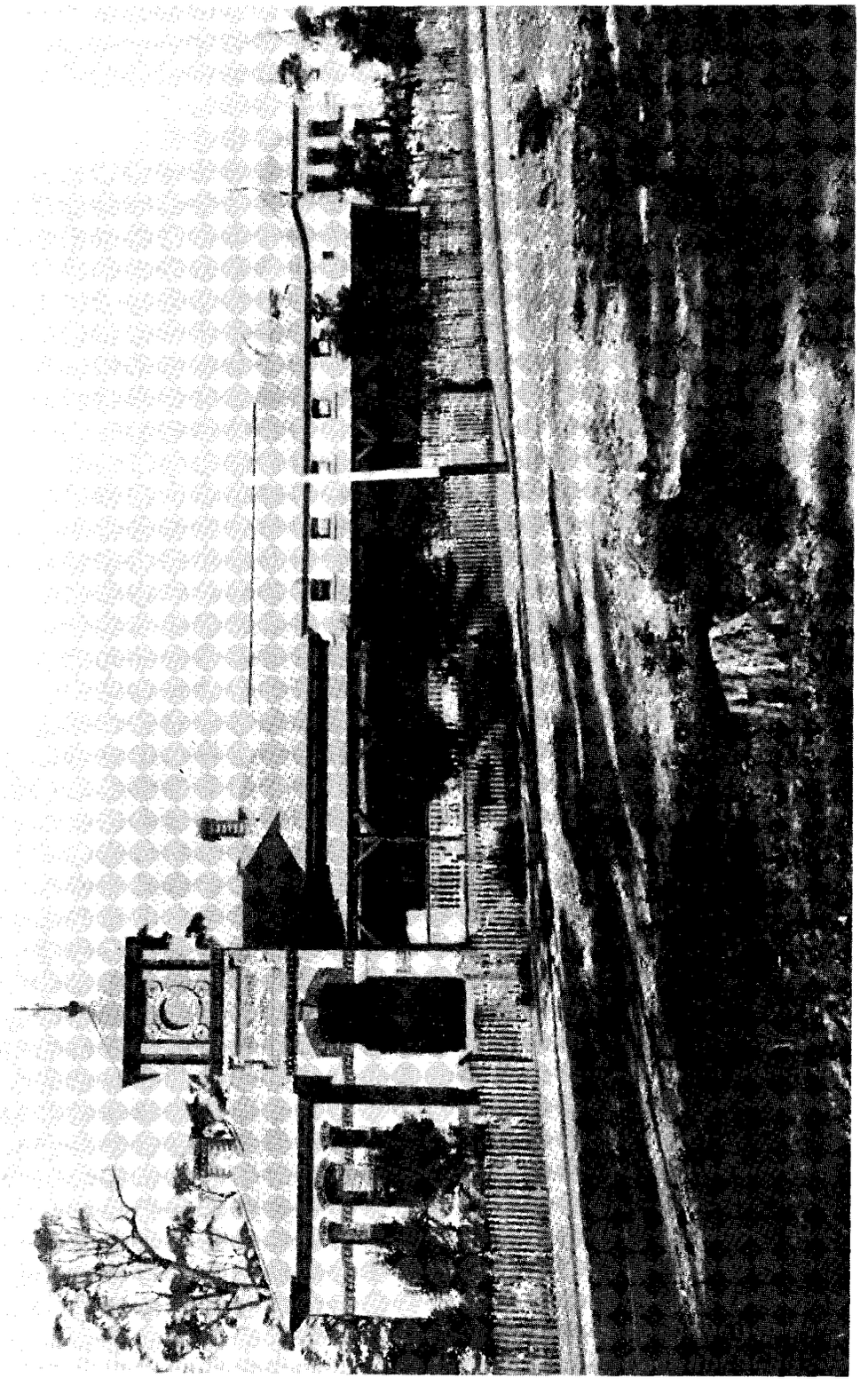


A Colonial Cottage Hospital

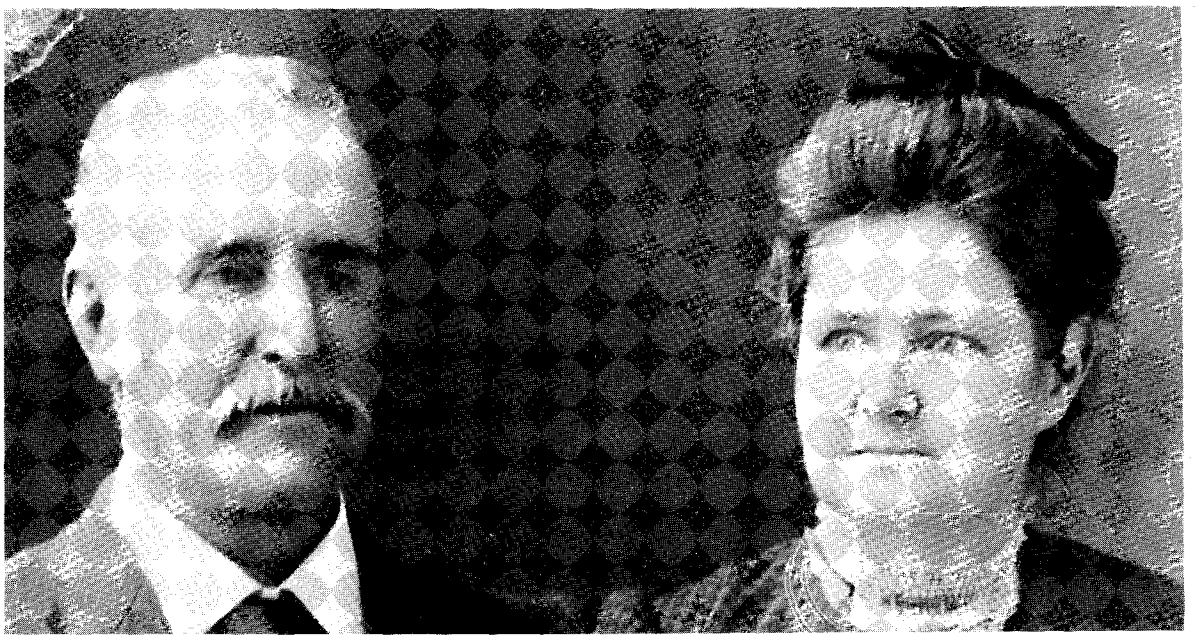
On Saturday afternoon, 18 June 1887, Sir Henry Parkes, in his seventy-third year but once again Premier (for the fourth time) and now member of the Legislative Assembly for St. Leonards, laid the foundation stone for a proposed cottage hospital in the presence of a large gathering which included not only a few ministerial colleagues, but also various dignitaries of the church and the community. The following Monday *The Sydney Morning Herald* duly recorded the event,

> The site of the hospital is on rising ground fronting the North Willoughby Road, with a gentle slope northward. When completed, the buildings will comprise three wards, for men, women and children respectively, an administrative block and kitchen. These are all to be connected by means of 10-feet verandahs, and will provide accommodation for 32 patients. There will also be an isolation ward with two beds; and bathroom, lavatories etc. for each part of the building. For the present only the men's ward and the administrative block, with temporary kitchen, laundry etc., will be erected. But the ward will be temporarily divided, so as to provide seven beds for men and five for women and children. Special attention has been given to matters of ventilation, drainage and water supply. The walls are all to be of pointed brickwork, on stone foundations. A small turret is to be carried up over the principal entrance which will receive a clock in the future; but beyond this the only attempt at architectural display is the very inexpensive one of introducing red bricks in the arches and string courses.[1]

That original cottage hospital owes its origins principally to community enterprise and concern on the part of those residents who had chosen to live amongst the still bushy surrounds on the



The North Shore Cottage Hospital Willoughby Road. The Matron's quarters were under the Tower behind which was the operating theatre. To the right were the wards.



Frank B. Treatt, Chatswood magistrate, and Mrs. Treatt. Prime organiser of the Pioneer Industrial Exhibition of 1886 Treatt initiated the movement which would eventually lead to the foundation of the North Shore Cottage Hospital.

north side of Sydney harbour. For much of the nineteenth century, the small population across the harbour from the port of Sydney had remained isolated from the general expansion of the colonial metropolis. Growth had come slowly. The township of St Leonards had been proclaimed in 1838. By 1875, there were three municipalities in the general area of North Sydney with the largest, St Leonards, having a population of 5,126. In Willoughby, the population grew from 400 in 1865 to over 3,400 at the 1891 census. Population growth brought commerce and even small scale industry, such as tanneries and flour mills, to what had been previously a rural settlement of farmers and timber gatherers. The appearance of urban life in an early suburban form was associated with a new desire for 'civic progress'.[2]

In September 1885 Frank Treatt, the local magistrate of Chatswood, proposed the holding of an exhibition to display the industrial products of the expanding electorate of St. Leonards (which embraced both the North Sydney area and Willoughby). The aim was to encourage the material prosperity of the area but the surplus funds from the exhibition would go towards the establishment of an 'Industrial Cottage Hospital for St. Leonards'.[3] A large public meeting was held at the Masonic Hall, Walker Street, St. Leonards in October 1885 and a committee, comprised of all the local mayors plus businessmen and other community figures, was formed to support the proposal. Treatt and W. P. Cullen (a barrister, pioneer settler of Balmoral and later Chief Justice of New South Wales) were appointed joint secretaries. The exhibition was to involve both local manufacturers and children of the public schools exhibiting their handwriting,

drawing and needlework as a way of educating the young and showing the union of art and labour.[4]

Held in February 1886 the Industrial Exhibition had helped raise, by June 1887, over £1200 for the erection of a cottage hospital including a donation of £200 from the prominent North Shore landholder David Berry who would also eventually donate much of the land (to the value of £840) on which the hospital would be erected. Local building manufacturers also agreed to supply materials at reduced or even no costs. Such largesse was an expected part of the whole movement.

Isolated from the major Infirmary at Sydney Hospital in Macquarie Street, the residents of the North Shore were quite aware of the hazards of modern life. An incident during late 1885 illustrated the possible dangers when 'Boyce the Woodman' of Chatswood died after a three hour journey to reach the Sydney Infirmary. The proposed cottage hospital would provide for such emergencies within the local community; it would also fulfill, according to Frank Treatt in the local press:

> a want already felt, and which will be more severely experienced by poor settlers the longer it is left uncared for and unattended to. Charity is the highest virtue. The general principles under-lying the proposed scheme appealed to the most robust and manly, as well as to the most tender and ennobling impulses of the human heart. It should command the ready support of the working man, the strong help of the capitalist, the co-operation of all professional as well as business men on the North Shore; and last, but greatest, the valuable assistance of the ladies of the electorate, without whom nothing is best done and who would, by their compassion, deserve and receive the loving and respectful regard of every poor sufferer hereafter needing hospital care.[5]

Traditionally, hospitals in England, from whence many of the nineteenth century North Shore residents came, and to which most still looked, were an act of charity for the indigent sick. Until the mid nineteenth century, few of the 'respectable classes' in the community would even consider entering the grounds of institutions which could pose dangers to both their morals and health. By the late nineteenth century the situation was changing rapidly. Medical practice and medical care in a hospital was being made respectable. In England the training of both nurses and medical doctors had undergone transformation. State legislation in the form of the Medical Act of 1858 had laid down professional standards as to who could practice as a medical doctor. The education of medical practitioners now centred on the university medical schools associated with hospitals which also conformed to proper standards of cleanliness and hygiene. The influence of Florence Nightingale and others transformed nursing care and procedures, and made nursing an occupation which even middle class ladies could contemplate. Changing techniques also made surgery safer, particularly after the acceptance of chloroform and antiseptics. The result was a growing demand for hospital services, a demand that was also to be seen in the colonial environment of New South Wales.[6]

Until the last quarter of the nineteenth century hospitals in New South Wales had reflected the convict origins of the colony and the imported tradition of

charity. The Sydney Infirmary in Macquarie Street established in the 1840s had taken over the function of the General Sydney Hospital designed originally for the care of the convict population. The institution remained in poor state and poor reputation until a royal commission was established in the 1870s to investigate the general state of charitable care in the colony. In 1879, it was decided to knock down the old "Rum Hospital" and to create a grand edifice which would be in accord with the new community awareness of providing institutionalised health care for all. Re-built during the 1880s the new Sydney Hospital was opened in 1894. In general, the 1880s would see major developments in the provision of hospital care in Sydney. As in England, state intervention assisted the process. The fear of such epidemics as smallpox or typhoid led to the establishment of the Board of Health and the construction of the Coast Hospital at Little Bay. Medical education also developed. The training of nurses had already received new influences with the arrival in 1868 of Lucy Osborn and her small band of Nightingale 'devotees'. The Faculty of Medicine at the University of Sydney opened its medical school in 1883; a year later Prince Alfred Hospital was established nearby.[7]

NORTH SHORE

PIONEER INDUSTRIAL EXHIBITION.

ALTHOUGH there have been several Industrial Exhibitions in Sydney and suburbs during the last few years, the present is the first of its kind held on the North Shore, hence its pioneer character, its promoters fervently trusting it may prove the forerunner of others of a more comprehensive and elaborate if not more useful description. It has not been intended to compete in any way with the larger and more elaborate industrial displays held in Sydney, the principal motive animating its promoters being to encourage the young and struggling industries of the North Shore district in such a way as to be enabled at the same time to contribute substantially to the funds of its charities. With this object in view, they have not sought for exhibits from outside the North Shore district, and have admitted only a few such articles, with a view to increasing the attractiveness of the Exhibition.

ITS ORIGIN.

The idea of holding an Industrial Exhibition on the North Shore originated with Mr. Frank B. Treatt, of Chatswood, who, entertaining a strong desire to aid in the most practical manner the movement for establishing a Cottage Hospital in the vicinity of St. Leonards, thought that the best mode of so doing would consist in organising a display of the industrial wealth, resources, and progress of what may be regarded as one of the most neglected portions of New South Wales. Imbued with this idea, Mr. Treatt, on September 28, 1885, issued a printed circular, in which he invited the co-operation of the inhabitants of North Shore in the furtherance of a scheme which should not only assist the cause of a local charity, but also aid in stimulating local industry. In reply, Mr. Treatt

Extract from the introduction of the Catalogue of the North Shore Pioneer Industrial Exhibition, 1886.

The events on the North Shore were thus part of a wider movement which would also involve local communities. Throughout the rural districts and in the suburbs of Sydney committees acted with State encouragement to establish some form of hospital services. The North Shore cottage hospital would be one of a number formed in the late 1880s and early to mid-1890s. The circumstances of foundation were fairly similar. A committee had been formed in Balmain in 1883 to establish a Cottage Hospital which would look after the accident cases in the district. The Balmain cottage Hospital opened two years later. In 1891, steps were initiated to found the Western Suburbs Hospital which would open at Ashfield in 1894.[8]

Local self-help was itself regarded as one of the main virtues of the Victoria age. There was also the interest and growing status of the medical profession.

Many of the medical doctors in nineteenth century Australia were graduates of English and Scottish universities, trained in the new ways and anxious to protect themselves and the community against 'unqualified practitioners'. The doctors themselves were often prime supporters of the new demand for hospital services, provided that its services were limited essentially to those in most immediate need.

As one of the supporters of the proposed cottage hospital, Dr. C. D. Clark of North Sydney argued, the provision of a cottage hospital would help cope with serious accidents but he also wanted to see the hospital self-supporting without State aid and limited to no more than the four beds which existed in the newly established cottage hospital at Balmain. The hospital, he believed, should be not only confined to accident cases, but also to 'general diseases, which could not be very well treated in the home of a poor person'.[9]

The English tradition of charity had merged therefore with the concerns of the new community on the North Shore and the interest of a new profession, the medical practitioners. To the donation of land from David Berry, the local committee added an adjoining block purchased for £270 to give access to both the North Willoughby Road and Holtermann Street. (Berry was also to offset the costs of this purchase). Despite the hopes of such as Dr Clark that the hospital would be self supporting, an initial grant of £1941 came from the Colonial Government in accord with the now established principle of pound for pound grants in aid of public hospitals.[10]

In other respects, hospital administration was based on the local community, with local dignitaries being prominent. The initiatory office-holders following the Industrial Exhibition had been Alexander Dodds M.L.C. as President (for 1886 at least), W.P. Cullen, Secretary, and T. B. Gaden as Treasurer. The governing committee resulted from elections conducted amongst those who subscribed at least 10/- per annum to the maintenance of the hospital. The initial committee of 12 office bearers (increased to 20 by 1892), was composed of a number of prominent figures in the local North Shore community. The first elected President of the Committee was Dr. R. D. Ward; he was succeeded in 1891 by the Reverend Alfred Yarnold, of Christ Church Lavender Bay, who would hold the office of President until 1898 after which Major Randal Carey would take over. Other notables included T. B. Dibbs of

Colonial care: One of the wards of North Shore Cottage Hospital.

the Commercial Banking Company of Sydney and owner of "Graythwaite" at North Sydney who would remain as honorary solicitor until 1900. Frank Syer would hold the office of Secretary for most of the period from 1890 to 1902. There were also four women who served on the committee from the beginning, including the long serving Mrs. Mordaunt Clarke. Amongst the medical practitioners, after serving as initial President of the committee, Dr. R. D. Ward became the first honorary consulting medical officer (resigning in 1900), while for most of the 1890s Drs. C.D. Clark, J. B. Newmarch, F.H. Kyngdon and Chas. Rorke, all of whom were medical graduates from Britain living in the North Sydney area, were the nominated medical officers.

The cottage hospital opened on Monday 18 June 1888 (exactly twelve months after its foundation.) From the beginning the governing committee faced what had been and would continue to be the perennial problems of hospital administration in New South Wales: the question of finance and the issue of who should be admitted. In the annual reports there was a constant appeal to the local community for financial support. There was particular concern during the depression of the early 1890s. Throughout these early years, hospital subscriptions and donations constituted almost half the income with another 40% coming from the government subsidy. Local church groups, schools and individuals — all contributed. Much assistance was cash, but the most important early acquisition was the 20 acres of land at Northbridge, the estate of James Harris French, which would come to the Hospital on the death of his wife. (Eventually this land was sold to Sydney Church of England Grammar School

during World War One to form its playing fields.) Elsewhere, the Hospital received publicity and support from such events as the ball held in 1892 at the Centennial Hall in the presence of the Governor, the Earl of Jersey, and with support from a committee which included many notable ladies of fashion.

> The orchestral platform was faced with a profusion of large arum lilies, and mounds of roses and other blooms were to be observed in the corners and nooks which had been thought to claim attention. The pillars of the hall were curtained, palms swayed gracefully from the galleries, and rendezvous, bearing local names, were marked out to facilitate the meeting of partners for the dance . . .. An attractive feature was the hospital set, which comprised eight ladies attired as nurses (in pink and white), whose partners were attired in academic gowns and caps, and were, for the most part, doctors and medical students.[11]

That particular event raised over £500 during a year in which the governing committee was in financial difficulties; for a short period it helped put finances back in credit. All this to support a hospital of still only 20 beds but which by the early 1890s was treating over 200 cases per year.

The Hospital could also depend on the more general charitable collections of the Hospital Saturday Fund. Formed in 1894, the Hospital Saturday Fund was a limited liability company under the Companies Act, the purpose of which was to acquire capital and collect moneys for the support of the general expenses of the public hospitals of New South Wales. With membership open to both individuals and trade societies, and with patronage of the Lord Mayor of Sydney as President, it soon established collection committees throughout Sydney and its suburbs. The funds were distributed to the hospitals on the basis of a formula according to number of beds and patients treated. Its heyday would be the late nineteenth to early twentieth century. Between 1894 and 1925 the Fund would collect and distribute almost £300,000 to public hospitals and other organisations such as the ambulance associations. The new public hospital on the North Shore would receive £16,014 from the Hospital Saturday Fund in those 30 years.[12]

Beyond the assistance of charity and the grants of the State lay the issue of fees. By the late nineteenth century many public hospitals had begun to accept fee-paying patients. The issue remained contentious and was regarded as part of a growing 'abuse' of the public hospital system. Yet many hospital boards encouraged the practice as a means of guaranteeing further income.[13] What complicated the issue was the significance of the Friendly Societies and their provision for paying benefits to their members. Institutions imported from the British Isles, the Friendly Societies enshrined the nineteenth century's emphasis on 'self help' through co-operation and banding together. To provide for sickness and other forms of ill-fortune individuals paid into a fund which would support them in their time of need. Many Friendly Societies employed doctors and the emerging medical profession often supported such organisations as providing a source of revenue for their services. In New South Wales a number of Friendly Societies also established their own Medical Institutes (there was one in North Sydney by 1893) but there was also

growing use of the public hospital system by members of both the Societies and similar associations such as those related to trade unions, with many of these organisations making their own donations to the public hospitals, and eventually providing insurance schemes for hospitalisation. Yet, as with the medical doctors, who soon came to fear that they would end up merely as employees of the Societies (so leading to battles over payments in the early twentieth century), relations between the early Hospital Committee and the Friendly Societies were often terse. In general, the Committee refused to accept that either the Saturday Fund or Friendly Societies could become subscribers to the Hospital on the basis of donations to Hospital funds. It was quite obvious here, as in other areas, that the early governing committee wanted to remain master of its own hospital.[14]

As first elected President of the new hospital, Dr. Ward tried to lay down guidelines for admission. His proposed regulations provided for both accidents and illness amongst 'the poor of the District' as a priority. If there were any beds available then the honorary medical officer, with the approval of the governing committee, could admit patients who could pay; such could be admitted on the recommendation of members of the medical staff and members of the general committee or annual subscribers. No cases of infectious disease would be admitted with the exception of those suffering diphtheria, an operable condition. These proposals formed the basis of the rules which the Committee finally laid down in May 1889, stipulating that all accident cases were to be admitted for emergency treatment; other cases could be recommended for admission by a member of the Committee while each subscriber was allowed to nominate up to three patients depending upon the amount of the annual subscription. There was also now a subtle but significant change in the policy of payment. *All* patients were to be expected to pay at least one guinea per week for treatment; the Committee could then decide whether to grant exemptions from payment. In view of later events fifty years hence, it was also notable that the committee ruled that no case could be admitted which the medical officer of the week did not consider suitable.[15]

The issue of fees would remain contentious throughout the early years of the Hospital. Despite its adopted policy the Hospital Committee was often anxious to assure the local community that it would not impose or demand fees. In its 1898 report it pointed out that of the 375 patients admitted for the year, just over one-third had contributed £138 and that

> The admission to the Hospital is absolutely free and unrestricted in every way; no orders for admission are demanded or required, and provided that the patients are fit subjects for treatment, and cannot afford to pay for such treatment in their own homes, they are admitted at once on the certificate of any Medical practitioner, any accident being admitted at once without any enquiry of any sort.[16]

To oversee the administration of the Hospital, the Hospital Committee appointed a visiting committee. In effect, the day-to-day running rested much in the hands of the nursing staff, and particularly with the matron. For the first few years matrons came and went with

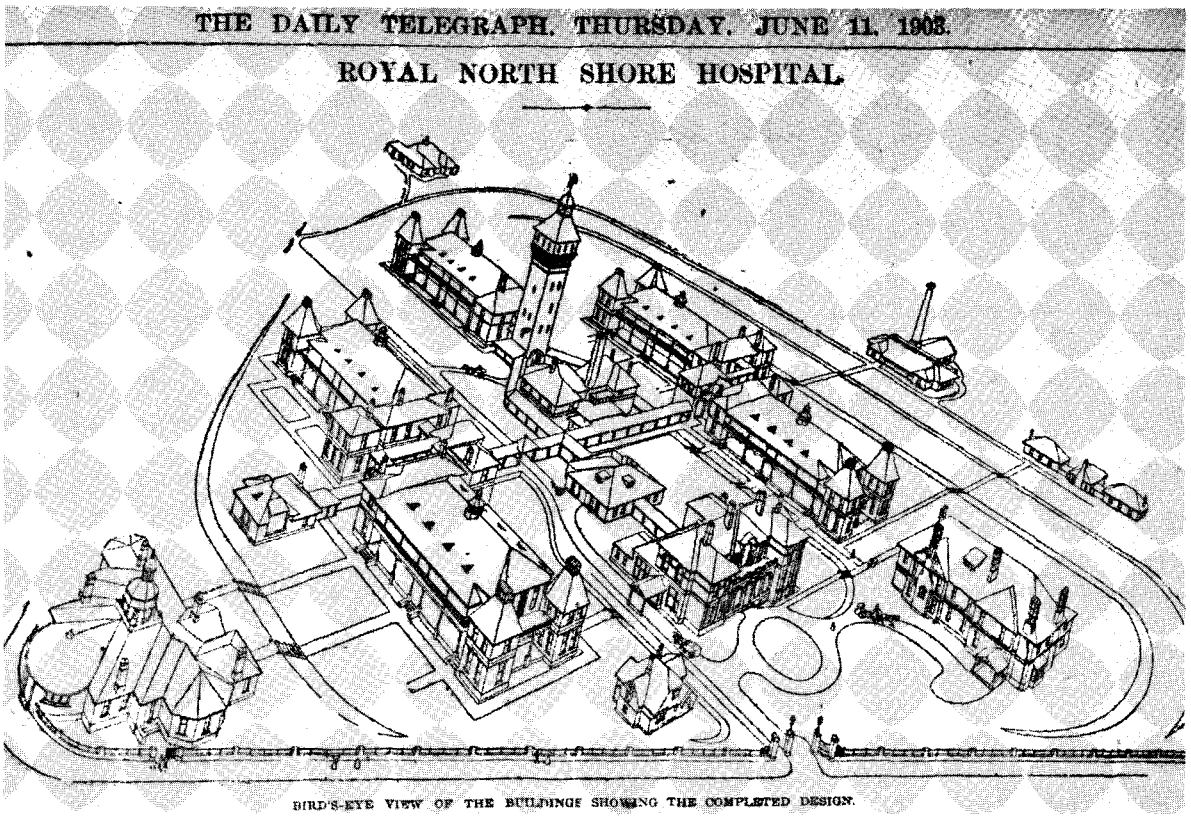
some alarming regularity (A month after the opening of the hospital three of the women on the visiting committee had paid a 'visit' only to find that while all was in order, the Matron was not in and in her absence one of the patients had also decided to leave the hospital).[17] Some of the early matrons came into conflict with the rest of the nursing staff. Not until the appointment of Matron Clara West in 1892 was some form of stability achieved.

By the mid-1890s the services of the Hospital had begun to expand. Attempts to appoint a district nurse, efforts initiated by the Reverend Yarnold, and so 'under proper supervision to attend upon the sick poor in their own homes', were frustrated after opposition from the honorary medical officers and on the legal grounds that the Committee had no power to make such an appointment.[18] Nevertheless, the nursing establishment was increased steadily and by 1892 an honorary dentist had been appointed to the staff.

The building itself also expanded, partly in accord with original intentions and partly from new developments. Despite the original claim of the Committee that it would not accept infectious cases, the New South Wales Government advised in 1892 that it would not make its annual subsidy unless provision was made for treatment of typhoid fever. As a result a new isolation ward was built the following year under the supervision of the Government architect. According to the later account of Nurse Thornbury (Mrs. Pattinson) who joined the staff in 1896 the hospital site had by then grown to include the following : matron's quarters, an operating theatre, a women's ward of nine beds and three cots, a men's ward of nine beds only, a special ward of four beds and an isolation ward with three beds only. Apart from the Matron there were four other nurses. There was a wardsman, a house-maid and a daily laundress who worked from 6 a.m. to 5 p.m. for 5/- per day (which was still more than double the nurse's salary of £20 per annum).[19]

Increasingly, the pressure of numbers placed a strain on the services of the small cottage hospital. The population of the newly created municipality of North Sydney (already 18,000 in 1890) and that of Willoughby continued to expand throughout the 1890s so that by 1900 55,000 lived north of the Harbour. The effect on the Hospital could be seen in a number of different ways. In February 1897 the committee resolved to put up a notice outside the buildings that there was no provision for the treatment of outpatients. Three months later action was taken to paint the walls of rooms 'infested with vermin'.[20] (The building had still not been connected to the sewer).

It was the action of the local councils of North Sydney and Willoughby which now initiated new developments. In August 1898 the two councils agreed to appoint delegates to meet the Minister for Lands with a view to obtaining a grant of eight acres government reserve land opposite St. Leonards Railway station as a site for a new hospital. By May 1899 the Government of Sir John See had agreed to such a proposal, later also extending Herbert Street (which ran alongside the grant) so that it joined up with the Gordon Road (previously known as the Lane Cove Road and later to become the Pacific Highway). The site itself formed part of the previous grant of land to William Gore, past Provost-Marshall to Governor William Bligh.


THE DAILY TELEGRAPH, THURSDAY, JUNE 11, 1903.

ROYAL NORTH SHORE HOSPITAL.

BIRD'S-EYE VIEW OF THE BUILDINGS SHOWING THE COMPLETED DESIGN.

The proposed design of the Royal North Shore Hospital as it appeared in the *Daily Telegraph* on 11 June 1903. The design would form the basis of the original main block and pavilion wards and their later additions but it would never be completed in the form as it appears here.

Following his death in 1845 his estate had been broken up into various parts including Gore Hill Cemetery and a public reserve which would now form the site for the new hospital.

In contrast to the earlier community efforts, the State was now prominently involved in the creation of the new hospital. It was the Government which appointed a number of members of the Hospital Committee as Trustees for the new development. More importantly, it voted an initial £10,000 for the erection of the new hospital. By July 1901, following a public competition, A. J. Shervey had been appointed architect for the building. Despite continuing difficulties at the old cottage hospital — a tent was erected in the grounds in 1900 to provide for accident cases — most attention focussed on the proposed new development. Just to show that charity and local support were still present, T. A. Dibbs donated a further £1,000 towards the new hospital but with the proviso that one ward be named after his mother Sophia Dibbs. Other donations helped make up a total building fund of over £1900 by the end of 1902.

The decision to build on a new site recognised the growing reputation of what, only a decade previously, had been a small cottage hospital serving the local community. Already much was changing.

After the appointment in 1899 of Matron A.M. Goddard, who would remain at the hospital for the next two decades, the Hospital started nurse training, becoming registered as a training school in 1899 under the newly formed Australian Trained Nurses' Association. At the same time, the Hospital Committee decided to appoint an Honorary Medical Registrar. Rather less welcome was the knowledge in May 1901 that a patient from as far away as Katoomba had been admitted to the Hospital. The Committee resolved to remind the medical staff of the rules of the Hospital which pertained to admissions from the local North Shore only.[21]

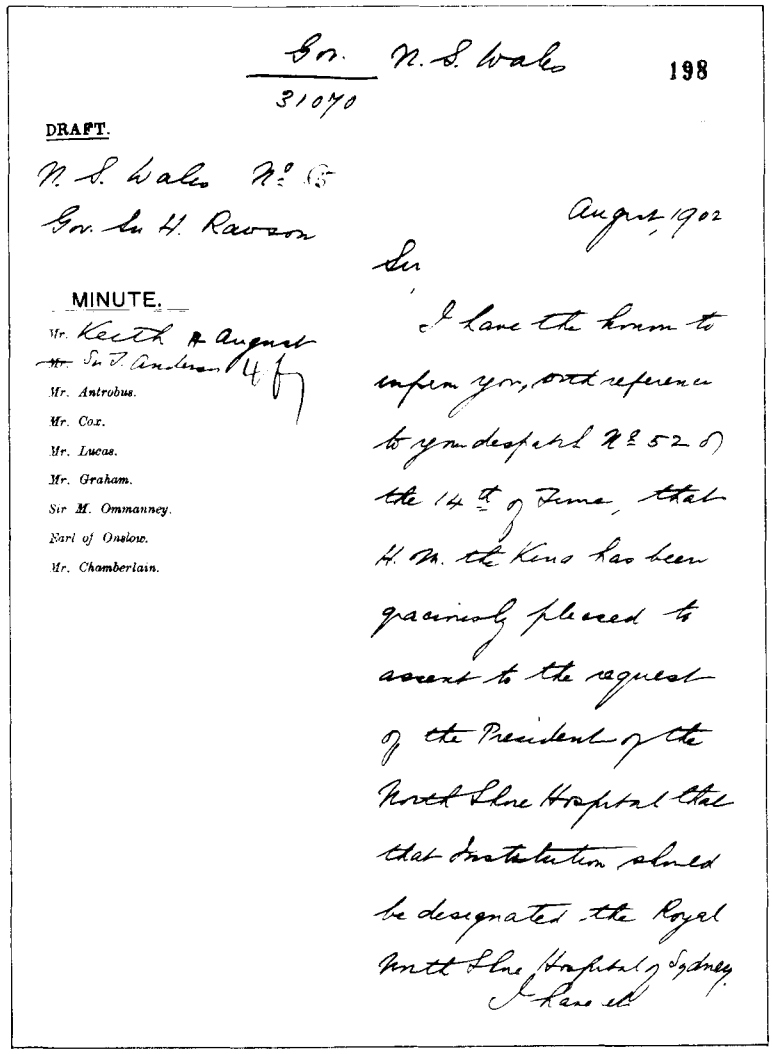
The foundation stone for the new hospital was laid on the afternoon of 13 June 1902. On this occasion, the Governor, Sir Harry Rawson, who did the necessary honours, was present with over 2,000 guests. The local Committee, now under the presidency of Randal Carey, had an announcement to make. At its meeting the previous April, the Committee had spent considerable time and effort deciding what should be the name of the new institution. Various suggestions had come forward — 'The Queen Alexandra Hospital' (in recognition of the wife of the future King of England), 'The Northern Hospital' and 'The Kuringai Hospital'. Eventually, it was decided after a ballot to retain the name 'North Shore Hospital' but that the President should now seek permission to affix the word 'Royal'. With Britain at long last victorious over the Boers, and the Coronation of Edward VII pending, it seemed more than appropriate to associate this small part of the British Empire with a regal title. Permission was now formally sought via the Governor as the King's representative in New South

The Governor of New South Wales, Sir Harry Rawson, laying the foundation stone of the Royal North Hospital on 13th June 1902 (Photo by courtesy of North Sydney Municipal Council).

Wales. As Randal Carey informed the gathering:

> We desire to convey to your Excellency our loyalty to the great institutions of the Empire, and to express our pleasure that peace has been proclaimed in South Africa prior to the day of the coronation of His Most Gracious Majesty King Edward VII.
>
> We desire also to thank your Excellency for consenting to lay the foundation stone of these new hospital buildings now being erected for the benefit of the residents of the northern suburbs of Sydney, and, at the same time, hereby request that you will be pleased to obtain for us the consent of His Most Gracious Majesty to permit its hereafter being styled "The Royal North Shore Hospital" of Sydney, as a commemoration of the happy circumstances attending his Majesty's Coronation.[22]

On 11 September 1902 the Governor duly informed the Hospital Committee that the King had given assent to the title of 'Royal North Shore Hospital of Sydney'.[23]



Gn. N. S. Wales 198
31070

DRAFT.

N. S. Wales No 65
Gov. Sir H. Rawson

August 1902

MINUTE.

Mr. Keith 4 August
Sir T. Anderson 4
Mr. Antrobus.
Mr. Cox.
Mr. Lucas.
Mr. Graham.
Sir M. Ommanney.
Earl of Onslow.
Mr. Chamberlain.

Sir

I have the honor to refer you, with reference to your despatch No 52 of the 14th of June, that H.M. the King has been graciously pleased to assent to the request of the President of the North Shore Hospital that that Institution should be designated the Royal North Shore Hospital of Sydney.
I have &c

The official Minute 7 August 1902 in the Public Record office, London advising the Governor of N.S.W. of the King's assent to the styling Royal North Shore Hospital of Sydney.

NOTES

1. *Sydney Morning Herald*, 20 June 1887.
2. For population figures, see Isadore Brodsky, *North Sydney 1788-1962* Council of the Municipality of North Sydney, 1963, p.11. and Eric Russell, *Willoughby A Centenary History*, Council of the Municipality of Willoughby, 1966, p. 23.
3. Copy of circular letter of Frank B. Treatt 28 September 1885 in General Medical Superintendent's Special Collection.
4. *Daily Telegraph*, 27 October 1885 and *Sydney Morning Herald*, 31 October 1885.
5. *St. Leonards Bee*, 8 October 1885.
6. For the various nature of these changes, see amongst other works, B. Abel-Smith, *The Hospitals 1800-1948*, London, Heinemann, 1964; M. Jeanne Petersen, *The Medical Profession in Mid-Victorian London*, Berkeley, University of California Press, 1978; A.J. Youngson, *The Scientific Revolution in Victorian Medicine*, Canberra, Australian National University Press, 1979; For a radical critique of the professionalisation of medicine see Evan Willis, *Medical Dominance*, Sydney, George Allen and Unwin, 1983.
7. See Brian Dickey's two articles : 'The Sick Poor in N.S.W., 1840-1880 Colonial Practice in an Amateur Age' *Journal of the Royal Australian Historical Society*, Vol. 59, Pt. 1, March 1973, pp.16-30; and 'Hospital Services in New South Wales 1875-1900 Questions of Provisions, Entitlement and Responsibility' *Journal of the Royal Australian Historical Society*, Vol 62, Pt. 1, June 1976, pp. 35-56.
8. See Richard Deveraux, *Small Beginnings — 1883 — The Story of Balmain, its people and Hospital*, Balmain Hospital, 1979, pp. 5-8; and George Mackaness, The Western Suburbs Hospital, An Address given at the Annual Meeting, 30 October, 1956 (copy in Royal Australasian College of Physicians Library).
9. Report of meetings in *Sydney Morning Herald*, 31 October 1885 and *St. Leonards Recorder*, 28 July 1886.
10. See Michael Hosburgh, 'Some Issues in the Government Subsidy of Hospitals in New South Wales : 1858 — 1910' *Medical History*, Vol. 21, 1977, pp. 166-81.
11. *The Illustrated Sydney News*, 15 October 1892.
12. The Hospital Saturday Fund of New

South Wales, *Memorandum and Articles of Association*, Sydney, Samuel E. Lees, 1894; Hospital Saturday Fund of New South Wales, *Thirty-First Annual Report 1925*, pp. 20-21. (copies held in Department of Health Library which also holds two other annual reports for 1941 and 1946-47). The relations between the North Shore Hospital Committee and the Saturday Fund remained distant until the early twentieth century because of the insistence of the directors of the Fund that their subscribers be recognised as subscribers to the North Shore Cottage Hospital. See North Shore Hospital Committee Minutes, 12 September 1895, 13 August and 10 December 1901, 14 September 1902.

13. See Michael Horsburgh, 'Some Issues in the Government Subsidy of Hospitals in New South Wales : 1858-1910', pp. 172-74.

14. For a general account of Friendly Societies, see David Green and Lawrence Cromwell, *Mutual Aid or Welfare State Australia's Friendly Societies*, Sydney, George Allen and Unwin, 1984. For relations of the Hospital with Friendly Societies, see North Shore Hospital Committee Minutes, 10 July 1890, 9 April and 9 July 1891, 4 July, 13 August and 10 December 1896.

15. North Shore Hospital Committee Minutes, July 1888 and 16 May 1889.

16. North Shore Hospital Committee. *Annual Report 1898*, p. 4.

17. North Shore Hospital Committee Minutes, July 1888.

18. North Shore Hospital Committee Minutes, 11 December 1890, 9 April and 14 May 1891.

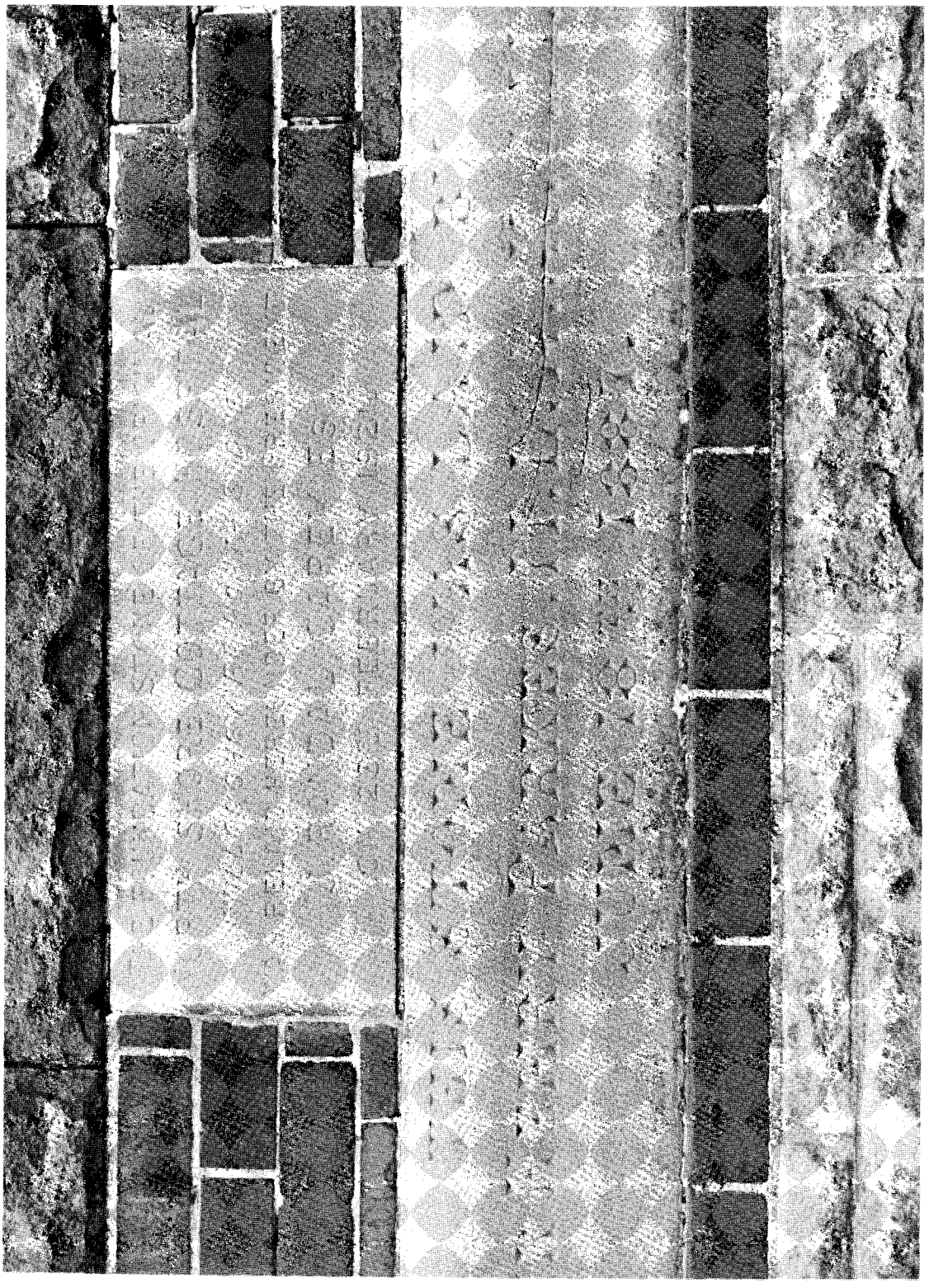
19. North Shore Hospital Committee Minutes, 11 December 1890, 9 April, 14 May and 10 June 1891; Outline of comments of Mrs. Pattinson held in General Medical Superintendent's Special Collection.

20. North Shore Hospital Committee Minutes, 11 February and 13 May 1897.

21. North Shore Hospital Committee Minutes, 14 June and 9 August 1900; 10 May 1901.

22. *Sydney Morning Herald*, 14 June 1902; North Shore Hospital Committee Minutes, 17 September 1902.

23. North Shore Hospital Committee Minutes, 17 September 1902.



The old amidst the new: the original foundation stone of the cottage hospital relaid in the new administrative block of the Royal North Shore Hospital.

CHAPTER 2

The Royal North Shore Established

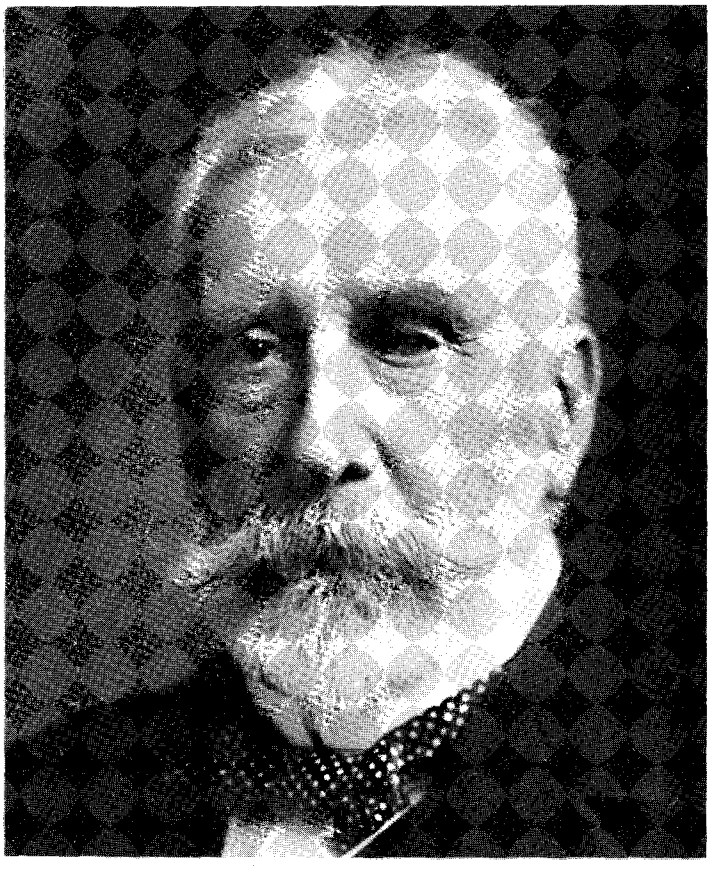
Opened by Premier Sir John See on 10 June 1903 the new hospital of 48 beds was built to last. A. F. Shervey, the architect, had designed accommodation on the pavilion principle, allowing for the penetration of sunlight and air which had become accepted as the necessary foundation for health and recovery. Increasingly the general community was becoming aware of the importance of sanitation and cleanliness. Whilst the new hospital was being constructed the health authorities were busy ridding the Rocks area of the rats and filth that had brought to Sydney fears of the spread of the dreaded plague. Concerned citizens who could afford to do so escaped regularly to the Blue Mountains where they could breathe the purer air. Located across the harbour from the noisesome smells of the city, Royal North Shore could bask in its apparently more healthy climate but it was still necessary to conform to new standards of health care.

The plans allowed for the gradual expansion of the buildings with a projected final cost of £50,000. As a first stage the See Government had doubled its initial grant to provide £20,000 for building. As reported in the local press, the completed design would be a modern early twentieth century hospital but constructed with traditional materials and with due regard to accepted architectural form.

The block plan shows the pavilions on an axial line bearing north-north-east so that all sides have the sun during the day — an aspect imperative in all hospital designs. The pavilions are so arranged to provide

for economy of administration and control, as well as for completion in three distinct stages. The buildings are to be carried out in brick with stone dressings, the design being Renaissance, the dressing sparingly used on the score of expense, but introduced with architectural effect. As in all modern hospital construction, the floors and ceilings are shown to be fireproof of concrete with steel or iron girders; whilst the walls are finished in Keen's cement. All the buildings are to be roofed with slate, and the question of a constant water supply is oversome (sic) by elevated tanks having a storage capacity of 10,000 gallons. The ventilation is to be carried out on the 'Tobin' system, an inlet near the floor level carried in the centre of the wall to a height of about 8 ft., discharging into receivers, one over and one under each bed. An exhaust fan is provided to pump all vitiated air from the wards through ventilators on the sanitary towers placed over each building.[1]

The hospital site and buildings were new. The management continued much as it had before. For the first decade of the twentieth century there was still a committee elected on the same basis as that which had controlled the cottage hospital. Particularly important was the influence of local dignitaries. President of the Committee since 1899, Major Randal Carey continued in this role in the new century. More than anyone else Carey took prime and active



Major J. Randal Carey
President of the
Hospital 1899-1923
(courtesy of
Mrs. Merran Hill).

The Royal North Shore Hospital Front View 1905.

responsibility for the development of the Hospital over the next two decades. Born in Ireland, Carey was one of the founders of the *Daily Telegraph*, a director of the Port Jackson Steamship Company over a long period, and connected to many other commercial and industrial ventures. Living at Milson's Point, Carey took a deep and abiding interest in 'his' hospital, cajoling both his committee and the various governments over the years to accept plans to make The Royal North Shore equal to any in Sydney.

> Most people in the North Shore thought also that he 'owned' the Royal North Shore Hospital. He was a man of great strength of character and bull dog tenacity when once he got an idea in his head which he thought meant much to the progress of that Institution. He would haunt the doorsteps of Ministers of the Crown, and he undoubtedly brought home to many of them a greater intensity of appreciation of the fact that he and his Board of Directors were doing the Government's work in managing a great public hospital and he expected that, as trustees of the community they should respond to the natural demand for progress and development by giving adequate financial recognition of the Hospital's needs. He was certainly a man who was not content to sit down and 'wish' for anything, and any scheme put up to him which found favour, was sure of a good passage to realization.[2]

By 1908 the Committee had decided to apply for the incorporation of the institution, so bringing the situation into line with the other major metropolitan hospitals and vesting the hospital property which had been previously controlled by the appointed government trustees. The Royal North Shore

Robert Forsyth member of the original Board. The Forsyth family were to maintain close association with the Hospital.

Hospital Act of 1910 provided for the establishment of a Board of Management. The composition of this Board was much the same as that provided for the previous committee. It consisted of a president, four vice-presidents, a treasurer and eighteen other directors, together with two directors elected from the honorary medical staff of the hospital. In 1911, following the election of the McGowen Labor Government, further amendment provided for the nomination of two government representatives.

The major administrative change arising out of the Act of 1910 concerned the post of Secretary. Until 1900 the secretaryship of the Hospital had been an honorary post. From then on it had become apparently a part-time paid and later a full-time paid position. By-laws

Community support for the Hospital was important from the beginning. Many groups in the North Shore community were active in raising funds to donate a cot bed. Photo c.1911.

published in 1905 provided that the Secretary should maintain both the business of the committee, including minutes and correspondence, and be responsible for accounts and collection of moneys and donations. Following the Act of incorporation, and with increasing growth of the Hospital, the new Board decided to increase the management responsibilities of the Secretary. It appointed A.C. Russell from the staff of Melbourne Hospital as its new Secretary and Superintendent. The previous Secretary from 1904, N. McBurney, became Supervising Collector.

By 1910 some medical staff had also been established on a more permanent basis. From 1903 there was a resident medical officer who received both a salary and quarters in the Hospital. Most stayed only for a short period. Following the resignation of one of the early medical residents, the committee decided to approach the Dean of Medicine at Sydney University, Professor Anderson Stuart, asking that he nominate someone who had passed the university examinations. The practice of appointing recent graduates to the position seems to have continued, although by 1914 the Board was becoming frustrated and piqued at the suggestions of the Dean. Perhaps peeved by this new institution which had achieved the title of 'Royal' even before Prince Alfred Hospital, of which he was chairman, Anderson Stuart insisted that he could only make recommendations following the April and September examinations and even then many graduates still preferred the larger hospitals.[3]

The resident medical officer was very much a junior in both the hospital administration and medical care. The By-laws published in 1905 provided that he should visit the wards both morning and evening, and attend to all urgent accident cases, but that he was to be under the general supervision and direction of the honorary medical staff. During the 1890s the position of the 'honoraries' within the Hospital seems to have been rather shadowy. In 1891, Dr. Newmarch, one of the first appointed honorary medical officers, called the attention of the Committee to the need to establish communication between the

Dr. Bernard Newmarch first Chairman of the Medical Staff and honorary medical officer 1889–1929.

Hospital and the doctors; a practical effort to do so failed when the postal authorities refused to provide for a telephone connection between the cottage hospital and its honorary staff. For its part, the Committee in 1892 had to remind the honoraries of the By-law regarding operations; they responded by nominating Thursday of each week at 3.15 p.m. as the regular time for surgery.[4]

By the early twentieth century the honorary medical staff were much more actively involved in the Hospital. In Britain by the late nineteenth century, the doctors had come to play an important part in hospital administration often displacing the lay governors who had earlier been responsible for running the institutions. In general, the status of medical practitioners improved markedly in early twentieth century Australia. Particularly significant was the new public confidence in the surgeons.[5] At Royal North Shore, two decisions of the Committee in 1904 signalled the new role of the doctors in the Hospital. In June 1904, plans were submitted for the 'erection of shelter shed for the Doctors Grooms and vehicles'. Four months later, Dr. Newmarch proposed that the designated male and female beds be divided amongst the honorary visiting staff in equal shares. Each honorary would become in rotation 'medical officer of the week' and all cases would be admitted into his beds until duly filled, after which they would be distributed to the other medical staff in rotation. This proposal was adopted and later incorporated into the Rules and Bye-laws published in 1905.[6]

An honorary (unpaid) post at Royal North Shore, as at other public hospitals in Sydney, soon carried considerable prestige. It increased the reputation and standing of a doctor in the community and thereby assisted him in his private practice. Once appointed, most honoraries would hold their post for many years. Overall the number of honorary medical staff also expanded steadily at Royal North Shore during the first decade of the twentieth century . The seven of 1905, (including as honorary consulting medical officer, Dr. Richard Arthur, who would later become Minister for Health in the New South Wales Government), had grown to 17 by 1910, although this total was made up also of three assistant honorary medical officers and four honorary masseurs, including three women. By 1914, the honorary medical staff were a distinct and identifiable group within the Hospital rather than simply a collection of individual doctors. Meetings of the group were being held regularly to decide on such policy issues as the allocation of beds, hospital administration and record keeping and the distribution of drugs and pharmaceutical items. Through such meetings the honoraries were able to establish themselves as part of the administrative structure, consulting with those ultimately responsible for hospital administration through their two representatives on the Board or via meetings with the Board's House Committee which now oversaw much of the week to week running of the Hospital.[7]

The Royal North Shore was obviously developing an institutional structure and hierarchy not all that dissimilar from other public hospitals. The Board decided on overall policy; the Secretary was there to administer the Hospital on a daily basis; the resident medical officer catered for medical emergencies, while the honorary medical staff supervised, directed and carried out necessary

operations. The nursing staff, however, were responsible for much of the care and attention to individual patients. The Hospital was also a training ground for potential nurses, with probationers between the ages of 20 and 32 being accepted. By 1909, under the general direction of Matron Goddard, the

Miss Alice Goddard: Matron 1899–1920.

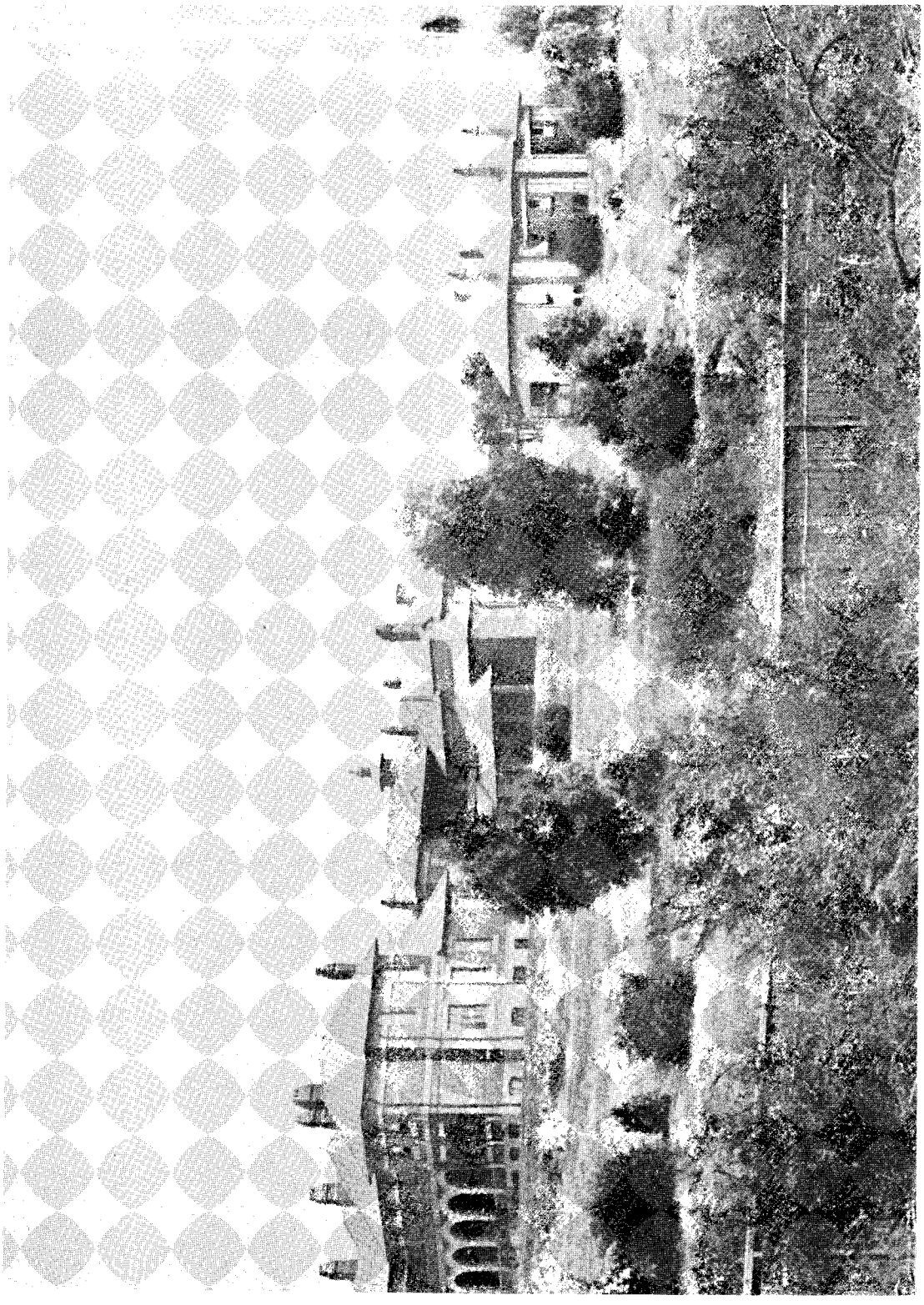
nursing staff consisted of two sisters, twelve nurses and five probationers. According to the regulations of 1905 the four year training period included 'the study of household economics, the diet sheets of the Hospital and the food supplied to patients, personal and general hygiene, disinfection, sterilization, and similar fundamental subjects'.[8]

The objects of all this care and training were the patients. Who should be admitted still remained an issue of contention in the early twentieth century. The 1905 By-laws stated that the objects of the Hospital were for 'the reception and treatment of all cases of *accident* and *illness* occurring among the poor of the district as may be suitable for treatment *within* the Hospital.' However, the plans and objects printed in the annual reports from 1904 were much wider in scope and intention and these were incorporated into the 1910 Act.

(a) The reception and treatment as in-patients of persons who cannot procure the necessary medical and surgical treatment at their own expense.
(b) The reception and treatment as in-patients of persons who may be able by themselves, their friends, or employers, to pay such sum as the Board may from time to time appoint, and who are unable otherwise to obtain adequate medical and surgical treatment.
(c) The reception and treatment of persons injured by accidents at any hour of the day or night.
(d) The treatment of out-patients.

By 1914, the rules for admission were more clearly set out in the annual report. Those who wished to receive treatment as an in-patient were to forward a letter of recommendation from a member or benefactor of the institution or from his (or her) local medical attendant certifying that the patient was unable to obtain adequate treatment outside a public hospital. Urgent cases were to be admitted at any hour without recommendation, but those recommended for treatment would be examined by the resident medical officer and, if considered suitable cases for hospitalization, would be admitted in order of emergency. Those able to do so would be expected to contribute towards the cost of approximately 31/- each week for maintaining each bed.

A slow change was probably occurring in the composition of those admitted. In



A general view of the Hospital from Reserve Rd., c. 1908. The cottage on the right which was for infectious diseases later became the first Children's Ward.

1911 for the first time the report of the newly incorporated Royal North Shore Hospital indicated the occupations of patients. Of the 964 admitted in that year over one-quarter were housewives ('domestic duties') and a further one-eighth were children. Of the rest, just over 10% were in designated female occupations (such as 'housemaids', 'dressmaker' and 'charwoman') while the remainder, approximately half the total numbers, were adult males, mainly in skilled trades. What had originally been a hospital catering for the 'poor of the district' had obviously widened its scope. Of the 964 patients treated in 1911, 714 contributed fees to a total of £751.17.0 or about one-fifth of the income received for the year. The Hospital also served a growing district although the lower North Shore predominated. Of the 1076 patients admitted in 1914, almost one-third came from North Sydney and Milson's Point, one-fifth from the Chatswood-Willoughby-St. Leonards area and one-sixth from Mosman and Neutral Bay. Small numbers also came from areas across the harbour or were resident in the country.

The growth of numbers from just under 500 patients treated in 1903 to over 1,000 on the eve of the First World War had an obvious effect on patient care and hospital administration. The original plans for the new hospital had provided for each ward to contain 20 beds allowing each patient to have a generous 129 feet of space, with neighbouring beds separated by a window. In 1906, having sold the original cottage building and site to the Sisters of Mercy (who established the Mater Misericordiae Hospital which would later move to the Pacific Highway at North Sydney) the Committee had arranged for building the annexes of a second ward pavilion which could be used as a temporary ward providing an additional 18 beds. Nevertheless, the pressure continued. By 1911, the original verandahs had been converted into dormitories and patients were being refused admission.

Within the walls of the Hospital, those who were admitted had their lives well organised. Contact with the world outside was restricted. As set out in the annual reports, they could receive visitors only between 2.30 and 4 pm. on Tuesday, Friday, Sunday and holidays; and for half an hour from 7 p.m. on Wednesday evenings. By 1914, visitors to the children's wards were restricted to Tuesday and Sunday afternoons. Each patient received two tickets which he or she could issue to the visitors he or she wished to see. If the medical officer decided that admitting any visitor might harm a patient then he could suspend permission. Any provisions and fruit were to be handed over to the sister in charge of the ward who could then deliver them to the patient if the prescribed diet allowed it. The one visitor who could apparently come at any time was a clergyman of any religious denomination.

Of course not all was discouraging or unwelcoming. The Hospital was undoubtedly aware of the need to maintain its public image. In September 1914, the House Committee therefore resolved to remove the notice regarding visitors 'loitering in the corridor' and instead to provide garden seats for their convenience. At the same time, the Board requested Willoughby Council to put Eileen Street in order so that tradesmen's drays could be directed to the rear of the Hospital from whence it

was hoped funerals would also proceed.[9]

The vast majority of patients were in hospital for periods of up to three to four weeks, although the average daily residence did decline from over 26 days in 1904, the first year of full operation of the new hospital, to just on 20 days in 1914. Of the patients admitted in that year, just over 200, or one-fifth, were diagnosed as suffering from general diseases, including childhood infection such as scarlet fever and diphtheria, and T.B., syphilis and various cancers. The most important specific categories of disease were diseases of the digestive system, one quarter of the total, and non-venereal diseases of the genito-urinary system and adnexa (one-sixth). Surgery was carried out on almost two-thirds of those admitted, with almost one-quarter of the operations being performed upon female genitals.

In the early years of the new hospital, a few were literally long-term patients. In 1905, the Hospital Committee noted that there were two cases in the Hospital for two months, although both the matron and the doctors had given satisfactory explanations in regard to both. In December 1906, the House Committee discussed the case of a patient who had been in the Hospital since November 1905. The matter had been referred to the Board of Health following an earlier order from the Inspector General of Charities that she be removed to the Asylum for the Infirm at Parramatta not having been carried out because she required daily surgical attention and nursing.[10]

The issue of long term care was quite often associated with payment for bed occupancy. Two cases in 1909-10 highlighted the difficulties of a patient who either refused to pay or refused to leave. One concerned an accident case first admitted in June 1908 and still in hospital receiving massage treatment almost two years later. Despite having received a government compensation payment of £387, he declared that he would not pay more than 10/- per week for bed occupancy, declaring that he would require money to start a business once he was able to walk again. Eventually, the matter was referred to the Federal Member for North Sydney, who was to bring it to the attention of the Prime Minister.[11]

The second case concerned a young man admitted in April 1909 'reported to be [in] good circumstances' and still in the Hospital a month later without having made any monetary contribution. The House Committee had sent him a bill for £4/4/- a week with notification that his bed was required for a 'Pauper Patient'. His parents had indicated that the Friendly Society, the Royal Forresters, would pay £1 per week whilst in hospital. Initially it was resolved that he be allowed to remain so long as his bed was not required; the matter of payment would be dealt with later. At its next meeting, however, the Committee learnt that the Civil Ambulance had taken away the patient at the request of his doctor who had attended him whilst in hospital. A month later, it was noted that the former patient had called in and paid £5 for maintenance which was a rate of about £1 a week. Despite his claim that while he had had an accident policy the amount he would receive would be added to his life policy the Committee itself had made enquiries of the appropriate insurance company to learn that the young man was entitled to claim but had not done so.[12]

These two cases foreshadowed the

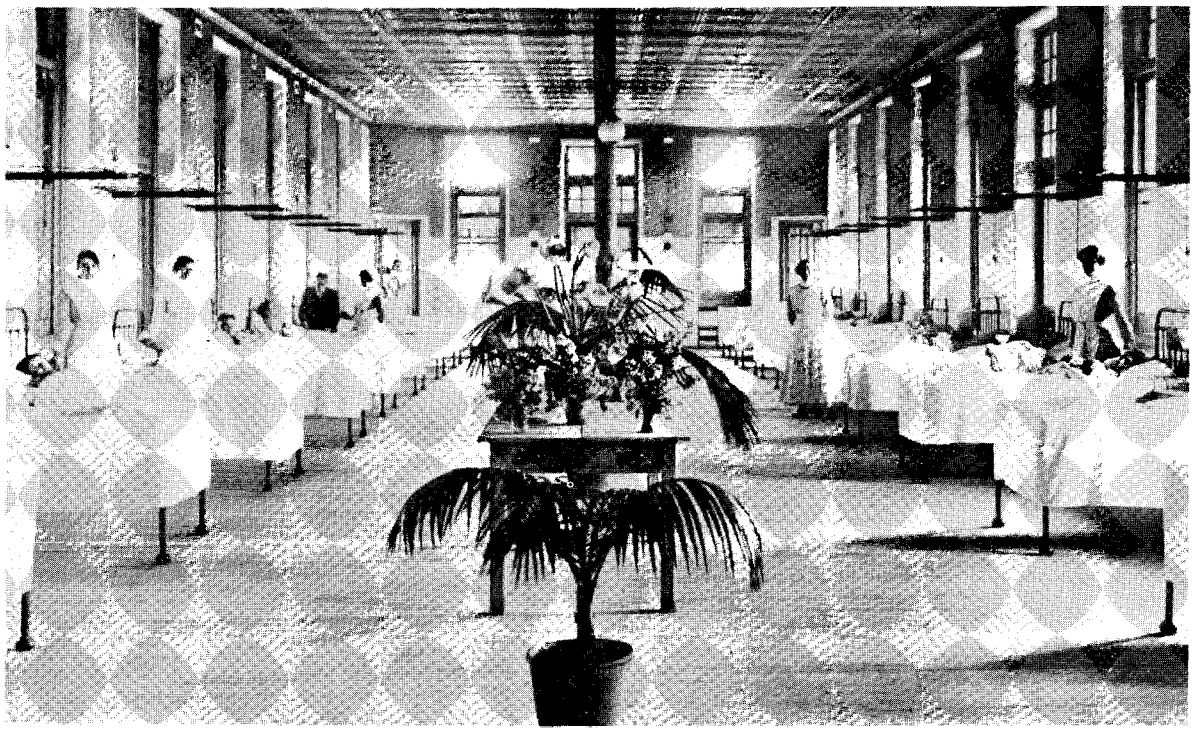
problems over payment for medical care and hospitalisation which would soon become issues of concern to both hospital administration and governments. Specifically, such incidents help explain the determination in the rules for admission published in 1914 that the length of stay in hospital was limited to two months, although the House Committee, upon the advice of the medical officer in charge, could extend the term in special cases. Any patient guilty of 'rude or improper behaviour' could be discharged instantly and not re-admitted again unless by special permission of the House Committee. In the same year, the annual report noted amongst its cases of 'miscellaneous diseases' two males and two females suffering from 'Malingering'.

The few problem patients were mainly the concern of the nurses and doctors involved in the day-to-day running of the Hospital. The management committee under the guidance of Randal Carey were more anxious to see the institution grow to meet the apparent demands of the local community. The pressure on accommodation brought unexpected difficulties.

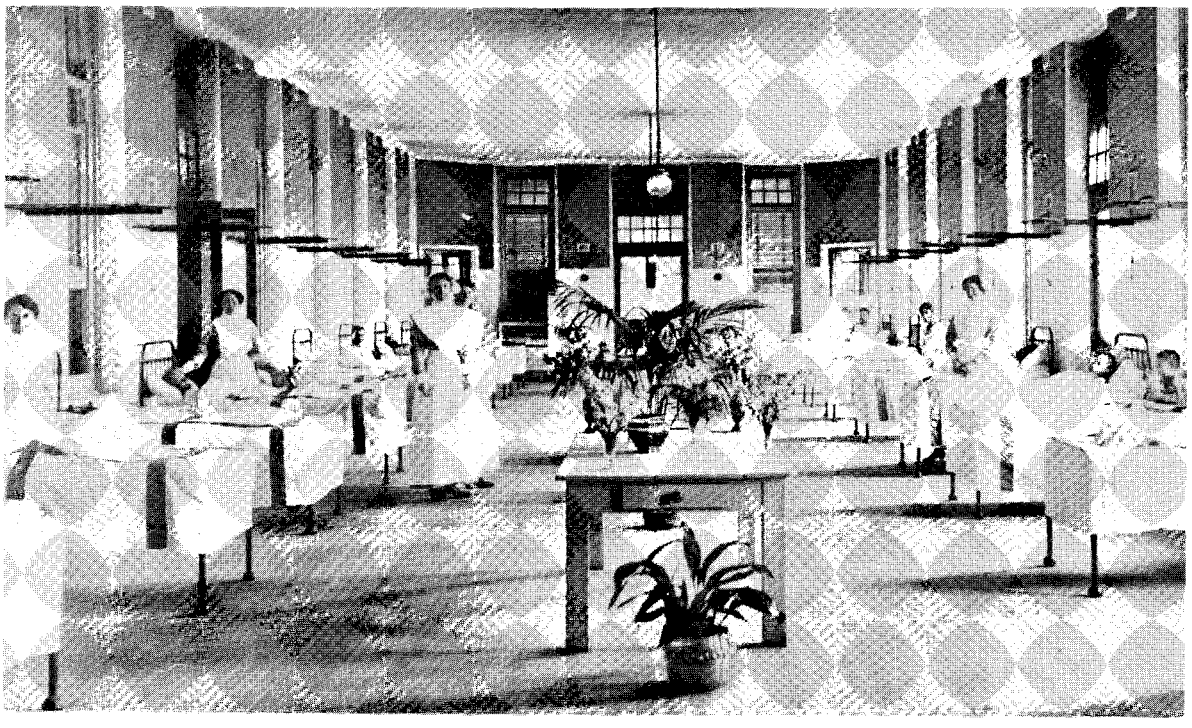
From the beginning the new hospital had problems with sewerage. In October 1904, Willoughby Council reported that it had inspected the Hospital septic tank which it considered 'a menace to the Public Health'. The difficulties continued for the next five years with particular attention in 1909 to the Hospital being a health hazard with typhoid stools in its septic system. Despite deputations to the Water and Sewerage Board, the Hospital was not connected to the main drains until 1911.[13]

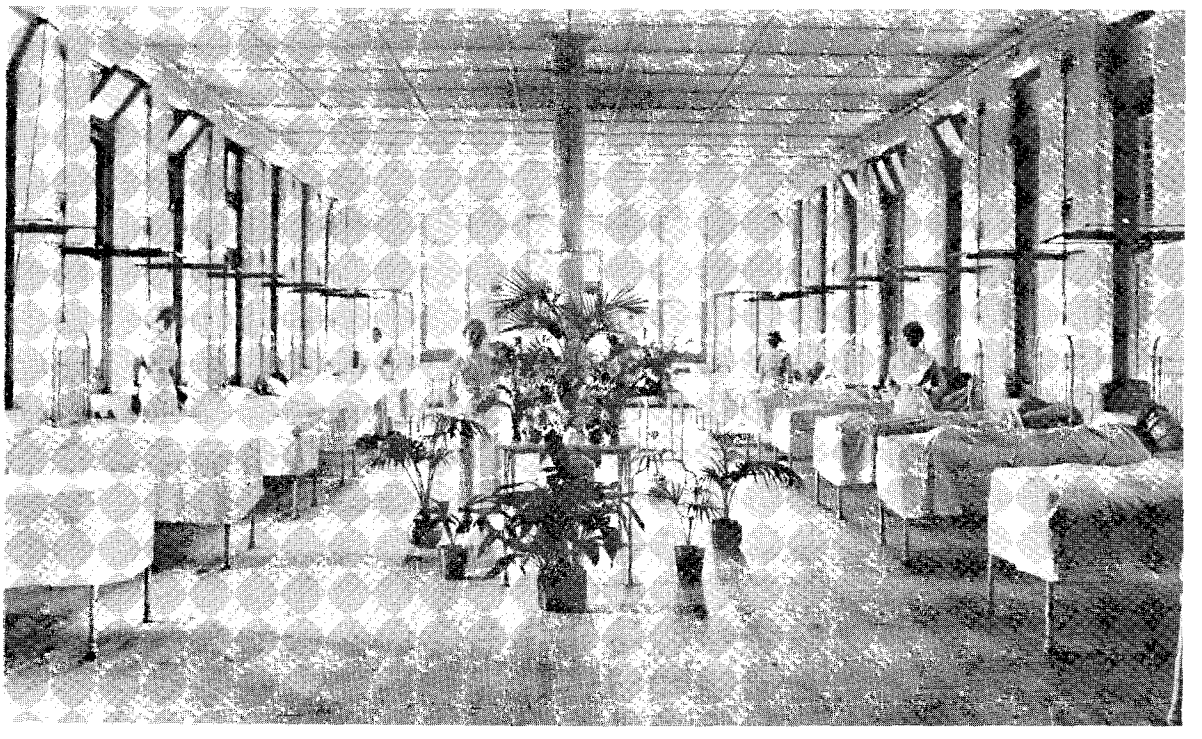
It was the election of the McGowen Labor Government in 1910 which provided major stimulus to developing policies on admission and to overcoming the problems of accommodation. For a number of years the Labor Party in New South Wales had been evolving a policy of hospital services as a right for all rather than as charitable provision for those in immediate need. There was a continuing and growing demand for hospital services in Sydney which could not be met by public hospitals surviving only as charities catering for the poor. Overall, the number of those admitted to public hospitals in New South Wales had grown from 31,000 in 1901 to 52,000 in 1910. By 1911 almost half the income of the public hospitals in the State came from the Government. At Royal North Shore the situation was better than average, with various interest payments on endowments, donations and patient payments constituting three-quarters and the State subsidy only one-quarter of income, but expansion could only come with State finance. The architect of a new deal for the hospitals was Frederick Flowers, who assumed responsibility for health in the McGowen Government, becoming Minister for Health upon the establishment of the new State Department of Health in 1914. To Flowers, medical care should be freely available, a policy which would bring him into conflict with the organised medical profession. As he told his audience on a visit to the site for South Sydney Hospital:

> Any idea that they (hospitals) are to be regarded as charitable institutions is altogether erroneous. Hospitals are a necessity of civilisation, and the Government should see to their upkeep and control. Hospitals should be as free as the Art Gallery or a public library . . .. and there should be no taint of pauperism.[14]

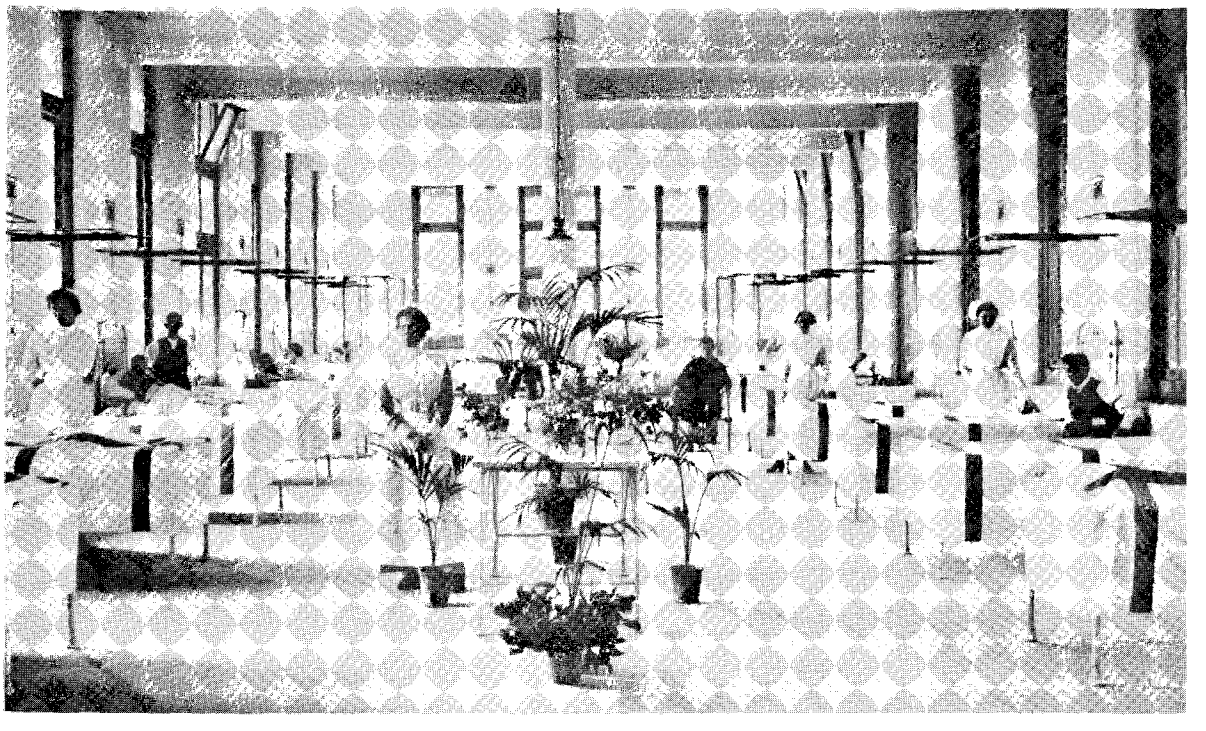


Original Ward Block, 1903
Above Sophia Dibbs Ward — later Ward B2
Below Carey Ward — later Ward B1





Second Ward Block, 1914
Above: Northern Suburbs Hundred Ward — later Ward A2
Below: Saturday Fund Ward — later Ward A1



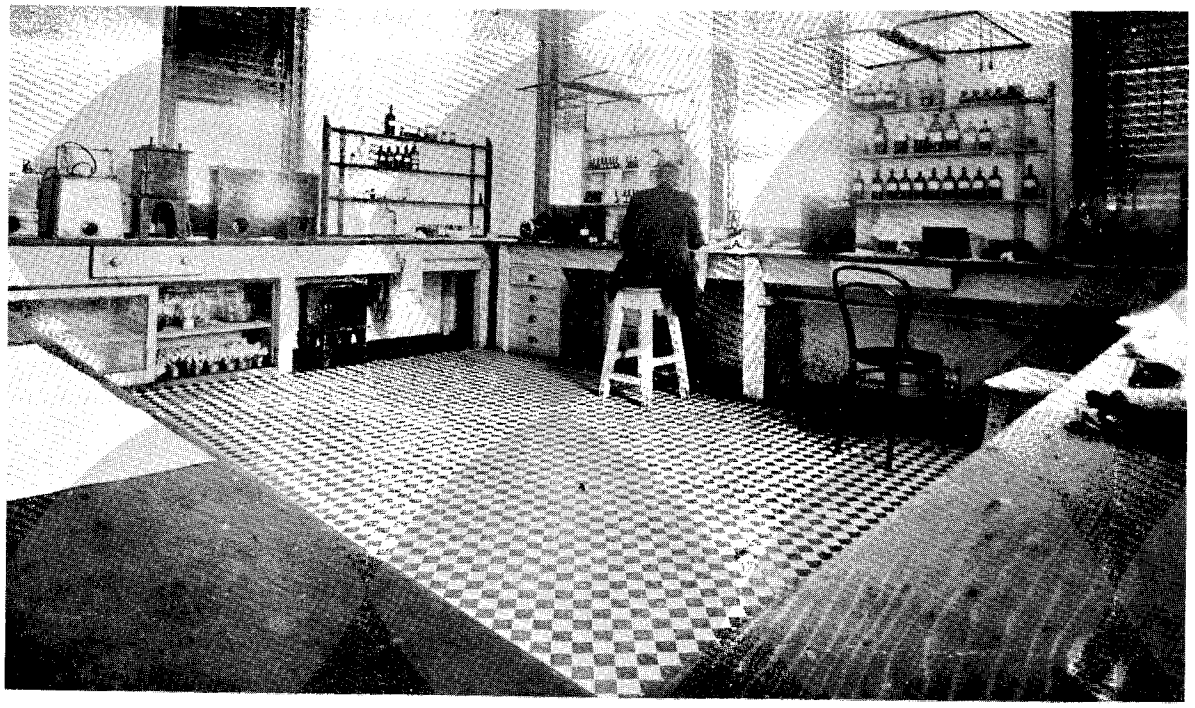
Nurses outside the new Ward Block c.1916.

In 1911, the newly established Board of Directors of Royal North Shore, along with a large deputation of M.L.A.'s and Mayors representing North Shore electorates and municipalities, waited upon Flowers, who promised a grant of £6,000 for the erection of the second pavilion. A year later, the Minister for Lands agreed to the resumption of another two and a half acres of land adjoining the original site. By 1913, government plans for the Hospital included the prospect of £12,500 to provide a new laundry and power house, the first section of a nurses' home, an outpatient's department and T.B. dispensary and additions to the operating theatre.

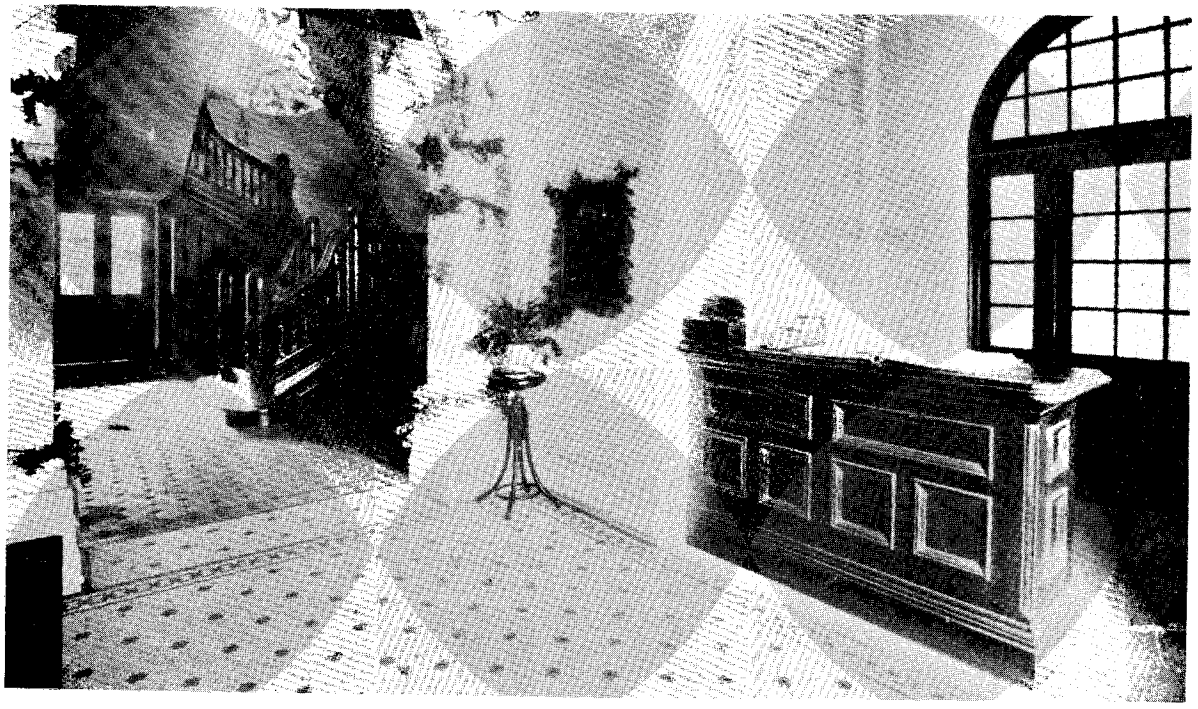
The first stage of this new phase of development was completed by June 1914. The Governor, Sir Gerald Strickland, and Frederick Flowers, now Minister for Health, opened the two wards in the new pavilion wing. In recognition of past financial support, the upper ward for women was named the "Northern Suburbs Hundred" in honour of the local canvassing and collection scheme established in 1905, and the lower ward for men became the "Hospital Saturday Fund Ward". The same month, in keeping with a new government campaign against consumption, a T.B. dispensary for the early treatment of tuberculosis was established along with a pathological laboratory. On the very eve of a world conflict in which the young Australian nation would become involved, the now well-established Royal North Shore Hospital of Sydney had 136 beds. In August 1914, with the effect of the war still not clear, the Minister of Health even gave instructions to dispense with the original scheme for development and proceed to plan for a hospital of 350 beds which would include maternity, children's and infectious diseases wards, out-patients buildings and a pathology department.

NOTES

1. *The North Shore and Manly Times*, 14 June 1902.
2. *Footprints*, January 1929, p.21. Further information on J. R. Carey from Mrs. Merran Hill, his granddaughter, who holds some correspondence and press cuttings on his career.
3. Royal North Shore Hospital Committee Minutes, 14 November 1907; Royal North Shore Hospital Board Minutes, 14 May and 11 June 1914.
4. Royal North Shore Hospital Committee Minutes, 15 June, 8 October and 12 November 1891 and 12 May and 9 June 1892.
5. See T. S. Pensabene, *The rise of the medical practitioner in Victoria*, Health Research Project, Research Monograph No. 2, Canberra, Australian National University Press, 1980, pp. 33-56.
6. Royal North Shore Hospital Committee Minutes, 9 June and 13 October 1904.
7. A minute book of the meetings of the Honorary Staff survives from 1909.
8. *Rules, Regulations & Bye-Laws for the Management of the Royal North Shore Hospital, (of Sydney)* 1905, p.11.
9. Royal North Shore Hospital Board Minutes, 11 February and 9 March 1915. See also House Committee Minutes, 30 September 1914 where 'Alpha Road' is referred to by mistake.
10. Royal North Shore Hospital Committee Minutes, 13 December 1906.
11. Royal North Shore Hospital Committee Minutes, 14 April, 12 May and 13 October 1910.
12. Royal North Shore Hospital Committee Minutes, 13 May, 10 June and 8 July 1909.
13. Royal North Shore Hospital Committee Minutes, 13 October, 10 November and 8 December 1904; 13 July and 10 August 1905; 11 March and 12 August 1909.
14. Cited in Brian Dickey, 'The Labor Government and Medical Services in New South Wales 1910-14' in Jill Roe (ed) *Social Policy in Australia* Sydney, Cassell Australia, 1976, pp. 62-63. See also Fred. Flowers, *A Pamphlet on the Hospital System in New South Wales*, Sydney, Government Printer, 1912.

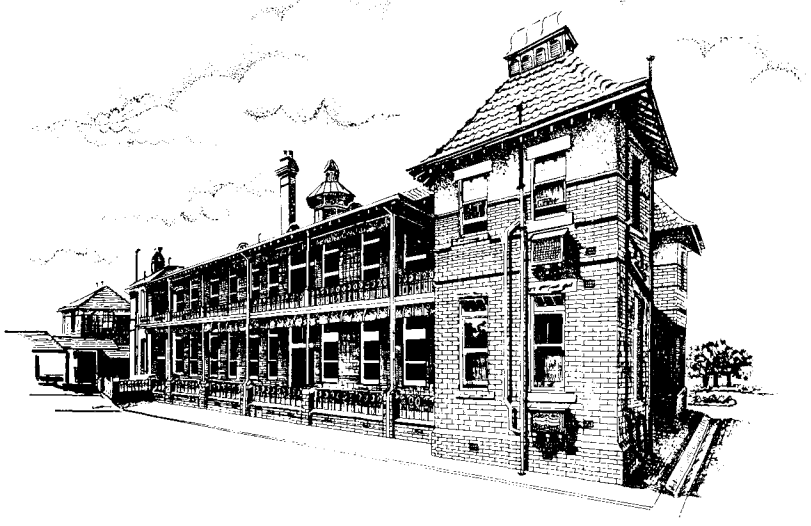


Pathological Laboratory for Tuberculin Dispensary, 1914.



The elegant main hall of the front entrance 1913 (Now R.M.O's Quarters)

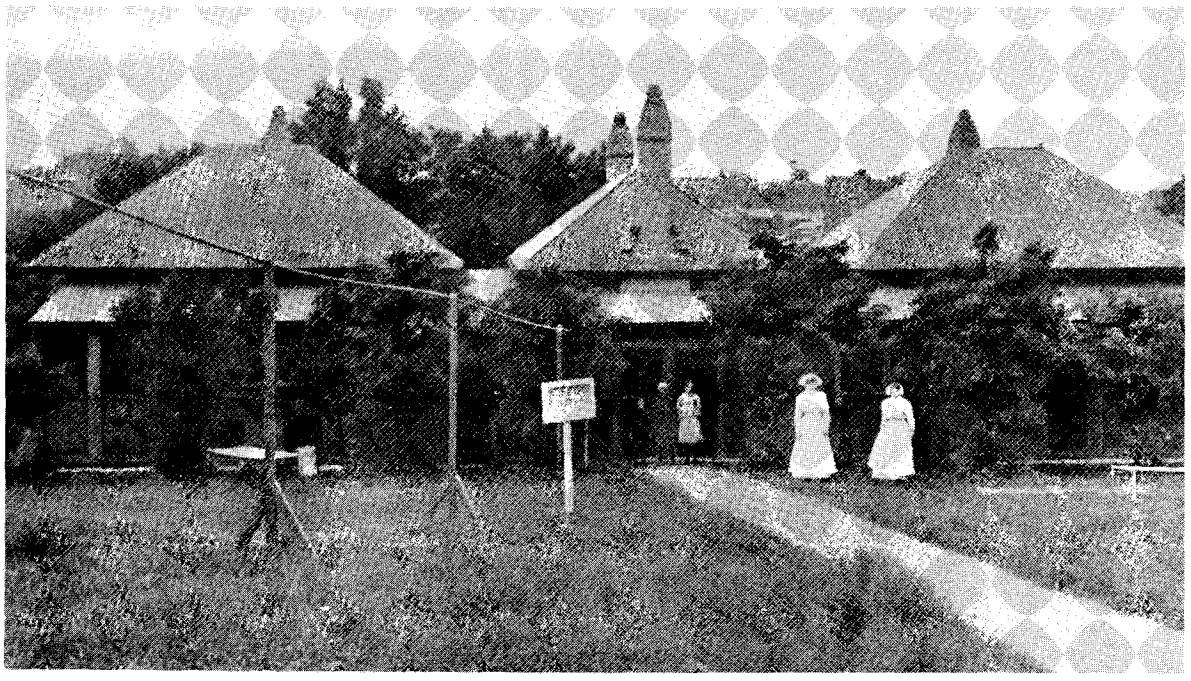
CHAPTER 3



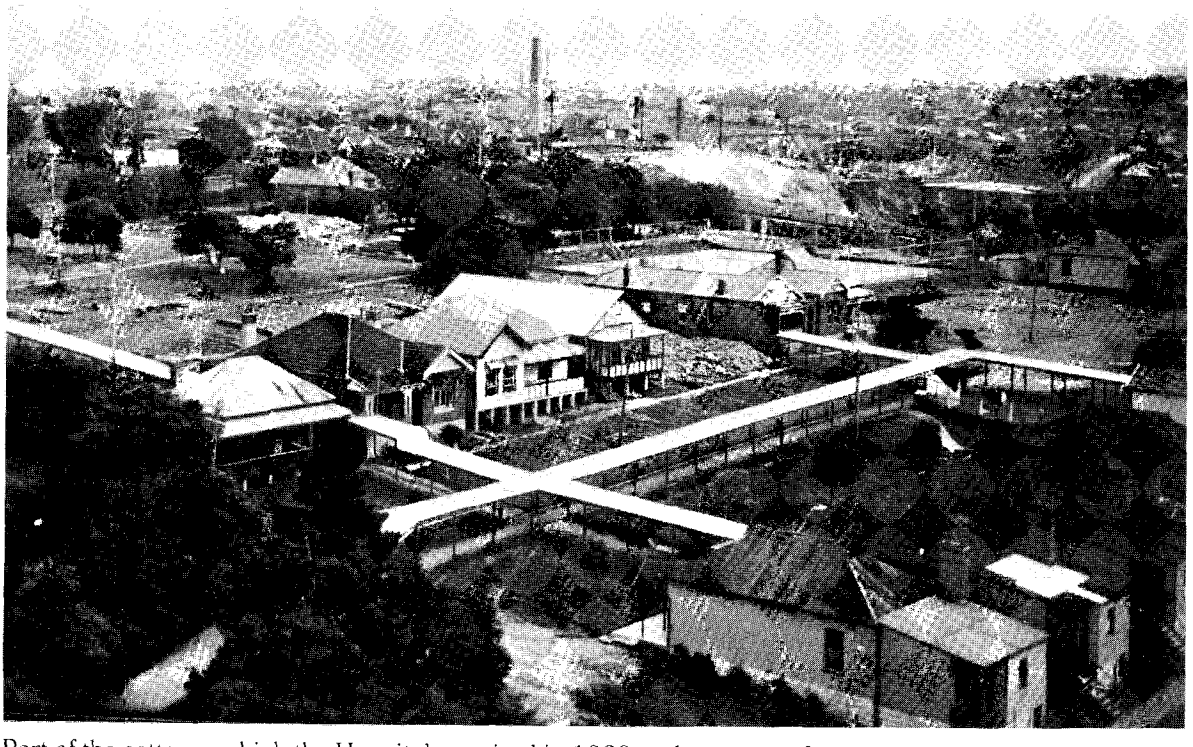
From War to Depression

In the twentieth century, war has disrupted social institutions, but it has also brought fundamental changes. At Royal North Shore, all appeared uncertain with the outbreak of the First World War. Not only were the plans for development soon deferred (the New South Wales Government deciding by December 1915 that it no longer had the funds) but the day to day running of the Hospital was placed under strain. At least three honorary medical staff, the gynaecologist Dr. Clarence Read, the surgeon Dr. Frank Doak, and Dr. J. B. St. Vincent Welch, enlisted in the first year of the war, with St. Vincent Welch actually taking part in the landing at Gallipoli. The honorary dentist, Bevan Neave, was also given leave to proceed to Europe to help in the war effort. It was difficult to retain permanent medical staff with the demands of the wartime situation. In 1916, eight came and then went off to war. Amongst the nursing staff, Sister Bennett, eleven years as senior sister in the Hospital, resigned to serve as sub-matron on a hospital ship. Altogether, five sisters, seven qualified nurses, and eight partly-qualified nurses, or almost half the then existing nursing staff, left the Hospital during 1914-15. For a while Red Cross volunteers appeared in the wards to overcome the staffing shortage.[1]

The war also led to a major crisis in financial administration. The Hospital could still depend on its friends and supporters in the community for some financial support, but the war effort placed new demands on the philanthropic purse. With hindsight, it seems clear that the First World War marked a turning point. No longer would charity form a major part of hospital



Infectious Diseases Wards. Built to accommodate two kinds of disease (4 beds each), they soon became overcrowded with an average for the whole year of 11 patients daily.



Part of the cottages which the Hospital acquired in 1920 and put to use for its maternity section and nursing accommodation.

income. With rising prices during the War, and denied further state support, the Royal North Shore survived by turning to its banker for an overdraft. By 1917, finance was a major concern for all the main metropolitan hospitals. The Board of the Royal North Shore even considered a proposal for a compulsory tax on salaries to support public hospitals. The idea did not receive much support but all the major hospitals were in financial difficulties. For its part, the Nationalist Government of 1915 indicated that it was considering dividing the State into hospital districts and requiring local municipalities to make up the deficiencies in hospital finance. From 1918 the State Government would make special grants to cover some of the costs. By 1920, when the Royal North Shore bank overdraft had reached £12,000, the Government was funding 80% of all hospital costs in New South Wales. The new Minister agreed to wipe off the existing debt and to guarantee a continuing overdraft. The days of deficit financing had indeed arrived.[2]

Despite the problems of finance, some believed that the period of post-war reconstruction and recovery could provide new opportunities. In December 1917 the principal medical officer at Victoria Barracks approached the Board of the Hospital asking whether it might be prepared to receive invalid soldiers. With his usual enthusiasm, the Chairman of the Board, Major Carey, seized upon this request as a means of the Hospital reviving the pre-war plans for development while serving a public cause. Throughout 1918 he worked hard to convince the Defence authorities that Royal North Shore could take on such a role and to show to the New South Wales Government that here lay the way to honour their pre-war commitments. Under Carey's scheme the Defence Department would provide funds for the erection of new wards with 180 extra beds while the State Government would assist the Hospital to resume land north of the Hospital on which it would erect much needed accommodation for staff. Unfortunately, after agreeing in principle to the proposal the Defence Department backed off, deciding that the rehabilitation of returning soldiers would take place at the Coast Hospital at Little Bay south of the harbour. As a result, not only did pressure on ward accommodation remain but nurses had to continue to sleep on the balconies of the Hospital and take their meals in the Board Room until at least 1920 when the President in his annual report stated:

> as the result of representations from your Board, the Government resumed an additional 6 1/4 acres of land north of, and adjacent to the Hospital, including the intervening streets. Erected upon this area were 26 cottage residences, all of which have been taken possession of by the Hospital . . . . Twelve of the cottages were appropriated for nurses and staff accommodation, five were allotted for maternity wards, and five for infectious diseases. A branch covered way was constructed from the main building to the new cottage area.[3]

This was followed the next year by the Hospital's acquisition of a further area of land fronting Herbert Street, also involving the closure of two streets. During the next ten years the Board proceeded with the purchase of the remaining lots fronting Herbert Street and thus ensured that all land bounded by Herbert Street, Reserve Road and Gores Road (later Westbourne Street)

was available for future Hospital development. This included another four cottages and the Lanceley family home. The "Cottages" became famed in the life of the Hospital, some to be used as 'temporary' facilities, wards and clinics for more than 60 years until the last was demolished in March 1976.[4]

It was not so much the events of war as its aftermath that would bring the greatest crisis to the Hospital. The 'Spanish' influenza epidemic (so called because the King of Spain was one of its early victims) had appeared in Europe in early 1918, brought there perhaps through a milder form introduced with the arrival of American troops. From Europe it spread to the Americas, Asia and Australasia brought back generally by soldiers returning home. By late 1918 Spanish flu had reached Sydney. On 28 January 1919 New South Wales was declared infected and most public venues, including libraries, schools, churches and theatres were closed. The hospitals were prepared for an emergency.[5]

The epidemic had most effect in the crowded inner suburbs but it also spread across the harbour. At Royal North Shore, the Board had taken some action during the war to deal with cases of infection such as venereal disease. After lengthy negotiations with the State Government, a new infectious diseases ward to accommodate 25 cases had been opened in November 1918. But no experience of treating previous diseases could compare to the effect of the flu epidemic of 1919.

> On the 28th March, acting in concert with the Board of Health, this hospital arranged to receive cases of pneumonic influenza. As a result, within twenty-four hours, two wards were cleared of all patients, bad cases being transferred to other wards, those sufficiently convalescent being sent home, and accommodation was thus available for 65 cases. More than half the nursing staff were isolated in a special compound, and two wooden buildings were erected within sixty hours to serve as nurses' dining room and sitting-room. The Honorary Medical Staff adjusted their services in such a way that certain medical officers were in charge of each ward for definite periods. The whole course of the epidemic was one which will not be easily forgotten by the staff of this hospital.[6]

Over four months, 534 cases of Spanish flu were admitted. A special convalescent hospital was established at Crow's Nest Public School so as to provide room for new cases of the disease. Seventy-four patients died, over half within forty-eight hours of being admitted to the Hospital. Twenty of the 34 nurses caught the flu. None of these latter cases were fatal but Sister A. M. Thompson, formerly on the nursing staff, after volunteering to care for flu victims in Perth, whilst on the way to the front, had fallen victim herself on New Year's Day 1919. Having survived Gallipoli and the fighting in France, and after returning to duty as an honorary at the Royal North Shore, Dr. J. B. St. Vincent Welch died in Sydney from Spanish flu in May 1919.

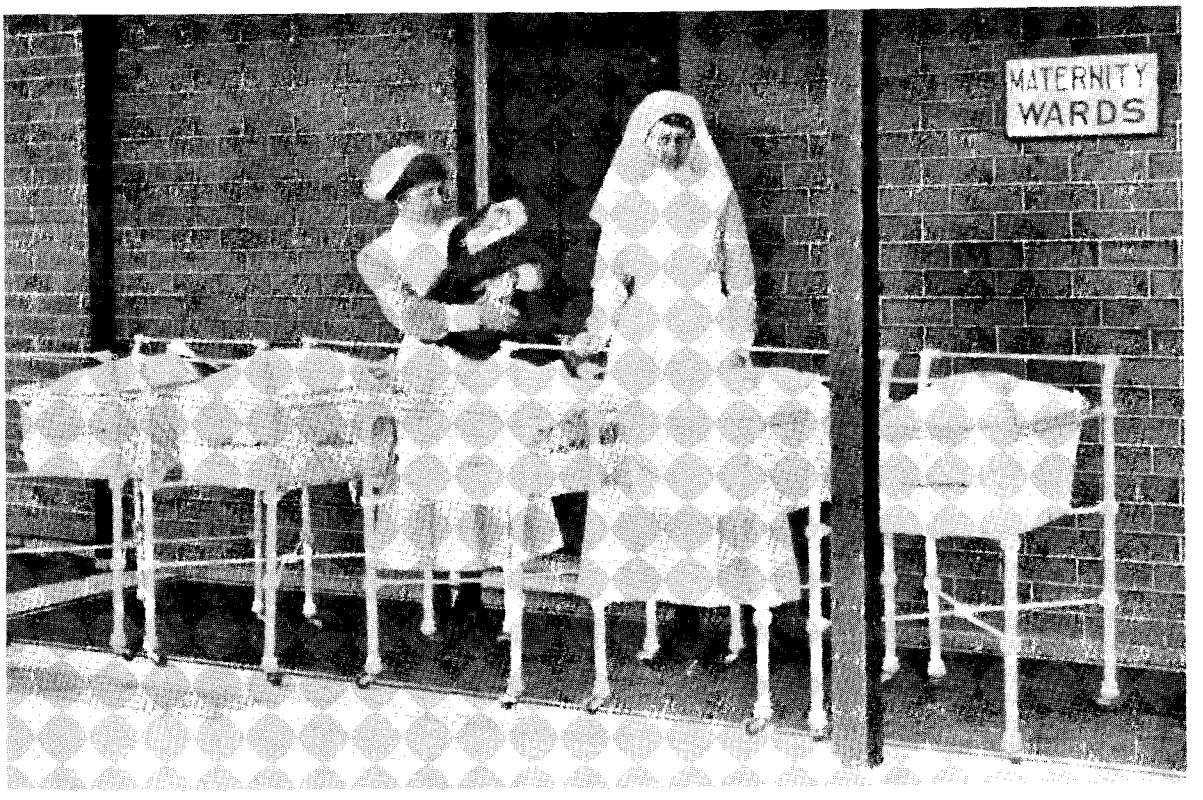
In the long term both the war and the flu epidemic would increase the standing of hospitals within the community. The war service of so many doctors had done much to consolidate the status of medicine. Medical practice was now perceived to be based upon scientific principles and procedures, offering the possibilities of both improved care and

prevention. In surgery the 'scientific revolution', beginning in the nineteenth century with the application of chloroform and antiseptics, was virtually complete by the early twentieth century. The skill of the surgeon could now be applied more safely and in new areas. Equally important was the diagnosis and prevention of disease. Technology and drugs assisted the process. The new X-Ray machine at Royal North Shore, introduced in 1917 following the development of electricity within the Willoughby municipality, was part of this movement. The flu epidemic had also stimulated the application of mass antitoxins for the first time. Under arrangement with the State Board of Health, Dr. C. H. Burton Bradley, honorary consulting pathologist at Royal North Shore, had undertaken the development of sufficient vaccine to innoculate 25,000 persons, so helping to provide the only known way of preventing the spread of the disease. Clearly, medicine in conjunction with science seemed to be the new hope for the twentieth century.[7]

Two post-war developments signalled the new age. One of the great concerns in the nineteenth century had been deaths in child-birth and the mortality of infants. In the early twentieth century such concerns had merged with the fears that Australians may be committing race suicide by failing to reproduce themselves in sufficient numbers. In New South Wales, the Royal Commission on the Decline of the Birth Rate of 1903-04 had drawn attention not only for the apparent need to stimulate the birth of more children but to make sure that they and their mothers survived. Puerperal fever was the cause of many deaths amongst women in childbirth; its origins and spread were still not fully understood in the early twentieth century but the development of the theory of 'germs' as the cause of disease (under the influence of Lister and others) seemed to indicate that it was much safer for a woman to be under the care of a medical doctor in a hospital rather than entrusting herself to a midwife at home. Overall, births attended by doctors in New South Wales grew from 58% in 1914 to 73% in 1923 (when midwives were required to be registered for the first time) —

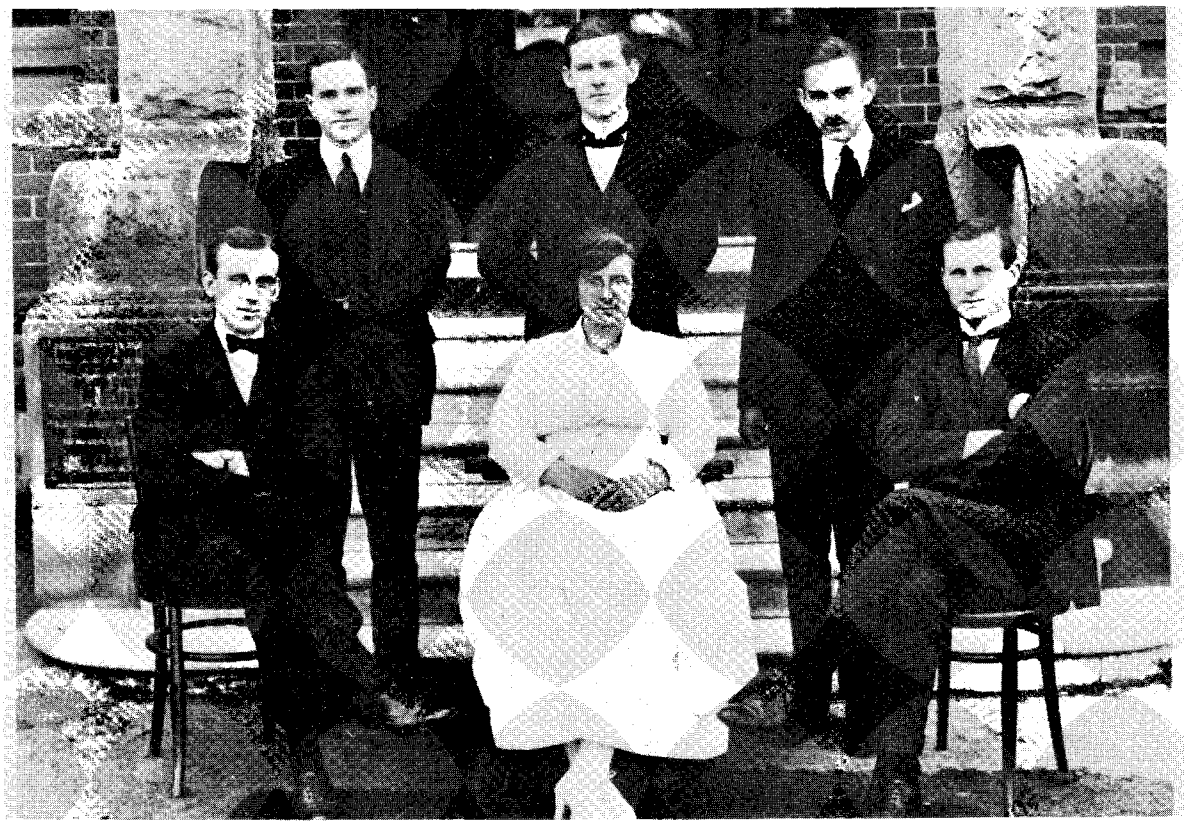
> Public maternity hospitals came to enjoy a reputation for safety and efficiency. They could offer an abundance of skilled assistance and provide hygienic conditions which could not usually be matched by the doctor or midwife working in a domiciliary setting. As the advantages of confinement in the well-equipped hospital were more widely appreciated and the traditional image of the lying-in hospital as a refuge for the morally suspect or indigent women disappeared, regular use of public hospitals began to be accepted by the better classes of the community.[8]

Most hospital births in Sydney took place in the city hospitals such as the Women's Hospital at Crown Street, Royal Women's at Paddington or St. Margaret's in Darlinghurst. But even before the First World War, Royal North Shore had begun to develop a reputation in gynaecology through the work of such honorary surgeons as Clarence Read, T.J.L. Isbister and H.Z. Throsby. Upon resumption of the six acres north of the original hospital site in 1920, five of the old cottages became the maternity section of the hospital. Appropriately, G. McGirr, the Minister for Public Health and Motherhood — the latter title an



Six little Australians from the Maternity Wards, being the five cottages allocated in 1920.

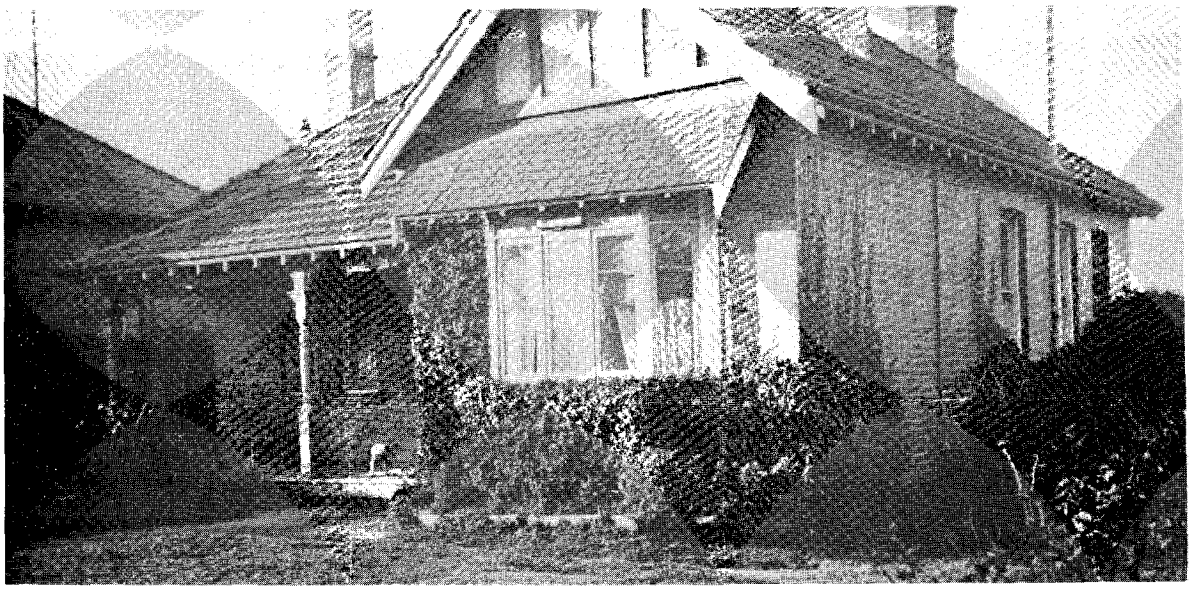
New maternity section opened for patients c.1921.



The earliest known photograph of the resident Medical Staff taken in 1921.
Standing (L to R) F.A. Morrison, E.A. Cook, C.F. Pettinger
Seated (L to R) H.G.D. Cookson (Senior R.M.O.),
Emma A. Buckley (Medical Superintendent), W.V. Jacobs.

addition to the health portfolio in 1915 — dedicated all of the new site on 4 December 1920 in a ceremony attended by 1,000 guests. In the first year 159 patients were admitted and 141 babies were born. (Sixty-seven years later three of those babies returned to attend the ceremony opening the newest development of the Maternity section.) There were only two deaths, both occuring in patients admitted in extremis and who died within 24 hours. There were four six-bed wards in this new maternity section which was equipped with electric light, hot-water, a nursery and a labour ward and theatre equipment, including sterilising apparatus. Admission was restricted strictly to women unable to pay for private treatment. As the only public maternity hospital in the northern suburbs, the Royal North Shore also began obstetric training for nurses. Two assistant obstetricians, Dr. Charles Wassell and Dr. Harry Leaver, were appointed to oversee the development of the new section.[9]

Growing hospitalisation for child-birth was one indication of the new approach in medical care. Another was the development of medical research. In Melbourne, a philanthropic bequest had led to the foundation of the Walter and Eliza Hall Institute in 1915. Scientific



"Oakleigh", one of the Cottages acquired in 1920, housed the Pathology services and included the original Institute of Medical Research until 1930, when it was demolished to make way for Nurses' facilities.

pathology in the laboratory was becoming recognised as a necessary adjunct to medical practice. In Sydney a movement was formed to establish an Institute of Pathological Research under the Act of Incorporation of the Royal North Shore Hospital. In 1920 a special appeal was launched under the patronage of the Governor General, Sir Ronald Munro Ferguson. Significantly when the hospital decided to create the new post of Medical Superintendent, the Board appointed Dr. Emma Buckley, a pathologist and bacteriologist, whom it was hoped would combine laboratory and medical practice. Although she resigned in 1922, following her marriage and after almost two years in the post, the precedent of associating the hospital with basic research had been established.

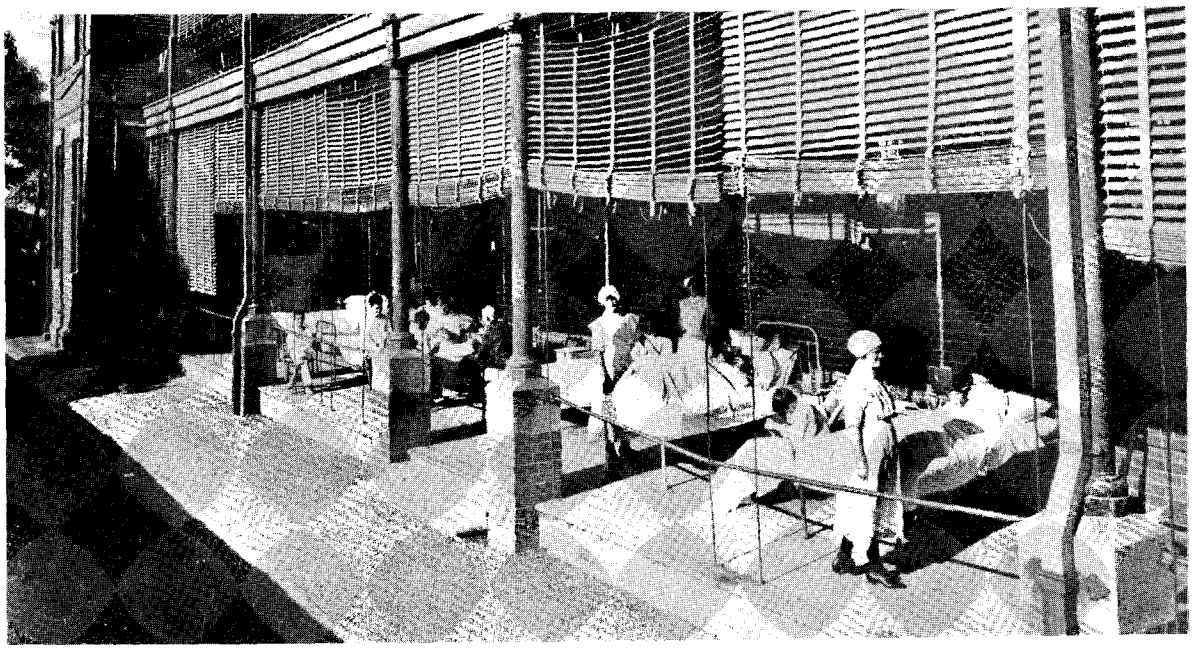
The original aim of the Research Institute was to raise £50,000 initially with a final target of £150,000. The beginning was rather more modest. In 1923, a businessman, Thomas E. Rofe, provided a gift of £5,000 to be matched for with a New South Wales Government subsidy. In accord with the wishes of the original benefactor, and upon the advice of the Scientific Advisory Council, research work began on the study of diabetes. Two research workers, Dr. Elsie Dalyell and Dr. Beatrix Durie, were employed to begin the preparation of insulin, and later with the commercial introduction of this product, to continue further experiments into diabetes. The direction of the Institute came under Dr. William Wilson Ingram. A Scot who had graduated from the University of Aberdeen and had later worked at the Lister Institute in London, Bill Ingram had come to Australia after the First World War. He worked first in the Department of Physiology at the University of Sydney and then became assistant honorary pathologist at the Royal North Shore in 1922. For almost the next sixty years he would be intimately connected with the

development of medical research in the hospital.[10]

Philanthropy, having helped establish medical research at Royal North Shore, would also lead to its extension. In 1929, Mrs. Eva Kolling donated £5,000 for the erection of a laboratory in memory of her late husband. Born in the United States, Charles Kolling had helped to establish a large asphaltum works at Greenwich and then later became Managing Director of the Link Belt Company of Australia as well as being associated with developments in mining sites, including Mount Morgan. Interested in medical research, Mrs. Kolling had also made gifts to other hospitals and to Sydney University. On a visit to Royal North Shore to see the 'Charles Kolling Bed' she met Dr. Bill Ingram who invited her in to see the Institute of Medical Research. As a result, she became most interested in the Institute and 'also much impressed with the young lady Drs. dressed in white whom I insisted on naming Miss not being able to think of them as Drs.'[11] Her grant to Royal North Shore was conditional on equivalent support coming from the State Government. The Charles Kolling Research Laboratory, housing the Institute of Medical Research, would open in 1931.

These new developments were part of an effort during the 1920s to develop the Hospital as a major centre of health. Much was still due to the vision of Randal Carey who continued as active as ever in the immediate post war years despite having passed his eightieth birthday. During the influenza outbreak in 1919, it was Carey who, in view of the

Christmas Day, 1922 Back Row (L to R) Sr. Jenkinson (Outpatients), Sr. Hope, S/N Rankin (Theatre), Dr. R.C. Geeves, Dr. A.W. Chalmers, Sr. Sturt (Dibbs Ward), Sr. Fox (Carey Ward), Sr. Thompson, Sr. Thomas. Middle Row, seated (L to R) Sr. Machin (Theatre), Sr. Crittenden (Hospital Saturday Fund Ward), Sr. Gray (behind), Sr. L. Cook (Isolation Ward), Sr. M. Walker (Children's Ward), Sr. M. Richardson. Seated in front (L to R) Dr. W.M. MacDonald, Matron Charles West, Dr. H.G. Cookson.



By the 1920s, the verandahs of the original pavilion wards — later known as 'B' Block — were being used to accommodate patients (Dibbs Ward on the upper floor and Carey Ward on the lower). Those on the verandahs could get fresh air and sun: they could also get very cold in winter.

government restrictions on meetings, including that of the Hospital Board, had taken personal responsibility for the admission of patients and the necessary arrangements for accommodating the nurses in isolation. He remained committed to improving the Hospital in all possible ways, even presenting to the Board his design for a large covered-in food trolley to take food to the new maternity and infectious wards. Most of all, he was anxious for the 'future destiny' of the Royal North Shore setting out his ideas in a special report in April 1920. Looking towards the day when every foot of available land on the North Shore would be built upon, Carey urged his fellow Board members to contemplate the further acquisition of property, including land across the railway line, then reserved for a sanatorium so that the Hospital could become a 'Complete Health Centre'. A month later, under his pressure, the Board passed a resolution calling both for the acquisition of the proposed sanitarium site and the resumption of Gore Hill Park (although seven Board members voted against such a proposal). Nothing of such magnitude would eventuate in the lifetime of the chairman. In August 1921, Major Carey, now aged 87, had a serious accident when on his way to a meeting of the Board. He returned to chair meetings in December 1921 and intermittently the next year, but he never fully recovered. His death in June 1923 at age 89 marked the passing of the last of those Board members who had been associated with days of the cottage hospital.[12]

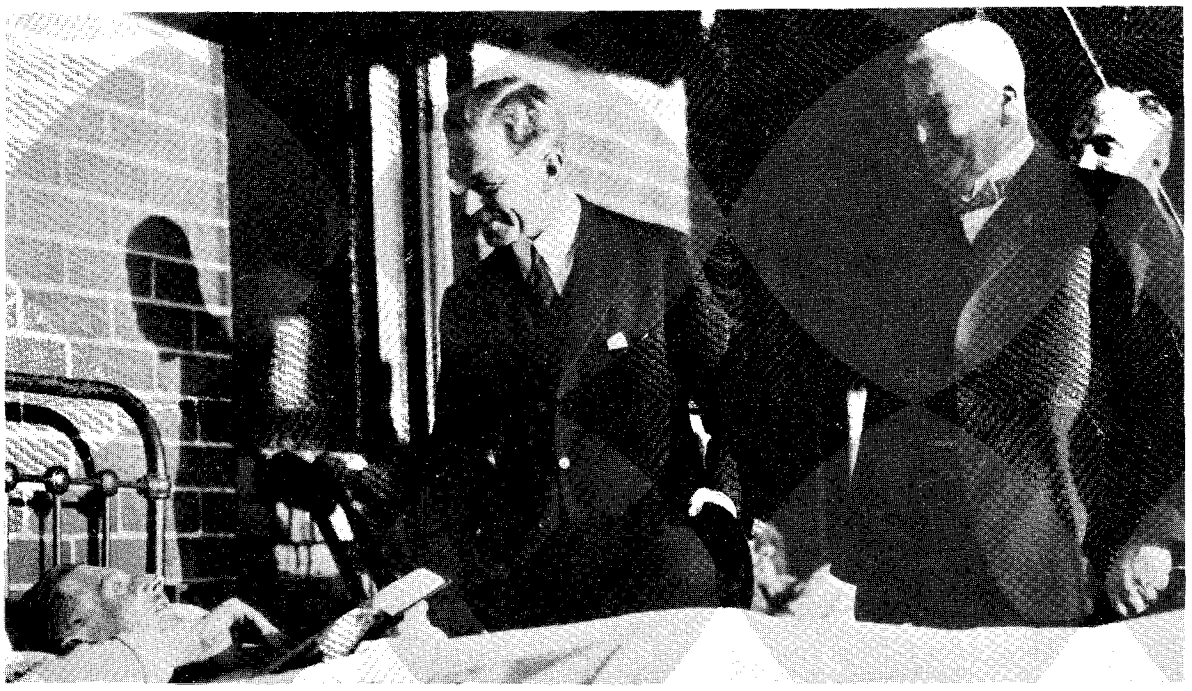
The chairmanship of the Board had passed to a new generation. Walter Mullens Vindin had been on the Board since 1919. A businessman who lived on the upper North Shore, he was involved with numerous educational, religious

and charitable institutions, including Barker College at Hornsby where he would become president of the school Council. At Royal North Shore he had turned his energies and talents to fund-raising. A large popular figure, he reputedly had a knack of extracting largesse from his fellows, including one reported occasion when he 'buttonholed' prominent men on a North Shore train from Milson's Point, extracting five contributions of £50 each on this single journey simply on the strength of his own similar contribution to purchase a piece of scientific apparatus for the Hospital. Succeeding Major Carey in 1923, Walter Vindin would remain chairman of the Hospital Board until his death in 1928.[13]

Under the chairmanship of Vindin the Royal North Shore continued to cope with the problems of an expanding population in the surrounding districts. Services developed to meet new needs in the community. By 1927 the Maternity Hospital had developed a Mothercraft School in association with its post natal clinic. A year earlier the Board had established a psychiatric clinic although hopes for funds to establish beds did not eventuate. There was also a social work department formed with a social service officer to cater to the emotional and general social needs of patients; a former clerical officer at the Hospital, Alice Whiting, became first to hold the post. Visiting the wards to discuss matters with patients, she would later help form the Institute of Hospital Almoners to train social workers for public hospitals.

Almost all those who now came to work at Royal North Shore were Australian trained in part if not wholly. In June 1924 the Hospital appointed its first women residents, Dr. Grace Cuthbert and Dr. Marion Fox, both of whom were graduates of the University of Sydney medical school. Dr. Grace Cuthbert (later Cuthbert Browne) who would go on to become Director of Maternal and Baby Welfare in the Department of Health in 1937, had come to work with Dr. Basil Riley the resident pathologist (and brother of Bernard Riley the then Registrar). She then became a junior resident at Royal North Shore for a year. Much of her work was in obstetrics but also general gynaecology. Sixty years later she remembers that on a typical day she would be up and in the theatre for 6 o'clock surgery, particularly if Dr. J.L.T. Isbister was operating. (Early surgery was a popular practice with the sisters and nurses, for an early start meant work could be better organised throughout the day). There were day and evening rosters for all the staff with officially one weekend in every four being free, but much depended on emergencies and who came into the hospital at any time.[14]

The major difficulty of the early to mid-1920's was accommodation. During this period, the number of patients treated each year more than doubled from 6,000 in 1921 to over 14,000 a decade later. Miss K.E. Sturt, who arrived from Melbourne in 1921 to become the first trained nurse appointed to night duty, found a hospital suffering even then under the strain of limited resources. In "Dibbs Ward", where she took charge after her period on night duty, there were both surgical cases 'such as Gastro-enterostomy and orthopaedic' as well as typhoid fever patients and those very sick with pneumonia, plus those with cataracts on their eyes. Sterilised dressings hardly existed, while 'The linen was appalling — there was not enough to keep patients clean, let alone deal with



The Governor General (Lord Stonehaven) visiting patients, accompanied by the President, Mr. Walter Vindin. 1926.

Lady Game, wife of the Governor, talking with Nurses during a visit in 1933. Matron Charles West and the President, Judge Thomson, are to the right.

incontinent patients'. The matresses were of horse hair and the beds often full of bed bugs. The crockery was often chipped and cracked and could only be sterilized by boiling in a kerosene tin on a gas ring. Transporting patients to the upper wards could only be achieved by using a manually operated lift. (An electric lift was not introduced until 1930). For those who succumbed the final resting place in the Hospital was hardly pleasant.

> The Mortuary was just an old shed and conditions were almost indescribable — in this *shed* were several wooden tables — the bodies leaving the wards . . . were taken down on trolleys, with just a gray blanket covering them and placed on one of the tables, then covered with a *tin cover.* Great care had to be taken that the cover was put on properly and fitted firmly, as the place was infested with rats. They could attack the bodies if *great care was not taken* in placing the tin cover . . .. Post mortems were done in this place. A nurse always accompanied the wardsman to the mortuary — it was really a horrifying place.[15]

Conditions did improve. In February 1922, the Board discussed the unsatisfactory state of the morgue and also decided to take action to clean up the vermin in Dibbs Ward. By 1924, it was also considering means of heating wards to replace the old large stoves. In 1925 a new mortuary was built with State funds, containing ample provision for the death rate in the institution, together with an excellent examination room for after death examination, as well as a convenient chapel in connection with the funerals of deceased patients; there was also provision for a future refrigeration chamber. The same year, the Board put forward a scheme of new buildings to cost £150,000.[16]

The most important of these was the long awaited Nurses' Home. The lack of proper accommodation for nurses was hindering both patient care and the working conditions. With the Hospital unable to employ more nurses because of the lack of accommodation, the working hours of those at Royal North Shore in the mid-1920s was as much as 58 per week, far higher than most of the other metropolitan hospitals where agreement had established a norm of a 44 hour week. Nurses' living quarters had also spread beyond the cottages acquired in 1920 to include a former patients' waiting room and a doctors' consulting room. As a result of these and related pressures on accommodation, there was a long list of women awaiting operation and the admission of children, particularly those with infantile paralysis, could take up to six months. In 1926, the Board even threatened to close the infectious diseases section of the hospital to ease accommodation pressure and reduce the working hours of nurses.[17]

During 1926-27, the Lang Labor Government approved the preparation of plans for a new nurses' home. By 1928, the Hospital also had an old friend in government. Dr. Richard Arthur, an honorary in the hospital before the First World War, was Minister for Health in the Bavin National Ministry. Under his guidance, parliamentary legislation was enacted giving approval for the Hospital to receive finance to erect a nurses' home. Building commenced in April 1929 when a foundation stone was laid by the Premier himself, the Hon. T. R. Bavin. With the onset of the Depression, it was agreed to reduce the cost of the building from the original estimate of

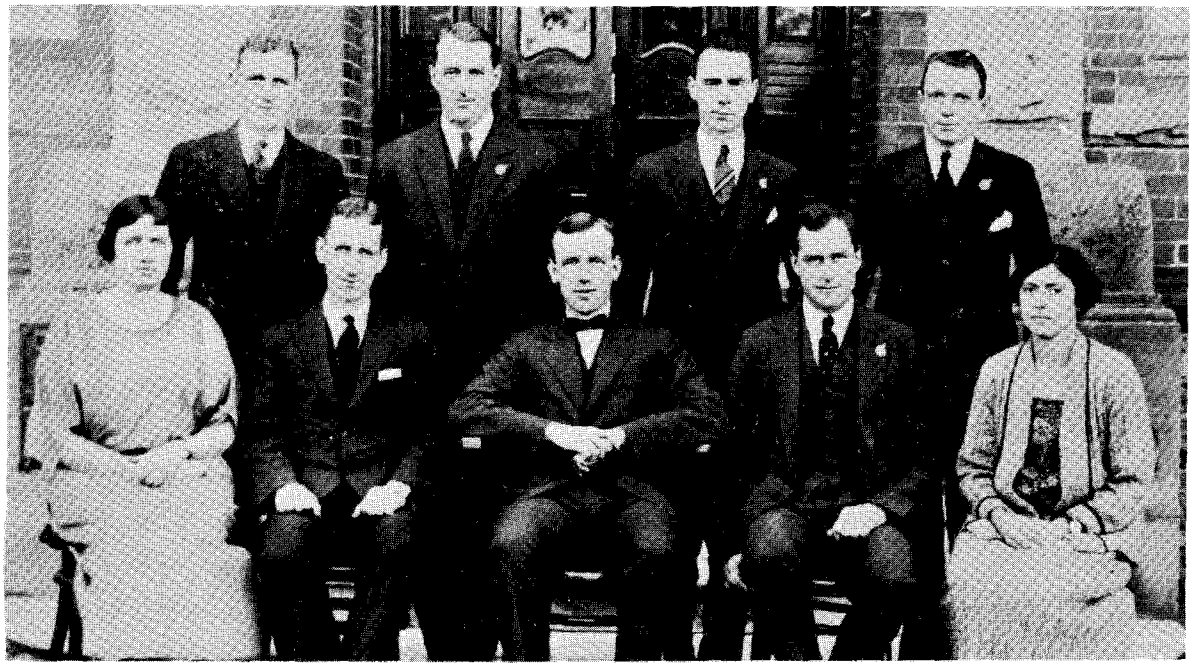
£68,000 to £40,000 for a 'less pretentious but equally suitable building' which would still accommodate up to 200 nurses. Vindin House, named in honour of the former chairman of the Board, finally opened in June 1931. Ostensibly, it was a great improvement on previous conditions. The carpets in the building were high quality imported (and originally intended for the proposed Savoy Hotel in the city which had never been constructed) while the dining rooms and chairs were new, built to the design of Matron West. But the general furniture had been brought over from the old cottages while the steam pipes for heating the building were initially placed under the Matron's quarters and when steam was turned on 'the whole place was filled with moisture and mildew grew on everything, making the "Quarters" quite uninhabitable.'[18] In time, the location of the pipes was changed.

By the late 1920s, even the image of public hospitals being confined to the poor was fading into the past. Hospital authorities were beginning also to turn away from inherited British notions of administration and care towards other models which seemed more appropriate for the twentieth century. In 1925-26 Malcolm T. MacEachern, Associate-Director of the American College of Surgeons, visited New South Wales and prepared a report for the Minister for Public Health on Hospital Systems. As part of his journey, in February 1926 he visited all the main Sydney metropolitan hospitals, including Royal North Shore. MacEachern rightly identified what was becoming one of the major dilemmas of providing hospital care. There was a growing demand for services, while the cost of health care was escalating as new forms of technology were introduced into the hospitals. Medical speciality was beginning to emerge adding to the problems of administration and management. Part of the answer lay in more highly qualified administrators and a specialist executive officer. But the major problem was economic — how to provide for all in the community on a rational financial basis.

> Hospitals generally service two classes today — the necessitous on charity, and the rich; the former because the State so regulates and provides, and the latter because they can pay for the service in some private institution. But the largest group, the so-called middle class, cannot accept charity on the one hand or pay the high charges on the other. Frequently, they are obliged to curtail the amount of service really required. This very large and important class is made up of honest, industrious people with limited financial means, and whose resources are now heavily taxed in building homes and raising families. They are therefore obliged to refrain from contracting additional expenses for services often very necessary.
>
> The present cost of hospital service makes it impossible for the private institution to adjust its charges to meet the financial status of this group. The solution lies in the establishing of an intermediary type of accommodation in all public hospitals, so that this group can secure hospital service at a cost which is not prohibitive. Every general hospital should have various grades of accommodation — free, part pay and full pay wards; but the same medical, nursing and domestic services for all.[19]

Amongst his recommendations, MacEachern suggested that the New South Wales Government adopt 'the

Annual Meeting, 1924. In the centre at the front is the Governor, Sir Dudley De Chair. To the right of the Governor is the President of the Board, Walter Mullens Vindin. To the right of Mr. Vindin is the Vice-President and Hospital benefactor, Thomas E. Rofe. Behind the Governor with hat in the hand is the long serving Board member, James Ford.



Residents 1924. Back Row (L to R) Bernard Riley, K.P. Rutherford, Wallace Freeborn, Fred Florance. Front Row (L to R) Grace Cutherbert (Browne), Basil Riley, Douglas Cookson (Superintendent), Nat Barton, Marian Fox.

voluntary community type of hospital' supported from Government subsidy and municipal aid in addition to patient fees, earnings from medical departments of such a hospital and philanthropic assistance. The board of each hospital would represent 'broad community interests' and 'varied callings of life whose natural talents can be tuned to the advantage of the hospital'. He wanted to see a State Hospital Board, similar to the Board of Charities in Victoria, and a full-time Director-General of Hospitals responsible to the development of hospital policy. While public hospitals would be open to all, public wards and outpatient departments (the latter supplying free care to about 20% of the population in Sydney in the 1920s), would be restricted to those who could not afford to pay.[20]

The proposals of MacEachern found general favour. The honorary medical staff at Royal North Shore expressed support for his report and suggested that the Hospital Board consider adopting the community hospital system as existed in North America and Europe. Allied to these suggestions was the need to encourage the principle of health insurance. Many in the community continued to subscribe to Friendly Societies which provided forms of health insurance cover. In 1926 the Lang Labor Government had also legislated for workers' compensation in cases of industrial accidents. This raised the further prospect of such cases being treated in public hospitals, a situation which all the major metropolitan hospitals, and particularly their honorary medical staff, accepted only reluctantly. The general answer to the problem of financing health care seemed to lie in some form of national health insurance scheme for all. As *Footprints*, the magazine of the Royal North Shore and the Institute of Research, pointed out,

> There is no need to debase that glorious word "charity" or philanthropy when an institution performs a necessary and unfortunately inevitable service to a large proportion of the population who are guarded against the necessity for charity by a basic wage, old age and invalid pensions, and other special provisions; and the larger proportion of people admitted to public hospitals, i.e. those temporarily disabled, do not want charity, but are forced to appeal for it because no government yet has devised the simple machinery of a gigantic lay-by system — otherwise called insurance — whereby the cost of any sickness could be met with their own money accumulating for the purpose in an insurance bureau.[21]

Obviously many in the community were still not ready for such proposals. In 1928, the Commonwealth Government had introduced legislation to provide for universal national insurance medical cover. Opposition from various groups including Friendly Societies, employers and insurance companies led to its withdrawal.[22]

In the mid to late 1920s the Royal North Shore Hospital Board itself was more concerned as to how it could exist with a bank overdraft which had grown to £60,000 by 1926. In July 1928, the Board tried to decide upon a rational system of payment from patients by determining that each person admitted to the hospital, or attending the outpatients clinic, should pay an amount which would be based upon the actual cost of maintaining each bed the previous year and the total cost of operating the outpatient department. However, there

still remained the essential escape clause whereby full or part payment could be foregone depending on the circumstances of each patient. Such resolutions were incorporated in the hospital By-Laws. The honoraries had a further solution. In accordance with the aims of the MacEachern report, they wanted to see the introduction of private wards at the Hospital.[23]

By the late 1920s there appeared to be answers to at least some of these dilemmas. Following the recommendations of such experts as MacEachern, the Bavin Government legislated for the establishment of a Hospitals Commission which would oversee the development of health services in New South Wales. The Hospitals Commission came into being on 1 November 1929. As part of its attempt to create a State system of health the Commission carried out a survey of all the existing hospitals in New South Wales, dividing them up into various categories. Royal North Shore was placed into the major category of General Metropolitan Grade A, along with Sydney Hospital and Royal Prince Alfred. This was a recognition both of its size and overall importance. In contrast to the two older institutions across the harbour, the Royal North Shore was still not a clinical school of the University of Sydney. Indeed, an application to become so had been met in May 1928 with the rebuff from the University Senate that the existing schools at Sydney Hospital and Royal Prince Alfred were sufficient for the requirements of the Faculty of Medicine. But the Royal North Shore did have a nurses training school, the Research Institute and the important obstetric section, all of which the Commission regarded as helping to place it in the same league as the two older and larger established institutions.[24]

The survey of the Hospitals Commission was associated with an enquiry into the administration of these three major metropolitan hospitals. Already in 1926 a special Board of the Premier's Department had conducted a similar enquiry. This had generally approved overall domestic management, particularly in terms of ordering supplies, but had been critical of the maintenance of records. In terms of income, all three hospitals had by then become heavily dependent on government grants both for maintenance and for reducing and guaranteeing overdrafts, although the smaller Royal North Shore was receiving only 46% of its income from government, compared to 61% at Sydney and 51% at Royal Prince Alfred. Patients at Royal North Shore were then contributing over one-third of hospital income compared to less than one-sixth at both the other hospitals. (The Board of Enquiry suggested this was due to the Royal North Shore creating 'an atmosphere of local interest' impossible in the two large city hospitals, but it was probably also a reflection of both the social background of patients and policy on fees). Amongst its recommendations the Board in 1926 proposed tighter controls in financial administrative practices and more efforts to check on the ability of patients to pay.[25]

For the year 1929, the survey of the new Hospitals Commission would show that running costs at Royal North Shore compared more than favourably with the other two major metropolitan hospitals. Only in terms of the outpatient clinic were costs per patient higher and this was a result of higher overhead costs involved in providing the same services

1929

	RPA	SYDNEY	RNSH
Bed capacity	530	380	246
Av. bed occupancy	522.5	337	208
Av. bed cost per week	£4/11/11	£4/19/8	£4/1/6
In-patients' contribution to cost (%)	14.6	12.1	18.0
Out-patients per annum	56,657	64,304	9,042
Cost per out-patient	4/6	6/7	12/7

Source: Hospitals Commission Special Report on Administration of the Hospital, December 1930, in General Medical Superintendent's Special Collection

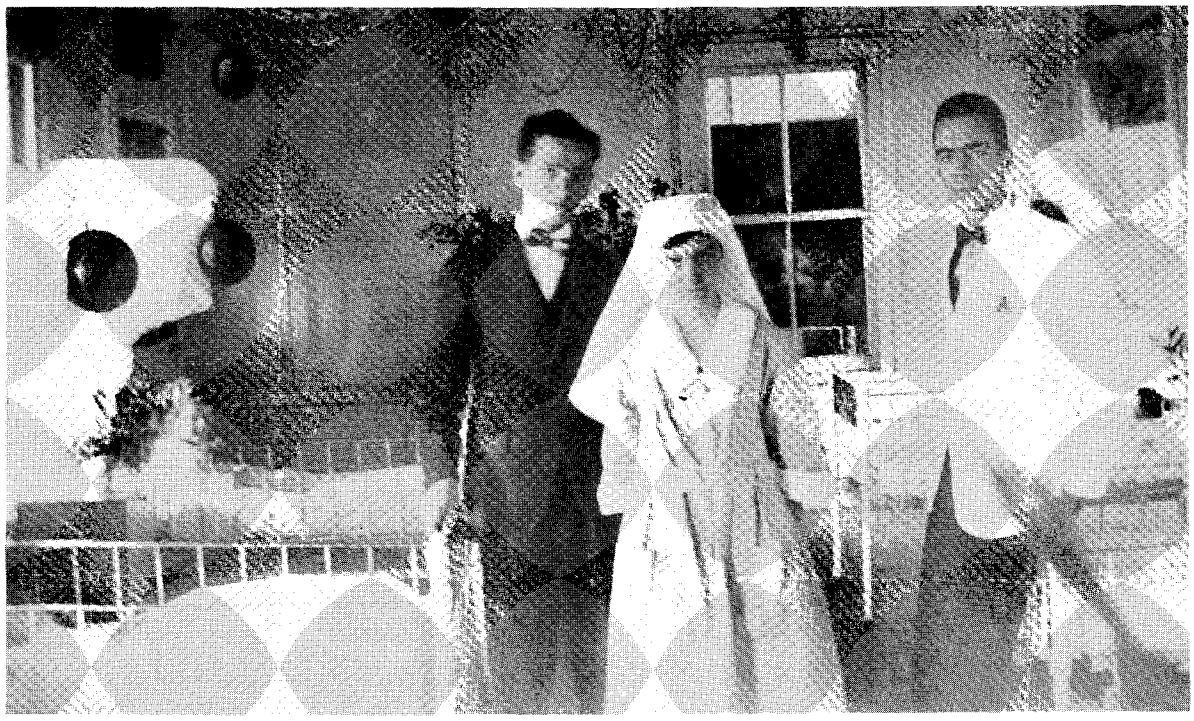
for a smaller number of patients.

The report of the Hospitals Commission also revealed the complex organisation that Royal North Shore was becoming. Apart from its honorary medical staff, the Hospital now employed a staff of 220. Over half of these were in nursing, while the resident medical staff had grown to ten. The clerical and administrative area made up more than 20. A further one-third of those working in the hospital were in the support services such as wardsmen and wardsmaids, laundry staff, cleaners, porters, housemaids, domestic kitchen staff and those concerned with general maintenance in the works department. The checking of supplies and the maintenance of records had become part of the daily routine of the hospital. With rising costs and the new policy on patient contributions one of the most important clerical officers was the in-patients' clerk who was responsible for interviewing patients, keeping their accounts and following up on debts. The Hospitals Commission noted that all possible sources of revenue were then being exploited, including the Hospital Saturday Fund, the Railway and Tramway Fund and Old Age Pensions. (On the other hand the Commission also admitted that there had been some losses to all hospitals because of the original faulty drafting of the Workers' Compensation Act). Of the 2,800 patients who had promised payment in 1929, about 15% had failed to deliver or had paid only a small part of the amount owing. The Hospital was also making £450 per annum selling visitors' passes although the Hospitals Commission suggested that this sum could be at least quadrupled providing that the Hospital closed all its back entrances and provided a suitable front entrance to the hospital grounds! In the out-patients' clinic the general fee per consultation visit was 2/6d, or about one-fifth the actual cost. A more continuing source of revenue was the role of the Hospital Auxiliaries which through various entertainments through-out the year could bring in up to £3,000.

Overall the 1920s had shown that public hospitals could only function properly by depending on government not only for capital improvements but also for the large part of general maintenance and running costs. The Royal North Shore was fortunate in having certain investments and friends in the local community who were still interested in its affairs. In 1930, Mrs.

The first Children's Ward south of the original buildings on the Gore Hill site c. 1925 (originally an Infectious Diseases Ward). The Princess Elizabeth Pavilion was built to its north in 1934 and it became the Nurses Preliminary Training School in 1935 but was moved in 1939 to the north of the Maternity Block, to make way for the building of Wakehurst Wing. After various uses it was demolished in 1987 to allow for additions to Maternity.

(Below) Inside the Children's Ward, decorated for Xmas 1924, are Thomas Greenaway, Medical Student (later to become Sir Thomas, President of the Royal Australasian College of Physicians), Sr. Mary Walker, the Sister in Charge and Dr. Wallace Freeborn, R.M.O., (to become General Medical Superintendent of the Hospital).



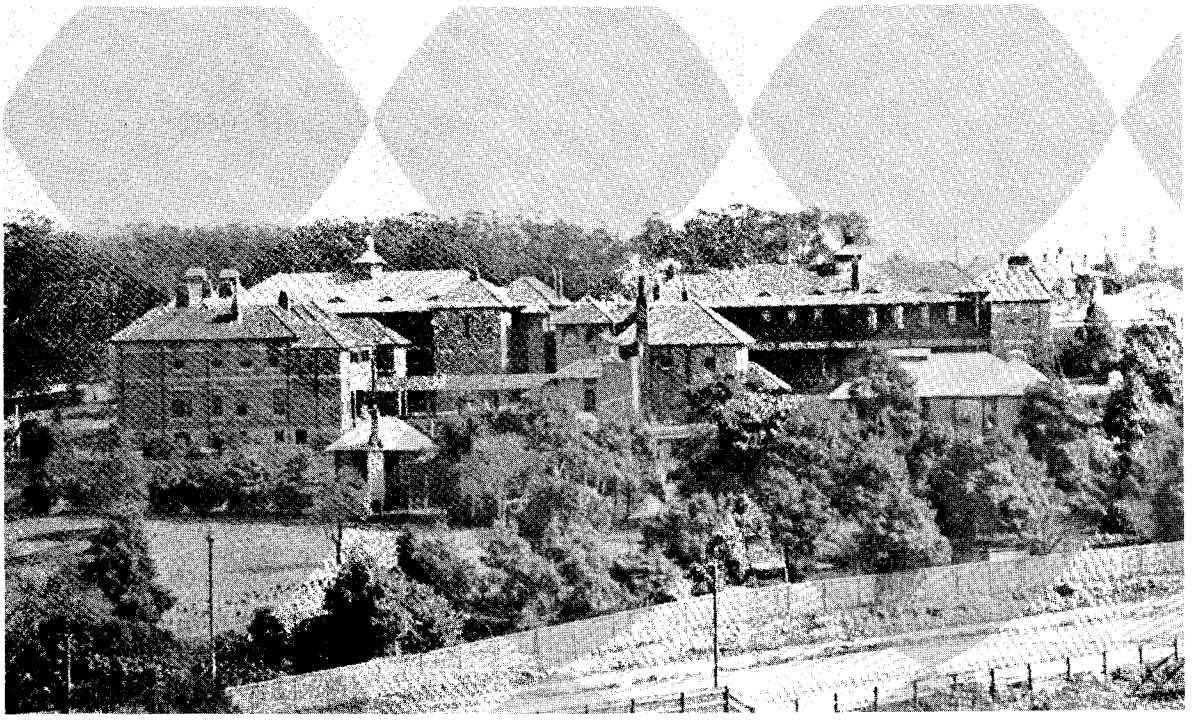
Josephine Clark, widow of William Clark a former building contractor, left to the Hospital in her will the large property of "Landenberg" on the Lane Cove River at Greenwich, a residence then estimated to be worth at least £8,000. Such bequests were a boon but often they could only be applied for specific purposes. (The Hospitals Commission itself had been critical of the Royal North Shore Board for claiming the for government subsidy on income in trusts which the Board argued could only be used for specific purposes.) There was no denying the reality that while the total income of the Hospital had increased from £6,622 to £31,139 per annum over the period 1919 to 1929, expenditure had grown just as fast from £13,238 to £67,670 annually. The government subsidy which had been £5,952 in 1919 was more than five times that amount ten years later. Even then, despite special State grants over that decade to reduce the rolling overdraft, the Hospital was still £86,392 overdrawn with its bankers at 30 June 1930.[26]

There was obviously little room for manoeuvre. From June 1930, the new Hospitals Commission was empowered to end the old unsatisfactory for subsidy scheme by financing on the basis of services provided. But money was tight for all in the crisis of the early 1930s. Throughout the community the years 1931-32 would be harsh. In its report for 1931, the Board of the Hospital admitted that it had been unable to pay for many essential items such as food and drugs and some suppliers had to wait up to six months to have their accounts settled. Subscriptions to the Hospital dried up while the income from patients declined with up to 20% of those in the wards being on the dole or other forms of government relief. The situation was not unique. All public hospitals had to draw upon their financial reserves simply to keep going. A number were only kept open because the Hospitals Commission hit on the ingenious idea of 'fruit machines' (the forerunner of the modern poker machines) to raise revenue until the Government could find the necessary finance. Not until December 1932 did the New South Wales Government finally come to the party at Royal North Shore with a special allocation of £16,000 to pay suppliers.[27]

Working conditions for those in the hospitals were also difficult. Since the 1920s there had been numerous negotiations and industrial agreements with the Hospital Employees Union representing the general non-medical staff. In 1930 the Nurses Association of New South Wales registered with the arbitration court as an industrial union. In accord with the general trend, the Industrial Commission ordered that all hospitals should reduce their wage costs. At Royal North Shore, after eighteen months of protracted discussion and negotiations with the other metropolitan hospitals through the industrial court, it was decided in September 1931 to reduce by the general community figure of 10% the salaries of the chief administrative staff, including the Secretary and the Matron, and to cut the weekly wages for general male employees by 12/6d and general females by 6/6d, but to leave untouched the salaries of other staff, particularly the nurses who were still working a 56 hour week.[28]

As elsewhere, the Royal North Shore survived the worst years of the Depression. But there were more troubled times ahead.

The Hospital Site c.1920.
Above: Looking from the Gordon Road (Pacific Highway).
Below: Looking across Herbert Street from St. Leonards Railway Station.



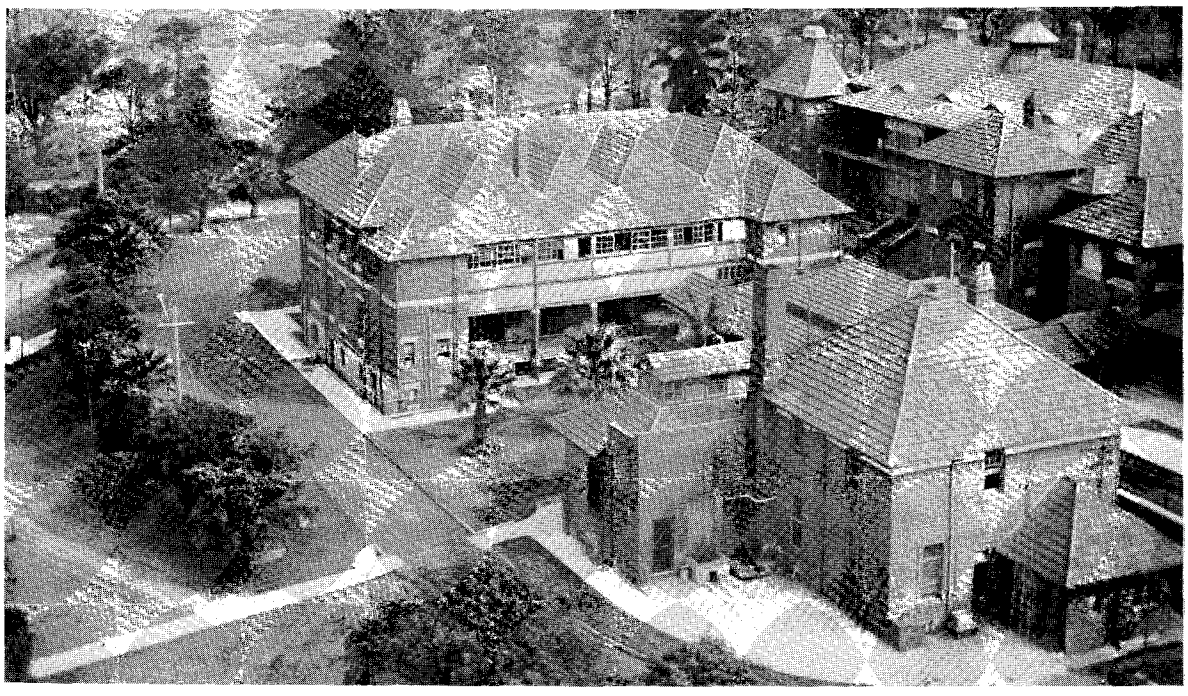
NOTES

1. Royal North Shore Hospital Board Minutes, 10 December 1914, *Annual Report for 1915*, pp. 8-9, *Annual Report for 1916*, p.11.
2. Royal North Shore Hospital Board Minutes, 14 June, 12 July, 9 August, 13 September and 13 December 1917 and 11 and 18 April 1918. See also Local Government Association of New South Wales, *Local Government of Hospitals*, Sydney, Government Printer, 1916. (Copy in New South Wales Department of Health Library).
3. Royal North Shore Hospital, *Annual Report 1920*, p. 8.
4. Land Acquisition and Consolidation files, in General Medical Superintendent's Special Collection
5. See Humphrey McQueen, 'The Spanish Influenza Pandemic in Australia, 1918-19' in Jill Roe (ed) *Social Policy in Australia. Some Perspectives 1901-1975*, Sydney, Cassell Australia, 1976.
6. Royal North Shore Hospital, *Annual Report for 1919*, p. 6.
7. See A.J. Youngson, *The Scientific Revolution in Victorian Medicine*, Canberra, Australian National University Press, 1979. See also T.S. Pensabene, *The Rise of the medical practitioner in Victoria* , Health Research Project Research Monograph 2, Canberra , Australian National University, 1979. The decline of mortality itself appeared at the time to be due to medical practice, although historians would now suggest that drains and general cleanliness were the ultimate reasons for a more healthy population. See F.B. Smith, *The People's Health*, London, 1979.
8. Milton Lewis, 'Doctors, Midwives, Puerperal infection and the problem of maternal mortality in late nineteenth and early twentieth century Sydney' in Harold Attwood et al (eds) *Occasional papers on Medical History Australia*, Melbourne, Medical History Society, Medical History Unit, University of Melbourne, 1984, p.103.
9. Royal North Shore Hospital, *Annual Report 1921*, p. 8.
10. Royal North Shore Hospital, *Annual Report 1923*, pp. 23-26. Also research files of Institute of Medical Research in Royal North Shore Hospital Archives.
11. Mrs. Eva Kolling to Dr. (Bill) Ingram, 14 October 1931, in General Medical Superintendent's Special Collection.
12. Royal North Shore Board Minutes, 29 May 1919, 9 September 1920, 8 April and 13 May 1920, 11 and 25 August and 8 December 1921, 30 January and 9 February 1922, 14 June 1923.
13. *Footprints*, January 1929, p. 22.
14. Interview with Dr. Grace Cuthbert Browne, 21 March 1986.

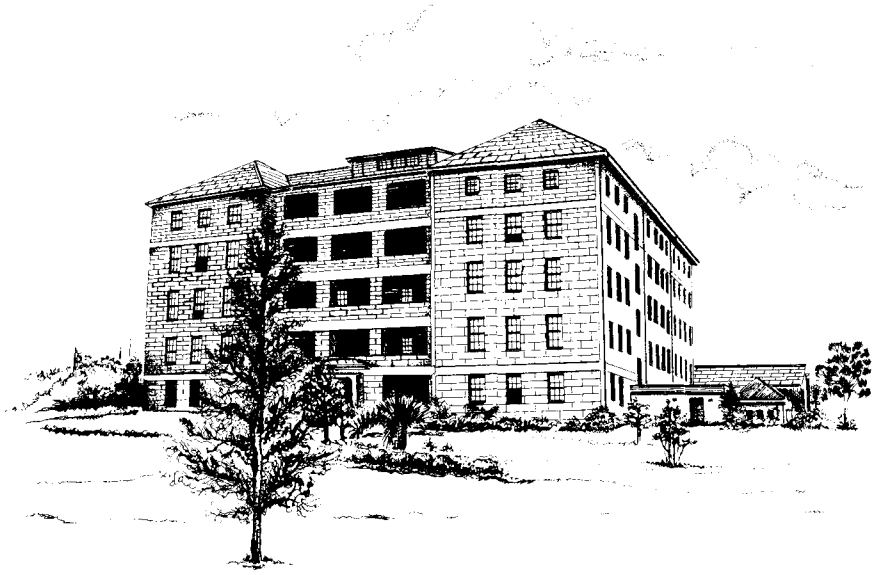
15. Extracts from 'Miss K. E. Sturt's Reminiscences Written in the 1950s', in General Medical Superintendent's Special Collection.
16. Royal North Shore Hospital Board Minutes, 9 February 1922, 9 October 1924; *Annual Report 1926*, p. 19 and *Annual Report 1925*, p. 21.
17. Based upon correspondence in Nurses Home — Resumption of Property 1918-1929, File in General Medical Superintendent's Special Collection.
18. Royal North Shore Hospital, *Annual Report for 1930*, pp. 24-25, *Annual Report for 1931* p. 18; extracts from 'Miss K. E. Sturt's Reminiscences Written in the 1950's.
19. Malcolm T. MacEachern, *Hospital Systems, Report to the Minister for Public Health New South Wales*, Sydney, Government Printer, 1926, pp. 3-4.
20. *Ibid*, pp. 7-8.
21. *Footprints*, December 1930, p. 7. The medical staff at the major Sydney metropolitan hospitals initially protested against the introduction of workers compensation cases into public hospitals. They wanted to accept only urgent cases and then urged that full fees be charged and allotted to a fund which the honorary medical staff would control. Royal North Shore Hospital Board Minutes, 12 August and 9 December 1926 and 9 June and 8 December 1927.
22. See T.H. Kewley *Social Security in Australia 1900-1972*, Sydney University Press, 1973, pp. 143-49.
23. Royal North Shore Hospital Board Minutes, 19 July and 8 November 1928.
24. *Annual Report of the Hospitals Commission of New South Wales for the Year Ended 30th June 1930* Sydney, Government Printer, 1931; Royal North Shore Hospital Board Minutes, 9 May 1928.
25. New South Wales Premier's Department, Report of Hospital Inquiry Board 1926. (Copy held in New South Wales Department of Health Library).
26. Hospitals Commission, Special Report on Administration of the Hospital, December 1930, in General Medical Superintendent's Special Collection.
27. *Annual Reports of the Hospitals Commission of New South Wales for the Years Ended 30th June 1931 and 30th June 1932*, Sydney, Government Printer, 1934; Royal North Shore Hospital, *Annual Report for 1931*, p. 8; *Annual Report for 1932*, p. 24; *Annual Report for 1933*, pp. 7-8.
28. Royal North Shore Board Minutes, 8 January, 9 April, 14 May, 19 June, 21 August, 10 September, 8 October 1931 and 12 November 1931, 10 March, 11 August and 8 September 1932.

Sixty three years after commencing as the first female R.M.O. at Royal North Shore, in 1923, Dr. Grace Cuthbert Browne was paid the ultimate compliment by her University's award of Doctor of Medicine (Honoris Causa). The presentation to the Hospital's oldest living Medical Officer was made by the Chancellor, Sir Hermann Black.

(Below) The Hospital as it was when she was a Resident Medical officer, Dr. Grace Cuthbert.



CHAPTER 4



Troubled Times

Just after noon on 12 February 1937, Mrs. Winifred Denley of St. Ives, an active member of a local auxiliary of the Hospital, fell and broke her hip. About an hour later her doctor, Dr. Martell Aspinall, telephoned the Royal North Shore and asked that she be admitted as an urgent accident case. Dr. Graham, the Medical Superintendent of the Hospital refused admission on the ground that no beds were available. Mrs. Maunder, Secretary of the St. Ives Auxiliary, then telephoned the Secretary of the Hospital, Mr. Russell, and pleaded that Mrs. Denley be admitted because she was in pain and lying on the floor of her home. Mr. Russell then advised Mrs. Maunder to ring the Medical Superintendent, but was himself subsequently informed by Dr. Aspinall that the Medical Superintendent was refusing admission. What then followed was recounted in the official public enquiry which the Magistrate, J. B. Scobie, held two years later.

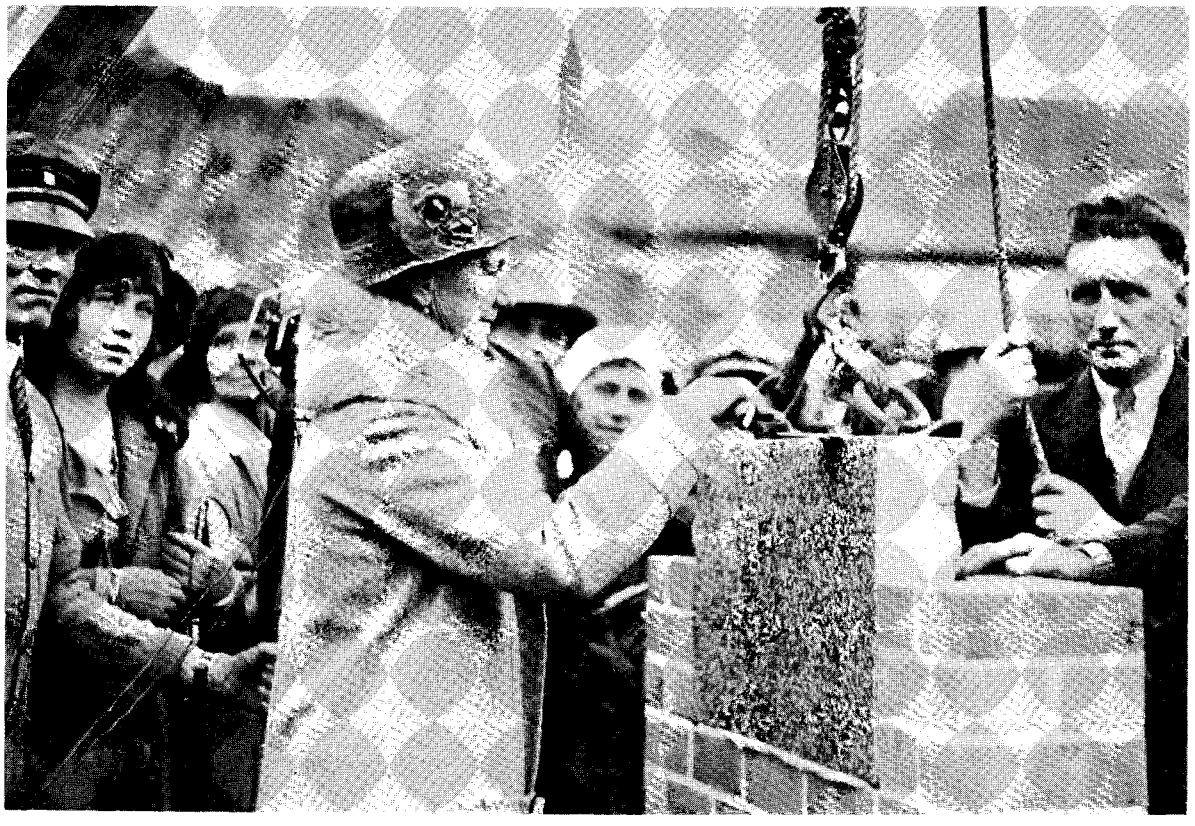
> Mr. Russell then telephoned the medical superintendent who told him the case was already known and added, "I am not going to admit her; I have no beds". Mr. Russell informed him that accident cases had to be admitted at any hour, and the medical superintendent then said he would see what he could do. This occurred about 3.30 p.m. About 4.00 p.m. Mrs. Maunder again telephoned Mr. Russell and said that Mrs. Denley was still lying on the floor and enquired if a bed was available. Mr. Russell again telephoned the medical superintendent who said, "I am not going to admit her". Mr. Russell said, "Doctor, you must admit her," to which Dr. Graham replied, "I will not admit her; you can if you like".
>
> All this left Mr. Russell in a very

peculiar position. The By-laws then in force under the Royal North Shore Hospital Act of Sydney, 1910, provided, under the heading of 'Secretary', as follows:

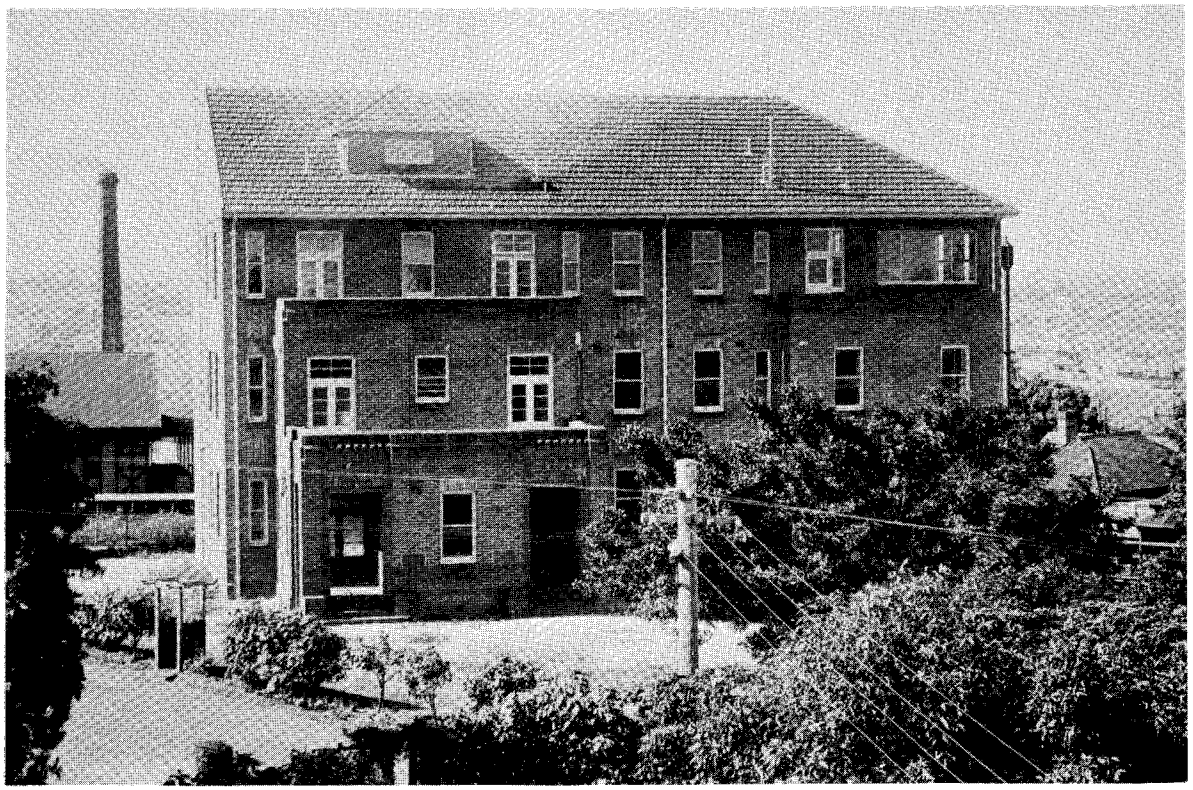
35. "He shall see that accidents or urgent cases are admitted at any hour of the day or night".

That By-law seems to have connoted the power in the Secretary himself to have ordered the admission of the patient, and it is regrettable that he then did not take this decisive action. Had he done so there is little doubt that there would not have been any 'Denley Incident', and Mr. Russell must have had the full support of the general public. He, however, did not do so but contented himself with telephoning the President and several of the Vice-Presidents eventually at about 5.30 p.m., making contact with the President, Judge Thomson. The President telephoned the medical superintendent and spoke sharply to him, with the result that Mrs. Denley was admitted into the Hospital at about 7.00 p.m. and remained there until 16 May, 1937 — a period of approximately three months.[1]

This particular case, with its somewhat alarming images of a woman lying suffering in pain on the floor while doctors and administrators debated whether she should or could be admitted to a public hospital, would have major consequences for the future of the Royal North Shore Hospital. In the short term,



Mrs. Eva Kolling laying the Foundation Stone of the Charles Kolling Memorial Laboratories in 1930.



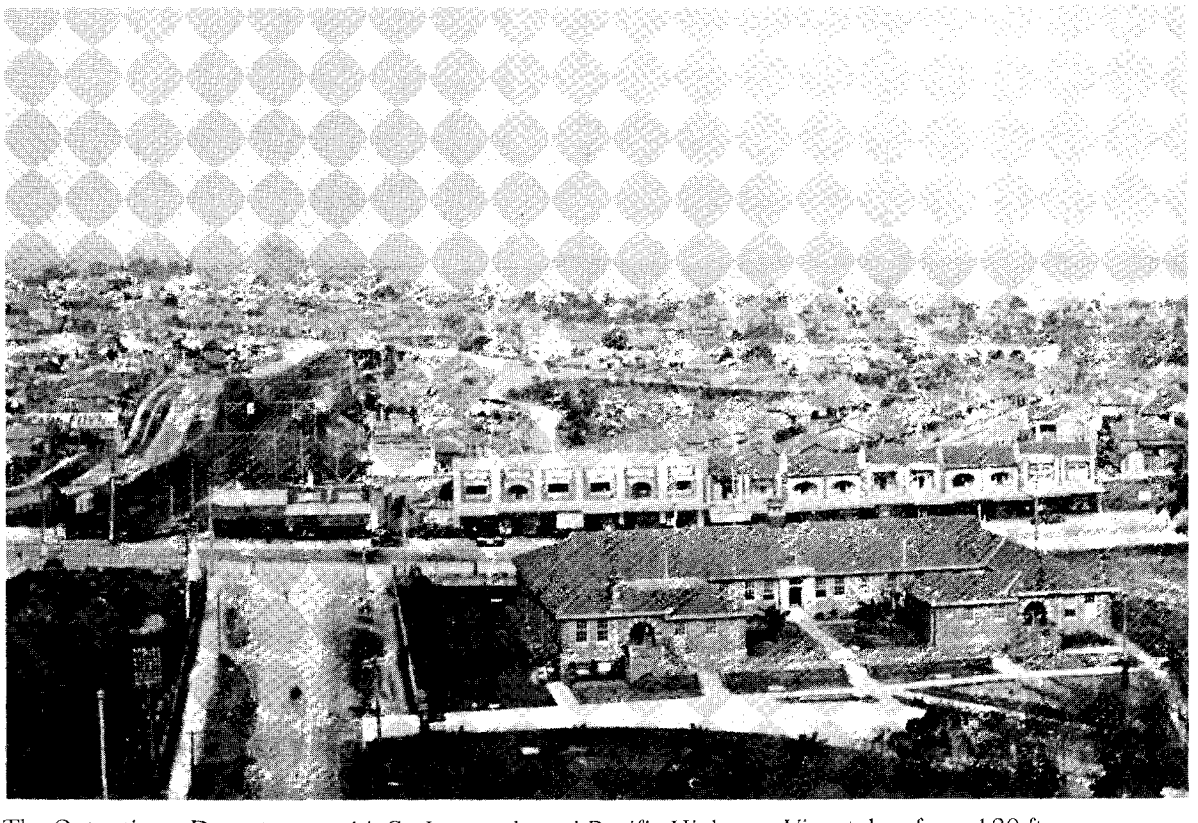
May 1937 — The Alec Thomson Pavilion for Maternity Patients (35 beds)

it led to the immediate resignation of the Medical Superintendent. In the longer term it helped bring to the surface conflicts and pressures which involved not merely policies of admission, but also the future development of the Hospital itself. Eventually it would bring about a major change in hospital administration

The origins of the 'Denley incident' have to be sought both in the general expectations about health services that had been built up, and the particular relations that had developed over the years at Royal North Shore between medical expertise and lay administration and government. The Depression notwithstanding, many had hoped that the 1930s could be a period of expansion for the Hospital. The opening of the Sydney Harbour Bridge in 1932 presented the prospect of increased pressure on accommodation and growing public awareness that the Royal North Shore was now truly a metropolitan hospital. The newly established Hospitals Commission had also been anxious to encourage all hospitals to develop as 'community' institutions taking in all social classes, providing for both fee payers and those receiving free treatment and thereby placing the financing of the public hospital system on a sounder financial basis. R. J. Love, then Chairman of the Hospitals Commission, had met with the Board of Royal North Shore in November 1929 and had encouraged the development of a plan that would see a 750, or even 1000, bed hospital. The Commission then would have been

prepared to assist with Government finance provided that the plan was in accord with 'a proper system of enlargement'. The hard times of the early 1930s soon put paid to the immediate prospect of such development, but the Commission was still eager to see the establishment of more comprehensive health services in public hospitals. In July 1930 the Commission gave formal approval to the Royal North Shore setting aside portion of the Hospital for both private (full fee-paying) and intermediate (part fee-paying) patients, provided that this did not prejudice the number of beds that could be made available to 'necessitious patients'. In practice, however, such a change could only come with the development and expansion of the Hospital.[2]

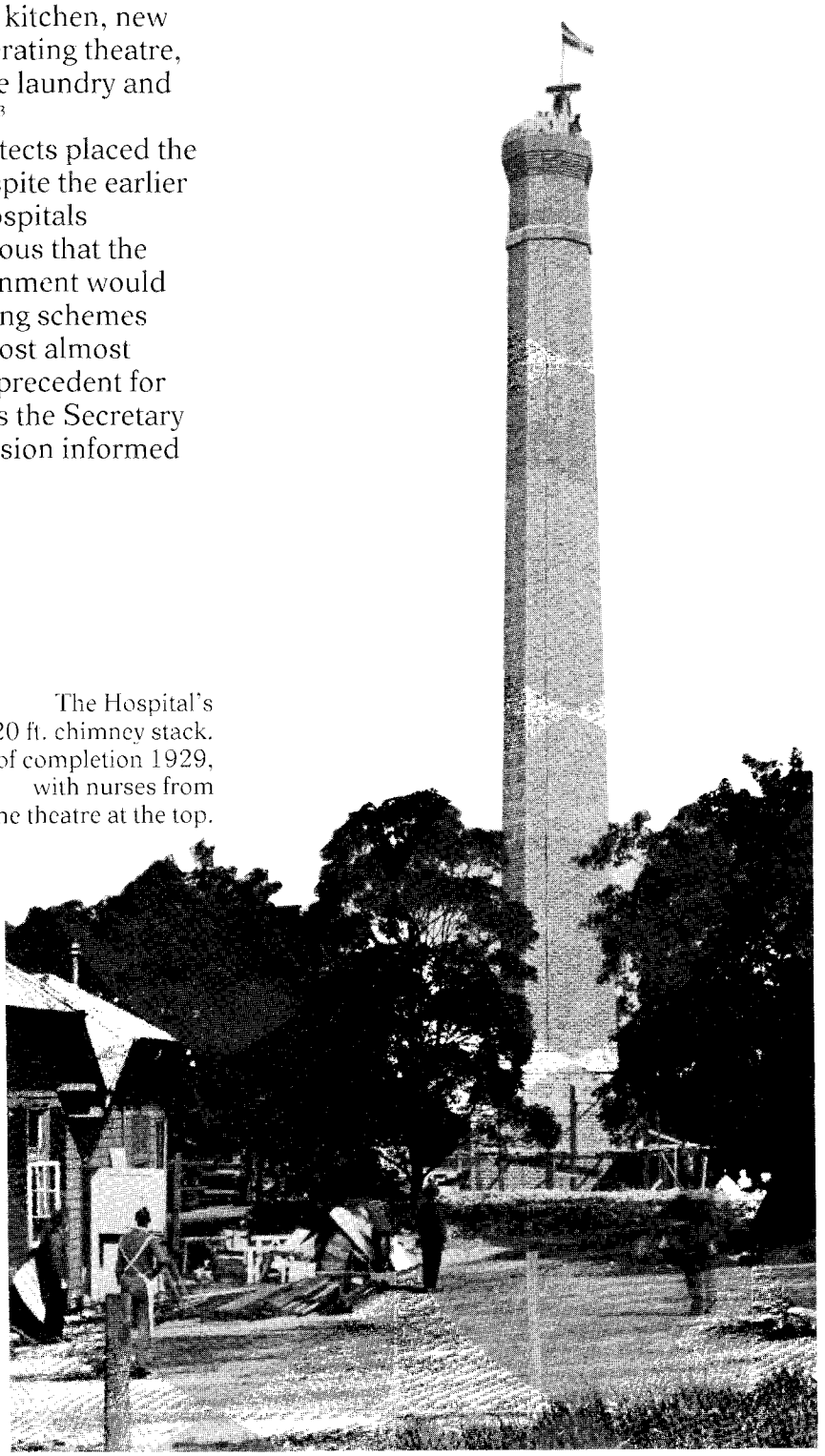
By the mid-1930s the Hospital was again considering major expansion. In 1936, a new maternity block opened. £60,000 was set aside for further development plans. In early 1937 the architectural firm of Stephenson, Meldrum and Turner presented a major report on the future development of the Hospital. The aim was to provide a hospital of 750 beds including Intermediate wards. Rather than simply suggesting the addition of accommodation for Intermediate wards, the architects went on to suggest major reconstruction and modernisation of the Hospital at a cost of at least £230,000 to a possible figure of £380,000. Overall, it suggested that no new major building be



The Outpatients Department with St. Leonards and Pacific Highway. View taken from 120 ft chimney stack.

added until there were improved facilities including a new kitchen, new boiler room and new operating theatre, as well as additions to the laundry and out-patients department.[3]

The report of the architects placed the Board in a dilemma. Despite the earlier encouragement of the Hospitals Commission, it was obvious that the New South Wales Government would not support any re-building schemes which might eventually cost almost £400,000, lest this set a precedent for other public hospitals. As the Secretary of the Hospitals Commission informed



The Hospital's 120 ft. chimney stack. Day of completion 1929, with nurses from the theatre at the top.

the Secretary of the Hospital, 'We will not commit future governments to be involved in the expenditure necessary for these big schemes'. On the other hand, deferment of re-building left the Royal North Shore Hospital in a quandary. In the words of the Secretary, Russell, in 1938, 'The greatest worry we have here is beds, beds, beds, beds'.[4]

In 1937, the matter of development was handed over to the Public Works Department which prepared a scheme which would still cost £245,000. Eventually, in August 1938, the Premier, Bertram Stevens, agreed that the Government would be prepared to authorise development by a Government guaranteed loan of £250,000. But, by then, other events had begun to take over the administration of the Hospital.[5]

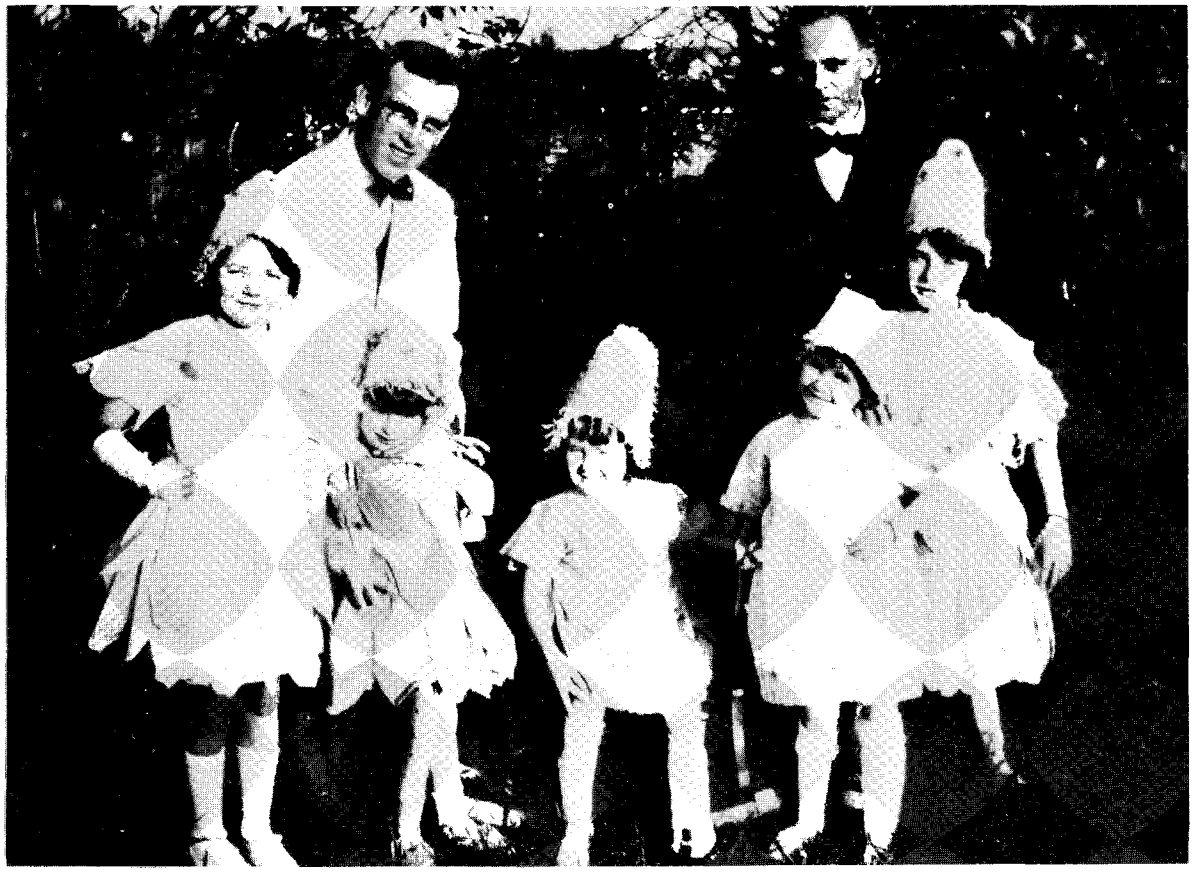
The problem of accommodation did not merely relate to the pressure of population of the north side of the harbour. It was also connected to medical specialisation and the growing numbers of doctors now associated with the Royal North Shore. By 1935 there were 46 medical honoraries attached to the Hospital. More than half had come to work at the Royal North Shore over the past decade. The role of being an honorary had altered markedly since the early days of the cottage hospital. In the late nineteenth century it had been local doctors with local practices who had been involved in the Hospital. By the 1930s it was much more common for an honorary at the Royal North Shore to have a medical practice and a reputation which extended far beyond the local area of the North Shore.

The transformation is seen partly in the careers of two of the honoraries in the Hospital in the 1930s, one of whom was an appointment of the late nineteenth century, the other of the post World War One period. Dr. Clarence Read was a graduate of the University of London. He had come to Australia in 1895 and began a practice at Chatswood a year later. He continued in general practice until after the First World War and then began to specialise in women's diseases. Appointed as an honorary to the original cottage hospital in 1900, he was the first medical representative elected to the Board in 1910 and, with the exception of the War years, remained as such on the Board until 1927. When he had joined the then North Shore Hospital there were only five honorary staff; between the end of the First World War and the mid-to-late 1930s a further 64 were added, almost half since the late 1920s. The larger numbers had changed the modes of appointment. Until 1910, honorary appointments were on an annual basis. From 1913, one-third of the honoraries retired each year although, as Dr. Read told the Scobie Inquiry, in his experience as long as a man was doing good work he could be expected to be re-appointed until he retired at age 60 or 65. Natural re-appointment had thus come in with specialisation. As Dr. Read claimed, until the eve of the First World War, no one on the staff specialised. But in the period after 1918, younger doctors in particular became specialists, taking higher degrees after going 'home' to England to pass the Royal College of Surgeons' exams.

Because of the pressure on accommodation at the Hospital, Dr. Read had also seen the growing significance of the policy of allotting beds. First instituted in the early years of the Hospital, this practice had become more crucial with the arrival of medical specialisation during the 1920s. From

the point of view of an honorary such as Read, the problem was to 'average out' the patients to the various specialties in 'proper proportion', particularly difficult when a patient might come in during the morning and be out in the afternoon or when there may be no urgencies in one specialty but accidents or a need elsewhere. It was obviously a dilemma when there were not enough beds to go around. According to Dr. Read, however, the honoraries themselves did not deliberately contribute to the situation. In his experience, by the 1930s, only about one-fifth of patients were sent on to hospital by the honorary staff, and these usually had to wait three weeks to be admitted. A further fifth of patients came from other local doctors but the vast majority — 60% — were referred from out-patients.[6]

If Dr. Clarence Read represented the older generation of mainly British trained doctors who came to Australia and started first in general practice, then Dr. Stuart Scougall was of the generation of principally Australian-born and trained who accepted from the beginning of their careers the advantages of medical specialisation. A graduate of the University of Sydney, Dr. Scougall had joined the honorary staff of the Royal



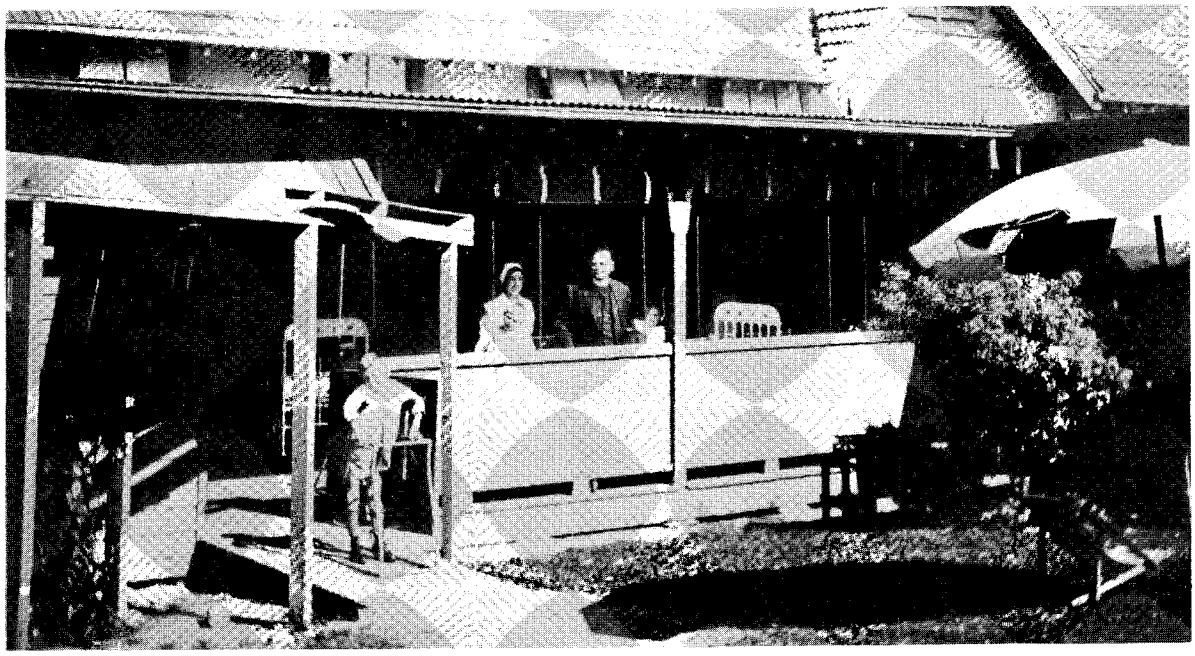
Dr. Douglas Cookson (Medical Superintendent, 1922-25, left) and Dr. Stuart Scougall (Orthopaedic Surgeon 1921-38, right) outside the original Children's Ward during a birthday party for Edna Edwards, the child on the left c.1922.

North Shore in 1921, having previously been a medical resident in 1918-20. 'He was one of that group of highly talented specialists, of great ability and energy, appointed in the early 1920s, whose reputation and energy converted the hospital within a few years from a suburban to a metropolitan one.'[7]

Dr. Scougall's speciality was in orthopaedics and after serving as the resident orthopaedic surgeon he became one of the two assistant surgeons in charge of the new Orthopaedic Department. By the late 1920s orthopaedic surgery at Royal North Shore was achieving a reputation throughout the metropolitan area. According to the evidence of Dr. Alan Lyell Ducker, an assistant to Dr. Scougall, an arthritis clinic began in 1930 and a fracture clinic in 1935. Expansion soon followed. By 1936 there were 16,252 out-patients who attended the Orthopaedic Department. Bone surgery was hailed in the pages of the Hospital's publicity magazine *Footprints* as 'The Wonders of Modern Surgery', straightening the limbs of children who might have been crippled for life. The reputation of the Orthopaedic Department threw the whole bed allotment system into disarray. The Medical Superintendent in 1939, Dr. John Radcliff, told the Scobie Inquiry that approximately 156 of the 231 'general beds' in the hospital (a further 120 beds were in maternity and isolation wards) were given over to the specialties. Of these, only 11 (under a policy decision taken in 1927) had been allocated to the Orthopaedics Department, but because so many of Dr. Scougall's patients required long stays in hospital — sometimes three or four months — he had allowed the number of allotted orthopaedic beds to become as high as 20-25 and had also diverted some of the 72 unallotted beds to this area. Even then orthopaedic patients could wait up to twelve months to be admitted, while in May 1938 the general waiting list was about 500. Apparently the situation had been fairly similar when Mrs. Denley had her accident in 1937.[8]

The honorary system that had grown up at Royal North Shore Hospital over the years was obviously not unique to that institution. It had emerged elsewhere in the major metropolitan hospitals, even if it had different forms. Many of the honoraries spent long hours in the Hospital. Dr. Ducker claimed before the Scobie Inquiry that he and his two other colleagues in the Orthopaedic Department, including Dr. Scougall, were there on at least three afternoons a week from 2.00 p.m. — 5.00 p.m. or 6.00 p.m. Honorary work remained unpaid. The advantages lay in establishing a career. Dr. Read denied at the Scobie Inquiry that an honorary post could mean an extra £1000 per annum in other ways — 'I think that is a gross exaggeration, and I am speaking from personal experience' — but there was little doubt that by obtaining an honorary position at a major metropolitan hospital by the 1930s was the path towards a recognised specialist practice in Macquarie Street in the city. Moreover, a number of honoraries at the Royal North Shore had achieved appointments elsewhere. Dr. Ducker himself had been appointed as an honorary at Royal Prince Alfred in 1934, but had resigned from there because of the pressure of work at Royal North Shore. In his view, the commitment should be to medical practice as such and to building the reputation of the Royal North Shore

Taken from a photograph of the Hospital staff in 1935. In the front row are Dr. Ted Collins (Assistant Medical Superintendent), Miss Dorothy Crick (Assistant Secretary), Mr. Arthur Russell (Secretary), Miss Marguerite Charles-West (Matron) and Dr. Colin Graham (Medical Superintendent). Miss Charles-West resigned not long afterwards due to ill health and died later in the year.



The Children's Ward c.1930. This Cottage was later converted to the first Preliminary Training School for Nurses.

throughout Sydney: a view which he claimed was not shared by many in the Hospital administration, including the Secretary Mr. A. Russell, whose position had been reputedly put to Ducker in a personal interview:

> I said, 'Do you want the Hospital to be a small district hospital just serving the surrounding district?' He said that was his opinion, that these people supplied the money to run the Hospital and that they should have the preference. I suggested to him that Hospitals like the Sydney and Prince Alfred and others would not have reached the prominence they had if they had curtailed their patients to the surrounding districts. He said his opinion was that they should serve the surrounding districts.[9]

In October 1937, Russell had himself set out his own views on 'The Public Hospital' in an address delivered to the Annual Conference of Hospital Secretaries of New South Wales. It was a re-statement of the principles of the public hospital as a charity. 'In Australia philanthropy exemplified in elected committees by philanthropic citizens still remains the Guardian Angel of the sick poor and necessitous'. In contrast, he maintained:

> It is possible that some who enjoy the benefits of hospital appointments and who are not as strictly ethical as others of their colleagues on the same hospital staff may be able to create added opportunities for themselves by virtue of prestige gained. This added prestige may have been gained as the result of special scientific advantages given them.[10]

It seems fairly clear that there was an undoubted growing difference of opinion concerning the aims and future direction of the Hospital. It was not simply a split between scientific medical specialisation and lay administration founded on the old principle of charity. Many of the honoraries themselves, with long years of attachment, remained fully committed to the overall wellbeing of the Royal North Shore as an institution. Dr. Read had retired from the honorary staff in 1936 (although remaining as an honorary consultant) but even in 1938 there were still three honoraries whose appointments dated from before the First World War, with the longest serving being Dr. Guy Griffiths, appointed first in 1907. Even amongst the younger generation of honoraries many still maintained sole attachment to the Royal North Shore. Dr. Basil Riley, who had been a junior and senior resident in 1923-25 and then medical superintendent, had gone on to study in England for his Fellowship of the Royal College of Surgeons, later specialising in plastic surgery. As he told the Scobie Inquiry, until 1938 he had only accepted an honorary position at the Royal North Shore.[11]

Many of the lay administration could claim similar long service and commitment. By 1938, the Secretary, Russell, had been the chief administrator for over a quarter of a century. The chairman of the Board since the death of Vindin in 1928 was Judge A. Thompson who had been first elected in 1908. The view of Randal Carey that the Royal North Shore was 'his' hospital had been carried forward in the commitment of many of the Board members. In 1929, ten members of the Board of 28 had over 20 years continuous service, while another eight had been on the Board for at least ten years. Most were local

businessmen or professionals who took a personal interest in the day to day running of the Royal North Shore. Men such as James Ford, on the Board for 22 years until his death in 1932:

> The Hospital was Mr. Ford's hobby, and he had an almost unbroken record of attendance upon every Sunday for about twenty years as a member of the visiting committee. Methodically each Sunday he visited almost every bed in the Hospital, passing a cheery word to the patients; accepting on behalf of the board of directors all the appreciative compliments which patients had to offer for their attention, and the mild grievance of the neurotic dyspeptic who happened to be on a milk diet and who thought he ought to receive roast beef and vegetables. Mr. Ford would pat him on the shoulder and just say those necessary words which would convince him that the diet he was getting was absolutely the 'last word' in diets, and that he should abide his soul in patience and be content, not only to make himself content, but other people happy around him also.[12]

By the mid-1930s there was a new generation emerging on the Board: a generation who may have been less patronly in their ways but who still maintained that they, as much as the doctors, understood the best future for the Royal North Shore. Some such as H. G. Lanceley and E. D. Lanceley were literally neighbours of the Hospital owning the nearby brickworks. Their father, who had built a large home "Lanceley Cottage" at the brick site next

"Lanceley Cottage", the family home, purchased from H.G. Lanceley in 1928. Originally used for accommodation for Nursing Staff then Junior Resident Staff. In recent years it has housed various Community Health Services and finally the satellite Renal Dialysis Service.

door to the Royal North Shore, had been on the Board for many years and they had succeeded him in the 1930s. ("Lanceley Cottage" itself having been acquired by the Hospital in 1928). Others such as T. E. Rofe had played an important part through the gift that he had made to help establish scientific research at the Hospital. Undoubtedly, such were men of business expertise and enterprise. The stage was being set for confrontation with the medical honoraries.

Two issues in the mid to late 1930s highlighted differences over administration and the future direction of the Royal North Shore. The first was a matter of medical practice which brought to the surface the influences of the honoraries. The second was a more direct conflict over the issue of overall administration within the Hospital.

The particular issue of medical practice was itself related to the emotive problem of the care of children. In the 1920s and 1930s childhood diseases such as diphtheria, scarlet fever and measles remained killers of the young. Along with the Coast Hospital at Little Bay, Royal North Shore had developed the technique of tracheostomies as a means of coping with the life-threatening congestion of the throat in diphtheria victims. The tracheostomy remained one of the most urgent forms of immediate surgery as a young junior resident in 1935 later recalled:

> at 2 a.m. the night sister was shaking my shoulder, 'Doctor White, a child has been admitted with laryngeal diphtheria. He needs urgent tracheotomy. Everything is ready. I'll call Doctor Collins [the assistant medical superintendent]; I heard her talking on the phone as I dashed down the stairs'. The villain of the piece is the diphtheria bacillus, which produces a lining to the throat something like chamois leather. If this comes across the vocal chords, breathing is impossible and another opening must be made lower down. As I ran I went over steps that needed to be done and felt thankful that I had practised so thoroughly on the piece of hose pipe. A small boy lay there, blue in the face, deadly ill. I went through the routine — one, two three. The new opening was made in the trachea and a special tube slipped in place. The small patient was breathing again.[13]

During the late 1920s a ladies committee, assisted by the auxiliaries, had set out to raise funds for a children's ward to treat such cases. The Board had set aside funds also for the purpose, but had to divert part of them for maintenance during the early years of the Depression. In 1932, however, the New South Wales Government agreed to commit £10,000 from Unemployment Relief Funds to provide the labour for building, and this sum was supplemented by £5000 each from the ladies committee and the Hospital trust funds. The new children's ward of over 80 cots, named the Princess Elizabeth Pavilion (in honour of the future Queen Elizabeth II), was opened on 27 October 1934 by Lady Game, wife of the Governor of New South Wales.

By the mid-1930s there was a new feared childhood disease — poliomyelitis. The polio virus attacked the nerve cells of the body, particularly the motor cells that control all voluntary motions. If it did not kill its victims then it could leave them crippled. Ironically, with improved sanitation but less acquired immunity, infantile poliomyelitis began to develop as an

epidemic throughout Europe, North America and Australasia in the early twentieth century. With still no known antitoxin to the virus, polio had become one of the major health concerns by the 1930s, comparable in fear if not in number of cases to other infectious diseases such as diphtheria and scarlet fever (see table below).

was ever contemplated. The aim rather was to provide the best transition to a life in calipers, on crutches or even in a wheelchair.

By the early 1930s, a different form of medical practice was being put forward to challenge this perceived wisdom on the treatment of polio. Despite the new emphasis on scientific research in

Municipality of Willoughby
Notifiable Cases of Infection
1928-39

Year	Diphtheria	Scarlet Fever	Infantile Paralysis	Other	% per 1000 of population
1928	49	139	1	1	4.20
1929	70	137	3	17	5.04
1930	35	76	—	5	2.57
1931	52	70	—	2	2.80
1932	50	123	5	7	3.64
1933	56	55	—	3	2.53
1934	109	24	1	3	3.04
1935	116	18	—	2	3.02
1936	91	58		2	3.35
1937	40	43	1	—	1.86
1938	63	66	5	2	2.83
1939	26	63	1	1	1.92

Source: Willoughby Council Archives W/HB 12-1: Register of Infectious Diseases.

Accepted medical treatment of polio victims had come to emphasise the need to protect what was seen as the weakened muscles, attacked by the virus, from being pulled out of place by stronger more normal muscles in the body. This was done by strapping affected limbs, such as the leg, to wooden or wire splints or even encasing them in plaster. This treatment would be maintained for months after the polio attack. Eventually, the victim would be allowed to exercise but no full recovery

medicine the challenge did not come from the laboratory. On the contrary, it arose from the views of an Australian bush nurse. Born in outback New South Wales in 1880, Elizabeth Kenny spent most of her early years travelling around the rural areas where medicine was often still learnt 'on the job'. Faced with her first case of polio in 1911, and with no knowledge of accepted treatment, she simply improvised. Rather than immobilising the limbs of the victim, she used various forms of stimulation,

including heat and massage. To this treatment, she added her own form of psycho-therapy by emphasising that the patient needed the 'will to believe' that the affected limbs could be used once again.

The practices of Sister Kenny came to the notice of the Australian public in 1933 when four doctors in Townsville, where she had established an open air clinic, wrote to the State Minister for Health. The Queensland Government decided to support her efforts by establishing another Kenny clinic in Brisbane. Despite an unfavourable report on her methods by Dr. Raphael Cilento, who would become Director of General of Health in Queensland in 1935, the fame of Sister Kenny continued to spread. William Morris Hughes, the former Prime Minister, and now Minister for Health in the Commonwealth Government, decided to finance a number of clinics throughout Australia. As the Federal Member for North Sydney, he chose Royal North Shore as the Sydney base for Sister Kenny.[14]

The arrival of Sister Kenny at Royal North Shore in 1935 was greeted with some unease. A large formidable woman, she frightened some. As Betty Shuter, who came to work with her as physiotherapist, later recalled, 'She always said she wasn't God, but that she could at least make useful citizens. And she did! But Kenny would fight with her own shadow when she got antagonistic.'[15] For the honoraries at the Hospital the establishment of the Kenny Clinic itself raised difficult and awkward issues. It was not just that a nurse without formal training (she had never completed a course although she had served and been recognised as a nurse in the First World War) was telling them their former methods were wrong (and this in an area related to orthopaedics where the Royal North Shore had developed expertise). The establishment of the clinic under Federal Government funding also introduced a new element into the health services at the Hospital. From the opening of the clinic the honorary staff were to make it clear to the Board that they were not happy, suggesting that they should have been consulted first and seeking clarification as to the control that the Hospital would exercise over its operation.[16]

In order to assess the Kenny treatment, the Council of the Institute of Medical Research at the Hospital formed a committee of seven of the honorary medical staff under the chairmanship of Dr. Bill Ingram, (a long time friend of 'Billy' Hughes). In their first report, presented to the New South Wales Parliament in May 1936, the committee were particularly cautious. They had examined a sample of 25 patients from the 80 or so at the clinic in 1935. Although they had been able to review her methods over only four to fifteen weeks it did seem that there had been some improvement in muscle power amongst most of the ten cases of infantile paralysis and better co-ordination in five cases of cerebral diplegia (paralysis of the brain).[17]

A second and final report of the Kenny methods at Royal North Shore presented to Parliament in September 1937 was more extensive. The committee now reported on a number of individual cases. They admitted that there had been improvement in all the cases of infantile paralysis and that the patients themselves were optimistic while the clinic was well organised. There had also

Sister Kenny c.1949

been some improvement in some of the cases of cerebral diplegia. Nevertheless, the report was sceptical that the Kenny methods represented a break-through in the treatment of polio victims. Despite the 'high motives and ideals' of Sister Kenny, the committee maintained that the treatment of paralytic cripples belonged to the general sphere of orthopaedic specialists. The Kenny method was portrayed as merely part of the work of masseuses who would be trained in massage, re-education, splint work, hydrotherapy, plaster work, and electrical work and not just in the re-education, hydrotherapy and passive stretching which Sister Kenny urged. Leaving aside the question of splints, the committee maintained that Sister Kenny had added no new general principle to the treatment of infantile paralysis. She was using, it was claimed, methods which orthopaedic surgeons approved of and employed. Her methods should therefore be absorbed into a general scheme of orthopaedic care. The answer lay apparently in the development of a specialist Orthopaedic Hospital of 300 beds embracing a hostel, a school, occupational therapy workshops and training and a splint factory![18]

A Royal Commission in Queensland was also critical of the Kenny Clinics suggesting that orthodox methods would have achieved the same results in time. In effect, medical practice throughout Australia tended to absorb and learn from the Kenny procedures without admitting that mistakes might have been made in the past. Undoubtedly, issues of professionalism were at stake. In the words of a recent commentator, 'Incorporating this method of treatment within their own practice and subordinating its practitioners (the Kenny nurses) within the medical division of labour effectively dealt with the threat of competition by another occupation claiming to have an overlapping occupational territory'.[19] Sister Kenny herself was to go off to the United States in 1940 where her methods became soon widely acclaimed. Here she became a national figure with Hollywood making the film 'Sister Kenny' in 1946.

At Royal North Shore the Kenny Clinic continued to function actively even with the departure of its founder. Not until 1948 was it finally absorbed into the general Orthopaedic Department. More generally there was a legacy left behind which affected wider relations within the Hospital. Some on the Board believed

that Sister Kenny had not been given a 'fair go'. T. E. Rofe, who had helped endow the Institute of Medical Research and who had been on the Board of the Hospital since 1924, later told the Scobie Inquiry that the medical men on the Board were 'simply outrageous in their remarks' regarding Sister Kenny. 'They seemed determined that this woman should not be given any chance whatever', a view which a fellow lay Board member, H. G. Lanceley shared. Such feelings helped to poison further relations between the lay Board members and many of the honorary staff.[20]

While the consideration of Sister Kenny's methods caused some heartburn from 1935 on, the major issue of dispute concerned the question of overall administration. What had grown up had been a division of control between the Secretary of the Board who had become the chief administrative officer of the Hospital and the Medical Superintendent who was responsible for the supervision of medical practice. Such division affected almost all the major hospitals in New South Wales but it was to cause major splits at Royal North Shore particularly in the aftermath of the Denley incident.

With the Hospital growing larger the duties of the Secretary of the Board had become more complex. Because of the concern over finances, the question of admission policies had become an important part of this function. As a result, the role of the Secretary had become entwined with medical judgements. Under cross examination, Russell described to the Scobie Inquiry the complex procedures that had emerged for the admission of patients:

> In the Outdoor Department patients are either sent to the Hospital by a doctor or they stray up to the Outdoor Department themselves.
>
> They apply to the desk and there is an officer there with 2 or 3 assistants who takes all the details — the social circumstances of the patient, name, address, age, income, family responsibilities, and that kind of thing . . . that is put into a loose leaf, and those loose leaves are filed. Then the clerk writes a history form — that is a separate document — and puts the name and address as well as the form of a recommendation. That is, a doctor sends a patient in with a letter, and that letter is put on to the history form. Then they are sent to the resident doctor . . . .It is the Secretary's responsibility to decide who shall be admitted.
>
> The clerk is largely experienced over a period of years and they have generally a standing rule that if a man is getting say £4 or £5 a week — I think the limit is £5 a week — they find out what his financial responsibilities are, and so on, and then he is passed. If there is any doubt about it, they go to another telephone and the clerk will say 'I have a man here' — he may be a single man — 'who is getting £5 per week, a single man, pays 35/-d Board and lodging', and so on. He will say 'What shall I do?' I say to him 'Whom does he want to see?' He says the skin, or ear nose and throat, one of the specialties, and then I say to myself, 'A single man should be able to save enough to go to a private doctor'. I say 'What about suggesting to him very nicely that he is just over the borderline and that he go to a private doctor, and if the treatment involved is lengthy, or there is an operation or something of the kind, then the man might then let the hospital doctor recommend him back to the Hospital and we will consider him.' If he is a married person, we admit them [sic], and invariably the clerk gets particulars. They ring me up

Making splints for children with infantile paralysis in the 1930's.

several times weekly to deal with those what we regard as border-line cases.

The officer accepts your determination on that type of case? — Yes.

Are the social history and the medical history two distinct things? — Yes.[21]

In effect the distinction between the medical condition of the patient, and his or her social position, was not as clear cut as Russell suggested. Despite his claim also that ultimately 'It is the Secretary's responsibility to decide who shall be admitted' other factors operated, as the Denley incident had shown so well. In general, the Medical Superintendent was often placed in a difficult position between the Secretary and the honoraries. Few of the Medical Superintendents had remained for long in the hospital. Most were doctors who just completed residencies and who saw the post as a stepping stone, often later to become honoraries themselves. Few could stand up to more senior men. At least one, Dr. S. V. Marshall, resigned in 1930 following complaints from the honorary staff.[22] Moreover, Dr. Read suggested to the Scobie Inquiry that Russell himself had not got on well with most of the Medical Superintendents. In 1933, Russell had submitted a report to

the Board highly critical of the way the then Medical Superintendent, Dr. Louis Loewenthal, dealt with staff and patients. Dr. Loewenthal resigned as Medical Superintendent, but remained as an assistant honorary surgeon in the Hospital.[23]

In the wake of the resignation of Dr. Loewenthal's successor, Dr. C. S. Graham, following the Denley incident, the Board did appoint another Medical Superintendent, Dr. J. R. Radcliff, but it also established a sub-committee to review the duties and responsibilities of the chief executive officers of the Hospital. The sub-committee of eight included both Judge Thomson, the President of the Board, and Dr. Scougall, who had been elected as a medical representative on the Board. After long deliberations the sub-committee presented its report to the Board in October 1937. Six of the sub-committee, including Dr. Scougall, presented a 'majority report' urging that the Medical Superintendent become the chief executive officer and relegating the position of Secretary to that of organising officer of the Hospital. In recommending this departure from the existing situation the majority of the sub-committee pointed out that the dual control in administration had not worked. The younger Medical Superintendent would always inevitably have to defer to the 'older, more experienced highly paid man of longer service' who would become 'the actual controller to the dissatisfaction and irritation of his younger colleague'. On the other hand, continuing the existing situation would also mean that the Medical Superintendent could not also exercise any control over the honoraries who were always more senior in years and experience. What was needed was a Chief Executive Officer and General Medical Superintendent who would have control over the institution and who would be responsible to the Board for all the employees and the general running of the Hospital.

A minority of two on the sub-committee opposed these recommendations. The President, Judge Thomson, and R. T. Forsyth, Vice-President and former Mayor of Willoughby with 25 years on the Board, presented a 'minority report' which rejected any changes. They suggested that the existing By-laws of the Hospital made adequate provision for preventing any plurality of control. Moreover, while agreeing with the majority report that 'the medical care and nursing of the indigent poor is the main function of our Hospital' they did not accept that this should lead to the conclusion that the posts of Medical Superintendent and Chief Executive Officer should be combined. 'On the contrary our experience has brought to our knowledge the fact that very few of the medical profession have in the past displayed any conspicuous aptitude for business activities'. No matter how experienced a Medical Superintendent might be, they did not see how he could devote his time both to 'the supervision of the medical services' and the 'very onerous duties appertaining to the administrative side of the Hospital'.[24]

These reports were framed against the background of impending changes in overall hospital administration in New South Wales. As early as October 1934 the then Minister for Health had indicated that he wanted to amend the Act of Incorporation of the Hospital so bringing the Royal North Shore under

the general Hospital Act, and as a matter of general policy to reduce the membership of the Board to nine. The action had been deferred but the prospect of a changed constitution still hung over the Board in 1937. More particularly, the Hospitals Commission is August 1937 decided to call together a meeting of those concerned with the management of metropolitan hospitals to consider whether to appoint the Medical Superintendents of all hospitals to the post of Chief Executive Officer. As Dudley Keith Otton, the Secretary of the Hospitals Commission, told the Scobie Inquiry, it was the policy of the Commission to 'standardise the practice and administration of Public Hospitals'. Although the Hospitals Commission had not adopted the principle of a General Medical Superintendent as a universal policy, many administrators in Sydney hospitals had also become apprehensive about possible 'medical control', particularly after Royal Prince Alfred Hospital had appointed its Medical Superintendent as Chief Executive Officer.[25]

People obviously feared for their positions and jobs. According to Justice Pike, one of the Board members at the Scobie Inquiry, Russell had been an excellent Secretary but in 1937 he 'got frightened for his position . . . . and he went beserk and did not care what happened so long as he could retain his position'. On the Board, too, vast differences emerged. When the Board considered the two reports of its sub-committee, there were heated exchanges. In the words of Russell, there was 'a big row in the room . . . threats, shouting and everything like that . . . the whole thing was very heated . . . there were loud words said by a number of directors'. After such discussion, the meeting of 25 of the 27 directors, the best attendance ever according to some witnesses, rejected the 'majority report' and its proposed appointment of a General Medical Superintendent by thirteen votes to twelve.[26]

The situation now deteriorated. A fortnight after the vote, the annual meeting of the benefactors of the Hospital was held. At this meeting, the posts of President, the four Vice-Presidents, Treasurer and six directors on the Board were up for election. For twenty seven years since the passage of the Act of 1910 there had never been a contested election to the Board. Nevertheless, the By-laws of the Hospital required that the nomination for election to the Board be lodged with the Secretary two days before the date of any election. In the past it had been the practice of the Secretary to notify in writing each retiring director of his or her retirement and to enclose a form of consent to nomination. According to the interpretation of J. B. Scobie in his inquiry no formal nominations had been previously required but merely a written form of consent from the prospective candidates for election. All the retiring directors, with the exception of Mr. Claude Scougall (the brother of Dr. Stuart Scougall) who was away from Sydney at the time, had submitted their forms of consent in the proper time. As returning officer, Russell on this occasion, however, chose to interpret the Act so as to require formal nominations. As a result he was able to arrange for the re-election of seven of the retiring directors, all of whom had voted against the adoption of the 'majority report', and the defeat of four other directors, all of whom had supported the 'majority

report', replacing them with other nominees known to be favourable to continuing the existing lay administration of the Hospital.

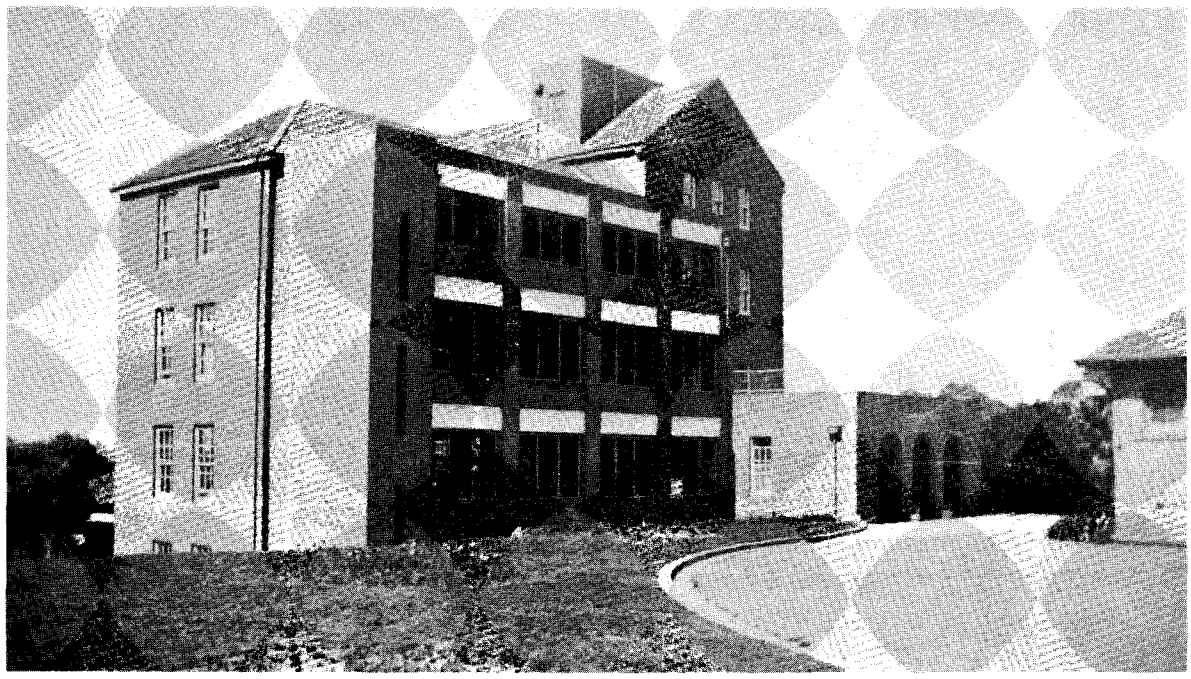
According to the report of Scobie, Russell had not acted alone. A number of

Judge Alec Thomson, Chairman of the Board, and Mrs. Eva Kolling at the formal opening of the Kolling Institute.

the directors had supported him. These included at least Mr. R. T. Forsyth and the Government Representative Mr. W. H. Johnson as well as Mrs. J. T. Pattinson who had been one of the first nursing trainees at the Hospital and who had been elected to the Board in 1933 after almost 20 years association through the auxiliaries and in other ways. At a special meeting called on 26 November 1937, the newly elected Board censured Russell by a vote of thirteen to eleven although Mr. Forsyth gave notice of a motion for rescision.[27]

There was now an obvious division of opinion and conflict at the Hospital of which the public were becoming increasingly aware. Personal relationships could only get worse. In February 1938, the Hospital became at last subject to the Hospital Act, requiring the establishment of a new Board of twelve, seven elected by the subscribers and the remaining five being government appointees. In the ensuing election, a 'ticket' was prepared of seven nominees who were pledged to 'guard the rights of the patients, those of every practising doctor — whether he is on the hospital staff or not — and the subscribers, and who will see that the business management is kept free from medical influence'. The seven included four previous Board members, T.E. Rofe, E.D and H.G. Lanceley, and Mrs. J.T. Pattinson, and three others, Herbert Sainty, a businessman, George Travis, public accountant and ex-Mayor of Kuring-gai and Arthur Hirst, the town clerk of Kuring-gai. All seven were elected.

Following a brief period in which Judge Thomson, now a government nominee on the Board, was acting-chair, Arthur Hirst was elected chairman of the new Board in July 1938. As the town clerk of Kuring-gai, Hirst had a career in local public administration. He also held a Bachelor of Economics degree and was a Fellow of the Institute of Public Administration. His general administrative experience included controlling a depot of 1,000 clerks and others in India. Just as the new



Princess Elizabeth Pavilion — the new Children's Ward, opened 1934.

generation of medical doctors had been trained in specialties so Hirst obviously believed that his experience and understanding of the theory of administration would stand him in good stead, even though he knew nothing particularly about hospitals. Unfortunately, for both he and the Hospital, this was not to be.[28]

Two incidents in late 1938 were to prove disastrous for the Hospital and for its public image. The first concerned the perennial subject of food. For quite a while there seems to have been complaints regarding the quality of meals served up to the staff. A story from the mid-1930s shows the limits that some went to expressing their concern.

> The lunch bell rang. I saw an enormous meat pie big enought [sic] to feed twenty of us, go past my door. My nose quivered at a strange aroma. Surely, I thought, that cannot be coming from a meat pie. Ted Collins walked into the dining room looked inquiringly at the pie, seized a knife and stuck it in deeply, chanting as he did so, 'Make a *firm* incision.' In surgical fashion he hacked out a slice. The strange aroma became suddenly stronger. He tied a serviette round his face, probed inquiringly in the depths of the dish with a fork and made a loud diagnosis; 'Gangrene'.
>
> Picking up the dish he moved solemnly to the upstairs window and hurled it high into the air. It seemed to hover then plunged to land upside down with a strange squelching sound.
>
> The contents sprayed in all directions over a neat lawn in front of some astonished visitors.[29]

By 1938 others had decided that it was time for more permanent action. On 12 September, ninety six of the 100 or so nurses training at the Hospital wrote to the Board complaining about the quality of the food. The complaints were deeply

felt. There was always insufficient milk at all meals it was complained, so much so that 'the unfortunate ones have to eat their crispies dry'. The food was badly cooked, presented in an unattractive fashion, lacking nourishment and in meagre quantities.

> Second helpings are usually refused should the meal happen to be appetising. This morning at breakfast there was no porridge, no stewed fruit, no marmalade; the nurses being expected to make a meal of thin, stale bread and butter and the fraction of an egg. Considering the infectious nature of many of the illnesses with which we come in daily contact, it seems that satisfying meals should be provided.[30]

By approaching the Board directly the trainee nurses had undoubtedly challenged the usual lines of authority within the Hospital. Matron Machin then interviewed a number of nurses regarding the complaints and as a result seventy of the signatories of the original letter wrote to the Matron herself asking that she permit them to withdraw the letter. But the remaining twenty-six refused to do so. Indeed, Sister Barnes, a ward sister, advised one of the nurses to write directly to the Secretary of the Hospital. On hearing of this, the Matron then demanded the resignation of Sister Barnes.

This incident led to a split amongst the Board members who had only recently been united. More particularly it threw into doubt the chairmanship of Hirst who decided to support the Matron over the dismissal of Sister Barnes without fully informing the rest of the Board about the circumstances of the matter, even to the extent of concealing correspondence from a solicitor regarding the legality of the action of the Matron.[31]

After all that the food still did not get much better. In November more than a month after the original letter to the Board, one of the nurses told the press that most of her fellows had 'wilted':

> But we are all most dissatisfied still. Practically every meal it's either sausages, mincemeat, or fried eggs, and cold at that. The kitchen is so understaffed that we sometimes have to wait half an hour for the main dish
>
> Nurses often have to go without breakfast in order to be on duty at 8 a.m.[32]

By then events had moved so far in other directions that there was the possibility of an inquiry, not by the Board but of the Board.

It was perhaps significant that what finally precipitated a crisis at the Hospital was not nurses' complaints about the food but the position of the honorary medical staff. By 1938 there were 60 honorary staff at the Hospital. As noted, under the Act of 1910 and the following By-laws of the hospital one-third of the honorary staff had retired formally each year. In effect, the practice had been that all retirees would be re-appointed should they so wish until they reached the formal age of retirement. Such practices were not confined to Royal North Shore. With the growth of specialisation and the number of medical doctors in the community some of the medical profession itself had become critical of the way some of their colleagues had been able to monopolise honorary positions in public hospitals as a way to advance their careers. In May 1939 a joint committee of the two Houses of the New South Wales

Parliament would be established to investigate the honorary system in general. But the particular circumstances of past relations at Royal North Shore meant that there was almost bound to be a dispute over this issue.[33]

Under the new By-laws of the hospital following its general incorporation under the Hospital Act, the Board was to appoint honorary staff after advice from a Medical Appointments Advisory Committee. This latter body comprised the Chairman of the Board and three other Directors plus the Dean of Medicine, Professor of Surgery and Professor of Medicine at the University of Sydney, the President of the New South Wales Medical Board and representatives of the Royal Australasian College of Surgeons, the British Medical Association and the College of Physicians. In August 1938, the Board decided to advertise all of the honorary positions in the Hospital and to indicate that appointments were open to all and would be on the basis of merit. The existing honorary staff, disturbed at the fact that nothing had been stated in the advertisement regarding the position of those who already held honorary posts, then decided to place their own notice in the *Medical Journal* under the name of Dr. Guy Griffiths, representing the honorary medical staff, informing their medical colleagues elsewhere that it was expected that all the active members of the honorary staff would be re-applying

Despite this obvious warning of a difficult situation in the making, a large number of medical doctors did apply for the honorary posts at Royal North Shore. Following the closure of applications in mid-September, the Board sought to activate matters by calling together a meeting of the Medical Appointments Advisory Committee. After an initial favourable response from some of the medical men on the Committee a major dispute then arose as to whether the Committee was merely a sub-committee of the Board or was ultimately responsible to the Hospitals Commission. (Quite obviously the prospect of coming into dispute with a number of their medical colleagues at Royal North Shore worried the doctors on the Committee). After further disagreements as to a possible meeting place for the Committee — at the Hospital or at the Hospitals Commission — Hirst decided to call together a meeting of the Committee to be held on 10 October in the rooms of the Hospital Saturday Fund. He did so apparently without fully informing the Board of the objections of the medical representatives as to proceeding any further until they had consulted with the Hospitals Commission. As a result, the four members of the Board simply met alone to consider the applications for the honorary posts. This constituted the sole advice to the Board. Of the 48 honorary posts which were to be filled, the applications of twelve former members of the honorary staff were not successful. These included such long-serving men as Dr. Guy Griffiths, Dr. Erasmus Bligh, and Dr. E. D. Clark as well as Dr. Basil Riley, the former Medical Superintendent, and Dr. Stuart Scougall.[34]

Whatever the merits of those who were appointed there was little doubt that the decisions of the Board were part of a deliberate policy to assert its authority over the honorary staff. On the 17 October Hirst told the press:

> The new Board is intent on preserving an

> open door policy for the general public, so that urgent patients will be admitted at any hour of the day or night, and that so far as the Royal North Shore Hospital is concerned beds will not be kept empty for the convenience of honorary medical officers.[35]

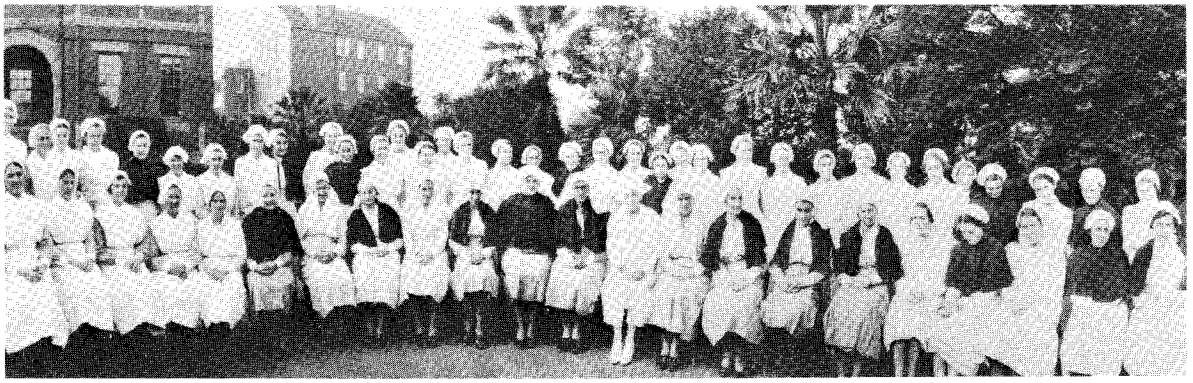
Over six months of confusion and dispute followed. The State Government first decided to seek the advice of its own Crown Law officers as to whether the action of the Board had followed proper procedures in the new appointments of honorary staff. The Crown Solicitor declared the procedures invalid but this decision was disputed by the Board's own legal adviser David Maughan K.C. who pointed out that the medical men on the Medical Appointments Advisory Committee had been obstructive in failing to meet with the four appointed Board members. The issue dragged on with the British Medical Association also being involved. The Government finally decided to act following the establishment of a Hospital Vigilance committee, comprised of both doctors and members of the North Shore community. This action group organised a petition, apparently signed by up to 10,000 residents on the North Shore, protesting at the 'dismissal' of the twelve honorary staff and condemning other irregularities, including the past 'management' of elections, the 'dictatorship' of the Secretary and the loss of the prestige of the Hospital through maladministration. On 4 May 1939 the acting Minister for Health Mr. Richardson, announced that the magistrate J. B. Scobie would hold an inquiry into the administration of the Hospital. The inquiry was to investigate the reasons for the non-appointment of the twelve honorary staff, the past conduct of meetings of the Board, the rules, regulations and 'customs' in regarding the admission of patients and the relations between the honorary staff and the Board in respect to the efficiency of the Hospital.[36]

During the months of May to July 1939 in which the inquiry was held, the past affairs of the Hospital were front page news for the major metropolitan newspapers. Disputes and differences were made public and brought clearly into the open. The inquiry took place at the time of the general Parliamentary discussion on the honorary system and such particular issues as the legislation providing for the entry of refugee doctors who were to be allowed to practise in country districts where there was a shortage of medical practitioners. For the first time for many years the practice of public medicine in New South Wales was being brought into question.

In the end, J. B. Scobie made both specific and long term recommendations. He was critical particularly of both the Chairman of the Board, Hirst, and the Secretary, Russell, maintaining that both should be removed from their posts. He also recommended that the Board itself be dismissed and the Government appoint someone to administer the Hospital. On the more difficult questions of hospital administration and management, he pointed out the problems of maintaining the dual control between a lay Secretary and a Medical Superintendent, suggesting that while he agreed in the main with the proposals of the former 'majority report' of the sub-committee of the old Board, he also argued that the medical work of the Hospital be under the medical superintendent and the 'business

undertakings' of the Hospital be under the 'control of a trained business man'. On other issues concerned with the honorary staff, he suggested that the Hospitals Commission should take up with the representative associations of the medical staff the practice of previously eliminating competition for honorary posts — 'I am strongly of the opinion that any practice which limits the number of applications is contrary to the public interest'. Regarding hospital admissions, he wanted to see rules drafted that all accidents be admitted into the Hospital, but suggested also that steps be taken to legalise the practice of declaring beds to be 'intermediate'.[37]

Some of these recommendations would be acted upon in time, and some would not. In the most immediate future the Board was dismissed and C. J. Watt, Under Secretary of the Department of Public Health was appointed as administrator for six months from 29 October 1939. In April 1940, a new Board of 12 members was established. A precedent was also created. This Board was all Government-appointees. The subscribers would continue to meet annually but they now had no right of election. Rather, the Government would hope to avoid controversy by avoiding elections to the Board. The Chairman of the Board was Sir Norman Nock, Lord Mayor of Sydney 1938-39, and one of the two Vice-Chairmen was S. S. Crick, the then Lord Mayor. The former administrator, C.J. Watt, was also appointed to the Board. Such appointments were a recognition of the metropolitan status that the Hospital had now achieved. The emphasis would be on planning and running a hospital that now bore hardly any resemblance to the cottage that had been established just over fifty years previously.



Nursing staff 1933

NOTES

1. *The Royal North Shore Hospital of Sydney Public Inquiry*, Sydney, Government Printer, 1939, pp. 3-4.
2. Royal North Shore Hospital Board Minutes, 26 November 1929; R.J. Love, Chairman of The Hospitals Commission of New South Wales to Secretary, Royal North Shore Hospital, 2 July 1930. Establishment of Intermediate and Private Wards (Letters extracted from Files) in General Medical Superintendent's Special Collection.
3. Stephenson, Meldrum & Turner, *Report on the Principles of Development Recommended for the Royal North Shore Hospital of Sydney*, January 1937. in General Medical Superintendent's Special Collection.
4. New South Wales State Archives 3/2385; Scobie Inquiry Transcripts, 2088.
5. This is based on correspondence of H.P. Fitzsimmons, Minister for Health, to A. Richardson, Colonial Treasurer, 5 December 1940 in Board Guard Book 1940-42 in Royal North Shore Hospital Archives.
6. Based on evidence which Clarence Read gave to the Scobie Inquiry, New South Wales State Archives 3/2384: Scobie Inquiry Transcripts, 1512-19, 1537-39, 1578-80. According to Read, examiners from the Royal College of Surgeons being in Australia assisted specialisation, allowing young medical graduates to take part of their examinations here.
7. Dr. Douglas Anderson's obituary of Dr. Stuart Scougall in *Medical Journal of Australia*, 19 June 1965, p. 943.
8. *The Royal North Shore Hospital of Sydney Public Inquiry*, pp. 34-5. New South Wales State Archives 3/2385; Scobie Inquiry Transcripts, 1802- 03, 2516-17, 2539-40. For publicity on the Orthopaedic Department, see *Footprints*, December 1931, pp. 15-17.
9. New South Wales State Archives 3/2385; Scobie Inquiry transcripts, 1807. For the quote from Dr. Read, Ibid, 3/2384; Scobie Inquiry Transcripts, 1580.
10. Arthur C. Russell, *The Public Hospital* A paper presented to the Annual Conference of Hospital Secretaries of New South Wales, October, 1937 (copy in New South Wales Department of Health Library).
11. New South Wales State Archives 3/2385; Scobie Inquiry Transcripts, 1834-47.
12. *Footprints*, March 1932, p. 21.
13. Paul White, *Jungle Doctor*, Sydney, Anzea Books, 1977, pp. 76-77.
14. For the biography and account of Sister Kenny and her methods, see Victor Cohn, *Sister Kenny, The Woman Who Challenged the Doctors*, Minneapolis, The University of Minnesota Press, 1975. See also Evan Willis, 'Sister Elizabeth Kenny and the Evolution of the Occupational Division of Labour in Health Care', *Australian and New Zealand Journal of Sociology*, Vol. 15, No. 3, November 1979, pp.30-38.
15. Victor Cohn, *Sister Kenny*, p. 10.
16. Royal North Shore Board Minutes, 27 June, 11 July, 8 August and 12 December 1935 and 13 February and 10 September 1936.
17. Elizabeth Kenny Clinic, Royal North Shore Hospital, *New South Wales Parliamentary Papers* 1935-36, Vol. III, pp. 177-78.
18. Elizabeth Kenny Clinic, Royal North Shore Hospital, *New South Wales Parliamentary Papers* 1937-38, Vol. III, pp.

1069-74. For a general critique of the Kenny method at another clinic in Newcastle, see Kenneth W. Starr, *A Report to the Minister for Health, N.S.W., on Sister Kenny's Method of the Treatment of Infantile Paralysis*, May, 1939 (copy in New South Wales Department of Health Library).

19. Evan Willis, 'Sister Kenny and the Evolution of the Occupational Division of Labour in Health Care', p. 34.

20. New South Wales State Archives 3/2385; Scobie Inquiry Transcripts, 2473 and 2232. See also the comments of Scobie himself, *The Royal North Shore Hospital of Sydney Public Enquiry*, Sydney, Government Printer, 1939, pp. 34-35.

21. Ibid; Scobie Inquiry Transcripts, 3028-29.

22. Royal North Shore Hospital Board Minutes, 14 August and 13 November 1930.

23. New South Wales State Archives 3/2384; Scobie Inquiry Transcripts, 1604 and 1418-22 (the evidence of Judge Thomson); Royal North Shore Hospital Board Minutes, 14 September 1933 and 2 March 1934.

24. Based on the account of the 'majority report' and 'minority report' as related in the Scobie Report (viz. *Royal North Shore Hospital of Sydney Public Inquiry*, pp. 6-8). The reports themselves are contained in Guard Book 1936-37, Item 670 and 671, Royal North Shore Hospital Archives. The actual evidence which the sub-committee considered, and which Scobie refers to in his Report, does not appear to have survived.

25. Royal North Shore Hospital Board Minutes, 4 October 1934 and 26 August 1937; New South Wales State Archives 3/2385; Scobie Inquiry Transcripts, 1907-09.

26. This account is also based on the Scobie report: *The Royal North Shore Hospital of Sydney Public Inquiry*, p. 39 and p. 8.

27. *The Royal North Shore Hospital of Sydney Public Inquiry*, pp. 9-12. Royal North Shore Board Minutes, 26 November 1937.

28. For account of his administrative career see his evidence to the Scobie Inquiry : New South Wales State Archives 3/2384; Scobie Inquiry Transcripts, 1034/39.

29. Paul White, *Alias Jungle Doctor*, p. 76.

30. Cited in *The Royal North Shore Hospital of Sydney Public Inquiry*, pp. 19- 20.

31. *Ibid*, pp. 19-23.

32. *Daily Telegraph*, 10 November 1938. (From News cutting volume in Royal North Shore Hospital Archives.)

33. See *Sydney Morning Herald*, 31 May 1938. There were related complaints that only honoraries attached to hospitals could treat their patients in the growing number of private or intermediate wards.

34. The account is based upon the Scobie Report: *The Royal North Shore Hospital of Sydney Public Inquiry*, pp. 24-33.

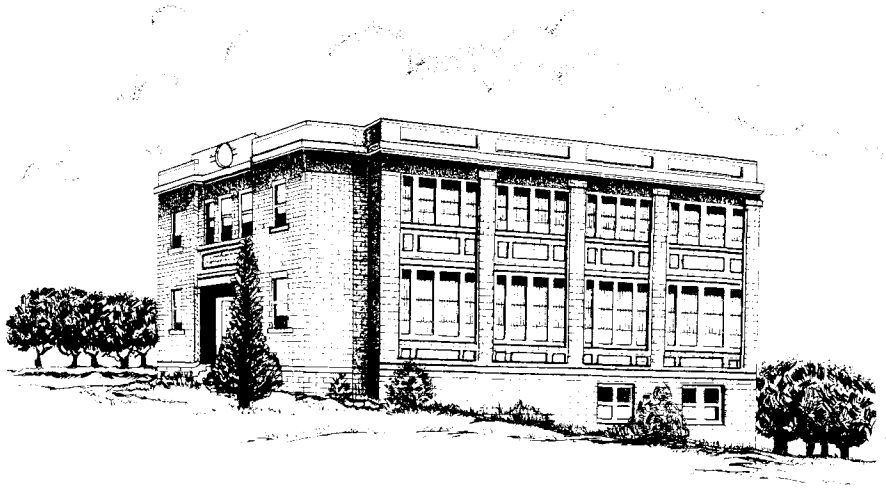
35. Cited in New South Wales State Archives, 3/2384; Scobie Inquiry Transcripts 1314.

36. See *Sydney Morning Herald*, 7 November 1938, 27 and 28 January 1939, 13 February 1939, *Daily Telegraph*, 29 and 30 March, 1939, *Sydney Morning Herald* 26 April and 5 May 1939. (All in news cutting volumes in Royal North Shore Hospital Archives)

37. *The Royal North Shore Hospital of Sydney Public Inquiry*, pp. 9, 26, 38 and 42.

Annual Meeting 1930s: Vindin House in the background. For most of the inter-war years the Annual Meeting of the Hospital attracted large crowds.

CHAPTER 5



Interregnum

Irene Campton first came to the Royal North Shore in 1939. She began as a Red Cross VAD on the outbreak of war in order to help out in the wards. Two of her brothers had already been treated in the Royal North Shore. She still remembers peeking through the paling fence around the Hospital when only a young girl, and even passing food in to her three year old brother then in isolation for diphtheria. Another brother had a heart condition and was to die in the Hospital in 1940 after two years of treatment. She herself applied to become a nurse that year, only to be told that there was a long waiting list. A year later, with the growing manpower demands of the War leading to a shortage of both nurses and ward staff she was admitted to training.[1]

It was significant that despite the troubles of the late 1930s many in the local community of the North Shore itself still held the Hospital in high esteem. And in some respects its reputation had achieved more prominence outside the local area. It was not only Sister Kenny who had brought a spotlight to research work. In 1936, Dr. Max Rudolf (Rudi) Lemberg, a German biochemist, and also a refugee from Nazi Germany, had joined the staff of the Kolling Institute of Medical Research. His work soon received both national and international recognition in the field of metabolism of blood and bile pigments. Such research, and the continuing efforts of Bill Ingram into diabetes, foreshadowed some of the leap forwards in medical science that would come with the War and the post-war period. By the end of the War the Institute had taken on the production of synthetic drugs, and developed technology for testing blood in the field.

Internally, the new administration of 1940 had also brought about certain

The Lady Wakehurst, 'Billy' Hughes, Matron Pauline Machin and the new Chairman of the Board, Sir Norman Nock, at the Annual Meeting of the Hospital 23 August 1941 and after the ceremony opening the new Wing of the Princess Elizabeth Pavilion.

changes. Under J. H. Ward, the Secretary of the Hospital Board, new accounting procedures were adopted. The payroll was mechanised, the ledgers systematised and proper accounts separating income and expenditure, were prepared for the Board. [2] There was also some improvement to the plant and equipment despite the wartime situation. The £60,000 loan which the Hospital had borrowed in 1936 with the intention of financing part of the rebuilding programme, including a proposed private and intermediate block, was now put to more urgent needs such as a new workshop, a new operating theatre, modernisation of the kitchen and improvements to administration and waiting rooms, most of which were implemented over the years 1940-42. In 1936 the Hospitals Commission had also agreed to allocate funds for a 30 bed pulmonary unit. Building had begun but was interrupted when the builder went broke. It was decided to add a further two floors when building re-commenced. In August 1941, The Lady Wakehurst, the wife of the Governor, opened these new wards named in her honour and forming an extension to the Princess Elizabeth Pavilion. In 1943, a new state-financed training school and extra accommodation for nurses was completed, so releasing another 30 beds for patients and bringing the bed capacity of the Hospital to 398.[3]

It was far less easy to retain staff. The Medical Superintendent, Dr. Radcliff, left for military service in May 1940 being replaced by Dr. R.J. Millard who accepted an invitation to come out of retirement (having previously been Medical Superintendent at Prince Henry Hospital). By September 1940 the Assistant Medical Superintendent, Dr. J.M. Mack, was complaining that he was being overworked, being able to depend on a very limited resident staff, most of whom were very junior in experience. Only one of the residents then had 12 months experience (and he was then in army camp) while the rest had been through their finals seven months previously. By 1941, seven sisters, 23 trainee nurses and four physiotherapists had also joined the armed forces.[4]

There was a similar problem amongst the honoraries. The new administration in 1940 had been anxious to harmonise relations with the honorary staff after all

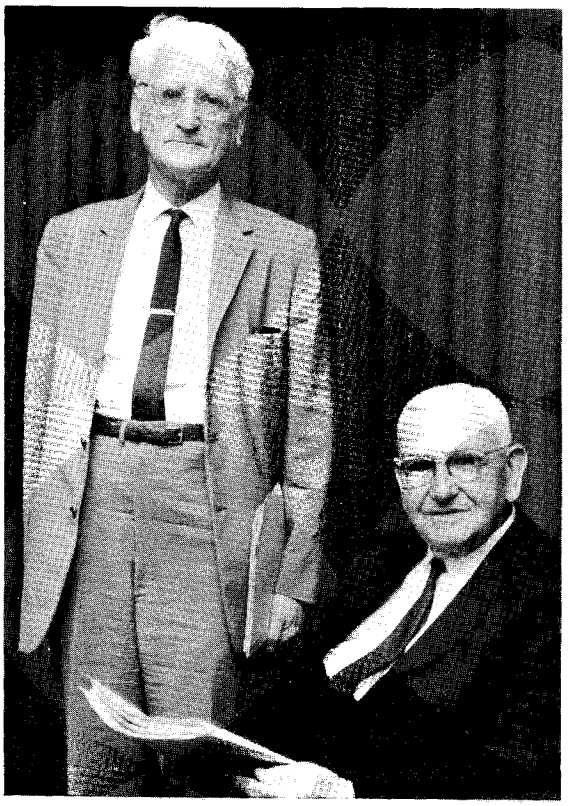
the troubles of the late 1930s. Formally all the honorary staff had tendered their resignations to the administrator C. J. Watt. Following modifications to the Hospital By-laws he arranged for the Medical Appointments Advisory Committee, now appointed by the Hospitals Commission, to investigate the medical services of the Hospital. After enquiries regarding the possible balance of beds between the various specialisations, applications were called for positions on the honorary staff. These were filled in March 1940 before the appointment of the new Board. Most of those dismissed in 1938 had returned to the honorary list. The new Chairman, Sir Norman Nock, discussed the situation with the staff in May 1940 and the Board itself indicated in its first annual report that it had made a close review of the position regarding the admission of patients (although such a review is not indicated in either the minutes of the Board or its House and Finance Committee nor in the Guard Book of relevant reports). As a result, arrangements had been made to 'ensure of more sympathetic consideration being given to the treatment of the indigent sick, and at the same time to ensure a measure of control so that those patients who are in a position to contribute for their treatment will be required to make the necessary payments'. Similar review was promised for the Outpatients Department. In effect, it would seem that a modified form of the bed allotment system was re-instituted.[5]

Throughout the War many of the younger honoraries left to join the military forces. Others were added to the list on a temporary basis. By March 1942 the By-laws of the Hospital had been altered to allow the Board to fill any vacancy on the honorary staff without advertising provided that any person so appointed would retire when the former occupant indicated that he was ready to return to the staff. The provision that one-third of the honorary staff should formally retire each year was also suspended for the duration of the War and six months beyond. In effect, the War was to interrupt many careers in a number of ways. Many honoraries who had been at the Hospital in the 1930s and who had been through the crisis of 1938-40 would not return to the Hospital after their War service.[6]

For much of the period 1939-41 the Hospital was shielded from the events of the War itself. But 1942 was to be a year of immediate threat to Australia from the Japanese and even the Royal North Shore did not escape general disruption. When a young medical resident, Ray Robinson, arrived in early 1942 the Hospital was being evacuated in preparation for wartime casualties. 'They were taken out in taxis, bread vans, any movable thing with their splints on, their wounds and so on', shifted to home and private hospital to make way for casualties to come. The front of the Hospital had a large brick bomb protector. The ground floor had reinforcement beams making it difficult to work in the wards. There were screens on the windows and blackouts in case of air attack.[7]

A crisis came on the night of 31 May 1942 when three midget submarines of the Japanese navy entered Sydney Harbour and launched an attack.

> We were all called on duty — it was at night. I well remember, I was wearing pyjamas, and I pulled on I think a pair of pants and uniform and tore across. We



Dr W. Wilson Ingram (seated) Honorary Director of the Kolling Institute from 1930-1974, and Professor Max Lemberg, the Assistant Director and Research Biochemist from 1935-1972

had been instructed that we weren't to use the lifts and that we were to take all the women from the first floor and labour wards. There was an emergency labour ward set up on the ground floor and we had to get these downstairs as best we could. We had them sitting in the corridors. Then we had to distribute the babies to these people irrespective of whether they had their own baby or not, that didn't seem to matter. And in those days we did have a few babies that didn't have mothers either because they were waiting for adoption — and we had quite a number in those days — or else they were 'prem' babies that were waiting to go home and the mother had been discharged. I well remember giving some women who were about to deliver their own babies with a nine months pregnancy and asking them to hold a baby on their lap which was non-existent! . . . . The amusing thing I remember was that my pyjama legs kept falling down . . . . after a while it didn't bother. There seemed to be more important things. I had a uniform with pyjama legs hanging down underneath that. But it was quite real while it lasted . . . at the time we thought that they were here . . . Although there was an amusing side to it as well.[8]

Even before the War the Matron and nurses had played the major role in the day to day running of the Hospital. Now wartime conditions brought new demands. It was pretty hard work with early rises at or before dawn and long twelve hour days. The organisation of patients in the still large wards took on its own rituals with much of the nurse's duties being concerned with keeping the beds and floors tidy, cleaning the patients' baths and even polishing the brass flower vases! There were also breakfasts and evening meals to cook and the morning sponging of the patients. All had to be made ready for the daily visits of the doctors.[9]

The nurses did almost everything for the 'public patients' in the labour wards. The honoraries were only called in if there was some ground for concern. In charge of the obstetric ward then was Sister Broad — 'literally broad — she was about 5'4" high and 4'5" wide — used to have to go sideways through the sub-divider doors'. Sister Broad used to take 'her residents' for morning tea to make sure that they were not doing anything wrong. 'And you sat there and ate some salad sandwiches and had a cup of coffee . . . and you got your instructions, it was sort of like the K.G.B.

— but marvellous, she taught all of us, anyone who went through there, their obstetrics'.[10]

With so many regular staff specialists on leave many of the residents also took on new tasks. For 15/- a week they had to work every second night and every second weekend. But there were compensations with parties in the residents' quarters in the top floor of the administration block.

> The trick was — there was no alcohol around in those days — to get hold of rectifying spirit from the laboratory — put the plug in the bath — pour that into the bath, chop a cucumber and any other little bits of stuff, pour in odd bottles of wine and stuff, and you'd half fill the bath with water. And that was a party and when we had them they were great fun. They used to call that area the psychiatry block because the patients nearby used to complain of the noise.[11]

Patient care was still difficult before the era of chemo-therapy. But that was changing with the War itself. The Australian doctor Howard Florey first tested penicillin in 1941. By December 1943 the Commonwealth Serum Laboratory had developed a first batch of the drug which was used on a soldier in New Guinea suffering from septicaemia. Penicillin would become effective against various bacterial infections including spinal meningitis, syphilis and pneumonia. Other antibiotics were soon developed, including streptomycin and isoniazid. The effects of these drugs on controlling infections in hospitals would be highly significant in the post war years.

By 1944 many in the Australian community were planning for post war reconstruction. For its part, the Board of the Royal North Shore was now prepared to reconsider the plans for development that had been discussed in the 1930s. Against this background, the Hospital's architectural firm (now Stephenson and Turner) were asked to bring their 1937 scheme up to date. The recommendation of the Hospital architects was for a new eight storied Hospital between the outpatients department and the wards, to provide 514 beds, with ancillary services and other departments such as administration and x-ray, all concentrated in the one area. Of the bed allocation, 300 were to be allowed for general public, medical, surgical and specialty services, another 40 for public maternity and 120 for private and intermediate medical, surgical and specialties and 54 for private and intermediate maternity.[12]

These proposals again raised the role of private practice within a public hospital. With the firm opposition to universal insurance during the inter-war years a number of solutions had emerged. One of these was the possible introduction of different forms of fee paying — full private rooms and what were to become known as intermediate wards which were less expensive but with patients in them paying fees to both the hospital and the doctors. The introduction of such organisations as the metropolitan Hospital Contribution Fund formed in 1932, provided more extensive opportunities for individuals to insure themselves. By 1942 the Royal North Shore was receiving more than half the fees collected from patients in the form of payments from the Fund. Most of these insurance premiums were initially to cover direct hospital costs. By 1945 steps were underway to involve the medical profession also in a medical

benefits scheme. The Medical Benefits Fund of Australia was launched as a non-profit organisation, guaranteed by 1300 medical practitioners. Initially controlled and managed by the H.C.F., the Fund provided benefits to cover medical charges.[13]

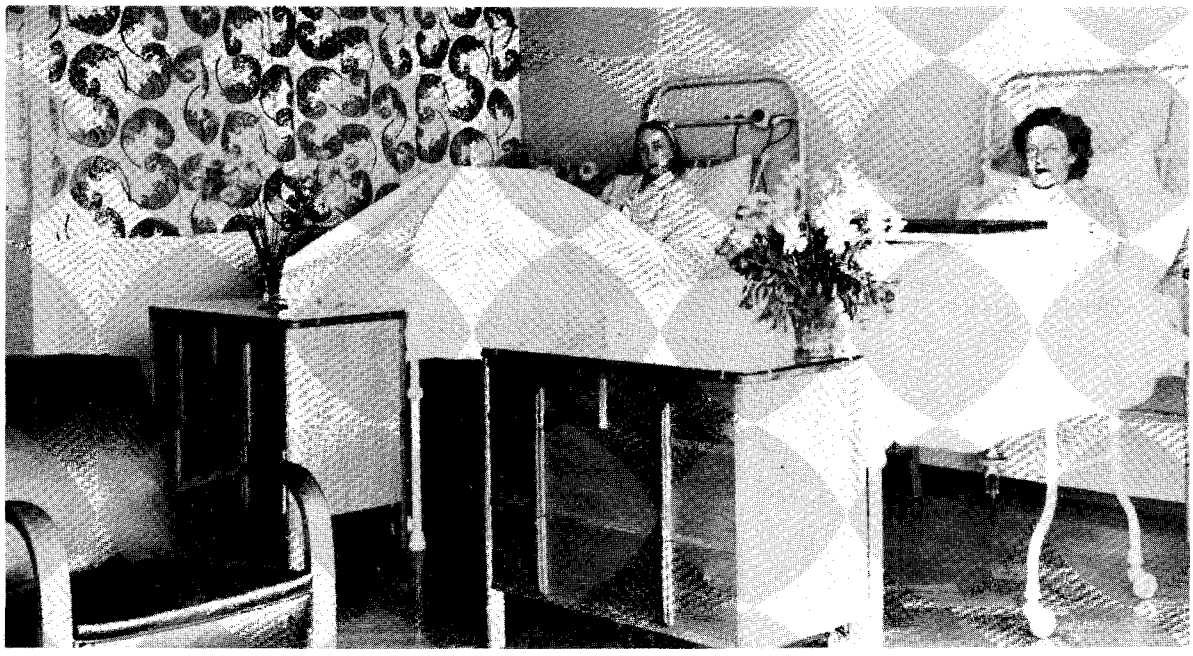
By now there was a new partner in the discussions over health policy and payments for health care. In July 1941 the Commonwealth Parliament had appointed a joint Parliamentary committee on social security with a brief to inquire into community medical services including hospitalisation. During 1943 a medical survey subcommittee of the general committee carried out a major survey of hospitals in Australia. Amongst its recommendations, the committee proposed the introduction of universal health benefits and national subsidies to hospitals. The report became part of the foundation of the aims of the wartime Labor Government to formulate a national health policy that would provide universal free health care. Beginning in 1944, the Curtin and then the Chifley ministries introduced legislation including provision for free pharmaceutical benefits, grants to the States to provide free health care in public hospitals and payments to tackle the problem of tuberculosis. By 1946 a referendum had been passed altering the Constitution and allowing the Commonwealth to legislate for health and sickness benefits and also medical and dental services. For the first time, health became a major national political issue, fought out in the High Court (which threw out the pharmaceutical benefits legislation) and a bitter issue of debate between the Commonwealth Government and the British Medical Association representing the doctors.[14]

The Royal North Shore could not remain isolated from these issues. In late 1944 a meeting of the major metropolitan hospitals in Sydney had urged the Federal Government to maintain the 'means test' for patients admitted to public hospital care. In February 1945 the chairman of the Royal Prince Alfred Hospital, Dr. H.H. Schlink, proposed the formation of a Hospitals Association to protect the voluntary hospital principle and to promote the idea that the role of Government should be to support the efforts of private citizens by grants-in-aid for maintenance, buildings and equipment. From within the Royal North Shore there were rumblings. The honoraries, all of whom were members of the British Medical Association, informed the Board that they were following B.M.A. policy in indicating that they would refuse to treat any patient admitted to a public ward who could pay private or intermediate fees. Moreover, they pointed out that in their opinion there were a number of persons admitted to the Hospital who could afford to pay. They asked the Board to consider declaring such admissions private or intermediate patients (even in the absence of private and intermediate wards).[15]

On this occasion, under the hard-headed business sense of Sir Norman Nock, the Board remained calm. It refused initially to co-operate with the proposed Hospital Association and asked that its name be taken off the list of foundation members in the articles of association. When the Hospitals Benefit legislation came before the Commonwealth Parliament in September 1945 the Board indicated

that it did not intend to oppose the Bill (even though many members of the Board obviously sympathised both with the medical profession and the Hospital Contribution Fund in their objections) but would leave the matter of benefit for negotiation between the Federal and State Governments. Under no circumstances was the Board to be a party to testing the legislation when Royal North Shore Hospital joined the Australian Hospital Association — 'It is quite outside the jurisdiction of the Board of a public hospital'.[16]

At Royal North Shore the public debate over private and public health costs had its own significance. The private and intermediate patient wards in the Wakehurst Wing finally opened on 5 May 1947. Even then there were limitations and restrictions with there being only 32 beds available for 48 honoraries. Nevertheless the principle of formally allowing for private practice within the Hospital was now established. The initial weekly fee of 16.0d in Intermediate Wards and £1.10.0 in a private single room covered board, residence, routine nursing, dressings and routine medicines listed in the hospital pharmacy. Patients themselves were responsible for paying their own doctor for treatment. They would also pay fees for other specialist services such as x-ray, and pathology tests.[17]



A section of an eight bed intermediate ward in the Wakehurst Wing which was opened for private and intermediate patients on 5 May 1947.

The election of the Menzies Liberal Government in 1949 was to help maintain the now established division between 'public' and 'private' patients. In 1950, a delegation of the Australian Hospital Association was prepared also to meet with that surgeon turned politician, Sir Earle Page, in order to insist on the need to maintain the

independence of hospital boards as well as provision for retaining the honorary system. Overall the health proposals of the new Liberal administration (the so-called 'Page plan') were based on the principle of a voluntary medical benefits scheme under which patients insured with a registered organisation were entitled to receive Commonwealth subsidies for medical and hospital treatment. In effect this was a national recognition and support for the principle of self help through insurance. Those who could afford the insurance premiums for cover in intermediate wards or private rooms could therefore expect to receive back part of their outlay. At the same time, however, under new arrangements between the Liberal Government and the States, charges in public wards were instituted in all States except Queensland as a means of recouping revenue. This would remain the practice for the next two decades.[18]

The 'private' section of the Hospital, however, would actually remain a small part of its function. By the mid-1950s there were still only seven private rooms and 28 intermediate beds. However, under government policy, there would be some 'declared' intermediate patients in public wards who were paying for both their bed and medical care. Overall, 10,124 private and intermediate patients would be treated at Royal North Shore over the decade 1947-57, representing about 10% of admissions.[19]

Issues of the national politics of health aside, the Hospital administration was more immediately caught up in plans for the post-war reconstruction of medical services in the Sydney region. On at least one previous occasion the Hospital Board had approached the University of Sydney indicating that it would be prepared to take on the role of a clinical school for the Faculty of Medicine. Now there came a request from within those concerned with medical training itself. In February 1943 Dr. V. M. Coppleson, the secretary of the New South Wales Post-Graduate Committee in Medicine, wrote to the Board pointing out that as expanded post-graduate instruction could not be carried on at Prince Henry Hospital would the Royal North Shore be interested? Over the next two years negotiations were carried on with the Hospitals Commission and the University of Sydney over this and related matters. The process was assisted by concerns within the Faculty of Medicine at the University that the influx of students in the post-war years, particularly the planned provision for ex-servicemen, would simply strain the resources of the two other major existing teaching hospitals, Sydney Hospital and Prince Alfred, specifically in such an area as obstetrics. (Since 1923 St. Vincent's had also been a University teaching hospital). Finally, on 14 October 1946 the Senate of the University resolved to request the Board of the Royal North Shore to agree to becoming a clinical school for undergraduates as from 15 March 1948.[20]

This proposed new role for the Hospital was an indication of its changing status. By 1946, the new Board had been in charge for six years. The chairman, Sir Norman Nock, was not a man of the North Shore only, as his predecessors had generally been. His family had lived on the North Shore although he now resided in Vaucluse on the other side of the harbour. His visions were more of a metropolitan nature. He was one of that generation of retailers in Sydney who had given much of their time

to charitable causes and civic matters. He had been Lord Mayor of Sydney and was knighted in 1939 for services to the community. There is little doubt that it was his aim to make the Royal North Shore the premier hospital in Sydney if not in Australia.

The prospective establishment of the clinical school also led to a new consideration of the management of the Hospital. The Hospital had continued throughout the war years with the earlier practice of maintaining both a Secretary and a Medical Superintendent. Appointed along with the new Board in 1940, Mr. J.H. Ward had remained as Secretary except for a period on military service. After also being on military leave 1940-44 the Medical Superintendent Dr. J. R. Radcliff returned, only to decide to practise as an anaesthetist, leaving after two years for overseas to obtain his specialist qualifications. In the light of the Scobie Inquiry, the Board then decided to proceed to create the post of General Medical Superintendent as the Chief Executive Officer of the Hospital.

In December 1946 the Board appointed Dr. Wallace Freeborn as its first General Medical Superintendent. Then aged forty-seven, Wallace Freeborn had been educated at Fort Street Boys' High School but had enlisted in the First A.I.F. at the end of third year when just 16. He served two years in the infantry in Egypt, Gallipoli and France. In 1916, then a sergeant, he was wounded in action at Pozieres and awarded the Military Medal. Invalided home, he had his 18th birthday on the way. He immediately returned to Fort Street as a hero to complete his schooling and obtain an exhibition to enter medicine at the University of Sydney in 1918, graduating with the legendary group of 1923. He was a junior and then senior resident medical officer at Royal North Shore in 1923-25 and later spent periods at Royal Alexandra Hospital for Children and the Renwick Hospital for Infants. In common with a number of Australian medical graduates during the inter-war years, he had gone off to London to work in hospitals there and study for post-graduate diplomas. He obtained these in gynaecology and obstetrics and in Child Health, then became a member of the Royal College of Obstetricians and Gynaecologists in 1935, entering specialist practice in Harley Street that year. During the Second World War he joined the Second A.I.F. rising to the rank of Lieutenant Colonel and Commanding Officer of the Hospital Ship 'Wanganella'. He had returned to Australia after six years war service to become temporary assistant to the chief medical officer of the New South Wales Government Railways Medical Service in February 1946.

It was an interesting combination of talents that now controlled the Hospital. Moreover, it would be a combination that found common ground. For much of the next two decades the Nock-Freeborn partnership, supported by Ingram on the teaching and research side, would help shape much of the future development of the Royal North Shore.

NOTES

1. Interview with Miss Irene Campton, 3 April 1987.
2. Interview with Mr. Dick Reed, 10 October 1986.
3. Royal North Shore Hospital, *Annual Report for 1939-40*, pp. 16-17; *Annual Report for 1943-44*, pp. 13-14.
4. J. M. Mack to the Medical Superintendent, 25 September 1940 in Guard Book.
   1940-42, 411.
5. Royal North Shore Hospital, *Annual Report for 1939-40*, pp. 8-9 and pp. 12-13. Also Royal North Shore Hospital Administrator Minutes, 2 and 29 February 1940; Honorary Medical Staff Minutes, 13 March and 8 May 1940.
6. Royal North Shore Hospital Board Minutes 25 March 1942; interview with Dr. Eric Goulston, 24 July 1987.
7. Interview with Dr. Ray Robinson 31 October 1986; and interview with Mrs. Ruth Rister, 4 February 1987.
8. Interview with Mrs. Ruth Rister, 4 February 1987.
9. Ibid and interview with Miss Irene Campton, 3 April 1987.
10. Interview with Dr. Ray Robinson, 31 October 1986.
11. Ibid.
12. Royal North Shore Hospital, *Annual Report for 1944-45*, p. 19.
13. Royal North Shore Hospital, *Annual Report for 1941-42*, p. 9; J. F. Cade, 'Medical Benefits Fund of Australia', *The Modern Hospital* No. 3, January-June 1951, pp. 78-80.
14. See Ann Cumpston, The History of Medical Organisation in Australia, University of Sydney Ph.D, 1975, pp. 334-40.
15. Royal North Shore Hospital Board Minutes, 25 October 1944; 28 February 1945; 29 August 1945.
16. Royal North Shore Hospital Board Minutes, 26 September 1945. For the formation of The Australian Hospital Association which was initially an initiative of the Teaching hospitals, see Mary Dickenson and Catherine Mason, *Hospitals & Politics The Australian Hospital Association 1946-86*, Canberra, Australian Hospital Association, 1986, pp. 1-5.
17. Honorary Medical Staff File in General Medical Superintendent's Special Collection.
18. See T.H. Kewley, *Social Security in Australia*, Sydney University Press, 1972, pp. 352-70, and Mary Dickenson and Catherine Mason, *Hospitals & Politics*, pp. 11-14.
19. Royal North Shore Hospital, *Annual Report 1956-1957*, pp. 20-21.
20. Royal North Shore Board Minutes, 24 February, 28 April and 25 August 1944, 26 July, and 23 August 1944, 24 January, and 28 February and 24 October 1945 and 27 November 1946.

CHAPTER 6

A University Teaching Hospital

The appointment of a General Medical Superintendent and the establishment of the clinical school foreshadowed a new future for the Hospital. Development could only come within a new framework. And this meant a new physical environment. The commitment to reconstructing the hospital buildings became a major post-war hope. As one of the first steps, and after negotiations with the State Government and the local Willoughby Council, the Hospital acquired 6 and a half acres of the Gore Hill Reserve for the long proposed multi-storey block. In return, the Hospital would pay for recreational areas within the Willoughby municipality. The basis was thus laid for the expansion of the Hospital, a process continued with the further acquisition of land further to the north of the Reserve over the next two decades.

Both Sir Norman Nock and Dr. Wallace Freeborn were now to work closely with the Hospital architects in planning for the future. As one of the premier hospital architectural firms in Australia, Stephenson and Turner had their own perception of what a modern hospital should involve, ideas which were fairly well worked out by the 1940s. As A. G. Stephenson indicated in an article written for the new journal, *The Australian Modern Hospital*, in 1949, the pavilion style of hospital, which Royal North Shore still represented, had been based on the old medieval ward pattern of a wide hall with patients facing each other on either side and the nursing equipment located in the centre of the ward itself. The verandahs had been an Australian modification to the standard model, built to shade the windows from the sun (but very cold in winter). The

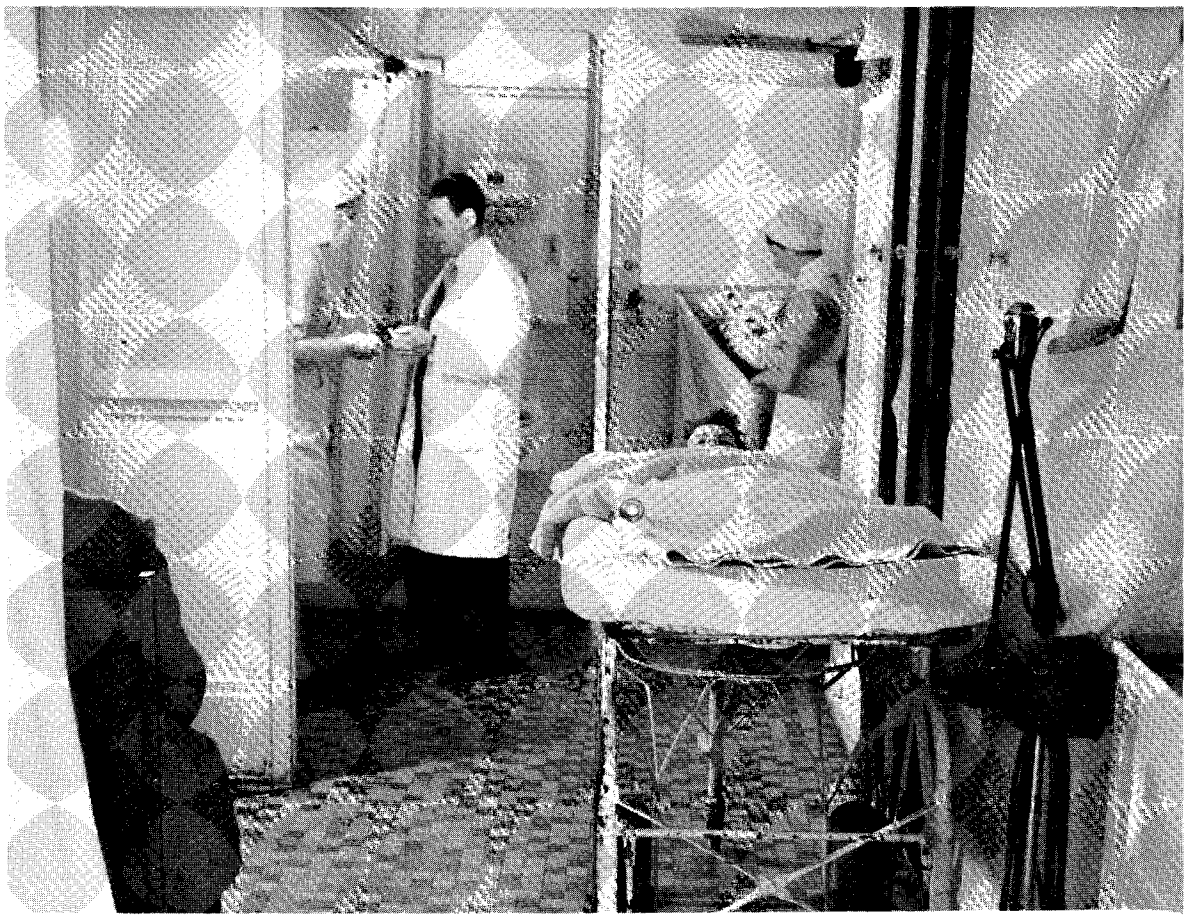
1948. Inauguration of the Clinical School for Medical Undergraduates — IVth year Students. *Back Row* — from left. A.S. Paton, V.J. Pitsch, S.M. Thornton, R.R. Strang, J.M. Drummond, R.W. Mitchell, R.C. Bedingfeld, A.C.F. Sharp, J.T. Dunn, R.E. Whittington, E.D. Bradley, D.O. Cross, J.G. Smith. *Standing* — P.E. Gunton, J.H. Stephenson, B. Low, F.G. Masters, H.N. Harrison, W.G. Lucas, W.A. Meldrum, H.L. Soper, C.A. Shearer, R.A. Papworth, R.R. Channells. *Sitting* — M.C. Smith, G.R.W. Latham, C.B. Degotardi, C.J. McDonald, B.J. Worling, R.A. Castledon, Dr. R.G. Epps, (Student Supervisor), Dr. W. Freeborn (General Medical Superintendent), D.M. Morrison, D.M. Carrick, R.I. Mitchell, B. Helriech. *In Front* — J.J.D. Dyce, F.W. Cull.

aim of modern hospital architecture was to regard the hospital as a single unit and not as a series of separate wards. One of the new principles was centralisation for goods and services. Overall, the modern hospital, in the conception of such as Stephenson, required careful planning and heavy financial commitment. Governments had to realise that it was going to cost more to build, maintain and man. The modern hospital would be large in size and tall in structure, with the new example being the new Royal Melbourne Hospital, opened in 1944 and serving as the basis for a University Medical Centre which could develop as a major teaching hospital of international standard.[1]

The intentions were clear. Their resolutions were rather less easy to achieve overnight. Post-war shortages of materials hindered development. The first impressions of R. V. Finlay, who joined the Board in 1950, was of a hospital made up principally of a collection of dilapidated old cottages which required a face lift.[2] At least some steps were taken at re-building, even in the climate of immediate post-war restrictions. In particular, a new residence, principally for domestic staff, had been opened in 1950 and modernisation of almost all the old wards was carried out during 1950-51.

More immediate steps could be taken in hospital administration. Experienced in the ways of English teaching hospitals, Wallace Freeborn set about establishing

a registrar system as the basis for a clinical school. The function of a registrar would not only be clinical in the supervision of patient care and responsibility for their medical records, but also to supervise the work and training of the resident doctors within their specialties. Whilst there had been a few previous registrar appointments, Dr. Freeborn carefully selected older men generally experienced through war service in the Medical Corps, already with some postgraduate training in their specialties. The first to be appointed by Freeborn were R.S.B. Hudson (23 January 1947) in Surgery, to be followed by J. C. Fitzherbert (8 December 1947) and V. H. Cumberland (6 January 1950). In Medicine R. G. Epps commenced on 1 February 1947 and was succeeded by J. H. Deakin (3 February 1950). In Obstetrics and Gynaecology R. B. Millar served briefly in 1947 and was followed by W. Geoffrey Jasper on 29 September 1947 for seven years. The fourth specialty to be involved was Thoracic Medicine, in preparation for the Thoracic Unit, with the appointment of Bruce Geddes on 31 July 1948. Whilst studying overseas on the Wunderly Travelling Fellowship during 1950-51, he was relieved by A. G. McManis. With the



Night casualty 1955.

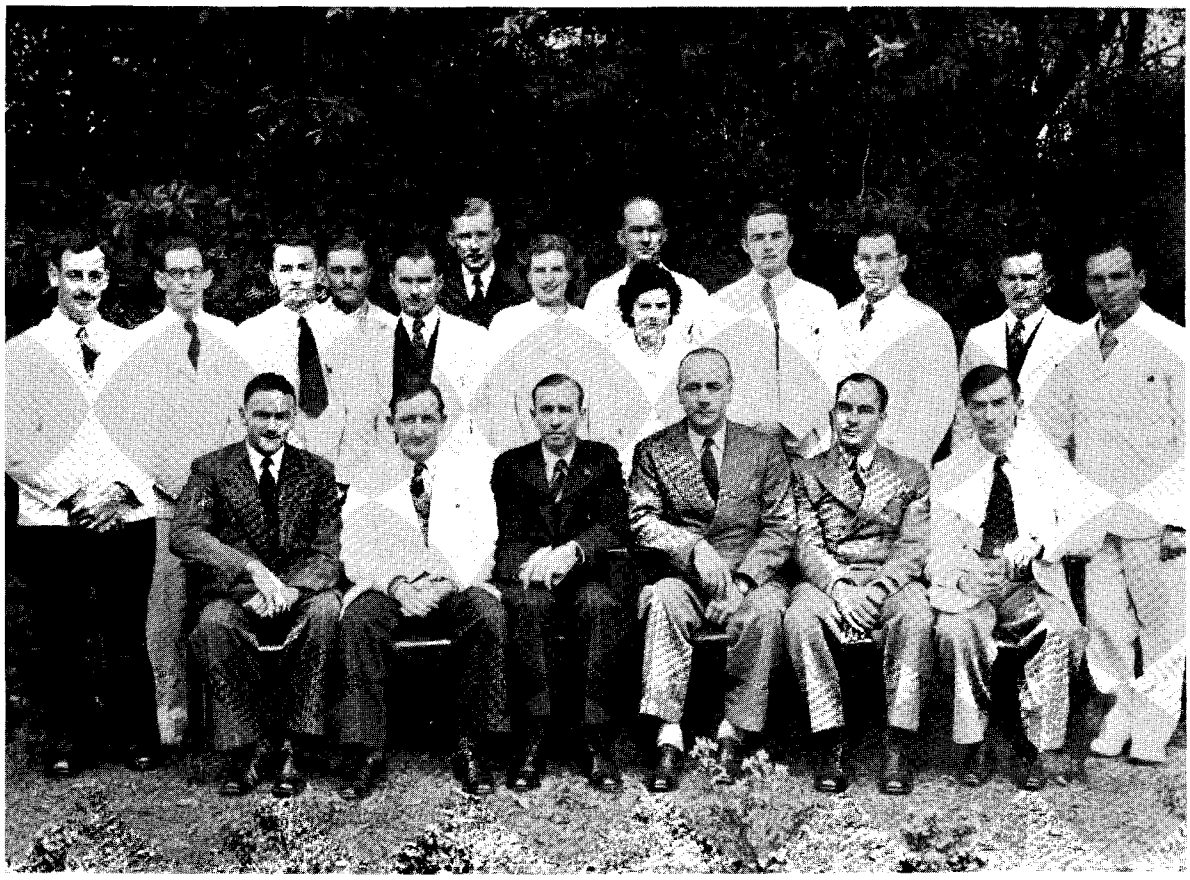
intake of students in 1948, Epps became additionally the first Student Supervisor. Following his departure for further experience overseas, James Isbister, having returned from such, was appointed Supervisor of Clinical Studies. It is indicative of the standard of those chosen by Freeborn, that all went on to be leaders in their profession and that Cumberland, Epps, Jasper, Geddes and Isbister were to serve the remainder of their professional lives based at Royal North Shore, where they would head their respective specialties and greatly influence the development of the Teaching Hospital.

During the next two years the number and the specialties of registrars increased to twelve with junior or assistant registrars being added in Medicine and Surgery. Again these appointees were destined to reach the top in their profession and included R. C. Chandler and G. D. Tracy (Surgery) H. J. Richards (Thoracic Surgery) B. S. Hartnett, D. W. Piper, C. R. Boughton and I. D. Thomas (Medicine) G. R. Silvester and S. B. Hatfield (Radiology) D. Joseph (Anaesthetics) and J. Broadfoot (Urology).

An important aspect of the registrar system was allocation to a unit or to one or more visiting specialists with consequent responsibilities for their patients and to assist with teaching. The first clinical lecturers and tutors were drawn from the honorary medical officers appointed in 1946 for four year terms for the first time following all positions being declared vacant after the World War. They were graduates of the inter-war years, a generation older than their registrars, with higher qualifications, generally with overseas experience and extensive war service. The first senior tutors and lecturers to be appointed were E.H. Goulston and L. S. Loewenthal in Surgery, I. A. Brodziak, S. D. Allen and F.A.E. Lawes in Medicine and S. B. Studdy in Gynaecology. Other tutors for fourth year were F. H. Hales Wilson, D. J. Anderson, R. D. Puflett and D. S. Stuckey in Medicine; C. H. Lawes, T. F. Rose, E. F. Langley and K. J. Fagan in Surgery. The tutors in Anaesthesia were J. F. McCulloch, C. N. Paton, and J. R. Radcliff. For 1950, with the first students to reach final year, additional tutors were appointed, being Ossian Robertson, A. J. Murray and A. A. Moon in Obstetrics, with Clair Isbister for Diseases of the Newborn and F. F. Rundle in Clinical Surgery.

Despite small beginnings, the teaching side of the Hospital soon achieved a high reputation. In the first year of graduation in 1950, the students from Royal North Shore achieved a pass rate of 80% compared to the overall figure of 84% for all students in the course. In 1953, when 52 students completed their course, the pass rate of 94% compared to the overall figure of 79%. It was a cause for celebration and somewhat chortling on the part of the chairman of the Board. A year later, the Hospital was granted the status of a permanent clinical school of the University. The glee of Sir Norman Nock was duly recorded in the Minutes of the Board with the hope that the Royal North Shore could become "THE" top teaching hospital of the Commonwealth; some of those who barrack for the Hospital might say the British Commonwealth'.[3]

However, the formal establishment of academic units within the Hospital was slow to eventuate, much to the irritation of the Board and the frustration of the teaching staff. It was not until 1957 that



Resident Medical Staff 1948. Back Row (L to R) K.R. Daymond, D. Joseph, G.G. Harrison, K.J. Coventry, C. Radeski, P.H. Hanbury, Judith Murray-Jones, J. Robilliard, Cath. Hudson, J.A.V. Schofield, L. Carter, J. Broadfoot, F.A.S. Jensen. Front Row (L to R) J. McKell, J.C. Fitzherbert, R.G. Epps, Wallace Freeborn (General Medical Superintendent), W.G. Jasper, B.L. Geddes.

the first steps were taken by the University with the appointment of D. W. Piper as assistant to the Professor of Medicine and G. D. Tracy as assistant to the Professor of Surgery. Each had been senior registrar and Deputy Medical Superintendent at the Hospital and had followed the now standard practice of two years postgraduate experience overseas. Both would become Professors.

The teaching side of the Hospital created a new morale and new opportunities. Competition with the other teaching hospitals was even carried onto the football field as the newcomer strove to prove itself against the more established sides and also the other activities of the longer established institutions such as Royal Prince Alfred. For the students the Royal North Shore became a popular place to be. They had their own name for the hospital across the Bridge:

> We've heard on the 'grapevine' that there are plans afoot in the student body here to petition the Hospitals Commission with a view to having the name of this establishment changed officially to "The Country Club" . . . it has still retained the

> sylvan setting which gives it an atmosphere of calm relaxation not found in the other mid-city teaching hospitals. This undoubtedly has an advantageous effect on the prognosis of the patients and, if past results in the finals are any criterion, the student also. It's quiet and peaceful up here without the noises and smoke of the inner city. One can gaze over even the worst solo hand and feel at peace with the world; and the view from the billiard table is superb.[4]

The establishment of the teaching side went beyond undergraduate education. It laid the basis for postgraduate work. By the mid-1950s a graduate programme had evolved with four years of training following two years of initial residency. During this period the trainee would become an assistant registrar undertaking specialist work in various fields. The expectation was that such graduates would go overseas after such training, returning to a senior registrar post within the Hospital. The system was developed in co-operation with the other three Sydney teaching hospitals providing for an initial small programme of post-graduate training which would expand greatly by the 1960s.[5]

Teaching was associated with research. As early as 1950 steps were taken to form a Unit of Clinical Investigation under an executive committee consisting of the Director of the Institute of Medical Research, Dr. Bill Ingram, as chairman, and other members including Dr. Freeborn, Dr. James Isbister now in charge of the teaching of students, and newly appointed registrar in surgery, Dr. Harry Cumberland. The secretary to the committee was the surgeon Dr. Frank Rundle who was to become Head of the Unit and later Foundation Professor of Surgery and Dean of Medicine at the University of New South Wales. The purpose of the Unit was to create research teams of physicians and surgeons who would work together on a common problem.[6]

It was notable that many of the young medical research workers already with overseas experience behind them were prepared to devote themselves to periods of clinical research, accepting the comparatively meagre remunerations that the grants and fellowships then provided. Apart from Rundle himself (who was extensively involved in the use of radioisotopes and the diagnosis of thyroid disease) they included H. J. Richards, M. H. Cass, R. G. Epps, V. Hercus, Ian Monk, T. S. Reeve, T. H. Oddie, G. D. Tracy, D. W. Piper and I. B. Hales. All were later to achieve eminence and five were to go on to Professorships.

The association of the Royal North Shore in medical education provided a new focus for national attention. In 1953 the United States surgeon Malcolm MacEachern again visited Australia and presented a report which he had compiled at the request of the Australian Hospital Association, the Commonwealth Government and the Governments of New South Wales and Victoria. The report paid particular attention to the teaching programmes of the clinical hospitals. MacEachern pointed out the urgent need to rehabilitate the existing facilities of the hospitals so as to provide modern facilities without which there would be serious deficiencies in the quality of medical education. This, he suggested, could only be carried out with Commonwealth finance.[7]

With the background and support of

the MacEachern report the four administrators of the teaching hospitals in Sydney, Sir Herbert Schlink of Royal Prince Alfred, Sir Norman Paul of Sydney, Mr. J. Carroll of St. Vincents and Sir Norman Nock of Royal North Shore, issued a statement in May 1955 calling for a 'new deal for Australian teaching hospitals'. It was a call for Commonwealth funding similar to the national campaign then being mounted for national support of all education.[8] By 1957 the Commonwealth Government had established the Murrary Commission which would recommend the creation of an on-going Australian Universities body to support the funding of tertiary institutes. The teaching hospitals would eventually benefit from the funds which would now flow through to university education.

Even before then the Commonwealth had been involved directly in funding medical activities at the Royal North Shore. The development of chemo-therapy had reduced many of the scourges of infectious diseases which had had a particular impact on child life during the inter-war years. Vaccination against diphtheria and scarlet fever made the possibility of such epidemics unlikely. By the early 1950s the extensive use of the Salk vaccine, following another polio epidemic in 1950-52, also helped overcome the fears of many parents. But there still remained a major health problem which had been of national concern since the early twentieth century.

Long known as the 'chief captain of the men of death' tuberculosis had a particular impact on young adults. At Royal North Shore, the treatment of T.B. in the early twentieth century had centred around inoculation as developed through the work of the late nineteenth century German scientist Koch who had isolated what he claimed as the appropriate organism — tubercule bacillus. When a young physician, Dr. Cotter Harvey, returned from overseas in 1924 to join the staff of the Hospital he found the old practices still in existence even though they had faded out in Europe:

> On a mid-winter afternoon in 1924, I was ushered by a welcoming Sister into a rather large room in the old Out-patients Department of the Royal North Shore Hospital. Apart from a desk and two chairs, the room was almost completely occupied by tables on which were spread out side by side, files of hospital charts on each of which sat a small phial. I gazed on this scene dumbfounded. "And what", I said to the Sister, "are all these?" "Oh" she replied, "they are the charts and notes of the out-patients, and the little bottles are of 'tuberculin' for their treatment; each one has his own."[9]

Such practices of inoculating patients with their own 'tuberculin' (and then checking their temperature for the 'appropriate' fever) were soon ended. But tuberculosis remained prevalent within the community in the inter-war years. In 1925 a Royal Commission on Health had recommended the formulation of a set of principles for a campaign to halt the spread of tuberculosis. Despite repeated calls for action it was not until 1947, in the wake of the Chifley Government's attempt to develop a national health policy, that the Commonwealth appointed Dr. Harry Wyatt Wunderley to investigate and report on tuberculosis control in Australia. The Wunderley report had noted the serious lack of staff and beds to treat the disease. It led to the 1948 Commonwealth legislation on

tuberculosis which provided for joint Commonwealth-State co-operation, with the national treasury to provide the funds for maintenance of and additions to appropriate units.

Already the Royal North Shore had begun to develop new treatment for tuberculosis although the shortage of space and events of the war had interrupted the campaign. Because of the exigencies of the wartime situation only one floor of the Lady Wakehurst wing had been opened for the pulmonary unit. In 1946, with Sister Kenny achieving new prominence in the United States, the female ward of the thoracic unit was actually set aside for the Kenny Clinic; female tuberculosis patients were limited to a few beds on the verandahs. The opening of the private and intermediate beds in the Wakehurst Wing in 1947 further restricted the space for the Thoracic Unit. What rescued the situation was the winning of the battle against other infectious diseases. In accord with a pre-war decision the Hospitals Commission had built an infectious diseases block at the northern end of the hospital grounds. This block would become the home of the new Thoracic Unit opened in 1949 just as the Commonwealth was providing funds for the treatment of tuberculosis.[10]

The Royal North Shore thus became a leader in the fight against T.B. In 1951 the Commonwealth transferred to the control of Royal North Shore the Princess Juliana Hospital at Turramurra. Built by the Dutch Government in 1942 for Dutch merchant seamen the Princess Juliana had become a Commonwealth chest hospital for migrants in 1946. The purpose of its transfer to the Royal North Shore was to allow for the then long recuperation of T.B. patients. The Hospital opened on 24 March 1952. In 1954 another wing of 34 beds, financed through Commonwealth funds, was added to the existing 66, so creating an institution of 100 beds with a further 100 beds for T.B. patients at Royal North Shore itself. The T.B. campaign itself would be won with the aid of such new drugs as streptomycin. The development of antibiotics also allowed surgeons to perform new feats knowing that they had a barrier against infection. Of equal significance was the national compulsory x-ray to detect early signs of the disease (and leading to almost universal x-ray and blood tests for all patients undergoing surgery in hospital).

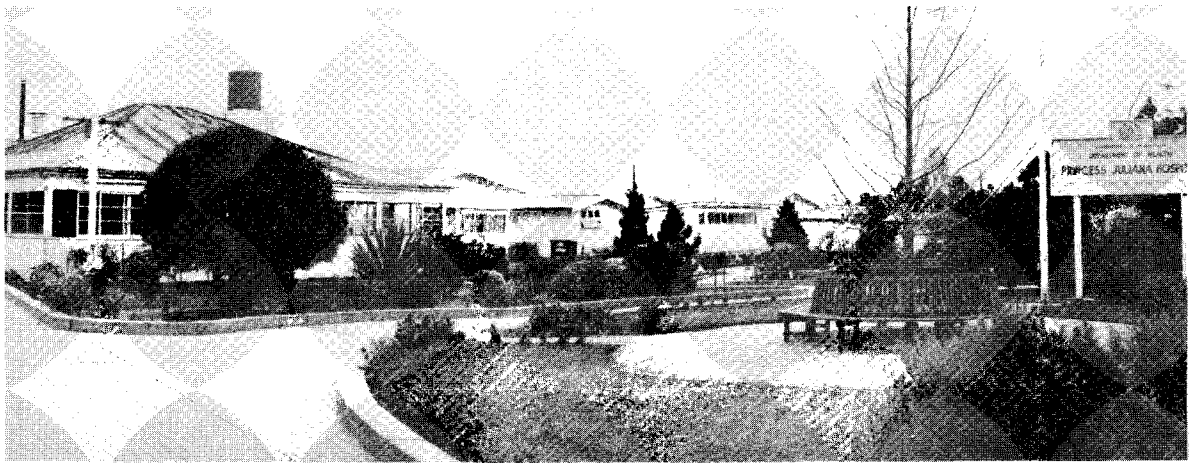
Within a decade, T.B. patients who had formerly been confined to bed with months, even years, of careful nursing, were on their feet undergoing post-operative and other forms of occupational therapy. By the early 1960s the national threat of tuberculosis had been virtually removed. In 1965 the former female tuberculosis ward had become a general convalescent section and the same practice was followed for the male ward so that by 1968 the Princess Juliana Hospital was fully converted for general convalescence. It continued in this role until finally closed as a Hospital as part of the Government's rationalisation programme on 31 August 1979, having been a most valuable annexe to Royal North Shore for 27 years.

The campaign against tuberculosis would have implications for future development of health policy. For the first time the Commonwealth Government had played a major role in providing hospital services. Moreover, Commonwealth funding would influence relations within the Hospital itself. The Commonwealth Government had

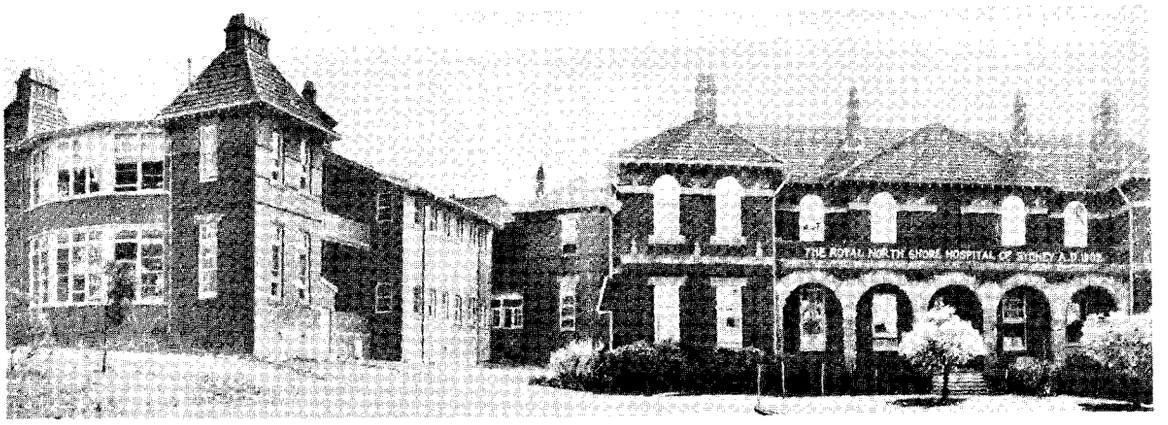
recognised that tuberculosis was essentially a 'poor man's disease' with little opportunity for remuneration in private practice. So did the doctors. In 1949 the honorary staff of the Hospital proposed that those of their number associated with the Thoracic Unit should receive direct payment for their services. After negotiations and agreement with the British Medical Association a form of sessional payment came into being. Essentially this procedure was an attempt to allow those associated with the Thoracic Unit to receive government funds but in such a way as would retain their perceived independence. By 1959, however, the surgeons in the Thoracic Unit were finding it hard financially. It was now suggested that they be paid a weekly salary with a continuing right to private practice. Already such a system had been established for pathologists, radiologists and radiotherapists. The era of the salaried staff specialist was beginning to arrive.[1]

If the fight against tuberculosis helped point the way to the future funding of and payment for health, then it also helped to bring to a head the issue of the control of hospital beds. The question of bed allocation, which had lain at the heart of the troubles of the 1930s, was still not resolved twenty years later. In some ways, the issue was further complicated with the acquisition of the Princess Juliana Hospital and the way that situation provided for the building of empires. As the physician in charge of the Thoracic Unit and as the chairman of the honorary staff, Dr. Cotter Harvey believed that he should have a right to determine the allocation of beds within a unit which he believed, with some justice, that he had helped to create. It was a right which both the Hospital administration and the thoracic surgeons disputed. Moreover, the situation was made more complex with the introduction of intermediate and private patients, a small number of whom could be admitted to the beds in the Thoracic Unit.

With the establishment of the registrar system, Wallace Freeborn had hoped to settle the matter. As he indicated in a correspondence to Cotter Harvey in February 1952, the Thoracic Unit was '*not a hospital within a hospital*'. The



The Princess Juliana Hospital Turramurra 1963.



Front of Hospital after re-modelling of A Block in 1952.

overall admission of patients was the responsibility of the General Medical Superintendent to the Board. This authority he had delegated to registrars which meant that the job of medical or clinical superintendent was divided among the then four bodies of medical, surgical, obstetrical and thoracic. In the 'general' side of the hospital the registrar selected the admissions even though the wishes of honorary medical officers would be taken into account. There was no precise bed allocation in the hospital even though certain figures had been laid down in 1940 when the honorary system had been re-established. Such practices he wanted to see followed in the Thoracic Unit also, particularly in view of the bed shortage and the prospect of wasted 'bed days'. Moreover, he suggested that there should be more consultation between the staff of the Thoracic Unit and those physicians within the general side of the Hospital, particularly in cases of T.B. or general thoracic cases where there was more than one disease or treatment involved.[12]

It would be a protracted campaign almost as long as the fight against tuberculosis itself, with some bitterness on both sides. In general it came to be accepted that patients would be admitted on the basis of hospital priorities and needs rather than as those who had been allocated to an honorary. The run-down of the tuberculosis campaign further assisted the process as beds came to be more under the control of the general hospital administration. The creation of the position of staff specialists amongst the thoracic staff finally settled the issue.

These were signs of change that some of the older staff found it a little hard to live with. There was even new terminology such as 'Visiting Medical Officers' coming into being to soon supplant the term 'honorary'. Not that all had altered overnight. In the wards themselves the appearance of the honorary medical staff still involved important rituals. Only the ward sister could accompany 'doctor' on his round, even reversing traditional sex roles by standing back to allow him to go first through the doors. Throughout the 1950s the meetings of the honorary staff also reiterated, in accordance with the policy of the B.M.A., that while they might receive direct remuneration for university teaching, their services to

public patients in a teaching hospital should still be given free. At the same time, they wanted in return to insist on the right of patients to 'declare' themselves in an intermediate category even though they be placed in a public ward.[13]

The care of patients themselves was certainly beginning to alter by the late 1950s. Chemo-therapy was only part of the growing application of forms of technology to medical practice. One of the major new areas of technological advance was concerned with heart-lung surgery. Prior to the Second World War Royal North Shore had begun the first outpatient clinic in Sydney devoted to the study of congenital heart disease. Beginning in the Second World War operations on the heart and related vessels were instituted. In 1953 a cardiac investigation clinic was formed in the Hospital. By 1957 a mechanical heart-lung was being tested on an experimental basis. Three years later a Heart-Lung Fund Appeal was launched which by the late 1960s had raised almost $250,000. The first operation on the machine was carried out in 1961. Overall between 1951 and 1967, 582 operations on the heart were carried out in the Hospital, over 40% of which involved a cardio-pulmonary by-pass.[14]

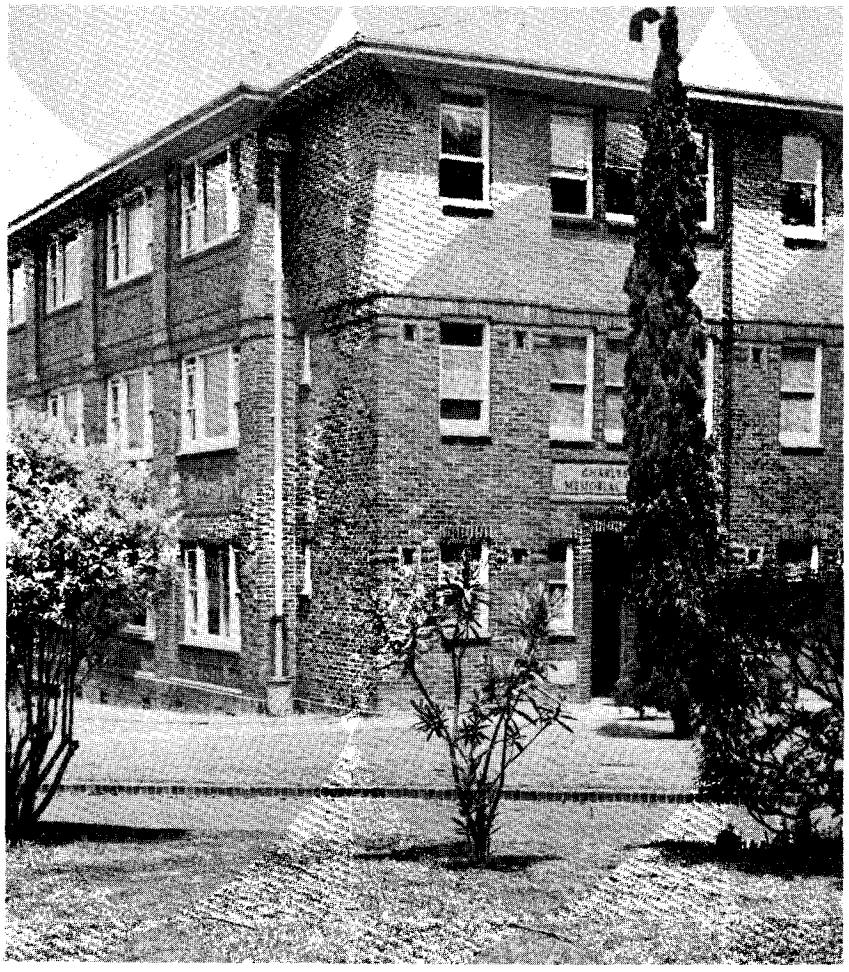
While technology often got the headlines, other aspects of patient care in the Hospital were developing a more human face. The study of paediatrics had begun at Royal North Shore just after the Second World War with the involvement of such child care experts as Lorimer Dods. Under the enlightened guidance of Dr. Clair Isbister and others pregnancy and childbirth soon became less associated with the 'management' of the patient and more attentive to education. In 1954, the Hospital started physiotherapy classes for expectant mothers. Dr. Isbister began parental education classes for both husbands and wives, the first of their kind in Australia. There was also an effort to involve parents more actively in the nurture of their children whilst still in the hospital. By 1958, the rule that parents could only visit children on a Sunday had been altered (despite some opposition from Matron Sturt) to allow for mid-day visiting each day of the week. The formation of a Ladies Committee in 1957 under Lady Nock, the wife of the Chairman, assisted moves to establish a Child Care Centre which opened in 1960. The Centre became a place for child care for those attending the Hospital and also the focus of the education classes and pre-natal clinic which had already been established.[15]

In a number of ways the Hospital was improving its reputation and standing during the 1950s. It was becoming a place where a number of talents were attracted to work. In 1955 the honorary medical staff raised the issue of nearby consulting rooms, particularly in view of a proposed Medical Tower near North Sydney station and new building development in Macquarie Street. A sub-committee was appointed to recommend action to the Board. After considerable negotiations and financial dealings, the building of the North Shore Medical Centre began in 1958 with the intention of providing rooms on this side of the Bridge for those specialists now associated with the Hospital. The building itself opened in 1959, just across the Pacific Highway from the Hospital.[16]

In 1960 the honorary medical staff also requested the support of the Board

for the establishment of a Royal North Shore Medical Research Foundation. While noting the continuing world reputation of such as Dr. Lemberg they also pointed out the investigations now being carried out on problems of a more clinical nature. These included not only the experimental work in heart surgery, but also original work on the gastric and hepatic function of the body, advances in studying thyroid disease and research in the laboratory on aspects of pulmonary function. The original aim was to seek £1/2 million for research projects in the Hospital. The Unit of Clinical Investigation by then involved 10 doctors with a claim to being 'the largest and most gifted research team of its kind in Australia'. The average age of the clinical research team was 38 and between them they had over 50 years experience overseas.[17]

Despite such advances there was a general feeling throughout the 1950s that the Hospital was being a little neglected by government in its quest for funds for expansion and development. Much of the building programme of the early 1950s had come from Commonwealth funds for the Thoracic Unit. A new nurses' quarters of eight storeys opened in August 1956, three-quarters financed by



Kolling Institute
Following addition
of third level 1948.

the Commonwealth (on the basis of providing for thoracic staff). Overall the Commonwealth Government provided over 45% of the £893,721 on capital works 1948-57, while the New South Wales Hospitals Commission provided about 35% and the Hospital's own funds supplied the rest.[18]

The early post-war expectations that the new high-rise building would come quickly had simply not been fulfilled. Yet the Hospital had to cope with an ever increasing demand on its services. In the decade between 1948 and 1958 the number of beds expanded from 407 to 546 while admissions as in-patients almost doubled from 6,967 to 11,660 and out-patient numbers more than doubled from 19,354 to 46,571. The population on the North Shore at the census of 1954 was more than ten times what it had been thirty years previously just after the First World War. While about one-third of the patients in the Hospital still came from the local area around North Sydney and the Willoughby and Lane Cove municipalities, large numbers were coming from as far afield as the Northern beaches, with at least one-fifth also being admissions from southern parts of the city or country areas.[19]

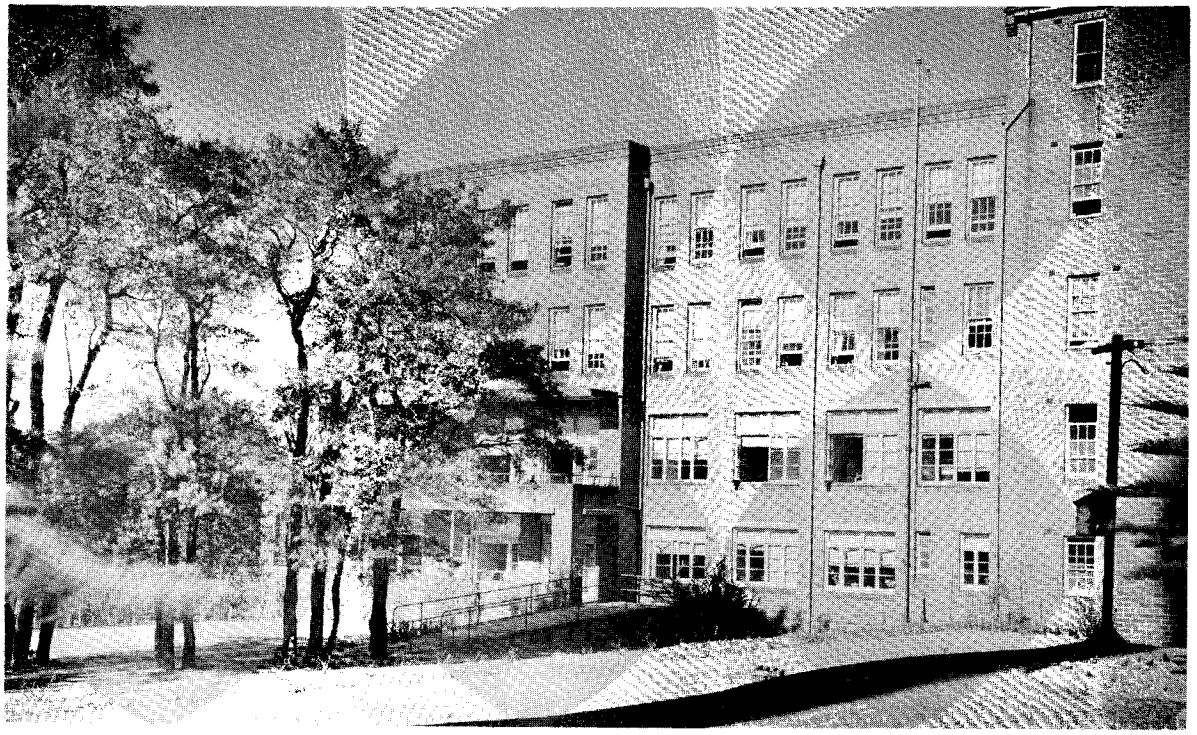
The post-war population growth associated with both immigration and the 'baby boom' was having an overall effect on all metropolitan hospitals. In 1938 Herbert Schlink, the chairman of the Royal Prince Alfred Hospital, had carried out a survey of the number of beds in the metropolitan and suburban areas of Sydney. Based on 'world standards', (essentially set in the United States) it was suggested that there should be then 8.45 beds per 1,000 of the population (a figure including 5 beds per 1,000 in general hospitals and the rest for special areas including maternity, children's and contagious diseases.) In Sydney Schlink estimated that there was then a particular oversupply of maternity beds (mainly as a result of the small lying-in private hospitals) but a shortage of general medical and surgical beds and for contagious and acute diseases. Ten years later the situation had deteriorated. A large number of private hospitals in the State had closed down and the number of beds per 1,000 per population had declined from 7.2 in 1939 to 7.1 in 1948, while the world health standard had increased to 8.75. He suggested that there was a shortage of at least 7-8,000 beds in New South Wales. Most of that shortage was concentrated undoubtedly in the Sydney metropolitan area.[20]

The spread of population into suburbia also raised issues of the appropriate provision of hospital services. Inevitably it involved part of the politics of health care. In September 1954 the State Government announced that it intended to build a 250 bed hospital at Mosman to cost £1 million on a site near Taronga Zoo. The Board of the Hospital protested taking the decision as negation of the major development which had been approved in principle by the government with the acquisition of the extra land in 1947. Sir Norman Nock publicly criticised the decision at the annual meeting of the Hospital a month later. A deputation representing the Board, the honorary medical staff and other interested groups also waited upon the Minister for Health, M. O'Sullivan, to press the case that while the need for a hospital at Mosman was debatable, the need for extensions to the Royal North Shore was more imperative. The Minister was

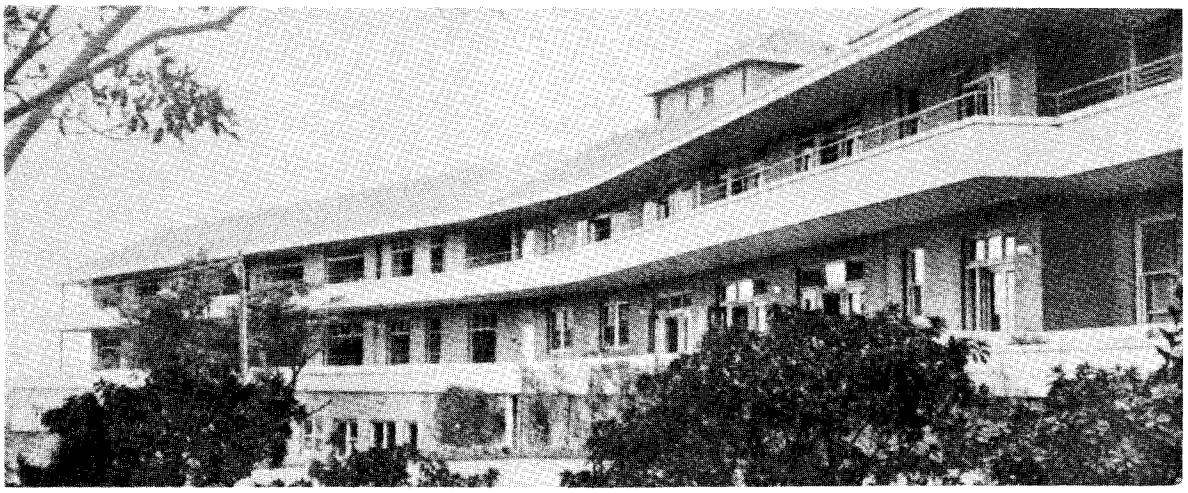
unimpressed merely noting that funds for Royal North Shore would come when available.[21]

The threat of a major new public hospital at nearby Mosman hung over the Board for at least eighteen months. In March 1956, the new Minister for Health, W. F. Sheahan, invited the views of the Board on the overall question of hospital development on the North Shore. As a result, the Minister accepted the views of the Hospital Board that the existing hospitals north of the harbour should be built up to their maximum level before the construction of any new institution. Any future public hospital should be in the Warringah Shire, perhaps at Mona Vale as envisaged in the Cumberland County Council Plan of 1947. The Royal North Shore Hospital could then serve as a base to such a new development. By mid-1956, Sheahan had announced in Parliament that as the Lower North Shore, including the Mosman area, had then a ratio of 3.7 beds per 1,000 population, while Warringah had only 1.6 beds per 1,000, any future hospital should be in that latter area. The proposed Mosman Hospital would be deferred while the Royal North Shore should be developed on the site that he himself had helped make available when Minister for Lands in 1947. Once again, the Hospital had a friend in government.[22]

The appointment of 'Billy' Sheahan as minister also helped solve part of the general crisis in hospital finance. Since the establishment of the new Board in 1940 finances had remained in their by now familiar tight situation. In 1940 the bank overdraft had stood at £90,000, of which £40,000 was outstanding fees,



Wakehurst Wing c.1955.



Intended as an infectious diseases block in 1947, extensions were added to make the 100 bed Thoracic Unit.

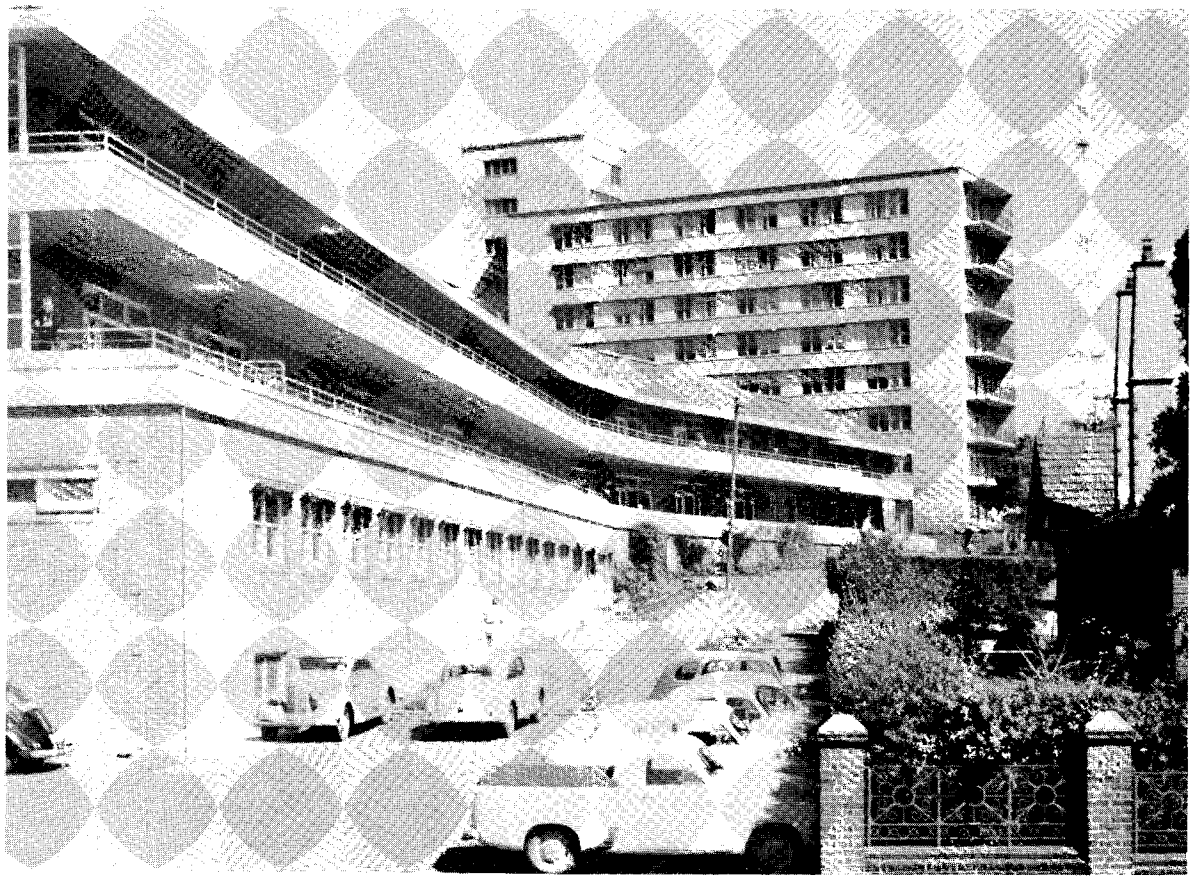
three-quarters of these being bad debts. From 1940 the Hospitals Commission had paid off the overdraft and had met deficiencies at the end of the financial year. In theory this even allowed for a small surplus in hospital finances in some years. But between 1947 and 1956 expenditure grew almost six-fold from £143,495 to £887,796. Deficiencies were made up by an ever increasing State subsidy which grew almost seven times in the same period.[23] More than ever before the Hospital had become a claimant on the State purse.

By the mid-1950s there was a real crisis in hospital finance at almost all metropolitan hospitals. In early 1956 the General Medical Superintendent informed the Board that the subsidy received from the Hospitals Commission fell short by £85,000 of the estimated requirements. At its meeting on 22 February 1956 the Board actually instructed Dr. Freeborn to inform the Hospitals Commission that it was considering closing parts of the Hospital. The crisis continued throughout 1956 and into 1957 with accounts remaining unpaid and conferences with the minister to 'deal with this very serious situation'. A conference on the financial crisis of the hospitals was held in the Town Hall in June 1956. For 1956/57 further funds were forthcoming although not enough to cover recent wages increases. The Commission refused to counternance any bed closures. The Board itself 'Resolved to go on as we are going, with due regard for economy'. What they could take heart from was an earlier statement from the minister that instead of 'Stop', 'Go', he hoped to allocate funds on a five year basis. The promise did not eventuate but at least it showed an understanding of the importance of planning.[24]

Throughout 1957 and 1958 negotiations continued on the proposed new multi-storey block. The architects had now modified their proposals to take account of the changes in medical practice since the war. Patients and services would be concentrated with the use of six-bed wards. The total cost for the new buildings would be £4 million. Building time was estimated to be three years.[25] Based on this plan the Board and

Hospitals Commission reached general agreement at a conference held at the Hospital in late November 1958. The proposed new hospital was to be built in three stages. Stage one would provide a new outpatients' department including a casualty and emergency ward of 20 beds. In the second stage there was to be begun a ward block which would initially contain 300 beds together with extensive services. In the third and final stage the ward block would be completed with provision for a further 300 beds. There was also agreement on an overall programme of modernisation which would lead to the demolition of most of the old buildings including the boiler house, mortuary, the resident medical offices' residences, the cottages, the orthopaedic ward, the outpatients' department, the nurses' preliminary training school, the students' cottages, and the physiotherapy department and training school! In the meantime, the first stage of the outpatients' department, then estimated to cost £1,250,000, was to be completed so that it could be integrated into the Ward Block and the Services Department. By retaining 300 beds in a modernised old block these plans would therefore allow for the 1,000 bed hospital which had first been put forward in the 1930s.[26]

Satisfied on this score at least, the Hospital administration was to be a little disappointed on another related matter.



The extended Thoracic Block of 100 beds with Sturt House the new Nurses' Quarters behind. The year is 1956 and a new form of technology — the television tower — has risen in the background.

The Maternity Block 1958 after the Second Stage (the left side of the building) had been completed.

Since becoming a teaching hospital many at Royal North Shore had hoped that future development could be pursued along those lines. Sometimes there had been frustration at what was still seen as inadequate recognition. From the early 1950s the medical staff had pushed for a radiotherapy department for the treatment of cancer so that Royal North Shore would not be at a disadvantage with the other three teaching hospitals in Sydney. These 'just claims' were urged on the Hospitals Commission for the next three years but it was not until local effort through a fund raising appeal of the Chatswood Rotary Club in 1957 that matters started to move. The appeal in 1957-58 raised over £38,000. In 1959 the Government agreed to a £25,000 loan to support the establishment of a deep ray therapy unit.[27]

A more direct rebuff came over the proposed establishment of a second medical school in the Sydney metropolitan region. In 1958 the Minister for Health established an advisory committee, which included Dr. Freeborn as one of its members, in order to reach a decision on the site for such a school. In June 1958, an organisation known as the Association for the Civic and Educational Advancement of the Northern Suburbs of Sydney was formed with one of its main purposes being to press for the establishment of a university on the North Shore and the

creation of the new medical school at Royal North Shore. Despite the fact that the Minister had decided by September 1958 that the new medical school would be within the University of Technology, to be renamed the University of New South Wales, both the Association and the Board of the Hospital continued to press for a university, with a suggestion that the site could be at St. Leonards in the vicinity of the Hospital. The battle was lost on both fronts. The second medical School would be at the University of New South Wales, while the proposed Macquarie University would be on the North Shore but at Ryde and without any medical school.[28]

By 1960, the re-constituted Board had been in existence for two decades. Of those who came on in 1940, Sir Norman Nock was still chairman and C. J. Watt, the former administrator, was vice chairman. That year the secretary of the Board Mr. J. H. Ward retired. Dr. Freeborn was also nearing retirement. His obviously close relation with the Board and with the Chairman in particular had paid off, in part at least. The clinical side of teaching was established. The foundations were laid for an expanded research programme. The proposed building programme was in place. The 'Freeborn years' in the Hospital had helped establish the reputation of the Royal North Shore in entirely new ways. He was also an administrator who was aware of the contributions of all who worked in the institution, trying to follow up issues with staff. In the words of one 'He believed in the little people'.[29]

But not all had been smooth sailing. It was perhaps significant of the history of health planning in New South Wales as well as the growing importance of the State in decision making within the Hospital that while the building of the new hospital would begin in July 1962 the government announced at the same time that Stage Two would have to be deferred because of lack of finance. It was undoubtedly a familiar story to many on the Board and within the Hospital generally.

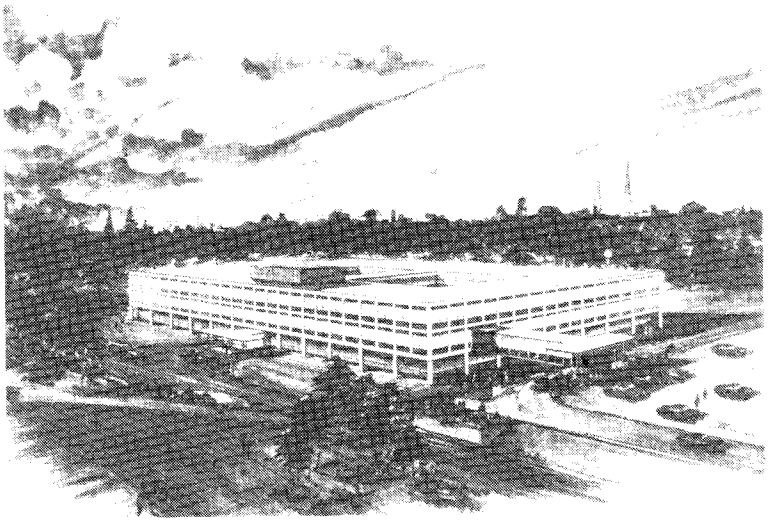
Sir Norman Nock, the former Matrons Miss Pauline Machin and Miss Elma Sturt, Dr. Wallace Freeborn and Matron Ruth McClelland at an Annual Meeting of the Hospital not long before Dr. Freeborn retired as General Medical Superintendent.

NOTES

1. A.G. Stephenson, 'Australian Hospitals: Historical Review' *The Modern Hospital* No. 1, October 1949, pp. 10-28.
2. Interview with Mr. R. V. Finlay. 6 February 1987.
3. Royal North Shore Board Minutes, 17 December 1953 and 23 June 1954.
4. University of Sydney Faculty of Medicine, *Senior Year Book 1959*, p. 97.
5. File on Registrar System for training Junior Specialists in General Medical Superintendent's Special Collection. Interview with Dr. Harry Cumberland, 17 July 1987.
6. Royal North Shore Hospital *Annual Report 1950-51*, p. 23 and 1960, *Annual Report 1960* p. 23; interview with Dr. Harry Cumberland, 17 July 1987.
7. A summary of his report is contained in *The Australian Modern Hospital*, No. 5, July 1954, pp.3-8.
8. *Sydney Morning Herald*, 28 May 1955.
9. Notes of Dr. Cotter Harvey, 1976, in General Medical Superintendent's Special Collection.
10. File on Thoracic Unit in General Medical Superintendent's Special Collection.
11. For details of the negotiations over sessional payments, see Dr. Cotter Harvey Papers, Box 47.4 held in the Royal Australasian College of Physicians Library. See also Royal North Shore Hospital Board Minutes, 28 April 1954, 26 October 1955 and 29 July 1959.
12. 'Wal' to 'Cotter', 29 February 1952. Cotter Harvey Papers, Box 47.4 Royal Australasian College of Physicians Library.
13. Interview with Mrs. Ruth Rister, 4 February 1987; Royal North Shore Honorary Medical Staff Minutes, 25 March and 30 April 1952, 11 July 1956; 9 March 1955, 17 August 1956, 9 December 1959, 9 March and 14 December 1960.
14. Ian Monk, 'The Development of a Regional Cardiac Surgical Service' *The Medical Journal of Australia*, March 9, 1968, pp. 389-93. See also *Daily Telegraph*, 26 July 1957, *North Shore Times*, 14 March 1962.
15. Interview with Dr. James Isbister, 1986; Royal North Shore Hospital, *Annual Report 1958*, p. 21, *Annual Report 1960* p. 19; Royal North Shore Hospital Board Minutes, 27 August 1958; *Daily Telegraph* 'Mother and Baby Supplement , 29 August 1958.

16. Royal North Shore Honorary Medical Staff Minutes, 11 April, 13 March and 14 September 1955; interview with Dr. Harry Cumberland, 17 July 1987; Royal North Shore Board Minutes, 28 May 1958.
17. Royal North Shore Board Minutes, 27 July 1960; *The North Shore Times*, 27 July 1960, p. 1.
18. Royal North Shore Hospital of Sydney — Outline of Major and Minor Works since 1947 in General Medical Superintendent's Special Collection.
19. File on Survey for Fund Raising c. 1958 in General Medical Superintendent's Special Collection.
20. See Herbert H. Schlink, *The Hospital Problem of the Metropolitan and Suburban Area of Sydney*, Sydney, Australasian Medical Publishing Company, 1940; Herbert H. Schlink, 'Ratio of Hospital Beds to Population', *The Australian Modern Hospital* No. 2, July-December 1950, pp. 40-43.
21. Account based on precis taken from hospital files by Joan Kelk 29/7/75: Royal North Shore Hospital Development Proposed Mosman Hospital "Body Blow to Major Plans" in General Medical Superintendent's Special Collection. See also Royal North Shore Board Minutes, 24 September and 27 October 1956.
22. Ibid.
23. These figures are based on the file Survey for Fund Raising c. 1958 in General Medical Superintendent's Special Collection.
24. Royal North Shore Hospital Board Minutes, 25 January, 22 February, 28 March, 23 May and 28 November 1956 and 27 February 1957.
25. Stephenson and Turner, Royal North Shore Hospital Development Preliminary Analysis November 1958 in General Medical Superintendent's Special Collection.
26. Royal North Shore Hospital Board Minutes, 23 January and 29 May 1957 and 26 November 1958.
27. Royal North Shore Board Minutes, 28 April 1954, 23 January and 26 June 1957, 27 May 1959.
28. File on University Clinical School including a summary of the 'University College and Medical School on the North Shore' in General Medical Superintendent's Special Collection.
29. Interview with Mr. Dick Reed, 10 October 1986.

CHAPTER 7



Regionalisation and Specialisation

In 1964 the Royal North Shore gained a new Chief Executive Officer and a new building. Dr. I. R. Vanderfield succeeded Dr. Freeborn from the 1 January 1964. A graduate of the University of Sydney, he had trained at Concord Repatriation Hospital. After a period in the Department of Health he joined the staff of the Royal North Shore in 1956 and became Deputy Medical Superintendent two years later. He was active in a number of organisations, including being President of the Resident Medical Officers' Association, a member of the Council and elected Vice President of the Hospital Medical Association and President of the Haemophilia Society of New South Wales. As Dr. Roger Vanderfield he was already known as an international Rugby referee.

Just prior to his appointment the new Chief Executive Officer had gone overseas on a travelling scholarship of the Hospitals Commission to study hospital administration and design. With the completion of the new block, formally opened on 21 November 1964, he himself could occupy a building which was regarded as in keeping with the new principles of providing an efficient and modern service. The new building comprised four floors and included a new out-patients' department (replacing that which had opened in 1921), a casualty and accident unit of 17 beds, emergency operating theatres, a recovery ward and intensive therapy unit of 15 beds, and the general offices and all

medical and nursing administration. There were also new departments for x-ray, routine pathology, physiotherapy, medical records and pharmacy. The building made use of its site on the hill by providing for separate entrances on three levels. The total cost allowing for furnishings and surrounding roadworks was over £1½ million.

The move into the new building was symbolic of underlying changes in the Hospital. Ever since the establishment of the Royal North Shore at St. Leonards in 1902, the administration had been in the centre of the life of the hospital. Now, for a period of at least 10 years there was a geographical separation between the Hospital and its administration with the old administrative building itself becoming quarters for the resident doctors. The expansion of the institution had inevitably altered social relations. No longer was it possible for either the General Medical Superintendent or the Matron to see patients personally as part of their day to day activities. They had become essentially administrators concerned with the planning and paper-work of what was becoming a very large organisation. It was a situation reflected elsewhere in many other hospitals during the 1960s. Ironically the change had come at Royal North Shore when the new appointments to the administration had known the older days. Not only was the new Chief Executive Officer previously connected with the Hospital but also Matron McClelland, appointed in 1960, and Mr. Dick Reed, who had become Secretary in 1961, had attachments to the Hospital stretching far back, in the latter's case to the 1930s.

The new developments in the Hospital corresponded with the moves towards an overall new era of hospital

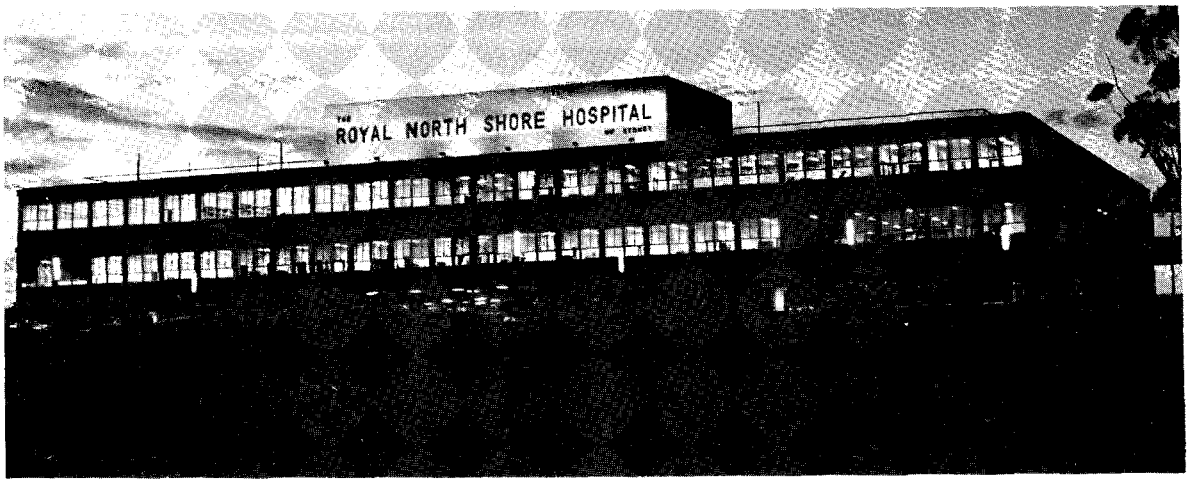
Mr. J.H. Ward on his retirement gathering October 1960, after 20 years as Secretary of the Hospital.

administration in New South Wales. In late 1963, the Minister for Health, W. F. Sheahan, had announced an enquiry into hospital services which would investigate the possibility of the co-ordination of health services within a region. The growing costs of hospitals was beginning to place a major burden on the State budget. By the early 1960s, the costs of hospitals to the State Treasury was almost approximating the cost of

The Chairman of the Hospitals Commission of New South Wales, Dr. Hal Selle, speaking during the official opening of the first stage of the new main block. On the right of the rostrum are seen the General Medical Superintendent, Dr. I.R. Vanderfield, with Deputy Medical Superintendent, Dr. B.J. Amos behind him; the Chairman of the Hospital Board, Sir Norman Nock; the Minister for Health, W.F. Sheahan; and the Chairman of the honorary medical staff, Dr. Edmund Collins.

Dr. Louis Loewenthal, associated with the Hospital since being appointed Medical Superintendent in 1931, addressing the Annual General Meeting of the Hospital, when Chairman of the honorary medical staff 1960.

maintaining the State educational system. There was a feeling that each hospital was merely considering its own interests without regard for either health services nearby or the provision of hospitals within the State as a whole. The Hospitals Commission, formed in 1929, had not been able to establish a hospital system despite its early intentions. Each hospital board had retained much of its autonomy, while in the post-war period the Commission itself had been absorbed with attempting to find enough finance for existing services let alone plan major changes.[1]



First stage of the new Block, 1965.

Public Hospitals in New South Wales
Costs

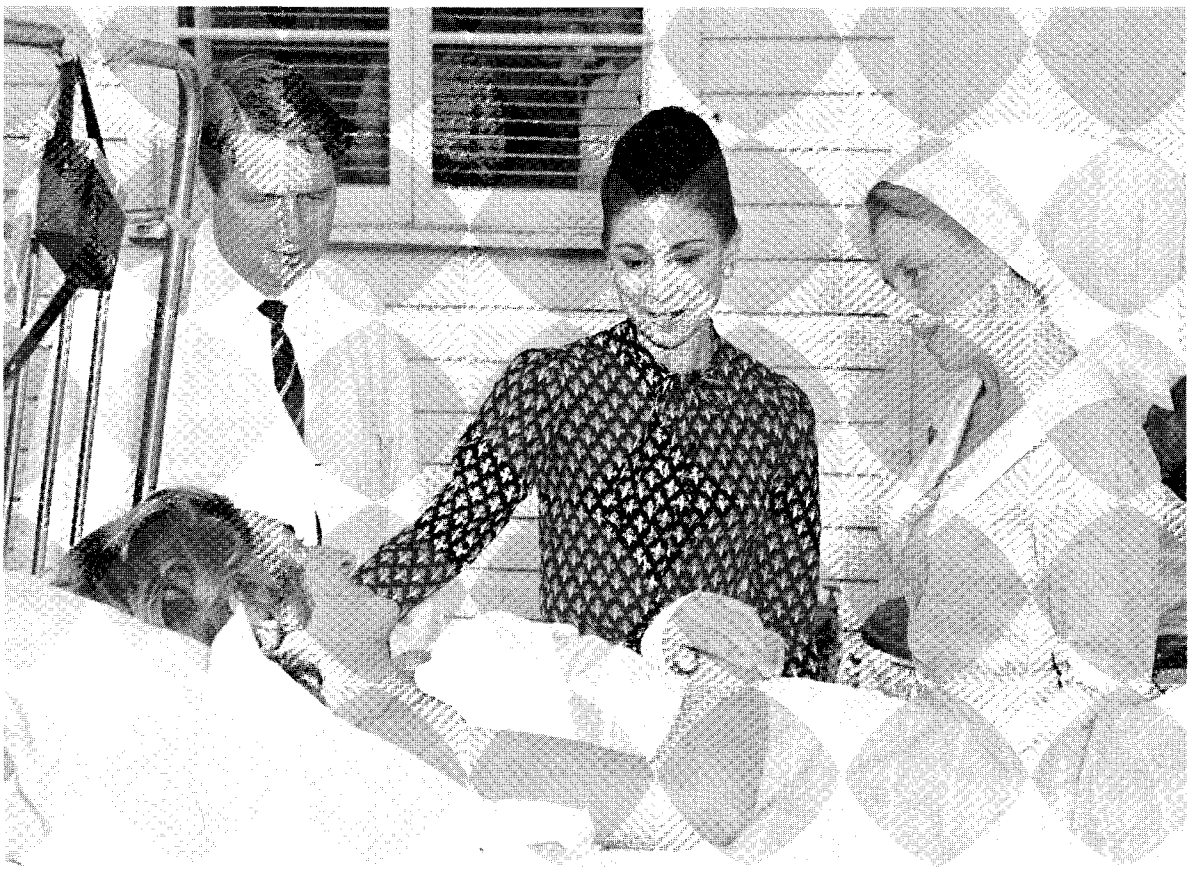
	State Govt. (a)		*Commonwealth Govt (b)*		*Patients' Fees etc.*		*Total amount*
	Amount £M	*%*	*Amount £M*	*%*	*Amount £M*	*%*	*£M*
1946-47	*2.7*	*53*	*1.1*	*22*	*1.3*	*25*	*5.1*
1953-54	*11.3*	*58*	*3.0*	*15*	*5.2*	*27*	*19.5*
1960-61	*18.9*	*53*	*7.1*	*20*	*9.8*	*27*	*35.8*
1961-62	*19.1*	*51*	*7.5*	*20*	*10.9*	*29*	*37.5*
1962-63	*22.2*	*53*	*7.8*	*19*	*11.9*	*28*	*41.9*
1963-64	*22.7*	*49*	*8.8*	*19*	*15.0*	*32*	*46.5*

(a) Net assistance after allowing for Commonwealth recoups
(b) includes estimated payments to Hospital Funds.
Source: Report of the Hospital Services Committee Appointed to Consider Matters Relating to Public Hospitals in New South Wales Sydney, Government Printer, 1965, p. 16.

The Government Committee of Enquiry under Dr. K. W. Starr presented its report in 1965. In accord with its terms of reference, the committee had reviewed the existing systems of patient care, administration and finance in the public hospitals. It hinted at possible changes to actual medical practices, including the end to the 'outmoded' honorary system and its possible replacement by fee for service on a sessional basis or the further introduction of full time staff specialists. But its main concern was to provide some order in 'an industry which requires personnel to be on duty on a

non-stop 24 hour a day basis' and where in Sydney such round the clock services were being maintained in as many as five or six general hospitals within a five mile radius of each other. As a result, the major recommendations of the Committee were for a system of regionalisation throughout New South Wales. In each region services would be decentralised and integrated with special reference to patient care, administration and records, equipment, engineering and other services. Moreover, each region in the metropolitan area of Sydney would be integrated with country regions so providing a relationship between the 'base' rural hospitals and the more extensive specialist services in the city. The Hospitals Commission would administer the system through Regional Authorities but the Boards of the Public Hospitals would be retained.[2]

The report of the Starr Committee inaugurated what would be almost two decades of continuing discussion and controversy over the administration of hospitals in New South Wales. Some within the State health administration would maintain that the Committee had not gone far enough in establishing

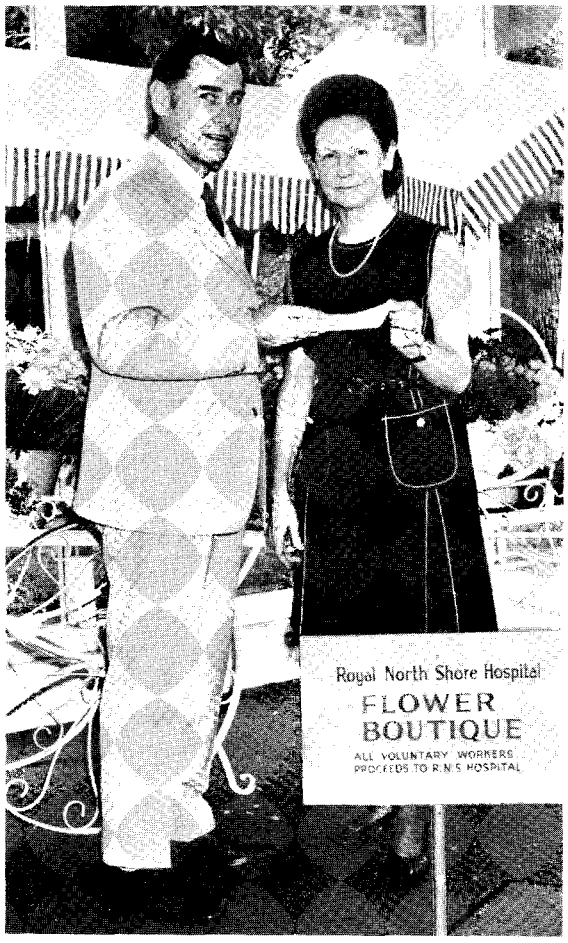


Visits to the Hospital by celebrities are frequent. In 1971, Dame Margot Fonteyn talks to a patient, David Minter, in the Spinal Injuries Unit. On the left is Dr. John Yeo, Head of the Unit, and right is Sister Nancy Joyce, Sister-in-Charge.

central control. On the other hand, the prospect of more State involvement raised the issue of 'nationalisation' which had first surfaced half a century earlier when Frederick Flowers was Minister for Health. The situation was complicated at first by political change. In 1965 the Labor Government, after 25 years in office, was defeated at the polls. The new Minister for Health, Harry Jago, was presented with the Starr Report amidst discussion over the future role of Hospital Boards and the proposed Regional Authorities. The Minister himself now established his own enquiry into the operation of the Hospitals Act of 1929.

This particular investigation by Mr. G. C. Eglington of the Public Service Board produced a report entitled 'Community Health Services and the Public Hospitals Act' which was critical of the existing administration of all health services in New South Wales. It led to the Minister establishing a further committee of enquiry under Dr. Starr. The second Starr Report issued in November 1969 recommended the establishment of a Health Commission to oversee the administration of all health services in the State. The administration would be based on a regional and integrated basis, although Hospital Boards now designated Boards of Trustees, would remain responsible for the management of public hospitals.[3]

The upshot of all these discussions and debates was that over two years later in 1972, the New South Wales Minister for Health announced, in a consultative document, the proposed intention of the Government to implement most of the second Starr Committee Report providing for the creation of a Health Commission with the State divided into regions. A Regional Director of Health would be appointed in each region and would be responsible for co-ordinating a comprehensive health service in the region. There would be advisory bodies at both the central and regional administrative levels drawn from members of the medical profession and medical services and including also leaders in the local community. The Health Commission would come into being on 1 January 1973, assuming the functions of the former Department of



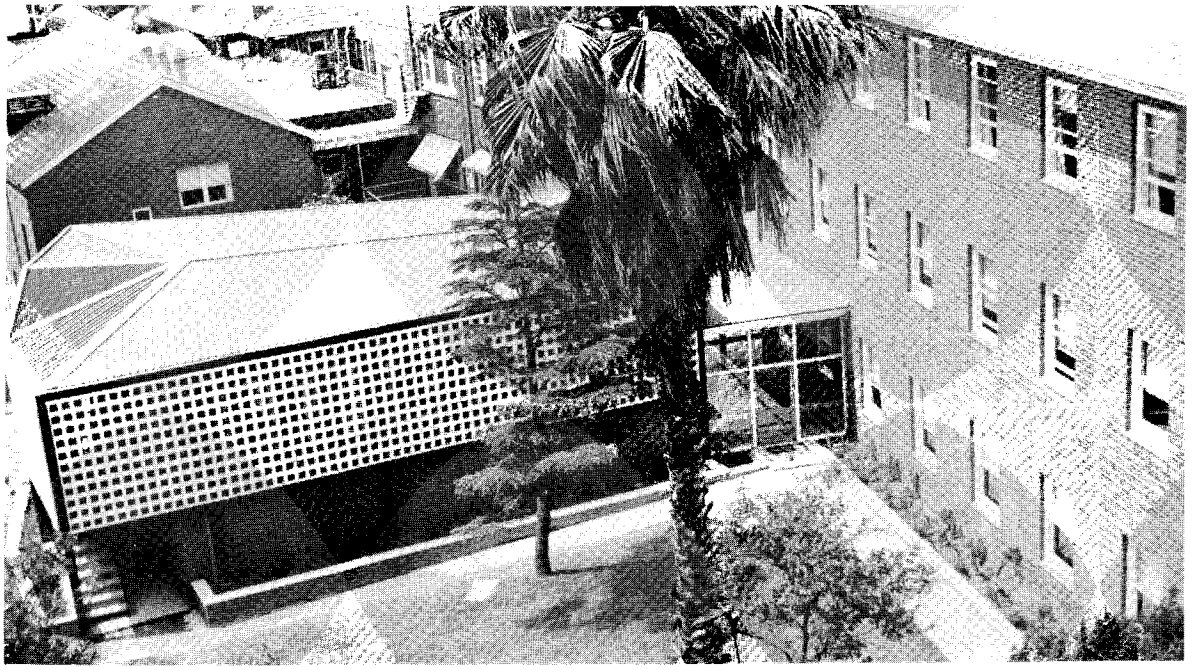
Mrs. N. Hansen, President of the Floral Sub-committee presenting a cheque to Dr. I.R. Vanderfield, General Medical Superintendent, 1973.

Health and the Hospitals Commission. The ambulance services of the State would be integrated three years later in 1976.[4]

These administrative changes represented the most radical departure in over a century of State involvement with health services. As in such areas as education, the State had now created a bureaucratic structure to administer and oversee what had become a major item of State expenditure. All hospitals in New South Wales could not but be affected by these developments. Proposed regionalisation had begun in the mid-1960s following the first Starr Report. During 1966-67 the Royal North Shore held discussions with the nearby Mater Hospital which led to an early regional co-ordination with the Royal North Shore providing pathology and radiotherapy services and the Mater a home nursing service. In 1973 the Mater became an associated teaching hospital. By 1971, Royal North Shore was offering its first services in bio-chemical analysis when the Northern Metropolitan Group Biochemistry Service was set up by Dr. Frank Radcliff. The Hospital also linked up with country hospitals providing seconded staff to Lismore, Tamworth, Manning River (at Taree) and Mona Vale and later Gosford and Manly.

Internally also the Royal North Shore readjusted its administration. By the early 1960s a number of hospitals had established medical advisory committees composed of both honorary and salaried staff. In 1965 the honorary medical staff of the hospital were incorporated formally with the establishment of the Medical Board. The Board was composed of the honorary medical officers, the full-time salaried medical staff, the General Medical Superintendent and the Deputy Medical Superintendent ex-officio, all entitled to attend and vote. Honorary clinical assistants could attend meetings and speak but not vote. There were sections within the Board representing the various specialties. The distinction between the honorary and salaried medical staff was made even less significant with the decision of the New South Wales Government in 1969 to end the designation of 'honoraries' in public hospitals by providing for the category of Visiting Medical Officer who would receive a payment based on a period of 'sessional' services within hospitals.

The re-organisation of medical administration allowed for the continuing growth of specialisation which had been one of the marked features of the 1950s. The inclusion of the senior medical executives in membership of the Medical Board, in their own right as emerging specialists, continued a concept seen by Freeborn as both desirable and necessary. That was, to encourage medically qualified graduates to train for and undertake administration in hospitals and the health services, as a career in itself, by obtaining both clinical and administrative experience with appropriate higher qualifications. This concept was developed by his long time deputy, Vanderfield, who designated an Assistant Medical Superintendent position for such training. Royal North Shore thus became a leader in producing successful medical administrators who have included Dr. Bernie Amos, later Chief Executive Officer of Westmead Hospital and then the Cumberland Area Health Service; Dr. Barry Catchlove who went to Melbourne as Chief Executive



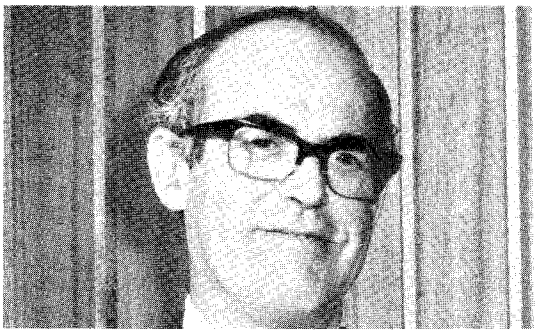
The Clinical School of the University of Sydney built in 1963 adjoining the Kolling Institute with the Norman Nock Lecture Theatre in the foreground and sections of the old Hospital in the background.

The Northern Metropolital Group Biochemistry Service came into operation in 1971, using the SMA 6/60 Auto Analyser. Dr. Frank Radcliff, Director of the Service with Ruth Spielman, Scientific Officer.

Officer of the Royal Childrens'; Dr Janet Mould went to Veterans Affairs then Director of Clinical Services for the A.C.T., and Dr. Stuart Spring who would become first Chief Executive Officer of the Royal North Shore Area Health Service.

The relationship with University teaching was crucial. In 1967 the University of Sydney created the posts of Warden and Clinical Supervisors of both Medicine and Surgery. The first Warden was Dr. Edmund Collins, then Chairman of the Department of Obstetrics and Gynaecology and associated with the Hospital since his resident days in 1933. The Clinical Supervisors, Peter Baume (Medicine) and Graham Coupland (Surgery) replaced the Student Supervisor, a post filled by Associate Professor Piper for ten years in succession to Dr. James Isbister.

In 1969 a Chair of Orthopaedics and Traumatic Surgery was established at the University of Sydney and became the first Chair based at Royal North Shore. The appointee was Dr. T.K.F. Taylor, a Sydney graduate, then Associate



Three surgeons who have played major roles in the Hospital. Dr. Harry Cumberland (at North Shore Week 1973), Associate Professor Coupland whose memory is honoured by the annual Graham Coupland Memorial Lecture, and Professor Tom Reeve honoured with the Charter of the American College of Surgeons.

Professor in Orthopaedics at the University of Washington following some years of post graduate training in the United Kingdom. In 1973 a Chair of Medicine was established at the Hospital and a year later a Chair of Surgery. The former was filled by Dr. D. W. Piper who had been responsible for setting up a separate Department of Medicine and was widely known for his research in gastroenterology. On the Hospital staff for 20 years, he had been a Senior Lecturer and Associate Professor. The Chair in Surgery was filled by T. S. Reeve who had first come to the Hospital in 1956 as a Research Fellow in Surgery with the U.C.I., after five years surgical training in the U.S.A. He also had been a Senior Lecturer and Associate Professor.

The establishment of the Australian Universities Commission and its grants for buildings and capital works allowed the Hospital to expand and develop its teaching facilities. In 1963, a long awaited clinical teaching block, the first of its kind in Australia, had been formally opened. In the second official triennium of the Commission there were further additions to the residential block for students, a pathology museum and laboratory equipment. During the period 1967-72 a Professorial Block, named in honour of Wallace Freeborn , was built to provide five floors for the Departments of Medicine, Surgery, Psychiatry, Obstetrics and Gynaecology and Orthopaedics and Traumatic Surgery.

It was not merely the usual forms of diagnosis and medical care that developed. The Hospital also expanded its so-called ancillary services. By the mid-1960s there were separately administered Departments of Social Work, Dietary, Occupational Therapy and Physiotherapy, respectively under the direction of Elizabeth Ward, Lorna Stevens, Jean MacLeod and Eleanor Spence, all of whom served the Hospital for many years. The therapeutic side of medical work was shown best where, as in the major medical areas, co-operation united specialism. A paraplegic unit had been formed to care and provide rehabilitation for those suffering from spinal injuries and often confined to wheelchairs. The unit brought together a team of physiotherapists, occupational therapists and social workers working under a neuro-surgeon Dr. John Grant. In 1965 Dr. John Yeo became registrar to this unit and later Director of the renamed Spinal Unit.

The development of the spinal unit was a reflection of not only new forms of rehabilitation and care, but also the effect of modern life with many of the spinal cases being the result of motor car and other accidents. A further indication of modern living was revealed in the decision of the New South Wales Government to establish psychiatric units at general hospitals to provide for outpatients and also 'day hospital' treatment with a limited number of in-patient beds. The Board of the Royal North Shore agreed to establish a unit next to the Wakehurst Wing. The unit comprised room for 18 in-patients with an initial staff of 26 including psychologist, psychiatric social worker and occupational therapist. Built in the form of a 16-sided polygon the unit had a landscaped inner courtyard providing a garden setting so that patients could recover in tranquillity. The new Minister for Health, A.H. Jago, opened the Unit in October 1965.

Some perhaps put more trust in more traditional forms of meditation and peace. In 1962 a Hospital Chapel

The Chairman, Sir Norman Nock (right) and Vice Chairman, Mr. C.J. Watt (left) with the Minister for Health, the Hon A.H. Jago, following the dedication of the Chapel on 10 November 1968. This was their last official function prior to their retirement from the Board two days later.

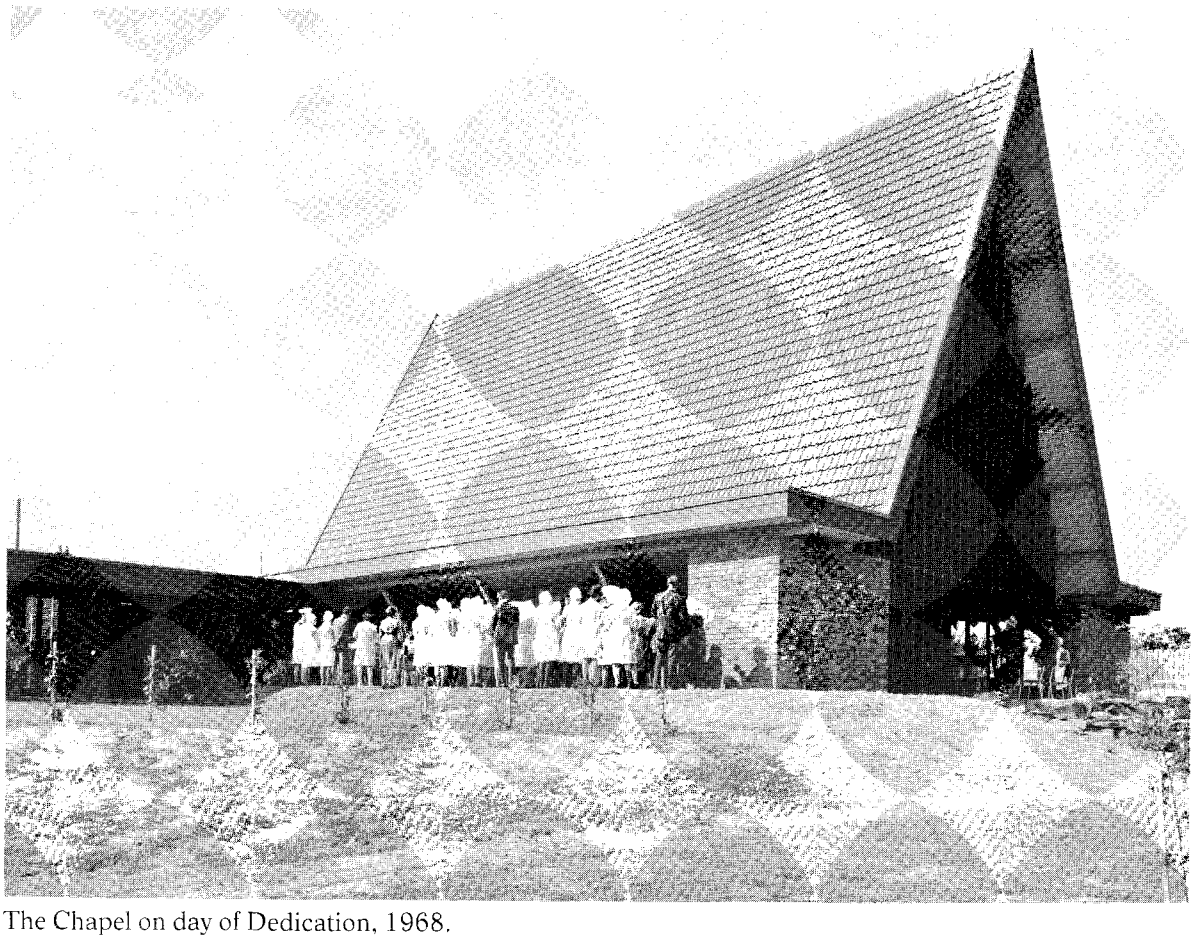
Committee had been established representing the Board, the then honorary medical staff, the Ladies' Committee and the Graduate Nurses' Association and including the Matron and the General Medical Superintendent. The aim was to provide an interdenominational place of worship as a retreat and haven. It cost over £50,000 and although the Board had agreed to meet any shortfall in funds, the Chapel had been paid from donations prior to its dedication on 10 November 1968 by the Reverend Bertram Wylie, Deputy Chancellor of the University of Sydney.

The dedication of the chapel was the last ceremony over which Sir Norman Nock would preside as Chairman of the Hospital Board. Two days later, both Mr. C. J. Watt and he formally resigned from the Board. The retirement of Sir Norman Nock, who had been Chairman of the Board since 1940, and also the departure of Cecil Watt, who had been chief administrator of the Hospital 1939-40 and then on the Board since 1940, signalled the continuing hand over to a new generation. The new Chairman of the Board was Mr. (later Sir) Lincoln Hynes who had been on the Board since 1960. General Manager of the Commonwealth Broadcasting Network, he had had a long career in radio and television. He had been a member of the

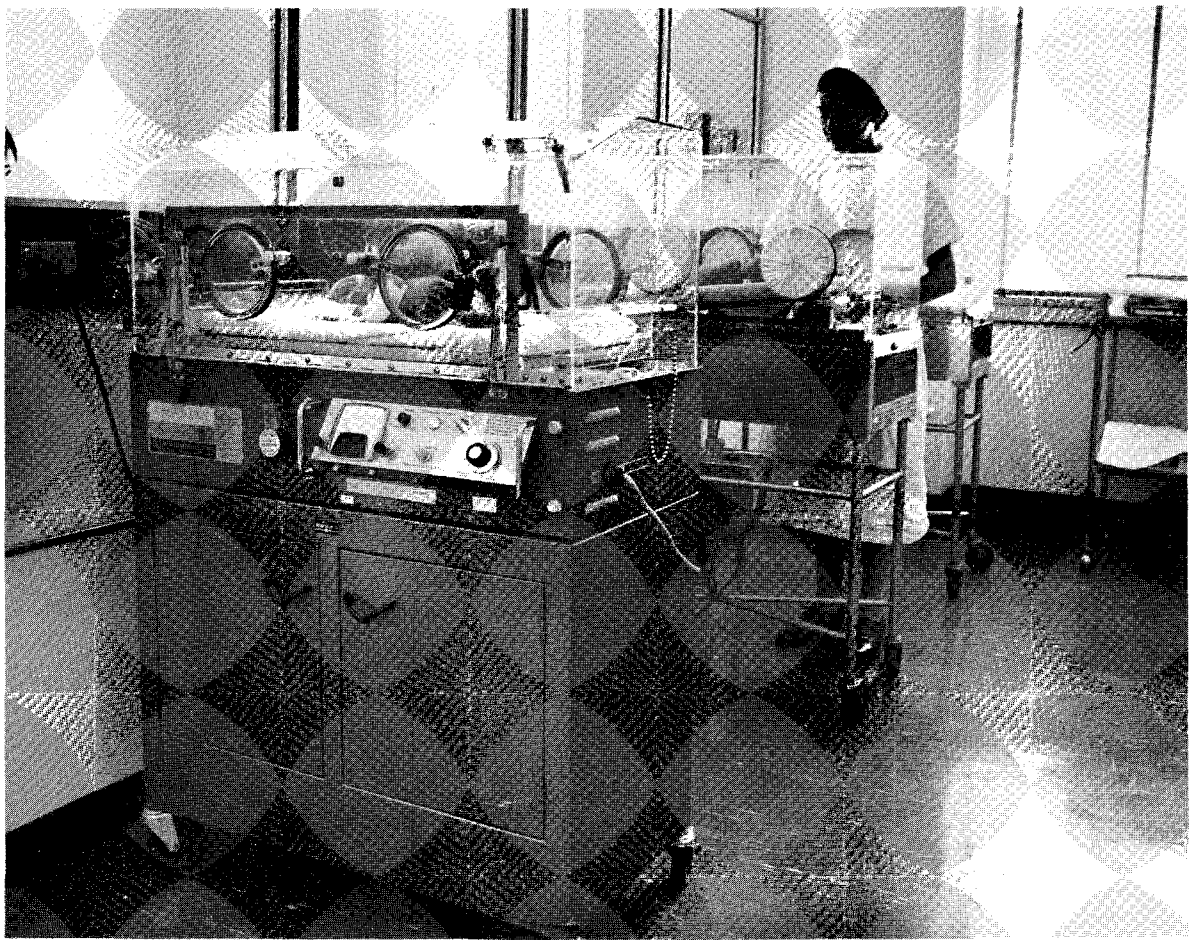
House and Finance Committee and chairman of the Chapel Committee. He later served as both Federal and State President of the Australian Hospital Association and he would work closely with the new Health Commission and the University of Sydney. As Chairman he introduced a consensus style of Board administration which would be continued following his early death in 1977 by his successors Mr. J. B. Griffin (Chairman of the Board 1977-81) and Mr. P. J. Johnson (Chairman of the Board from 1981).[5]

In his second annual report in 1969-70 the new Chairman reflected on the development of the Hospital since the opening of Stage I five years previously. In that period patient numbers had increased 70%, there had been 16 building projects planned and the staff numbers had grown by 540. As a result new administrative arrangements had now been brought into being. Separate personnel and planning offices had been established and a plan had been implemented to bring all departments in the Hospital under one of the four major divisions or services of Medical, Nursing, Administrative and Finance.[6]

Planning proceeded for the development of Stage II of the new hospital to which the State Government gave formal approval in 1969. There was



The Chapel on day of Dedication, 1968.



A section of the Premature and Intensive Care Nursery, opened 1970-71. Ladies' Committee funds supported the project which involved remodelling of the old labour ward.

to be a multi-storey acute ward block containing an initial 458 beds with provision for an ultimate 650. The design was based upon overseas experience of multi-storied hospitals particularly those constructed in London following the destruction of the Second World War, those in Scandinavian countries and the new Montreal Hospital in Canada. A planning committee was set up to meet weekly and by March 1971 there were final plans completed. At the annual meeting that year, the Health Minister Mr. Harry Jago announced that approval had been given to accept a tender from Mainline Constructions with total finance for the project $20 million. There would be fourteen levels in the new block with 657 beds, an operating suite of eight theatres, a new central sterilizing department and new kitchen for the whole of the Hospital, a staff cafeteria and general extensions to the existing departments. The new block would include an acute spinal injuries unit and intensive therapy unit. In the climate of continuing economic prosperity of the early 1970s, the Minister projected that the ultimate number of beds at the Hospital could be

1,150 which would enable 250 medical students to be trained at the Royal North Shore.[7]

The proposed new Hospital would soon emerge, but not without incident. The building began on schedule in December 1971. For the next two and a half years those working in the Hospital watched the emergence of the tall structure on the hill. The maximum height was reached in March 1974 occasioned by a tree topping ceremony. Then suddenly, a crisis of potentially disastrous proportions occurred with the unexpected collapse of the Mainline Corporation when the new Ward Block was three quarters completed. The causative financial problems were understood not to be associated with its construction arm which was trading profitably. Problems became public when Mainline defaulted in not passing

The formal signing of contract documents for the new Ward Block on 23 November 1971. Standing (L to R) Mr. A.J. Jarvis, NSW Manager, Mainline Constructions Pty. Ltd; Mr. A.P. Stephenson, Senior Partner, Stephenson & Turner; Mr. W.A. Godsell, Regional Director Hospitals Commission of NSW. Seated (L to R) Mr. I.D. McLachlan, Chairman of Directors, Mainline Corporation; Dr. I.R. Vanderfield, General Medical Superintendent and C.E.O., Sir Lincoln Hynes, Chairman, Board of Directors

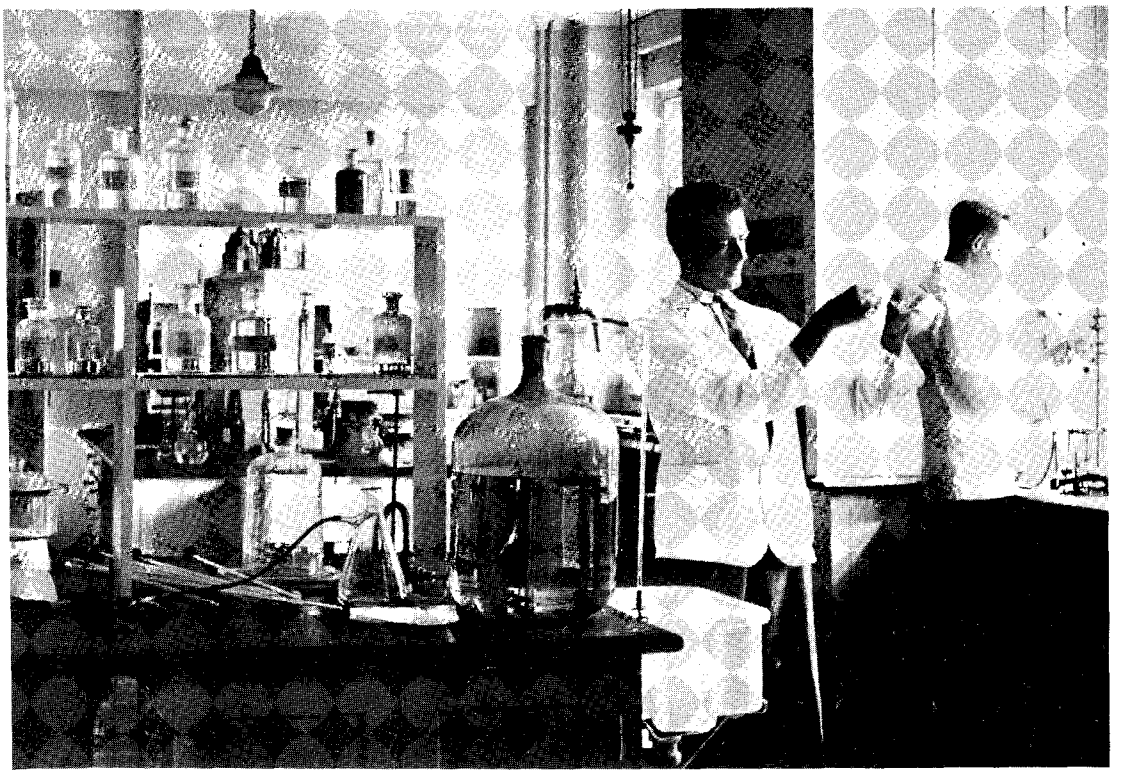
on to sub-contractors substantial payments it had received.

Many days of drama followed whilst efforts were made to keep Mainline Constructions trading, as they were involved in some fifteen major projects in Sydney. The Chairman, Sir Lincoln Hynes, with the General Medical Superintendent and a retinue of Health Commission and legal advisers attended numerous meetings, both private and public, with similar groups representing the other projects. For days they were completely committed in protecting the Hospital's interests until the climax on 11 September 1974. During an afternoon meeting of all parties, presided over by the Receiver, Sir Lincoln rose to his feet and asked a series of questions. Following the answers he again rose to say 'Mr. Chairman, will you please excuse me and my colleagues : we have work to do.' As they left the hall others decided to follow.[8]

He had made the crucial decision that the Construction Company could not be saved and it was necessary to act with speed to implement the Hospital's final prerogative under its contract. There followed immediate consultations with the Health Commission and a visit to the State Parliament to wait on the Minister, John Waddy, who was then addressing the House. At 5.30 p.m. the Hospital exercised its right, arising from the defaulted payments, to 'determine' the Contract.[9] The drama continued into the night and the next morning as the Board debated at length what course it should take. At 7 o'clock next morning its decision was known when a statement was issued to those arriving for work on the site: 'The Board has decided in the interests of the completion of the new Hospital and the welfare of all employees . . .(they) . . . will be retained at their existing rates of pay and award conditions . . .'.[10] Every Mainline employee accepted the offer and by 9.00 a.m. that day the site workers' safety helmets bore the unique inscription 'RNSH Construction Unit' in red, hastily taped on.

A vital reason for Sir Lincoln's decision was that if the Hospital was to exercise its rights under the contract it had to do so before the company was placed in liquidation. This was important for the recovery of Bank guarantees of half a million dollars in relation to the defaulted payments. Whilst the former Mainline employees were being signed on to the Hospital staff the Executive Officer, Dick Reed, was despatched to the Bank where he spent many hours outside the Manager's office until by noon he had convinced them of the Hospital's rights and returned with the money, which was to be important for the subsequent completion of the building. The Hospital also took over employment of the Mainline Project team and by nightfall had established a separate office organisation to manage the contract, supervise purchasing, paying and accounting procedures. The office staff, which worked additional night shifts during this period, carried the extraordinary load with competence and good spirit.[11]

For two months the General Medical Superintendent found himself in the unprecedented position of being legally both the builder and proprietor of the largest hospital development ever in the country till that time. The legal implications of this historic move were not to be resolved until six years later, but meanwhile the work slowly resumed momentum and carried on to completion



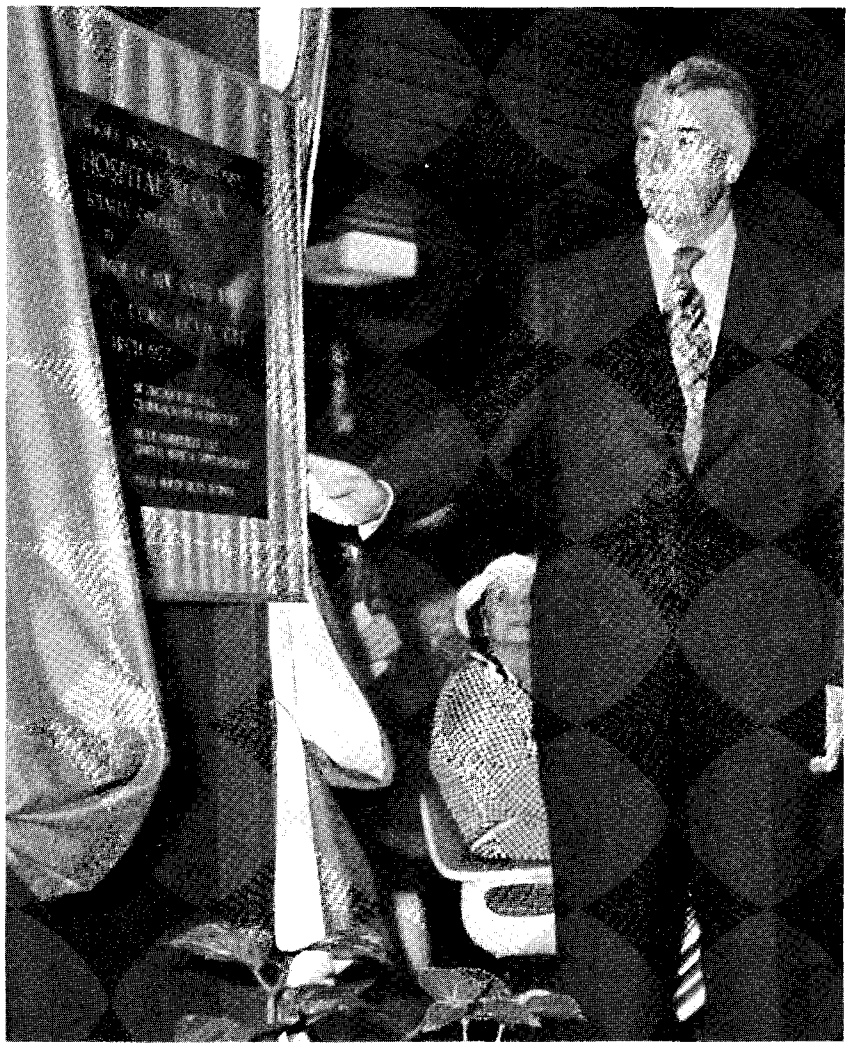
Biochemistry research in the Kolling Laboratories, 1930s.

The new Biochemistry Laboratory 1965.

with Max Cooper & Sons assuming administration of the project.[12]

The financial collapse of Mainline had delayed the expected completion of Stage II. Yet occupancy of the building had begun in July 1974 when the department of medical records had moved in, followed by nuclear medicine, microbiology, medical and nursing administrations, the sterile services departments and stores. The first of the new wards, 6B, was opened in October 1975 and served as a pilot study for later moves. Throughout 1976 the patients were shifted into what had become known as 'Main Block'. The Governor of New South Wales, Sir Roden Cutler, officially opened the building on 3 March 1977, by which time there were 500 beds in use with services in the four podium levels, including the operating suite and fully operational kitchens.

After more than half a century of planning the new Hospital had been established. The building faced north overlooking the spread of the suburbs on what had been the colonial estate of William Gore. By the end of 1977 the



The official opening of Main Block, Stage II, 3 March 1977. The Governor, Sir Roden Cutler, unveiling the commemorative plaque.

last of the old nineteenth century cottages along the original Rawson Street had been demolished while Gynaecology had been transferred from its long standing home in C block (formerly the Princess Elizabeth Pavilion) to the former Thoracic Block. The four original pavilion wards, which had served so many patients over the years, were finally closed.

The commissioning of the new Hospital was to be followed by a greatly accelerated rate of development in specialised fields of medicine with the advent of sophisticated technology and many new medical units. (See Schedule of Projects opposite). Amongst many developments were introduction of computerised tomography (CAT) for whole body scanning; digital subtraction angiography (DSA), ultrasound, magnetic resonance imaging (MRI), the cardiac catheter laboratory and the Biochemistry autoanalyser (SMAC). A Computer Department was established followed by a Regional Computer Facility, which was regularly upgraded. A second Cobalt Unit was installed and a linear accelerator with sophisticated computerised treatment simulator to improve considerably the therapy to cancer patients. New units were also established to cater for Intensive Care, Renal Transplantation, Clinical Pharmacology, Human Reproduction, Oncology, Molecular Biology, Pain Management and Geriatric Rehabilitation. A major innovation was the provision of a helipad with offices and staff accommodation for the Wales Helicopter Rescue Service, the first to be based at a hospital in New South Wales.

The old Hospital was also put to new purposes. The four original Nightingale type wards, comprising the A and B Blocks, were too costly to maintain for patient care and were completely gutted to provide additional laboratory space and accommodation for the Ancillary Medical services Physiotherapy, Occupational Therapy, Speech Therapy and the Social Work Department. A 16 metre Hydrotherapy Pool was built by the Primary Club adjacent to the original Carey Ward with that ward being transformed to a Physiotherapy and Rehabilitation Gymnasium. The C Block and the Wakehurst Wing underwent extensive renovation and re-development, with upper floors being added, to provide ward space, laboratories and offices for Departments of Rheumatology, Oncology, Psychiatry and Orthopaedics. But these Blocks also proved to be outdated and too expensive to maintain for modern patient care so that during the next 10 years all patient accommodation was moved and the space gradually taken over by those Departments and the Academic Units. The old kitchens were also gutted and provided a home for the expanded Department of Orthotics and Prosthetics, reflecting the Hospital's increasing involvement in Rehabilitation Medicine.

Thoracic Medicine had moved to the new building and so the Thoracic Block similarly was renovated to provide two Childrens Wards, Geriatric Rehabilitation and Assessment Ward, research laboratories and the I.V.F. Unit. The first successful In Vitro Fertilisation programme in New South Wales was set up at Royal North Shore and attracted great attention when the first I.V.F. twins were born on 3 March 1984. The Obstetrics Block, commenced in 1936, was to undergo a series of alterations and renovations culminating in a fourth wing being added in 1987. A major

Schedule: Major Developments 1978-88 (Since Completion of Main Block)

1978
Block 3 (Thoracic Unit) : renovated for Paediatrics and Gynaecology.
Hydrotherapy Pool built.
Whole Body (CAT) Scanner installed.
D Block converted to Staff Development Centre.
Old Theatres upgraded for Orthopaedics.
Ward B1 converted to Physiotherapy Gymnasium.
SMAC Autoanalyser installed.
Regional Computer Facility commenced.
Octoson Ultrasound installed.
Cardiac Catheter Lab. installed.
Staff Recreation Complex built.
Helipad for Helicopter Rescue Service.
Renovations to Stage I for Bank and offices.
Old Kitchens renovated for Orthotics and Prosthetics.

1979
Radiotherapy Department extended. Second Cobalt Unit installed.
Computer Department and Lift. Level 13.
Ward A1: part remodelled for Speech Therapy.
Extensions to CTB and Library.
Wakehurst 4 renovated as Extended Care Ward.
Ward A1: part remodelled for Social Work Department.
Block 4: Wakehurst 1 remodelled for Department of Oncology and Research laboratories.
O.P.D. converted to Nurses Study Centre.
Neonatal Intensive Care Unit of 18 cots opened.
Biomedical Engineering Service established.

1980
Rotary Lodge completed.
In Vitro Fertilisation Laboratory set up in Block 3.
Cell Separator installed.
Three Demountables installed for Nursing Studies Centre and Paramedic Training.
Bill Walsh Research Laboratory opened.

1981
Lanceley Cottage remodelled for Community Health Services.
Ward A1: Occupational Therapy Department.
Activities Resources Department established.

1982
Ward A2: part converted to Laboratories for Clinical Pharmacology.
Recreation Complex extended.
Block 3: Ward D renovated for Rehabilitation & Geriatric Service.
Extension to Stage I for new Bank and General Offices.
Block 4: remodelling for Rheumatology —
Level 1 (Ward C1) for Sutton Research Labs.
Level 4 (Ward C4) for Academic Unit.

1983
Ward B2 remodelled for Physiotherapy.
Accident & Emergency Unit remodelled and extended.
Various renovations to Wards and O.P.D. for Renal Transplant Services.

1984
Ward A2: remainder converted to Laboratories (renal and endocrine) transferred from Sydney Hospital.
New lift installed : B Block.
New C.T. Scanner installed.
Patient Evaluation Unit and Parents Accommodation added to Block 3. Digital Subtraction Angiography installed.

1985
Alterations to Block 6 for Community Services.
Lecture Theatre 4 converted to office accommodation.
Block 4 : Level 4 extended for Rheumatology.
New PABX installed.
Extensions to Rotary Lodge for Helicopter Rescue Service.

1986
Lanceley Cottage remodelled for Satellite Dialysis Service.
West Wing Vindin House remodelled to establish School of Nursing for NSWIT.
Maternity Unit refurbished and Neonatal Intensive Care Unit expanded.
Multi level car park completed.
Level 5: Phase 1 built for Regional Biomedical Engineering Service.
Magnetic Resonance Imaging Unit installed.

1987
Level 5 : Phase 2 built for Pathology.
New Oncology Department completed.
Radiotherapy extended for linear accelerator and treatment simulator.
Wakehurst: Level 4 extended for Psychiatry.
Block 6: further alterations for Community Services.
Old Theatres renovated for Day Surgery Unit.
Fourth Wing of Maternity Unit opened.
Centenary Lecture Theatre opened.
Nurse Education Block (NSWIT) opened.

1988
Level 5: Phase 3 built for Microbiology.
New Day Hospital completed.
Second Cardiac Catheter Laboratory installed.
Child Care Centre renovated and extended.
Emergency Operating Rooms redesigned.
Old X-Ray rooms converted to Immunology Labs.
Trauma Clinic transferred to renovated Physiotherapy Dept.
RMOs Quarters (original building on site) restored and Centenary Court created in front.

The new Helicopter Rescue Service with the Chapel and the multi-storey block in the background.

temporary Orthopaedic Ward and then Childrens Ward, was three times remodelled to accommodate a Staff Development Centre, Community Health Services and finally for staff and Nurse Education. "Lanceley Cottage", the original home of that family, acquired in 1928, and for long the living quarters for Junior Resident Medical Staff, was to be twice remodelled: firstly to accommodate Community Services and the second time for a Satellite Dialysis Service following the transfer of renal medicine from Sydney Hospital. The former main theatre complex had been renovated for development was a Neonatal Intensive Care Unit with individual high tech. units for monitoring very sick and premature babies.

Other renovations also changed the functions of older buildings. The pre-fabricated monocrete building, known as D Block, which had served as a use as Orthopaedic theatres for four years. After a further period of closure it was remodelled into a modern Day Surgery Unit in 1987, providing for a new approach to minor elective surgery.

The new Hospital corresponded with the new role in regional health care. The concept of Regional Services extended with Biomedical Engineering, Pathology, Computing, and many clinical services such as Neurosurgery, Renal, Oncology and Rheumatology based at North Shore. With similar intent, more of the Community Health Services in the Area, traditionally provided outside of hospitals, came to be based on or administered from the Hospital campus. This provided improved back up in resources and better liaison with the Hospital staff. By the late 1980s the Area Health Services catered for Home Nursing Care, Coordination of Maternal and Child Health, Child and Family

Psychiatry, Adolescent Health, Community Cancer Liaison, Developmentally Disabled, and Health Care Interpreters covering up to 38 languages. Other Services included Mental Health, Drug and Alcohol, Psychogeriatrics and Rehabilitation Assessment. This latter development led also to the building of a new Day Hospital to provide improved therapy and training on a long term basis for those not needing to be in hospital.

With more emphasis on prevention than ever before, a Patient Education and Health Promotion Service was established with attention to cancer, rheumatology, chest ailments, common heart conditions, neonatal deaths and diabetes education. Community awareness programmes were directed to 'QUIT' smoking, prevention of spinal injury and Healthy Lifestyle courses. Those primarily for the benefit of staff were in Occupational Health and Safety, a Staff Health Unit and an Activities Resource Department organising numerous recreational, artistic and sporting activities. A staff recreation complex was built in five stages with funds loaned by the Board of the Hospital and repaid by the subscriptions through the Staff Club. Similarly a multi-level car park was built on the site of the 32 allotments acquired in the 1920s, with staff making a regular contribution for their parking.

The Hospital also related to the community in new ways. The Westpac Banking Corporation which, as the 'Wales', had opened the first bank account, styled the 'North Shore Hospital Fund' on 30 August 1886 to receive money raised to build the Cottage Hospital, entered into a unique arrangement with the Hospital to build a large modern banking facility attached to the main block. The telephone and paging services never seemed to keep pace with demands although subject to four major up gradings and culminating in a completely new telephone exchange and PABX system providing greater capacity than most country towns. By the 1980s its 229 external and 1800 internal lines were far removed from the original single line, with the number 10, on the North Telephone Exchange in 1888.

St. Leonards Rotary, founded in 1969 and subsequently based in the Hospital grounds, undertook fund raising or the support of community projects virtually every year. The most notable achievement was Rotary Lodge with 18 motel style units to accommodate relatives of patients. They were similarly involved with Rotary Annex, attached to the Childrens Ward with six units for the parents of young patients, and the building of the Day Hospital. The Australian Universities Commission continued to provide funding for the development of the Clinical School, to a total of 12 projects. The Hospital added Library extensions, laboratories and audio visual teaching aids. Further to the original three, Professorial Units were established in Rheumatology, Psychiatry and Obstetrics and Gynaecology, the foundation Professors being respectively P.M. Brooks, C.C. Tennant and D.M. Saunders. There were also academic appointments in Renal Medicine, Thoracic Medicine, Endocrinology and Clinical Pharmacology. Links were established with the Macquarie University and the Institute of Technology, and the Training Centre for Paramedics was transferred and developed on the Hospital campus.

Finally there came the School of

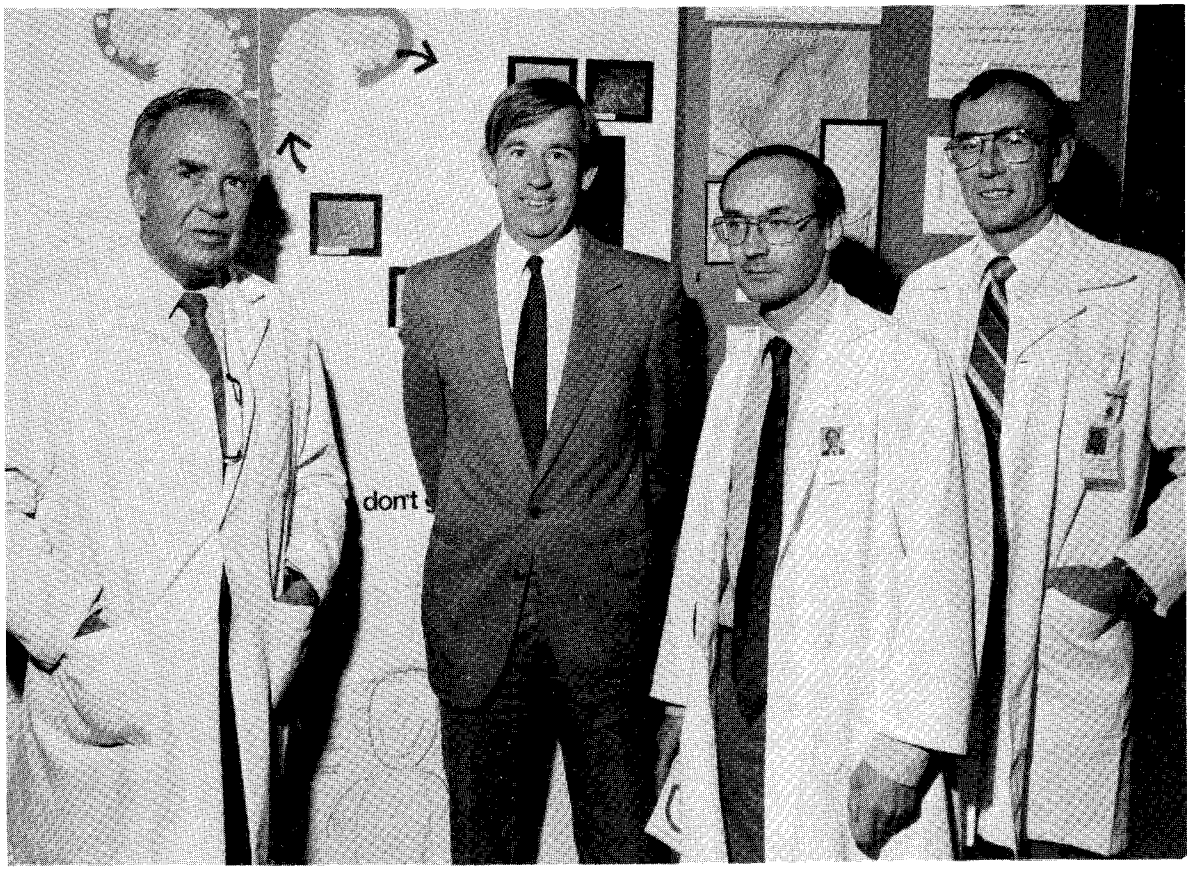
Nursing. The smaller wards in the new Block allowed for the development of some of the changes that were occurring in nursing. Specialization was associated with a new form of 'team' nursing with a senior nurse acting as the leader of a group who were responsible for a number of patients. With wages and conditions now regulated by awards, (first established in the 1960s), the sheer hard work of nursing of early days was replaced more by forms of management. The condition and state of a patient could now be measured apparently through graphs and temperature charts. With the aid of push buttons and call signs it seemed to many of the older nursing staff that the Hospital had become more of a well-serviced motel. Many patients were in and out almost overnight. Gone forever was the previous era when a patient would often stay for months and with whom staff formed close personal relations. Care was more specialized but it was also less personal. [13]

These changes in the environment of the Hospital were themselves associated with new forms of training and preparation for nurses. From the mid-1960s there was a re-examination of the traditional mode of apprenticeship hospital-based training which had

Community support in the 1980's: Rotary Lodge provides motel type accommodation where relatives may stay to be near patients. The St. Leonards Rotary Club which organised the building of the Lodge and each year supports some Hospital project, also holds its meetings there.

emerged in the nineteenth century. Between 1965 and 1972 there were nine separate reports on nurse training in New South Wales. Most reached a consensus that the effects of modern medical practice, combined with other developments such as extended secondary schooling, required a new form of education rather than the older apprenticeship training. There was continuing and on-going debate about both the curriculum of such education and the appropriate locale. Increasingly it was suggested that nurse education should involve a tertiary institution as much as training in a hospital.

The Royal North Shore was an early participant in experiments to find a solution to the relationship between nursing theory and nursing practice. From 1967 to 1974 the Hospital co-operated with the University of New England and the Armidale and New England Hospital in a scheme which attempted to combine a university degree with a course of nurse training. For various reasons, including the length of the combined degree and nursing course, the experiment was not a total success with half the small intake of 54 students over seven years actually dropping out.[14] Nevertheless, there was the feeling in



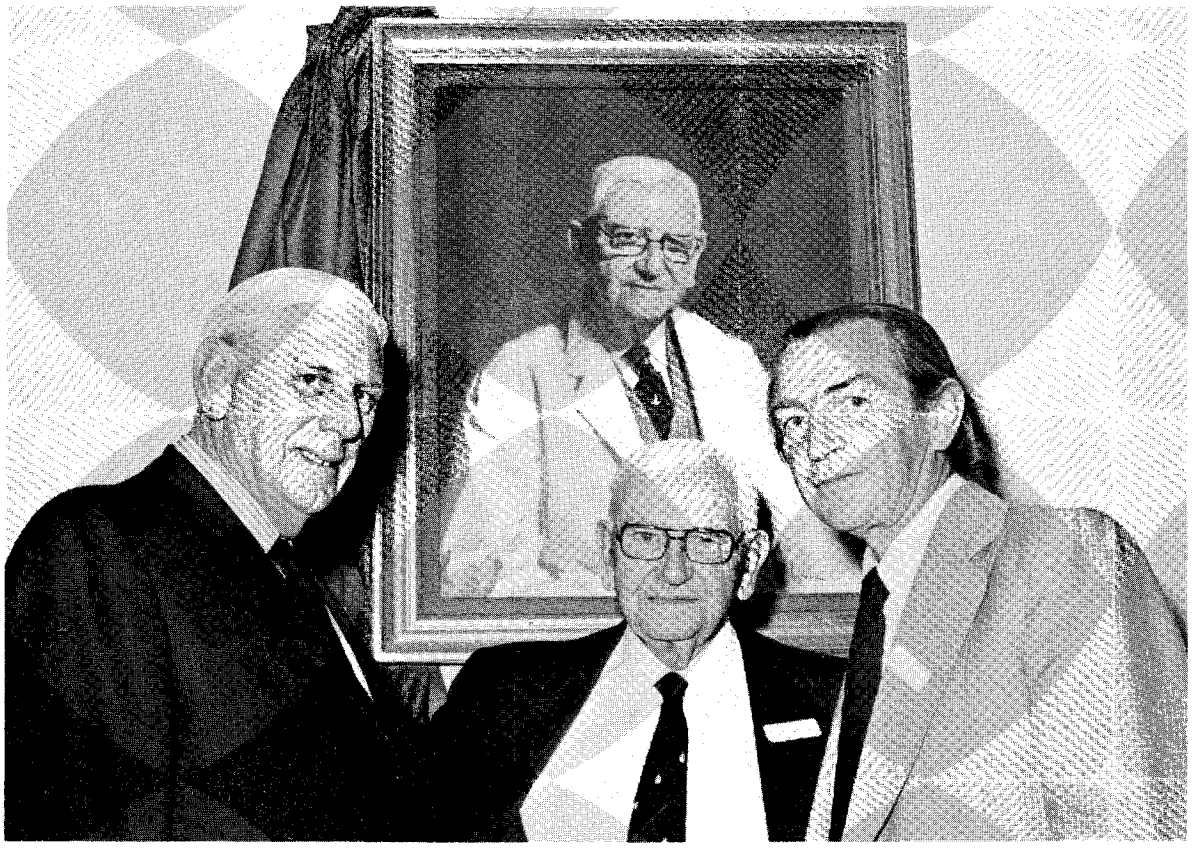
Opening of Research Week 1985 (Left to Right) Professor D.W. Piper, Dr. S.R. Spring, Professor P.M. Brooks and Professor D.S. Nelson.

some sections of the Hospital that the 'sandwich' type course including a period of in-service hospital training, but leading to a College diploma, was the best approach. The Cumberland College commenced such a course in 1974 and Royal North Shore took some of their students on a supernumerary basis. From 1979, students were paid during their hospital service and a formal affiliation between the College and the Hospital began on what was known as the Co-Operative Nursing Programme.

Others, however, did not see such ventures as being satisfactory and many groups representative of Nursing continued to advocate that education be totally College based. Almost unexpectedly, the Minister for Health announced on 7 November 1983 that the Government had decided this should be the case, effective throughout New South Wales from January 1985. The announcement gave insufficient time for adequate planning of such a major change for which the hospitals and colleges were clearly unprepared. There was strong feeling that the changes should have been phased in whilst many believed that provision should have been made for continuation of one or more of the combined courses, such as that at Cumberland, to cater for those students who wanted to have some in-service work during their course. The serious shortages of nurses in subsequent years have been attributed in part to these factors. Despite strong objections from the Hospital Board and the Administration the Cumberland Course, as it had become known, was phased out at the direction of the Minister from the same date.

Royal North Shore was allocated to the New South Wales Institute of Technology for the new scheme. Despite the many difficulties due to the lack of space and facilities, the two set about establishing the new School with a feeling of excitement and challenge and in a spirit of goodwill and co-operation. Both Dr. Colin Field, Head of the NSW Institute of Technology School of Life Sciences, and Dr. Robin Parsons, first Head of the new School of Nursing, had previous associations with the Hospital and the successful collaboration between the two institutions in setting up the School owed much to their enlightened approach. By 1987, the new nursing school was fully in operation.

Just as there was a new phase in the education of nurses, so there were changes to research emphasis and methods. In 1972, Professor Max Lemberg retired after almost 37 years in the Kolling Institute during which time he had become a world authority on porphyrins, haemoproteins and related compounds. Two years later Dr. Bill Ingram retired from the Kolling after a career of over 50 years association with the Hospital. His retirement marked the end of an era of a particular period of research in the Hospital. A clinician as much as a research worker, he had established the first Diabetic Clinic in Australia in 1928 and had published the first standard text book on the treatment of diabetes. He was also very much one of those who became a legend in his own lifetime. A new full-time Director, Dr. David Nelson, was appointed to head the Research Institute. Previously a Reader in Immunology at Sydney University, and experienced abroad particularly with the World Health Organisation, he would re-direct the activities of the Institute towards a focus on Immunology, including both basic research and



Sir Lincoln Hynes, Dr. Bill Ingram and Dr. John Grant (Chairman of the Medical Board) at the Christmas cocktail party of the Board 1974, standing in front of the Graham Inson portrait which would be hung in the 'Bill Ingram' medical staff conference room.

clinical care.

Such changes within the Hospital reflected the growth and nature of health services throughout Australia. There was a growing expectation that technology and specialization were themselves far more important in the treatment of disease and the provision health care than the traditional nature of any particular institution. The election of the Federal Labor Government in 1972 would inaugurate a new era in the debate over health care. It was the intention of the new Government that 'health' become part of a national provision of social services freely open to all. National health costs would be covered out of general federal tax revenue. Under the proposed Medibank scheme which the Labor Government introduced in 1975 a patient could elect to be classified as a hospital patient treated by a doctor which the hospital supplied or as a private patient under one's own choice of medical practitioner. In neither case was there any guarantee of a standard of accommodation. Thus the old classification into public intermediate and private wards was virtually abolished. So were the remnants of the old honorary system. In accordance with the practice in New South Wales since

the Government had formally ended the honorary system in 1970, the Medibank proposals introduced a form of contract to 'Visiting Medical Officers' who would receive, in large teaching hospitals such as Royal North Shore, a sessional fee for service. Over half a century of special arrangements between medical practitioners and public hospitals was ended.

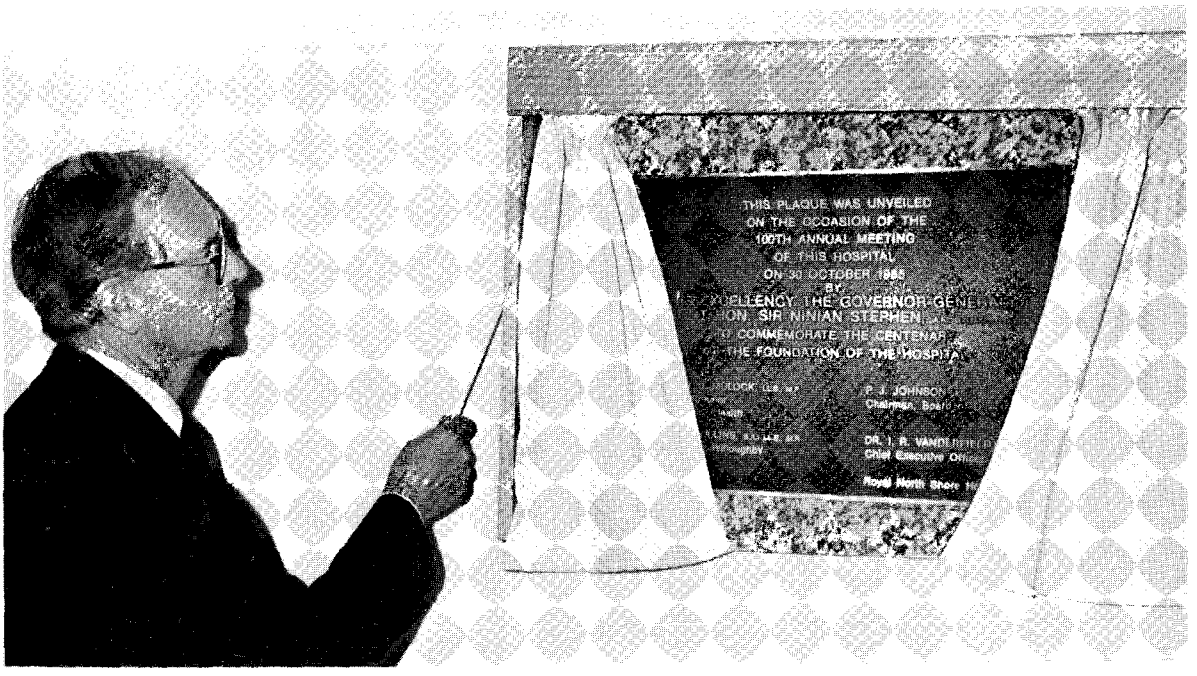
With the dismissal of the Whitlam Government in 1975, and the election of the ministry of Malcolm Fraser, Medibank would be dismantled, re-erected in different form under the principles of continuing health insurance and then re-introduced as Medicare under the Hawke Labor Government elected in 1983. Many medical practitioners deserted the public hospital system setting up private hospitals which would survive under the private but State-subsidised insurance schemes which had survived the Medibank debate. Increasingly all public hospitals now relied more on their salaried staff to maintain the institution. In the 'doctors' strike' of 1984-85 the teaching hospitals such as the Royal North Shore became the major guarantee of what had virtually become State-provided hospital services to the general public.[15]

The proposals of the Federal Labor Government had also involved the prospect of new funding arrangements for Australian hospitals. The report of the 1974 committee under Dr. Sidney Sax recommended the development of a national health policy involving both the Federal and State governments with a further expansion of services at the regional level. The report proposed the expenditure of funds on a basis of need and looked forward to a capital expenditure programme of $1 billion over five years.[16] By the late 1970s, however, there was a growing disillusionment about the outcomes of expanding health services. The Commonwealth Government increasingly sought now to contain costs by limiting its grants to the State's health services. The committee set up to review regionalisation and management structure of the Health Commission of New South Wales in 1977 also cast doubt on whether new forms of medical technology could achieve the dramatic changes that had seemed possible only a decade previously. Mortality rates had not changed markedly since the 1950s while the deaths of Australians from cardio-vascular diseases remained much higher than in the rest of the western world. The chemotherapy and antibiotics revolution seemed to be unable to cope with diseases which had more profound social origins in modern living and modern life-styles. Moreover the new concept of 'community health' seemed to provide challenges that the traditional institution of the hospital found difficult to meet. Finally, the changing shift of demographic patterns now meant that certain areas of the metropolitan area, particularly the inner city, but also the North Shore, were far better served for hospital beds than the growing outer western suburbs. As in previous reports, and also in future ones, the solution suggested was for better co-ordination of regional health services through the administrative device of area health boards. Only then, it was believed, could there be a realistic community expectation of what was feasible and cost effective.[17]

By the late 1970s, it was becoming obvious that the system of regionalisation under the Health Commission had

The Board and senior administrative staff of the Royal North Shore Hospital December 1981 prior to the retirement of the four Board Members — Mr. Richard Finlay (1950-81), Sir Asher Joel (1959-81), Mr. James Griffin (1960-81) and Mr. Alastair Urquhart (1976-81). Seated (L to R): Mr. R.D. Reed (Executive Officer), Mr. R.V. Finlay (Vice Chairman), Mr. J.B. Griffin (Chairman), Professor R.B. Magarey (Vice-Chairman) and Dr. I.R. Vanderfield (General Medical Superintendent). Standing (L to R): Board of Directors, Sir Asher Joel, Mr. P.J. Johnson, Mr. J.A. Fisher, Mr. A.H. Urquhart, The Hon. Dorothy M. Isaken, Mr. H.T. Alice, Mr. J.J. O'Toole and Mr A.W.B. Coady.

proved unsatisfactory to both governments and hospitals alike. To many hospital administrators, regionalisation had only meant a further element of bureaucratisation of health, a means to delay rather than improve communications with the State health authorities. As with the medical profession, relations between hospitals and the State became strained, particularly during the period of a new Labor Minister for Health, Laurie Brereton, in 1981-84. It became State policy now to enforce a process of rationalisation, even closing down hospitals such as Crown Street Women's in areas where there appeared to be an over-supply of beds, and concentrating rather than allowing the dispersal of specialist medical services throughout all hospitals. The Government's programme of 1982 for 'Development and Redistribution of Health Services' had an enormous impact on the Hospital and created many problems when Units were transferred from Sydney Hospital and the Mater Misericordiae. These included Endocrinology, Cardio-renal and Hypertension Units, the Sydney Hospital Renal Service, a Rehabilitation and Geriatric Assessment Unit and the Mater Hospital's School of Nursing.



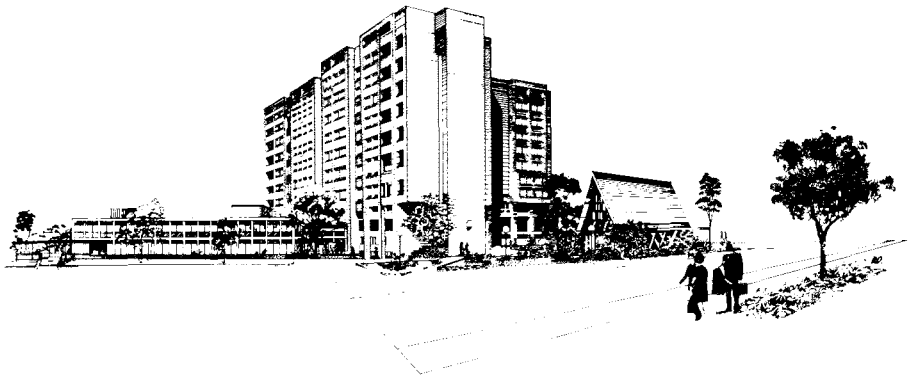
On 30 October 1985, the Governor General, Sir Ninian Stephen, attended the Annual General Meeting and unveiled a plaque to commemorate the Centenary of the Inauguration of the Hospital on that date in 1885.

In 1984 the Government abolished the Health Commission and established a new centralised Department of Health. Regions would remain but as part of general State administration of health care. A year later the new Department of Health set up a further review of area management of Health Services in New South Wales. Its final report presented in April 1986 recommended the establishment of Area Health Boards which would replace most of the existing hospital Boards and take responsibility for all health services in an Area. In theory the composition of such Boards were to reflect the communities to which they had responsibilities.

The Royal North Shore Hospital and Area Health Service was created formally on 1 October 1986, serving a population of about 200,000. The new Board was responsible for the administration of the Hospital and community health services on the lower North Shore, including the municipal areas of Mosman, North Sydney, Lane Cove, Willoughby and the southern suburbs of Ku-ring-gai. The Chief Executive Officer of the Area, who was also given a place on the new Board, was Dr. Stuart Spring, formerly Deputy Chief Executive and Director of Medical Services at the Hospital. Dr. Roger Vanderfield remained as General Medical Superintendent of the Hospital and as such became a member of the new Area Executive.

NOTES

1. For a review and critique of hospital administration in New South Wales, see G. C. Eglington, (of the New South Wales Public Service Board Consultant and Research Division) *Community Health Services and the Public Hospitals Act Working Paper* January 1968. (Copy held in Department of Health Library).
2. *Report of the Hospital Services Committee appointed to Consider Matters Relating to Public Hospitals in New South Wales* Sydney, Government Printer, 1965, pp. 8-15 passim.
3. See *Report of the Committee on Community Health Services*, November 1969. Sydney, Government Printer, 1969.
4. See *The Proposed Health Commission of New South Wales Consultative Document* April 1972 (Copy held in Department of Health Library) later printed as *Proposed Health Commission of New South Wales* 9 November 1972, Sydney, Government Printer, 1972.
5. Interviews with Sir Asher Joel, 5 January 1987 and Mr. J. B. Griffin, 16 January 1987.
6. *Royal North Shore Hospital Annual Report 1970*, p. 4
7. *Royal North Shore Hospital Annual Report 1971*; Chairman's address and Interview with Mr. J. B. Griffin.
8. Based on discussions with Dr. I. R. Vanderfield.
9. Ibid.
10. Royal North Shore Hospital Board Minutes, 11 September 1974.
11. Based on discussions with Dr. I. R. Vanderfield and Mr. Dick Reed.
12. Ibid.
13. I am grateful to Miss Irene Campton and Mrs. Ruth Rister for some of these insights.
14. An account and evaluation of the course appears in Ruth Lynette Russell, 'A Time for Change' The Education of the General Nurse in New South Wales. University of Newcastle, PhD thesis 1986, pp. 299-306.
15. For an account of the general politics of health care from 1975, see Sidney Sax, *A Strife of Interests Politics and Policies in Australian Health Services*, Sydney, George Allen and Unwin, 1984, pp. 127-244.
16. *Hospitals in Australia* Prepared by the Hospitals and the Health Services Commission Canberra, Government Printer, 1975.
17. *Regionalisation and the Management Structure of the Health Commission of New South Wales*. Consultative Document, Minister for Health, 1977.



One Hundred Years On

After almost a century the Royal North Shore is physically unrecognisable from its beginnings. Rather than the small cottage of 1888 it is now a veritable mini-city in which over 4,000 staff, patients and volunteers work and live each day of the year. Over the past century the whole concept of care has also undergone fundamental changes. The Hospital has its origins in the charitable concerns of the North Shore community for those in need through accident or illness. Much of the hospital care of the late nineteenth century was long-term nursing with the adjunct of surgical intervention. By the late twentieth century the social services of the Hospital embraced a much wider policy of health care with provision for the total well-being of all in the community.

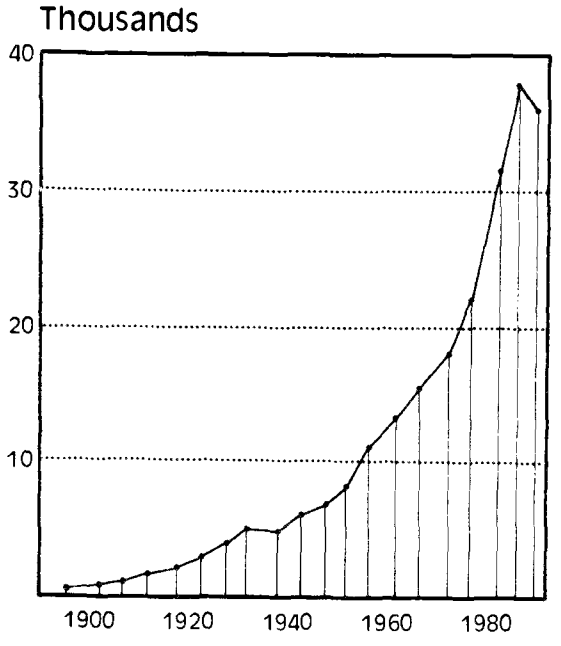
In many respects, the history of Royal North Shore is thus a case study of general changes in the delivery of health care and its administration over a century. In the process, the provision of care has not been always without debate and controversy. *A Strife of Interests* that Dr. Sidney Sax has noted in the history of national health policy also had its ramifications at the local level. For the first half a century of the history of the Hospital its administration revealed a sometimes uneasy partnership between the lay members of the Board with the commitment to the nineteenth century ideology of local involvement and the medical staff who were becoming increasingly specialised and confident of both their expertise and their rising status in the community. Over the second half a century of the history of the Hospital the Board, the new expert hospital administrators and the medical staff have all had to contend with the emergence of growing intervention and control from government administration, both at the State and national level. At

the same time the provision of care has become both more costly and complex particularly with the revolution in medical technology in all forms over the past quarter of a century. With a Royal North Shore Hospital budget alone of over $137 million in 1988, issues of cost efficiency have inevitably come to influence more and more decisions concerning health policy.

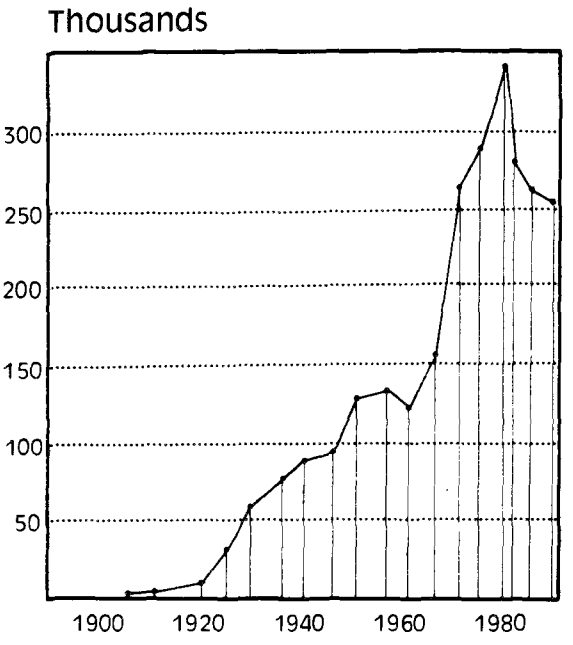
Whatever the difficulties, those concerned with the Royal North Shore will still be seeking to improve its care. As the Hospital approached its second century sixteen major new projects were in train. In recognition of its Centenary the Hospital had instituted a highly successful 'Open Day' for the public. A fund raising office was established with a Centenary Foundation being set up. The Medical Board funded a centenary Scholarship and the Bank, recognising its hundred year's association with the Hospital, set up a Westpac Centenary Research Trust. A magnificent modern Centenary Lecture Theatre completed in conjunction with the New South Wales Institute of Technology was designed to harmonise with the first building on the Gore Hill site. Its foyer opened onto the area fronting that building — previously used for parking — but now returned to its original form and beautifully landscaped to remind one of the early days of the Hospital. It was named 'Centenary Court'.

STATISTICAL TRENDS OVER 100 YEARS

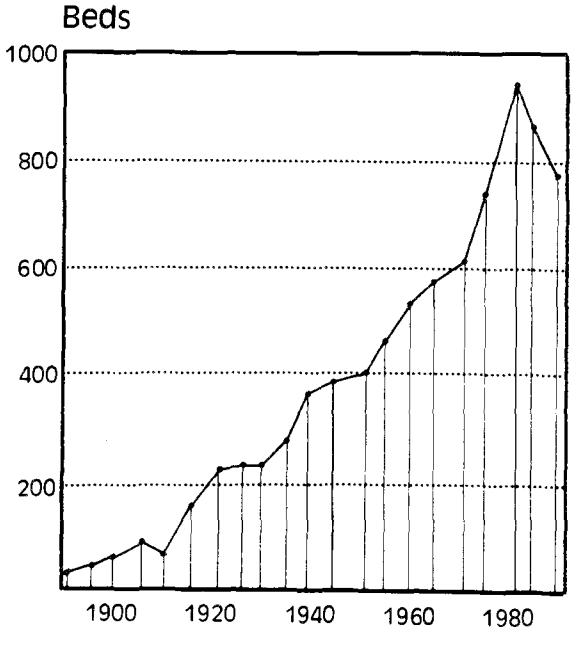
Inpatients



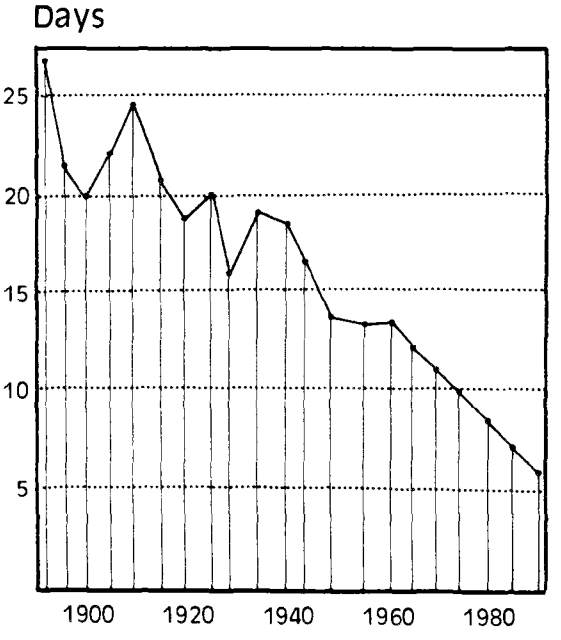
Outpatient Attendances

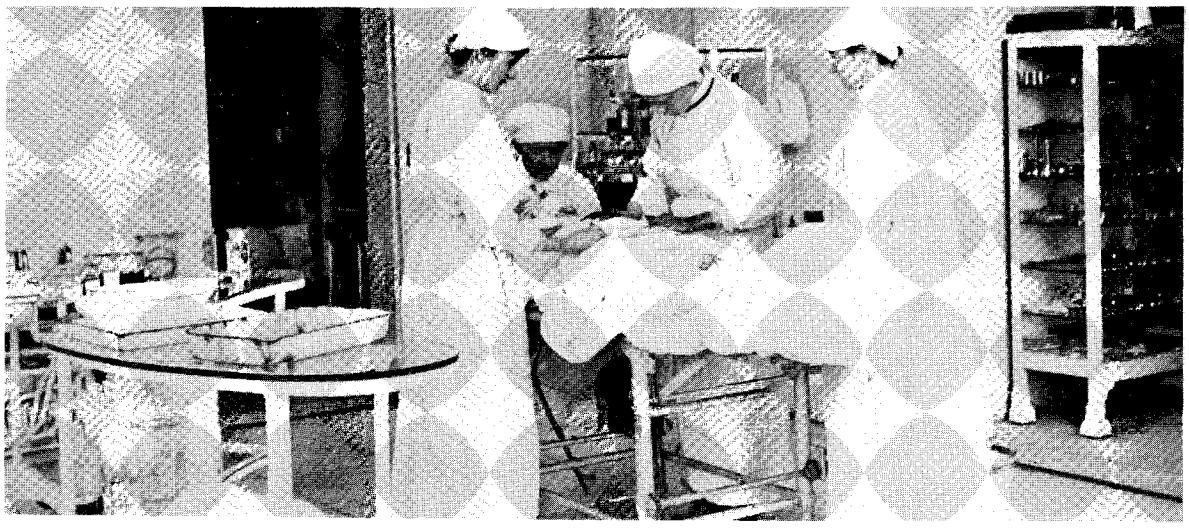


Available Beds



Length of Stay





The first Operating Theatre at Royal North Shore.

Open Heart by-pass surgery. By the 1980s technology was playing an important part in almost all aspects of the work of the Hospital.

Voluntary Support

The Royal North Shore Hospital throughout its hundred years has always relied heavily on financial and other support from community organisations. The role of the community and the specific part in hospital finance of such organisations as The Hospital Saturday Fund have been outlined in the early chapters. There has also been a continuous history of other voluntarism which requires further elaboration. This following account is based principally upon the Annual Reports of the Hospital.

Membership of the Hospital

The original rules and regulations of the North Shore cottage hospital provided for subscribers who, through a contribution each year, would be entitled to attend the annual meeting and elect the Hospital Committee. This was in accord with the legal structure of public hospitals of the nineteenth century whereby a group of subscribers (or contributors), were the proprietors of the charitable institution in whose name the elected trustees held the property while the committee and secretary operated the

Voluntary support — members of the Ladies' Committee. Mrs. J. Dowda (President), Mrs. H. Wheatley (Hon. Secretary) and Mrs. I. Bowdler (Assistant Hon. Secretary) at the souvenir counter in the main Hospital Foyer, 1987.

hospital services. Following the passage of The Royal North Shore Hospital Act of 1910 these entitlements of membership were clarified and extended. To the category of membership of the Hospital was added that of Benefactor who would contribute an endowment which was originally not less than £10. (There was also provision of endowments of beds allowing such donors to nominate patients to occupy the bed). Both members and benefactors could attend and vote at the Annual General Meeting, be eligible for election to the Board, and recommend patients for treatment as in-patients o r out-patients. These privileges remained in force in most respects until the dismissal of the last elected Board in 1939 and the new arrangements established in 1940. Thus the rules of 1930 allowed any Member of the Hospital of one year's standing to free treatment whilst in the Hospital with the same privileges extended to his or her children under the age of fourteen. As elsewhere, however, this particular right was to be embraced in the constitution of the Hospital Contributions Fund (established in 1932) allowing members of the Fund to nominate the Hospital to which they wished to subscribe. By 1939, the Hospital rules still allowed individual members or Benefactors to supply a prospective patient with a certificate that he or she was unable to obtain treatment outside a public hospital.

After 1939 subscribers had neither the right to elect the Board, or, it may be assumed, the privileges to nominate patients. Nevertheless, the Hospital has continued to hold its annual meeting under its constitution. The Annual Report also continued to list the subscribers to the Hospital although in more recent years the category was subsumed under general donations and then omitted.

Donations

Apart from direct subscriptions and donations there have also been a number of major donations to the Hospital. Perhaps the most notable was the Kolling Institute, the origins of which have been discussed. But there have also been a number of gifts and bequests from the less well-off in the community, but who still felt a commitment to the Hospital. None is perhaps more enlightening than the prospective gift revealed in the correspondence below (and contained in the Guard Book 1940-42).

Waratah St.
Mona Vale
23 January 1942

Dear Mr. Secretary,

I went and saw Mr. Crain and fixed up the papers giving this house — contents — and the land to Royal North Shore Hospital for them to have use or sell when I am gone to Davey Jones Locker as the sailors say.
. . .I've worked on the roads and done fencing jobs men do and had to do it on not enough to eat more times than not. No wonder I was nearly dead when I first went to North Shore Hospital. The people there are the only friends I have and I hope they will always be my friends. I have been boiling bottles all day. I have a lot here will send you another consignment soon . . ..

Yours very sincerely

Aurora Selina Downey

In more recent years other individuals have also been prominent in fund-raising campaigns. In 1976 Bill Walsh, a terminally ill cancer patient at the Hospital, set out to raise $500,000 for cancer research. The target was basically achieved through an Art Union which he organised in 1977 and the Bill Walsh Cancer Research Laboratory opened in 1980.

But support for the Hospital has not only depended upon the work of particular individuals. It has also required organisation.

The Northern Suburbs Hundred

Many of the subscribers to the Hospital made their contributions directly. In 1905 the Northern Suburbs Hundred was formed to collect subscriptions to the Hospital working through an organisation of ladies committees on the basis of a house-to-house canvass of suburbs throughout the North Shore. By 1913, the organisation was raising almost half the subscriptions to the Hospital each year. As with other philanthropic organisations the First World War had some effect upon its activities. By 1919, the Northern Suburbs Hundred was under the direction of Walter Vindin who would later become President of the Hospital Board. Collections were then organised principally through events such as the Northern Suburbs Horticultural Society's Flower show. Overall, a number of community organisations during the First World War and immediately after had set out to raise money through various events and entertainments. This gave rise to a more formal and long lasting structure of financial support to the Hospital.

The Auxiliaries

In 1921 a special appeal representing the six shires and municipalities formed a Royal North Shore Hospital Appeal Fund Committee to liquidate part of the then growing debt of the Hospital. From out of this organization there apparently emerged the next year the Auxiliary Service of the Hospital with auxiliaries being set up in most of the suburbs throughout both the Lower and Upper North Shore. The inter-war years were the hey day of the work of the Auxiliaries for the Hospital with well-organised fund-raising activities. Indeed it would seem that working for the Hospital became a part of suburban life in this period. Large fetes seemed to be the order of the day, with the Sixteen Suburbs Fete in 1925 having an attendance of 30,000 during one afternoon and evening. By the late 1930s there were almost 30 branches and circles of the Auxiliary Service League including some with specialised aims such as the Elizabeth Kenny Clinic Hostel Fund Committee. Since the Second World War the auxiliaries have continued to play an important part in assisting the Hospital although their role and numbers declined throughout the 1970s, a reflection perhaps of general social changes. By 1987 only the Willoughby Auxiliary, one of the earliest, and which had always been physically closest to the Hospital, was still in existence.

The Ladies' Committee

An informal ladies committee was apparently established in the 1920s. During the Second World War Lady Nock had tried to organise a committee of the wives of doctors attached to the

Hospital. Again the events of war led to difficulties. In 1957 the Board of the Hospital gave formal approval to the establishment of a Ladies' Committee under the initial Presidency of Lady Nock. Its twin aims were to create further community interest in the Hospital and to raise funds for equipment and medical research not then being provided by the State. The organisation was divided into sub-committees, the first two being a canvassing sub-committee to seek donations and the second a trolley sub-committee which would take goods around the wards from the then Hospital Kiosk. Thirty years later the Royal North Shore Hospital Ladies' Committee has eight sub-committees each with a convenor managing the following areas : The Hospital Shop, Trolleys,Sterile Services (preparing dressings as well), Flowers, transport (of patients who come to radiotherapy), patients' library, patient assistance and escort and souvenirs.

Presidents of the Ladies Committee have been:

Lady NOCK	1958
Mrs. E. GOULSTON	1959-1961
Mrs. E. COLLINS	1962-1963
Mrs. H. BEARDSMORE	1964-1965
Mrs. J. JACOBS	1966-1967
Mrs. N. BLACKET	1968
Mrs. G. QUAILEY	1969
Mrs. H. KING	1970-1971
Mrs. J. JACOBS	1972
Mrs. H. COUSINS	1973-1974
Mrs. T. A. NORTHCOTT	1975
Mrs. J. JACOBS (July to April)	1976
Mrs. T. A. NORTHCOTT (April to July)	
Mrs. J. G. HOLDSWORTH	1977-1978
Mrs. T. A. NORTHCOTT	1979
Mrs. J. DOWDA	1980-1988

Floral Services Committee

The fund-raising for the chapel, which commenced in 1965, led to the formation of a flower boutique which Mrs. Nance Hansen (then Mrs. Collins, the wife of Dr. Ted Collins) opened in the Wakehurst Wing. This developed into a permanent arrangement staffed by volunteers and opening every day of the year. With the establishment of the new block the committee located its services on the ground floor, supplying now not only flowers, but books, magazines and toiletries. By 1987 the Committee had raised about $700,000 for the Hospital.

Overall voluntary support remained an important function of the Hospital as it approached its centenary. So did the financial assistance of individuals and corporations. In the financial year of 1986-87 alone over $2,400,000 would be received as donations to the Hospital.

Lady Nock, the first President of the Ladies' Committee

Honorary Medical Staff/Medical Board

When the Hospital opened in 1888, four Honorary Medical Officers and one Consulting Medical Officer, all graduates from the United Kingdom, were appointed. The first Australian medical graduate (from the University of Adelaide) to be appointed to the Hospital staff was J.L.T. Isbister in 1900. The total number was not increased until after the move to the Gore Hill site in 1903. Then also the first Resident Medical Officer, E.L. Newman, was appointed. He was later to become an H.M.O. in Gynaecology and Obstetrics. By 1908, when the Medical staff totalled 10, an Honorary Medical Staff Committee began to function on a formal basis. Minutes held in the Hospital archives indicate that the first regular meeting was held in February 1909 when Office Bearers were elected.

In common with other Teaching Hospitals and in conformity with A.M.A. policy, a Medical Board was established, with Sir Norman Nock presiding at the meeting, on 8 June 1965. The object was to include all specialist medical staff: Honorary, Visiting, Full time, Academic and Administrative, in one organisation on an equal basis. From that date the Honorary Medical Staff and its Committees ceased to exist as a separate entity. Dr. Edmund Collins was the first chairman and Dr. Kevin Fagan first vice chairman of the new Medical Board.

Chairmen of the Medical Staff and Medical Board have been:

Bernard J. NEWMARCH		1891-1908
Clarence READ		1908-1913
J.L.T. ISBISTER		1913-1914
Frank W. DOAK		1914-1915
F.M. BLACKWOOD		1915-1920
Clarence READ	)Actg.	1918-1919
J.L.T. ISBISTER	)	
Frank W. DOAK		1920-1928
E.C. TEMPLE SMITH		1928-1930
H. Z. THROSBY		1930-1932
W. COTTER HARVEY		1932-1934
Clarence READ		1934-1938
F. Guy GRIFFITHS		1938
E. C. TEMPLE SMITH		1938-1940
H. R. SEAR		1940-1943
Erasmus A. BLIGH		1943-1944
E. P. BLASHKI, M.C.		1944-1947
W. Wilson INGRAM, M.C.		1947-1948
Angus MURRAY, O.B.E.		1948-1949
S. D. ALLEN		1949-1950
A.S.B. STUDDY		1950-1951
W. COTTER HARVEY		1951-1952
I. A. BRODZIAK		1952-1953
R. H. MACDONALD		1953-1954
F. H. HALES WILSON		1954-1955
E. H. GOULSTON		1955-1956
F.A.E. LAWES		1956-1957
T. F. ROSE		1957-1958
D. J. ANDERSON		1958-1959
L. S. LOEWENTHAL		1959-1960
J. R. RADCLIFF		1960-1961
D. J. ANDERSON		1961-1962
James ISBISTER		1962-1964
Edmund COLLINS		1964-1966
R. G. ROBINSON		1966-1968
V. H. CUMBERLAND		1968-1970
D. S. STUCKEY		1970-1972
Ian MONK		1972-1974
J.M.F. GRANT		1974-1975
D.H . KELLER		1975-1977
I. D. THOMAS		1977-1978
E. H. MORGAN		1978-1981
D. W. PIPER		1981-1983
R. M. HOLLINGS		1983-1985
J. C. WARDEN		1985-1987
E. SUSSMAN		1987-1988

R.M.O.s Association

As a rapidly developing Teaching Hospital with the first graduates of the Clinical School emerging at the end of 1950, Dr. Wallace Freeborn proposed the concept of a Residents' "Club" to organise clinical, social and sporting events, for R.M.O.s With an increasing number living on the Hospital campus, it would also provide the means to set up and administer a "mess" along the lines familiar to those who had worked in teaching hospitals in the United Kingdom. Thus the R.M.O.s Association was founded in 1951. He gave it personal and administrative support assisted particularly by Dr. Harry Cumberland, Dr. Bill Ingram (who became first Patron) and Dr. Basil Riley who each had similar experience overseas of the value of such organisations. In recognition of their role, the four were appointed the first Life Members. In 1953 the Association launched "Reunion Week", the forerunner of the Annual North Shore Postgraduate Week, built around eminent visiting Professors and Lecturers. It played a major role in the formation of the RNSH Medical Association in 1959, to which its members also belong. A category of Associate Membership was added in the 1960s, and has been steadily extended to include other full time, visiting and academic medical staff, working at the Hospital, making a total membership in excess of 500.

Presidents have been:

B. S. HARTNETT	1951
G. D. TRACY	1952
R. I. MITCHELL	1953
J. A. G. DUNLOP	1954
R. W. HARDIE	1955
K. G. WATSON	1956
K. J. W. STUMP	1956
D. W. PFANNER	1957
I. R. VANDERFIELD	1958
J. F.KEMP	1959
F. M. ELLIOTT	1960
A. M. LLOYD	1961
J. KALOKERINOS	1962
I. D. TRUSKETT	1963
J. DOWSETT	1964
G. A. E. COUPLAND	1965
D. M. SAUNDERS	1966
C. A. MITCHELL	1967
J. D. YEO	1968
J. C. PENNINGTON	1969
J. L. HOLMES	1970
C. G. HARPER	1971
I. R. FIELDING	1972
B. H. BARRACLOUGH	1973
M. J. FEARNSIDE	1974
P. H. R. GREEN	1975
J. C. HUNTER	1976
J. RILEY	1977
J. GRAHAM	1978
Ellen A. PITT	1979
D. S. DURHAM	1980
A. M. CURTIN	1981
M. A. RICHARDS	1982
R. F. RAPER	1983
Barbara ROGLEFF	1984
S. T. MILLIKEN	1985
P. W. BRADY	1986
C. M. BARNES	1987
J.F. ROGERS	1988

Graduate Nurses Association

The Royal North Shore Hospital of Sydney Graduate Nurses Association was formed in 1957 at the instigation of the then Matron, Miss Elma Sturt. Its aims were to give the Graduate Nurses the opportunity of keeping in touch with the Hospital's development and maintaining friendships. Support is given to various Hospital activities and looking after personal needs for patients, whilst funds are donated for educational purposes such as the Library and to the Dietary Department for Christmas cheer for the patients.

There is now a membership of over 400 nurses and on the last Saturday of each November a reunion is held to celebrate anniversaries and renew old friendships. The Association will celebrate its 30th anniversary during the Centenary year. The project for the Centenary year is the writing and publishing of a book *100 years of Nursing at R.N.S.H. 1888-1988.*

The Presidents have been:

Mrs. Helen LANGTREE	1957-1960
Mrs. Doreen CHERRY	1961
Mrs. Una SULLIVAN	1962
Mrs. Vicki BROWN	1963
Mrs. Helen GREENING	1964-1965
Mrs. Eva BROWN	1966
Mrs. Valmai JEWKES	1967-1968
Mrs. Lorna PALMER	1969
Mrs. Helen LANGTREE	1970
Miss Margaret MASON	1971
Mrs. Una SULLIVAN	1972-1973
Miss Jean STANTON COOK	1974
Miss Robin MILLER	1975-1976
Miss Barbara STRATFORD	1977-1980
Miss Sue MILLER	1981-1982
Miss Irene CAMPTON	1983-1988

Margaret Cooper Booth Director of Nursing 1981–87.

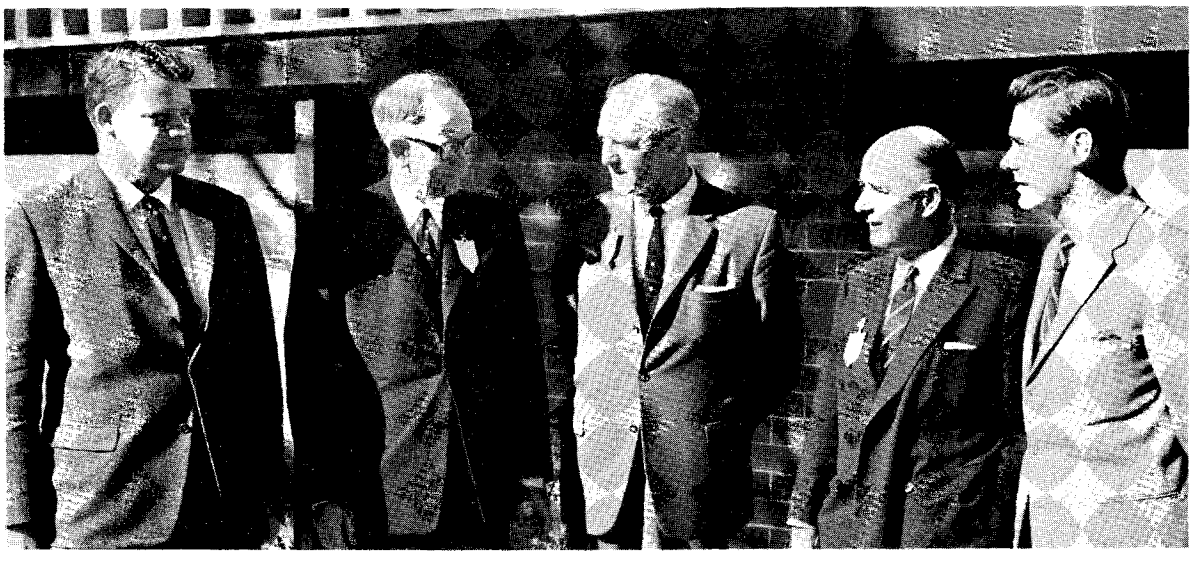
Ruth McClelland, Director of Nursing 1960-81.

Royal North Shore Hospital Medical Association

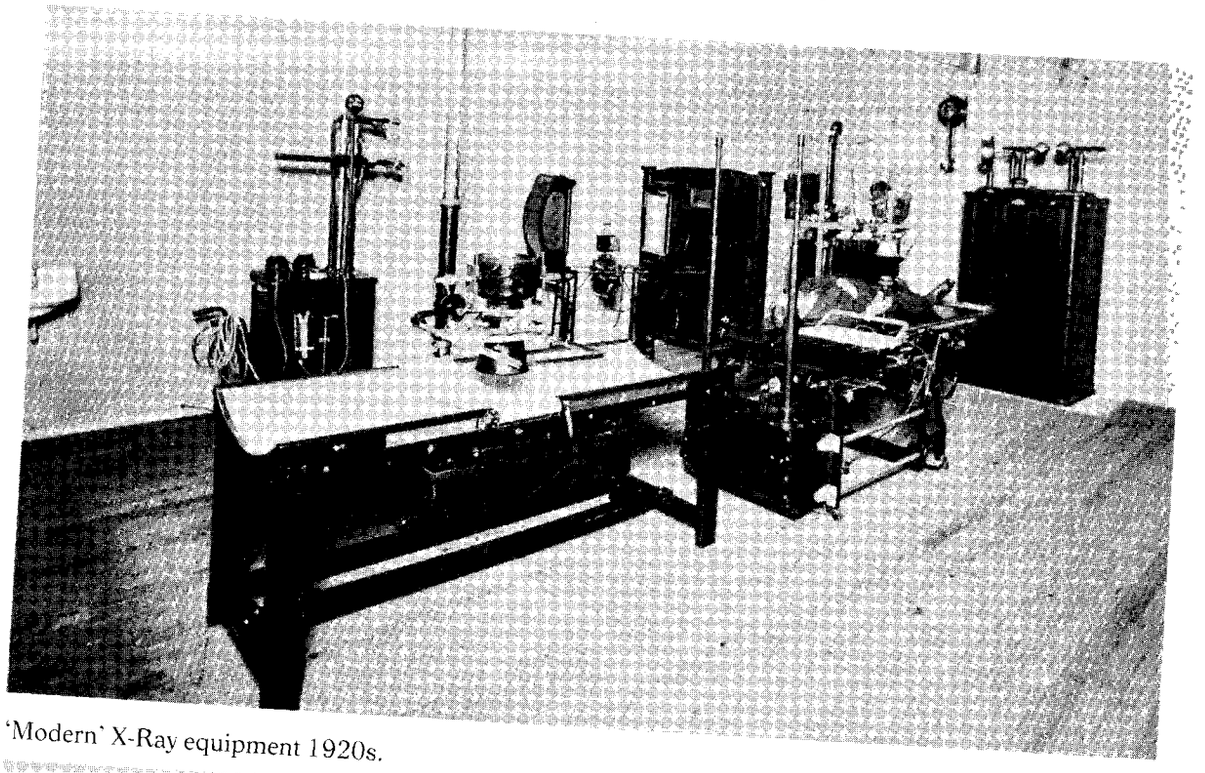
The Medical Association was formed in 1959 reflecting the increased needs of a growing teaching hospital. The objective was to help maintain the professional competence of its members by keeping them in touch with the Hospital and with one another'. Open to all medical alumni, staff and students, who have been at North Shore it was hoped such an association would help stimulate their interest in the progress of the Hospital and its postgraduate activities.

It took over the increasing load of organising Reunion Week, begun by the RMOs' Association in 1953. As "North Shore Week", this features the Hospital's "Visiting Professor" from overseas, supported by eminent local lecturers, and will be held for the 36th time during the Centenary year. The Association is responsible for the Hospital's only Oration, the "Gillies Oration" and also organises and supports other postgraduate and research activities associated with the Hospital. Its affairs are conducted by a Council which includes representatives of the Medical Board, the RMOs' Association and the Administration with elected members from alumni who work at the Hospital and those who do not.
Presidents have been:

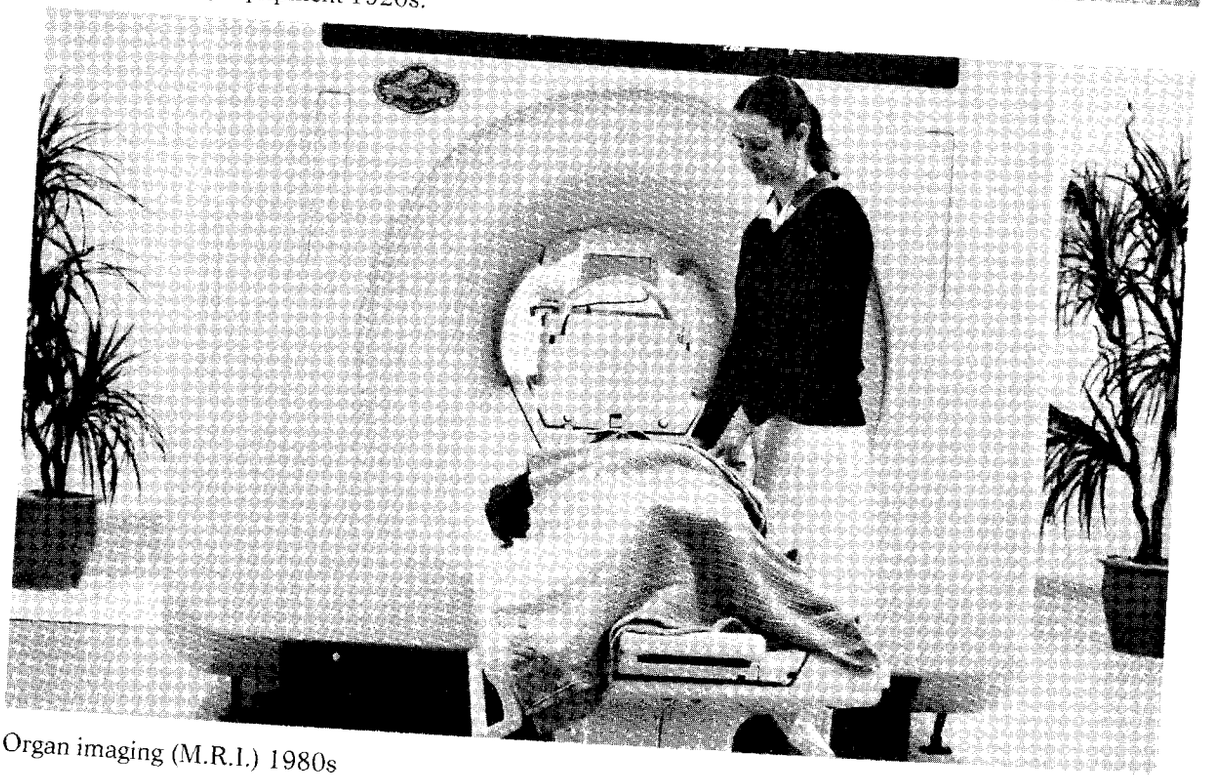
Dr. G. D. (Doug.) TRACY	1959-1961
Dr. Louis S. LOEWENTHAL	1961-1963
Dr. Edmund COLLINS	1963-1965
Dr. Douglas ANDERSON	1965-1967
Dr. Peter McCLURE	1967-1969
Dr. Ray ROBINSON	1969-1971
Dr. V. H. (Harry) CUMBERLAND	1971-1973
Dr. Bernie AMOS	1973-1975
Prof. Tom REEVE	1975-1977
Dr. John KEMP	1977-1979
Dr. Tim HEAP	1979-1981
Dr. Colin NORGATE	1981-1983
Dr. John PENNINGTON	1983-1985
Dr. Chris BAMBACH	1985-1987
Dr. Ross WILSON	1987-1988



North Shore Week has been a feature of the Teaching Hospital era, organised by the Medical Association. In 1967 Dr. Michael Mason (second from right) of London Hospital was Guest Professor. Others (L to R) are Dr. B.J. Amos, Treasurer, Dr. Douglas Anderson, President, Dr. Ray Robinson and Dr. Roger Vanderfield, Vice Presidents of the Association at the time.



'Modern' X-Ray equipment 1920s.



Organ imaging (M.R.I.) 1980s

Office Bearers of the Hospital

PRESIDENT/CHAIRMAN

Originally the Board, styled a Committee of Management and elected by the Subscribers had, as chairman, the President of the Hospital. Following the repeal of the Royal North Shore Hospital Act of Incorporation of 1910, the Hospital came under the provisions of the Public Hospitals' Act, with the Board being reduced from 27 to 12 Directors and electing its own Chairman from 1938.

Alexander DODDS M.L.C. (Initiary President)	1886
Dr. R. D. WARD (First elected President)	1888–1890
Rev. Alfred YARNOLD	1891–1898
J. Randal CAREY	1899–1923
Walter M. VINDIN	1923–1928
Judge Alec THOMSON	1928–1938
Arthur H. HIRST (First elected Chairman)	1938–1939
Cecil J. WATT (Administrator)	17/10/39 to 16.4/40
Sir Norman L. NOCK (Chairman)	1940–1968
Sir Lincoln HYNES O.B.E.	1968–1977
James B. GRIFFIN C.B.E., D.S.C.	1977–1981
Patrick J. JOHNSON A.M.	1981–1986

Royal North Shore Hospital and Area Health Service Board was created on 1 October 1986, with Mr. Johnson appointed directly by the Minister as first Chairman.

HOSPITAL SECRETARY

From Inauguration to 1900 the Board of Management had an Honorary Secretary. Thereafter the position became paid and was full time from 1905. For a period Mr. Russell was styled 'Secretary and Superintendent' until the appointment of a Medical Superintendent. Subsequently the Secretary was referred to as Chief Executive Officer until this function was assumed by the General Medical Superintendent from 10 December 1946. In 1967 the position became Executive Officer and Secretary, in 1982 simply Executive Officer, and in 1985 was changed to Director of Administrative Services.

Frank B. TREATT	Initiatory Secretary
W.P. CULLEN (Honorary)	1886–1888
G.T. CLARKE (Honorary)	1888
A. McLEOD (Honorary)	1889
Frank W. SYER (Honorary)	1889–1897 and 1899
Dr. Bernard J. NEWMARCH (Honorary)	1898
Frank W. SYER	1900–1902
A.F. SCARR	1903
A.W. CHILD	1904
N. McBURNEY	1905–1912
Arthur C. RUSSELL	18/11/12–25/10/1939
J.H. WARD, E.D. (C.E.O. to 10.12.1946)	1/40–31/10/60
R.D. REED (Executive Officer & Secretary)	Acting to 12/4/61 then to 12/10/82
J.G. CARSON (Executive Officer)	13/10/82–28/5/85
N.R. FULL (Director of Administrative Services)	From 29/5/85

GENERAL MEDICAL SUPERINTENDENT

Dr. Wallace FREEBORN	10/12/46–31/12/63
Dr. I.R. (Roger) VANDERFIELD	From 1/1/64-

With the establishment of the Area Health Services Board from 1 October 1986, Dr. S. R. Spring was appointed by the Minister as Chief Executive Officer to the Board, so that this title was no longer used by the Hospital.

MEDICAL SUPERINTENDENT

The position was established in 1920 and that of Assistant Medical Superintendent was added in 1926. On 10 December 1946, following the Public Inquiry of 1939 and to prepare for the role of Teaching Hospital, the position was superseded by that of General Medical Superintendent, who became also Chief Executive Officer, devoting full time to administration. The clinical responsibilities devolved initially upon the medical and surgical registrars to be followed by registrars in other specialties. Three years later the position of Deputy Medical Superintendent was introduced. After the resignation of Dr. Mack, the position of Assistant Medical Superintendent was dropped for a time but was re-introduced in 1953 as a partly administrative and partly clinical post, with the appointment of Dr. B. L. Geddes, who was also Thoracic Registrar. It continued this way until the 1970s when it was used primarily as a training position. There was usually more than one A.M.S., including the Medical Officer responsible for the Princess Juliana Annexe.

In 1950, with the new appointment of Deputy Medical Superintendent, that person assumed the responsibilities previously carried out by the Medical Superintendent. As the occupant's responsibility for administering the medical services increased, the position was re-styled Director of Medical Services and additionally Deputy Chief Executive Officer.

The Medical Superintendents were:

Dr. Emma A. BUCKLEY	19/1/20—31/12/21
Dr. H.G. Douglas COOKSON	1/1/22—30/11/25
Dr. Basil W.B. RILEY	1/12/25—31/1/27
Dr. A.S. WATERHOUSE	1/2/27—30/6/28
Dr. Stuart V. MARSHALL	30/7/28—7/12/30
Dr. Louis S. LOEWENTHAL	1/1/31—12/4/34
Dr. Colin S. GRAHAM	8/34—31/3/37
Dr. John R. RADCLIFF	From 1/4/37
(On Military Leave 16/5/40—27/9/44)	
Dr. R.J. MILLARD, C.M.G., C.B.E., (Actg.)	28/5/40—9/43
Dr. R.G. ROBINSON (Actg.)	9/43—9/44
Dr. John R. RADCLIFF	27/9/44—10/12/46

ASSISTANT MEDICAL SUPERINTENDENT

Dr. A.S. WATERHOUSE	11/3/26—31/1/27
Dr. E.R. FIGTREE	5/2/27—8/6/28
Dr. J.B. OAKESHOTT	9/6/28—24/8/28
Dr. C.S. GRAHAM	14/9/28—11/2/29
Dr. Mary J. HUDSON	15/5/29—31/3/33
Dr. S. DEVENISH MEARES	1/4/33—23/11/34
Dr. E. COLLINS	8/11/34—6/3/36
Dr. J.R. RADCLIFF	23/3/36—31/3/37
Dr. J.R. LEE	21/3/37—13/3/39
Dr. J.M. MACK	23/2/39—28/9/46
(On Military Leave 4/41—29/4/46	
Dr. M. BARRY (Actg.))	Each acted twice as
Dr. R.G. ROBINSON (Actg.))	Assistant Medical
Dr. J. McKELL (Actg.))	Superintendent during the absence of Dr. Mack.

DEPUTY MEDICAL SUPERINTENDENT/ DIRECTOR OF MEDICAL SERVICES

Dr. V.H. CUMBERLAND	1950 — 1954
Dr. G. D. TRACY	1954 — 1955
Dr. B. S. HARTNETT	1955 — 1956
Dr. D. W. PIPER	1956 — 1958
Dr. I. R. VANDERFIELD	1958 — 1963
Dr. B. J. AMOS	1964 — 1972
Dr. B. R. CATCHLOVE	1972 — 1981
Dr. S. R. SPRING	1981 — 1986
Dr. R.G.D. BOYD	Actg. 1/10/1986 Apptd. 17/3/1988

MATRON/DIRECTOR OF NURSING

The first Matron was appointed on 1 June 1888 prior to the opening of the Cottage Hospital. Until the move to the Gore Hill site, length of service was relatively brief, there being more Matrons in the 15 years prior to the move than during the subsequent 85 years. In the Annual Report of 1902, the Matron was stated to be responsible for the 'economical management of the internal working of the Institution'.

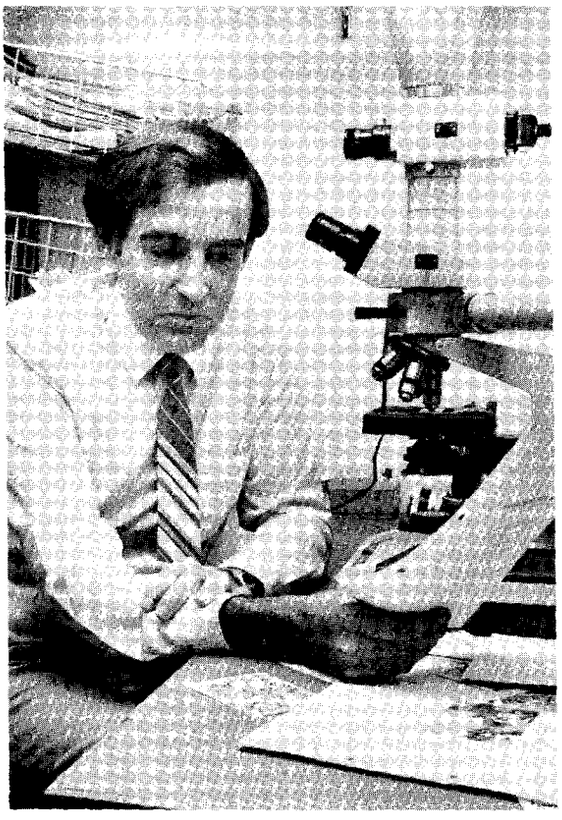
In early records, the Matron's deputy appears to have been the Sister designated 'Head Nurse' or Senior Sister. When a reliever was required, and this seems to have been not infrequently due to illness or absence overseas, this was the person who stood in for her. e.g. Sister Martin the Head Nurse 'assisted' Matron Goddard from 1901 and Sister Francis Bennett, who 'ably supported' her for many years, acted as Matron throughout 1909 when Matron was overseas and again in 1913 when she was on four months sick leave. There is no record of the formal appointment of a 'Deputy Matron' until 1915. Thereafter the person filling this position is at times referred to as Assistant Matron until the 1940's. Then Assistant Matrons were gradually introduced, in addition to the Deputy Matron, each having responsibility for nursing administration of a service or a specific area in the expanding teaching hospital. Those listed hereafter are recorded as being the Matron's Deputy, by whatever title they were known.

During the 1930's the Matron took the additional title, Superintendent of Nursing and in 1970, following the practice elsewhere, the position became Director of Nursing with a Deputy Director and subsequently Assistant Directors. From the 1960's use of the styling 'Sister' was also progressively dropped.

Miss Emily HENDERSON	1/6/1888 — 7/8/1888
Miss AITKEN	13/9/1888 — 11/7/1889
Miss E. POCKLEY (Actg.)	11/7/1889 — 1/9/1889
Miss Ida C. ARCHIBOLD	1/9/1889 — 13/10/1890
Miss M. ATKINSON	30/10/1890 — 30/4/1891
Miss Blanche HEATHCOTE	4/5/1891 — 22/12/1892
Miss Clara WEST	23/12/1892 — 9/3/1899
Miss Alice M. GODDARD	29/3/1899 — 1920
Miss Marguerite K. CHARLES-WEST	1920 — 1935
Miss Pauline MACHIN	1/10/1935 — 6/1/1951
Miss K. Elma STURT	7/1/1951 — 31/3/1960
Miss Ruth G. McCLELLAND	11/5/1960 — 5/1/1981
Miss Margaret COOPER BOOTH	9/4/1981 — 21/8/1987
Miss Kathleen E. BAKER	Actg. 21/8/1987 Apptd. 17/3/1988

DEPUTY MATRON/DEPUTY DIRECTOR OF NURSING

Sr. Frances BENNETT	1907—1915
Sr. Stella McROBERTS	1915—1919
Sr. M.K. CHARLES WEST	1919—1920
Sr. K. Hughes THOMAS	1920—1926
Sr. J.M. GRAY	1926—1933
Sr. Pauline MACHIN	1933—1935
Sr. K. Elma STURT	1935—1951
Sr. Marjorie B. SIRL	1951—1961
Miss Margaret COOPER BOOTH	1962—1981
Miss Jill NICHOLS (Actg.)	1981
Miss Kathleen E. BAKER	1981—1988
Miss Jill NICHOLS (Actg.)	1988



The three generations of the Isbister family, who have been associated with the Hospital since its move to Gore Hill; all becoming leaders in their speciality.

Above left: Dr. James P. Isbister (Haematology). Above right: Dr. J.L.T. Isbister (Gynaecology). At right: Dr. James Isbister (Physician) and Dr. Clair Isbister (Paediatrics).

BIOGRAPHICAL REGISTER

Brief biographic details are given for various persons who have played an important part in founding the North Shore Cottage Hospital and in the development of the Royal North Shore Hospital, particularly as a Teaching Hospital. By no means can it be regarded as complete or exhaustive: space, time and available information precludes this. Inclusion has been determined by consideration of length of service, importance of appointments, involvement in other aspects of Hospital affairs or historical significance, but any important omissions are regretted.

It has been compiled recognising that many who have made an outstanding contribution are not mentioned in the narrative or when they are, it is not possible to give detailed information within the text. Details here mainly relate to Hospital appointments and associated medical interests taken from Hospital records but many of these records frequently appear contradictory.

As it is intended in due course to produce a separate more detailed biographical register, the authors would be pleased to receive advice re any perceived errors or omissions; more detailed information regarding any of the entries, and appointments held or important involvements outside the Hospital.

The following points and abbreviations should be noted:-

RNS: Refers to the Hospital after its transfer to the present site in 1903.

Board: Is used to designate the Governing Body of the Hospital of the time. "Committee of Management" was used in earlier days but subsequently there are variations recorded.

CEO: Chief Executive Officer

HMO/VMO: Denotes Honorary Medical Officer and/or Visiting Medical Officer. The terms are frequently interchangeable and many specialists have served as both.

DMS: Denotes Deputy Medical Superintendent or Director of Medical Services to which the former title was altered in 1970.

AMS: Assistant Medical Superintendent

Reg. Denotes service as a registrar, usually in a specialty.

RMO: Resident Medical Officer includes services as an Intern, Resident, Registrar or Medical Officer (e.g. Pathology Resident) other than as a specialist

I.M.R. May be Institute of Medical Research or Kolling Institute as both titles were used after the latter was established.

Chair. Is used to denote Chairman or equivalent.

ACKERMAN, **Dr. Valentine P.**
Senior Staff Specialist and Head, Department of Microbiology since 1971. Previously RMO 1957. Research Scholar, A.N.U. 1961–64; Bacteriologist, National Standards Laboratory, 1964–71.

ALLEN, **Dr. Stuart D.**
HMO Physician 1940-1951, then Consultant. Was one of the original Lecturers in Medicine appointed to the Clinical School. Chair. Medical Staff, 1949-50. A.I.F. 1918; A.A.M.C. 1941-46.

AMOS, **Dr. Bernard J.,** A.M.
RMO & Reg. 1959-63; Clinical Superintendent 1963; DMS 1964-72; additionally Deputy CEO from 1967. Chair. Nurses Education Committee. A graduate of RNS Clinical School. President RNSH Medical Association 1973-75. Subsequently Leader of the Westmead Planning Team; first CEO Westmead Hospital; first CEO Cumberland Area Health Service; Also President N.S.W. Medical Board, Chair. N.S.W. State Committee, RACMA.

ANDERSON, **Dr. Douglas J.**
RMO 1931-33; Temp. M.O. 1936; Research Officer I.M.R. 1936-40; HMO Physician 1937-68, then Consultant 1968-70. One of the original Tutors in Clinical Medicine to the Clinical School. Hon. Secretary Medical Staff 1938-40; Chair. Medical Staff 1958-59 and 1961-62. President RNSH Medical Association 1965-67. Also Chair. Section of Physicians; Chair. Nurses Education Committee; Chair. Drug Committee; Hospital Representative on the Faculty of Medicine. He also served as President of Sydney University Union; President of Sydney University Medical Society and President of Old Sydney Hospitalers.

ARTHUR, **Dr. Richard**
HMO 1903-06. First HMO to be designated by specialty (Anaesthetist) 1904. Resigned to become Member for Mosman in N.S.W Parliament and later became Minister for Health in N.S.W. Consultant M.O. 1907-1917 then appointed the first Hon. Surgeon in E.N.T. (styled Hon. Aural Surgeon) when it was established as a specialty in 1917. Appointed Consultant again on retirement, 1927-32. Originally a graduate from St. Andrews and Edinburgh Universities in Scotland.

BAKER, **Kathleen E.**
Director of Nursing, appointed March 1988. Previously on Nursing staff from 1970; Nurse Educator 1972-74; Deputy Director of Nursing 1981-87; Acting Director 1987 88. Was Nurse Educator, Prince of Wales Hospital 1974-78; Assistant Director of Nursing Westmead Hospital 1978-81. Member, N.S.W. Nurses Registration Board from 1984, Deputy President from 1987. Fellow, College of Nursing of Australia; Member, Council of the Institute of Nursing Administrators.

BAUER, **Dr. Gaston E.,** A.M.
VMO Cardiology from 1976. Previously Consultant Cardiologist from 1973; Warden Clinical School 1979-85. Chair. Section of Cardiology; Chair. Library Committee. Also Member of Senate, Univ. of Sydney. Previously Councillor R.A.C.P. 1975-81. Chair. Hypertension Committee, National Heart Foundation 1976-84; Chair. National Blood Pressure Study.

BAUME, **Senator Peter E.**
RMO/Reg 1959-62, HMO 1966-74. Clinical Supervisor Univ of Sydney 1968-69. Previously Smith & Nephew Travelling Fellow; Roche Research Fellow & Trainee Vanderbilt Univ. Nashville, U.S.A. Senator for N.S.W. since 1974, holding various Government and Ministerial appointments since 1978.

BENN, **Jan**
Physiotherapy Staff 1959-73; Head of Dept. 1970-73. Subsequently Head, School of

Physiotherapy, Cumberland College. Organised the first Paraplegic Games at RNS. The Jan Benn Trophy is awarded at these Games in her memory.

BLASHKI, **Dr Eric P.,** M.C.
HMO Surgeon E.N.T. 1928-51, then Consultant. Hon. Secretary Medical Staff 1940-43; Chair. Medical Staff 1944-47. R.A.M.C. 1915-18.

BLIGH, **Dr. Erasamus A.**
HMO 1905; Anaesthetist 1906; Surgeon 1913-38, then Consultant Surgeon to 1955. Chair. Medical Staff 1943-44. Member of Hospital Board 1928.

BOYD, **Dr. Roger G.D.**
Director of Medical Services, appointed March 1988; Acting DMS from 1986. Previously RMO, 1978-82; AMS 1983-85. International Management Institute, Geneva, 1985-86. Graduate RNS Clinical School; Winner Robin May Prize 1978; Vice President Sydney University Medical Society.

BRODZIAK, **Dr. Innes. A.**
HMO Physician 1946-63, then Consultant. Was one of the original Lecturers in Medicine and the first Tutor in Clinical Medicine at RNS. Physician in Charge of the first Neurology Clinic at RNS. Also Chair. Section of Physicians; Chair. Medical Staff 1952-53. A.I.F. 1940-45. Consulting Physician to the R.A.N.

BROOKS, **Professor Peter M.**
Foundation Florance & Cope Professor of Rheumatology Univ. of Sydney, 1983. VMO Rheumatology; Head, Dept. of Rheumatology from 1983. Previously Lecturer, Senior Lecturer, Univ. of Tasmania 1976-78; Senior Lecturer, Associate Professor in Medicine, Flinders Univ. 1978-83.

BUCKLEY, **Dr. Emma A.**
The first Medical Superintendent appointed at R.N.S.H. on 19.1.20. Was a Pathologist.

CAMBOURN, **Dr. Paul**
HMO (Clinical Assistant) medicine, 1949-85. The first General Practitioner appointed a Consulting Physician, RNSH, 1986. A.A.M.C. 1944-47. Member of N.S.W. Branch Council A.M.A., President 1973-74.

CAMPTON, **Irene**
Member of Nursing staff more than 35 years after training from 1941. ADN 1963-79. Fellow, N.S.W. College of Nursing. President Graduate Nurses Association from 1983. Member RNSH Centenary Committee. Convenor, RNSH Centenary Museum.

CAPPER, **Dr. Selwyn**
HMO 1904-29, then Consultant. One of the first HMOs designated by Specialty: Anaesthetist 1905, Surgeon 1912-29. Hon. Secretary Medical Staff.

CAREY, **J. Randal**
President of the Hospital 1899-1923, and as such Chairman of the Board. Vice President 1893-1899 and a Trustee 1900-1910. He was instrumental in obtaining the original grant of land on the Gore Hill site in 1899 and subsequent resumptions to a total of 17.5 acres. His obituary (June 1923) praised his breadth of vision and stated his one great aim in life was to secure for the Institution a large area for its future expansion. His son Lionel W. Carey filled his vacancy on the Board.

CARSON, **Jack G.**
Administrative Staff 30 years, 1955-85. Starting as Assistant Accountant then Accountant; Chief Accountant from 1971. Executive Officer & Secretary 1983-85. Member RNSH Centenary Committee.

CATCHLOVE, **Dr. Barry R.**
AMS 1969-72; DMS and Deputy CEO 1972-81; Area Executive Officer 1980. Was Chair. of the Commissioning Team for Stage II of the Main Block. Subsequently CEO

Royal Children's Hospital, Melbourne. Also Member N.S.W. Committee, Member Federal Council, Hon. Treasurer and President Australian Hospital Association; Chair. Australian Council on Hospital Standards.

CHARLES-WEST, **Miss Marguerita K.**
Matron 1920-35; Deputy Matron 1919-20. Previously Matron, Royal Military Hospital, Duntroon, during World War I. An early examiner for the A.T.N.A. and N.R.B. Awarded Kings Jubilee Medal for Services to Nursing.

CLARK, **Dr. C. D.**
HMO 1888-1901. One of the four original HMOs appointed, being a London graduate.

COLLINS, **Dr. Edmund**
HMO Obstetric & Gynaecology 1941-1967, then Consultant. Chair. Section of Obstetrics & Gynaecology. Previously RMO 1933-36; AMS 1935-36; Served A.A.M.C. 1942-46. Appointed first Warden of the Clinical School 1967. Chair. Medical Staff 1964-66. First Chair. Medical Board 1965. President Medical Association 1963-65.

COOKSON, **Dr. H. G. Douglas**
Medical Superintendent (the second) for four years from Jan. 1922. Was previously RMO 1921. Subsequently HMO Inverell District Hospital.

COOPER BOOTH, **Miss Margaret,** A.M.
Director of Nursing 1981-87. Member of the Nursing staff for 35 years after completing Midwifery training in 1949. Was a Charge Sister, Night Supervisor and Assistant Matron between 1950-62, then Deputy Matron, Deputy Director and Acting Director of Nursing 1962-81. Additionally Nightingale Scholarship to Royal College of Nursing London 1958-59. Fellow, College of Nursing of Australia; Fellow & Member of Council N.S.W. College of Nursing; Member Council of Institute of Nursing Administrators and N.S.W. Rep. Australian Association of Nursing Administrators.

COUPLAND, **Assoc. Professor Graham A.E.**
RMO & Registrar 1959-65. First Superintendent Accident & Emergency Unit 1965. Graduate RNS Clinical School. HMO Surgeon 1966-82. Additionally HMO Vascular Surgery. Senior Lecturer in Surgery 1967; Associate Professor 1976. President, RMO Association 1965. Nestle Travelling Fellowship and Surg. Reg. Alder Hey Childrens Hospital, Liverpool, 1965-66. Also Member State Committee and Director Surgical Training Programme, R.A.C.S. The Coupland Visiting Surgical Lecturer honours his name and work at RNSH.

CRANE, **Walter,** M.B.E.
Hon. Consulting Solicitor 1934-86. Life Member & Nominated Benefactor. Also Legal Adviser to Surf Life Saving Association for 50 years.

CRICK, **Miss E. Dorothy**
Administrative Staff 34 years from 1912-46, including 20 years as Assistant Secretary.

CULLEN, **Sir William P.**
Was a member of the Initiatory Group of the Cottage Hospital and Hon. Secretary 1886 - 88. Was later Patron of the Hospital from 1911, when Lieutenant-Governor of N.S.W.

CUMBERLAND, **Dr. V. H. (Harry)**
HMO Surgeon 1953-84, then Consultant. Surgical Registrar 1950-54. Additionally first DMS from 1951 and Acting. GMS in 1952. Chair. and Head Dept. of Surgery; Chair. and Head Dept. of Gastroenterology; Chair. Medical Board 1968-70. President RNS Medical Association 1971-73. Patron RMOs Association. Hospital Representative on Faculty of Medicine. Member and Chair. N.S.W. State Committee, R.A.C.S. A.A.M.C. 1942-46. Gordon Craig Scholarship 1946-47.

DAYMOND, **Dr. Keith R.**
HMO/VMO, Orthopaedics since 1954. RMO 1946-48.

DEAL, **Dr. Cedric W.**
Senior Staff specialist Cardiothoracic Surgery from 1969. Head, Dept. of Cardiothoracic Surgery from 1979. Previously Surg. Reg. Westminster Hosp. London, 1964-65; Post Doctoral Fellow, Stanford Univ., 1966-67.

DEY, **Dr. David L.**
HMO/VMO Plastic and Facio Maxillary Surgery, 1949-82, then Consultant. Also Chair. and Head of Department. Served A.A.M.C. 1942-47. Gordon Craig Scholarship and Reg. Great Ormond St. London, 1947. Father, Dr. Lindsay Dey was HMO, Physician 1917-24.

DIBBS, **T. Burton**
Member of the Board 1901-03; Hon. Solicitor 1889-1900. Was also a generous benefactor who endowed Dibbs Ward (later Ward B2) in memory of his mother Sophia Dibbs, who had been a voluntary worker for the Hospital.

DOAK, **Dr. Frank W.**
HMO 1902-04 and 1906-29. Hon. Surgeon from 1912-29, then Consultant. Member of Hospital Board 1910-13. Chair. Medical Staff 1914 and 1920-28. On Active Service with British Army, 1914-16.

DODDS, **Alexander,** M.L.C.
President of the Initiatory movement to establish a Cottage Hospital for the North Shore of Sydney, 1886.

DONNELLY, **Dr. G. L. (Laurie)**
VMO Cardiologist since 1983. Previously Research Fellow 1961; Staff Specialist Cardiology from 1964. Was the first Director, then Head, Dept. of Cardiology from 1973.

DOUGLAS, **Dr. Godfrey**
HMO/VMO Surgeon since 1972; RMO/Reg. 1961-67. Previously surgical appointments Lahey Clinic Boston; Louisiana State University, U.S.A. and St. George's Hospital London, 1968-71. Member State Council A.M.A. 1977-87, President 1983-84, Member Federal Council, A.M.A. 1984-87 and Federal Treasurer 1985-87. Member RNSH Centenary Committee.

DOWDA, **Mrs. Jeanette**
President Ladies Committee for a record eight years since 1980. Longest serving President. Member RNSH Centenary Committee. Convenor Patient Escort Service and Souvenir Committee. Nominated Benefactor and Life Member.

DREW, **Miss Norma**
First Nursing Trainee at North Shore Hospital, she passed her final examinations in May 1899.

DUFF, **Elisabeth V.,** O.A.M.
Occupational Therapist, Head of Department since 1975. Chair. RNSH Occupational Health & Safety Committee. Previously held O.T. positions in U.K. and Canada; Second in Charge NSW Spastic Centre; Lecturer, NSW College of Occupational Therapy (Cumberland College) 1971-75. Also Hon. Secretary and Member of Committees of Australian AOT; Member of Executive and Vice President NSW AOT; Member of various ACROD committees.

DURIE, **Dr. E. Beatrix**
Specialist Medical Staff 1941-64; Head, Dept. of Bacteriology, then Consultant Microbiologist 1964-83. Appointed first as a general Pathologist; was responsible for all Pathology during the War years. Was in effect the first full time Staff Specialist. Subsequently specialised as a Bacteriologist from 1946 and established the National Mycology Reference Laboratory.

EATON, **J. W.**
Member of Board 1903-30, Vice President 1910-30. An early and generous Benefactor.

EICHLER, **June**
Administrative Staff 1953-85. Fees Officer and Revenue Officer. Was instrumental in assembling and identifying many photographs which form the basis of the Hospital's archives and are reproduced in this publication.

EPPS, **Dr. Reg G.**
HMO Physician 1953-83, then Consultant. Registrar 1947 - 49. The first Medical Registrar and the first Student Supervisor, 1948-50, of the Teaching Hospital. 2/6 Aust. Commando Sq., 1944-46.

FAGAN, **Dr. Kevin J.,** A.O.
HMO Surgeon 1949-66, then Consultant. One of the original Tutors in Clinical Surgery. The first Vice Chairman of the Medical Board. A.I.F. 1941-46, P.O.W.

FERGUSON, **Jack A.,** M.L.C.
Member of the Board 1957-69, Vice Chairman, 1968-69; Chair. Works Committee. Fellow Senate Univ. of Sydney 1945-69. Also Chair. N.S.W. Milk Board; President Paraplegic Association and President Royal National Park Trust.

FINLAY, **R. V. (Dick)**
Member of the Board 1950-81; Vice Chairman 1977-81; Hon. Treasurer 1950-77; Chair. House & Finance Committee 1978-81. Also Member of Medical Research Council.

FISHER, **John**
Member of the Board 1976-86; Vice-Chair. 1981-86. Chair. House & Finance Committee, Member Conjoint Board. Also Member of Council, Member of Executive and President of N.S.W. Chapter R.A.I.A. Member N.S.W. Board of Architects, Member Council of National Trust, Member of Council, Art Gallery Society, Member Lands Advisory Committee for National Parks.

FORD, **Professor Sir Edward,** O.B.E.
Member of the Board 1953-69; Vice Chairman 1961-69; Chair. Medical Research Council 1953-69. Also Professor of Preventive Medicine; Director School of Public Health & Tropical Medicine; Dean Faculty of Medicine University of Sydney. Previously Senior Lecturer Univ. of Melbourne; M.O. Commonwealth Dept. of Health. As Colonel, Director of Army Hygiene, played a major role in the successful control of malaria during New Guinea Campaign in second World War.

FORD, **James**
Member of the Board 1909-1931. Was legendary as a "Hospital Visitor" for visiting patients nearly every Sunday morning for 20 years.

FORSYTH, **Robert**
Member of the Board 1888-1917; Vice President 1894-1905; Trustee 1900-1910. He was born in London in 1848 and came to Australia in 1863 with his parents and elder brother Thomas. His father James Todd Forsyth opened a leathergoods store in George Street Sydney and built a tannery in North Willoughby, where he became Mayor in 1875. His brother Thomas Todd Forsyth, with whom he took over conduct of the business, also served as an Alderman for 27 years including three terms as Mayor. His daughter Minnie Gates, M.B.E., also became a member of the R.N.S. Board from 1940-1960. Another member of the family R. C. Forsyth was on the Board from 1902-06.

FORSYTH, **Robert Todd**
Member of the Board 1913-38. Vice President 1931-38. The son of Thomas, he similarly made an outstanding contribution to the affairs of the Willoughby Municipality representing the Middle Harbour Ward for

28 years and being elected Mayor on 11 occasions. His wife Annie (Bennett) like his mother, worked for the R.N.S. Hospital Auxiliary and was the first President of the Tresilian Mothercraft School.

FOWLER, **Rev. Russell C.**
Anglican Chaplain to Royal North Shore Hospital, 1972-87. The first full time Chaplain to the Hospital, responsible for establishing a separate Chaplains' Department, of which he became the first Head. Previously the first Chaplain to the Child Welfare Department. Responsible for the development of the Hospital Chaplains' Training Scheme, based at Royal North Shore. A Churchill Fellow 1973.

FREEBORN, **Dr. Wallace**, M.M.
General Medical Superintendent 1946-63 and as such first Medical Chief Executive of the Hospital. Previously RMO 1923-25, then RMO Children's Hospital and Specialist Obs. Gyn. practice in UK 1928-40. Previously left school to serve with First A.I.F. in Egypt and France 1915-17; as a Sergeant was wounded in action at Pozieres and decorated; invalided home before his 18th birthday he returned to Fort Street High School and obtained a University Exhibition to enter Medicine. Also Served A.A.M.C. 1940-46 becoming the C.O. of the Hospital Ship, "Wanganella". President Undergraduate Association; Vice President Sydney University Union; Initiator of Faculty Year Book. Subsequently Member of first Council and Chair. of Building Committee during establishment of Macquarie University.

FULL, **Norman R.**
Director Administrative Services from 1985. Previously Management Systems Review Officer & Senior Admin. Officer. Also Secretary University Teaching Hospital's Association. Churchill Fellow 1981.

GADEN, **Thomas Burton**
Member of the Board 1903-06 and 1911. Previously a member of the Initiatory group of the Cottage Hospital then Hon. Treasurer 1885-88. Hon. Solicitor 1907-16.

GEDDES, **Dr. Bruce L.**
Senior Staff Specialist. Physician & Head, Dept. of Thoracic Medicine 1975-84. Previously A.A.M.C. 1944-46; The first Registrar in Thoracic Medicine 1948-50; AMS 1952-62; Director of Thoracic Unit 1962-75. Also Wunderly Travelling Fellow 1950-52.

GILLIES, **Dr. Malcolm J.**
RMO 1954-58. Died whilst a Surgical Registrar in training, having obtained primary F.R.A.C.S. 'Gillies Oration' honours his memory and others who have died prematurely.

GODDARD, **Miss Alice**
Longest serving Matron, 1899-1920. Trained at Prince Alfred Hospital. Played a major role in the transfer and transformation of the Cottage Hospital to a District Hospital.

GOLDSWORTHY, **Dr. Neil E.**
Consulting Bacteriologist 1946-60. Hon. Assistant Pathologist 1930-35, then appointed first Bacteriologist 1935-46. Additionally acted as Director, Kolling Institute 1940-44.

GOULSTON, **Dr. Eric H.**, O.B.E.
HMO Surgeon 1938-65, then Consultant. Was a Research Assistant 1935-38. The first Senior Tutor in Clinical Surgery and Lecturer in Surgery at RNS. Chair. Medical Staff 1955-56. Chair. Section of Surgery. Chair. A.A.M.C. 1940-46. NSW State Committee, R.A.C.S. Subsequently foundation Professor of Surgery, Haile Selassie Univ, Ethiopia, 1966-69; Australian Surgical Team, Vietnam.

GRAHAM, **Dr. Colin S.**
Senior Staff Specialist Morbid Anatomy 1947-63, then Consultant. RMO 1927-34. Medical Superintendent 1934-37. Was first full time Pathologist.

GRANT, **Dr. John M. F.,** O.B.E.
HMO/VMO Neurosurgery & Spinal Unit 1952-87, then Consultant. Chair. and Head, Dept. of Neurosurgery; Chair. Section of Spinal Injuries; Chair. Medical Board 1974-75. Also President Paraplegic & Quadriplegic Association of N.S.W.; Chair. Australian Paraplegic & Quadriplegic Council; Chair. Australian Paraplegic & Quadriplegic Sports Foundation. President, International Stoke Mandeville Games Federation.

GREEN, **Dr. Phillip B.**
Hon. Dental Surgeon 1954-78, then Consultant. Was Chair. & Head of Department.

GRIFFIN, **James B.,** C.B.E., D.S.C.
Member of the Board 1960-81; Vice Chairman 1969-77; Chairman 1977-81; Chairman House & Finance Committee 1968-77. Also member Medical Research Council, Medical Advisory Committee. Additionally Exec. Director Retail Traders Association. A councillor. Vice President and President NRMA.

GRIFFITHS, **Dr. F. Guy**
HMO Physician 1909-38, then Consultant to 1952. Served in A.A.M.C. 1917.19. Hon. Secretary and Chairman of Medical Staff. Also Member of Hospital Board 1928-33 and 1936-37.

***HALES,* Dr. Ian B.**
Senior Staff Specialist Physician from 1969. First Director, Department of Nuclear Medicine 1970, subsequently Head combined Dept. of Nuclear Medicine and Endocrinology. Previously served R.A.N. 1945-46. RMO/Reg. 1950-54. Research Fellow, U.C.I., 1959-61, and HMO Physician and Endocrinologist 1962-69. Registrar, Paddington Hospital London; Leverhulme Research Fellow, R.C.P. and Research Assistant Post Graduate Medical School, London 1955-57; Research Fellow, Western Reserve Univ. and Physician Dept. of Medicine, Cleveland, Ohio, 1958-59.

HANSEN, **Mrs Nancy,** O.A.M. **(formerly Mrs. Edmund Collins)**
Voluntary worker and fund raiser continuously since 1956. President Ladies Committee 1962-63 and involved in its formation. Involved in the establishment of the Child Care Committee and the Opportunity Shop; member of the Chapel Committee and a major fund raiser throughout. Originator of the Floral Sub-Committee and subsequently the Boutique. Nominated Benefactor and Life Member.

HARTNETT, **Dr. Bruce S.**
RMO/Reg. 1949-52. DMS & Medical Registrar 1955-56 subsequently Clinical Assistant 1965-71. Was first President, RMOs Association.

HARVEY, **Dr. W. Cotter,** C.B.E.
HMO Physician 1924-57, then Consultant. Established first Anti T.B Clinic, later the Chest Clinic, at R.N.S. Chair. Medical Staff 1932-34 and 1951-52. Also Member, N.S.W. Medical Board 1940-67, President, 1950-67; President, General Medical Council 1963-67. Nat. T.B. Council 1964-67; President, Australian Council on Smoking & Health 1966-75. Awarded Philip Memorial Medal (Chest & Heart Association of Great Britain) 1967. A.I.F. 1941-46, P.O.W., Dispatches.

HATFIELD, **Dr. Samuel B.**
Radiology Reg. 1951-53; HMO Radiology 1955-68. Assistant General Superintendent, Royal Prince Alfred Hospital, 1953-56. First Professor of Hospital Administration, Univ. of N.S.W. 1956-62.

HAWKINS, **Brenda**
Member of the Nursing staff since 1959. Head of the School of Nursing from 1971 until its closure in 1987, then in charge of Post Basic Nurse Education. Previously trained in London, was a Theatre Sister then Nurse Educator.

HEATHCOATE, **Miss Blanche**
Matron 1891-92. Trained at Prince Alfred Hospital. Resigned to marry first Chairman of Medical Staff, Dr. Bernard Newmarch.

HENDERSON, **Miss Emily**
Appointed first Matron on 1 June, 1888, prior to the opening of the Cottage Hospital but resigned two months later.

HENDY, **Roy,** C.M.G.
Member of the Board 1947-1959, Vice Chair. 1957-59; Chair. House & Finance Committee 1954-59. Was Town Clerk of the City of Sydney.

HIRST, **Arthur H.**
Member of the Board 1938-39, Chairman at the time of the Board's dismissal. Was Town Clerk Ku-Ring-Gai Council.

HOBBES, **Joy**
Member of Pharmacy Staff from 1966. Chief Pharmacist since 1975.

HOLLINGS, **Dr. Raymond M.,** A.M.
HMO/VMO Surgeon since 1961. RMO/Reg. 1954-60. Previously surgical appointments at St. Mark's Hospital and Charing Cross Hospital, London. Chair. Medical Board 1983-85. Also Chair. Section of Surgery and Head, Dept. of Surgery.

HUNT, **Dr. John H.**
Director of Radiology and Head of Department from 1967. Previously RMO/ Reg. 1959-64. Staff Specialist 1964.

HUNT, **Marie**
Member of Laundry Staff 1937-84. Progressed from laundry hand to forewoman and her service of 47½ years has been the longest continuous period by any full time member of staff of the Hospital.

HYNES, **Sir Lincoln,** O.B.E.
Member of the Board 1960-77, Chairman 1968-77. Member House & Finance Committee 1960-68. Chairman of Chapel Committee throughout. Chair. Medical Advisory Committee and Member Medical Research Council. Also President N.S.W. State Committee and Federal President, Australian Hospital Association. Senior administrator in Macquarie Broadcasting Service; Gen. Manager Qld Broadcasting Network, and Gen. Manager Commonwealth Broadcasting Network.

INGRAM, **Dr. W. Wilson,** M.C.
Hon. Pathologist 1922-30; HMO Physician, 1925-49 then Consultant 1949-82. Hon. Director, Kolling Institute 1930-74 and Director Clinical Pathology to 1965. Also Chair. Library Committee; Co-ordinator of Clinical Studies; Chair. Board of Medical Studies; Chair. Exec. IMR and member Medical Research Council. Was largely responsible for raising the funds to establish the Kolling Institute; set up the first Medical Library in the Institute and the first Clinic for the treatment of diabetes in Australia. With G. V. Rudd published the first text book on the diagnosis/treatment of diabetes in 1933. Chaired the Committee to investigate and report on the methods employed by Sr. Kenny for the treatment of Infantile Paralysis. Previously Research Assistant, Lister Institute, London, and House Officer to Sir William Osler. Already enlisted with the Royal Scots Fusiliers at the outbreak of the first World War, he went to France as a Cavalry Officer, was decorated, Mentioned in Dispatches, wounded in action and invalided home. After recovery he joined the R.A.M.C.; returned to France as M.O. and was ultimately in charge of Pathology Services at B.E.F. Headquarters. During

1929 to 1931 went twice to the Antarctic as M.O. and Research Scientist with Sir Douglas Mawson's BANZARE. Served A.A.M.C. 1940-44, being the senior officer in Darwin at one stage of the bombing. The 58 years time span of his service is the longest in the Hospital's history.

ISBISTER, **Dr. James L.T.**
HMO 1901-12 Gyn. Surgeon 1912-28, then Consultant to 1936. Chair Medical Staff 1913-14 and 1918. Member of the Board 1914-27. Was the first Australian Medical graduate (Univ. of Adelaide) appointed to the Hospital, in the position of "Honorary Registrar", in 1900.

ISBISTER, **Dr. James**
HMO Physician 1949-1980, then Consultant. Additionally Physician to Thoracic Unit and Physician in Charge of Diabetic Clinic. Supervisor Clinical Studies 1950-57. Chair. Section of Physicians; Chair. Section of Thoracic Medicine; Chair. Medical Staff 1962-64. Previously served R.A.A.F. 1940.46; Fellow in Medicine. Univ. of Sydney 1946-49. Also Member N.S.W. State Committee and Council, R.A.C.P.; Member Board N.S.W. Asthma Foundation, Member N.S.W. Post Graduate Committee in Medicine and President Aust. Tuberculosis & Chest Association. Son of Dr. J.L.T. Isbister.

ISBISTER, **Dr. Jean S. (Clair),** C.B.E.
HMO Paediatrics 1949-68, then Consultant. Chair. Section of Paediatrics. Responsible for establishing Paediatrics as a specialty and was first Tutor in Diseases of the Newborn at RNS. Devised and for years supervised the "Preparation for Parenthood" programme and the Ante Natal classes used as a pattern elsewhere. Additionally a Voluntary worker since 1956: a founder & Vice President Ladies Committee; fund raiser & Member of Management Committee for Child Care Centre, later Hon. Director of Centre; Member Chapel Committee. Nominated Benefactor & Life Member.

ISBISTER, **Dr. James P.**
Senior Staff Specialist, Haematologist & Physician, 1980 . Head Dept. of Haematology 1982 . Son of Dr. James & Clair.

JASPER, **Dr. W. Geoffrey**
HMO/VMO Obs. & Gynaecology 1952-82, then Consultant. Chair. Section of Obs. & Gynaecology. Reg. 1947-53 and first Student Supervisor in Obstetrics/ Gynaecology. Clinical Lecturer Gynaecology. R.A.A.F. 1942-46.

JOEL, **The Hon. Sir Asher,** K.B.E., Kt., A.O.
Member of Board 1959-81; Member of Works Committee; Member House & Finance Committee; Member Medical Research Council. Previously P.R.O. on staff of Gen. Douglas MacArthur in Pacific War, first Australian awarded U.S. Bronze Star. An M.L.C. 1957-78. Member Sydney Opera House Trust. Chair. Sydney Entertainment Centre. A leading Public Relations consultant involved in the organisation or production of many outstanding events, including the Pageant of Nationhood, State Welcome to the Queen, Visit of President Johnson, Capt. Cook Bicentenary Celebrations, the Papal visit and the opening of Sydney Opera House.

JOHNSON, **Patrick J.,** A.M.
Member of Board since 1960; Chairman 1981-86. Also Chair. Works Committee; Member House & Finance Committee; Member Medical Research Council; Chair. Medical Advisory Committee. Appointed first Chair. RNSH & Area Health Service Board, 1986. Chief Exec. N.S.W. State Rail Authority . Previously N.S.W. State Conciliation Commissioner; Deputy CEO State Rail Authority.

JONES, **Dr. Keith O.A.**
Senior Staff Specialist in Haematology from 1962. Was first Head, Department of Haematology when established as a separate Department from 1966. Previously Pathology Resident and Registrar 1957-60; Demonstrator, Univ. of Sydney 1960-61. Clinical Lecturer, Univ. of Sydney.

JOSEPH, **Professor Douglas**
RMO 1947-48; First Registrar in Anaesthetics 1948-50; Consultant from 1963. Director, Dept. of Anaesthetics, Sydney Hospital 1956-61; Research Fellow, Univ. of Liverpool 1962. First Nuffield Professor of Anaesthetics, Univ. of Sydney, 1963.

KEMP, **Dr. John F.**
HMO/VMO Obs. & Gynaecology since 1961. RMO/Reg 1955-59. President RMOs Association 1959, President RNSH Medical Association 1977-79. Also Chair. Section of Obs. & Gynaecology. Previously surgical appointments Acton General Hospital, London, and St. Mary's, Manchester. 1960-61.

KOLLING, **Mrs Eva,** O.B.E.
A generous benefactor of the Hospital over 12 years. Provided funds to build Charles Kolling Memorial Laboratories on a pound for pound basis with the State Govt. On her death in 1941 she left a bequest to support the Laboratories and financed a third floor to complete the Kolling Institute.

KYNGDON, **Dr. F. H.**
HMO. One of the four original HMOs appointed in 1888. Was a graduate of Aberdeen, Scotland, and of London.

LANCELEY, **Edward R.**
Member of the Board 1917-28. On his death in 1928 the vacancy was filled by his son Herbert G. Lanceley (1928-39). Established a brick company at Herbert Street, Gore Hill in 1877 on site adjacent to the Hospital. E.D. Lanceley was also a member of the Board 1929-39. They and other members of the family, especially Caroline Lanceley, were generous Benefactors; "Lanceley Cottage", the original family home in Herbert St., was acquired by the Hospital in 1928. The oldest building on the site, it is believed to date back to 1873.

LAWES, **Dr. Charles H. W.**
HMO Surgeon 1946-60, then Consultant to 1980. Was responsible for establishing Vascular Surgery as a specialty at RNS and set up Vascular and Proctology Clinic in 1949. A.I.F. 1940 - 45.

LAWES, **Dr. Frank A.E.**
HMO Physician 1949-57, then Consultant to 1967. One of the original Lecturers in Medicine. Chair. Medical Staff 1956-57. Served lst A.I.F. 1918 and A.A.M.C. 1940-45.

***LEAVER,* Dr. Harry**
HMO Obstetrics & gynaecology 1920-52, consultant 1952-79. Was one of the first Hon. Obstetricians appointed when the Maternity Unit was established. Son, J. F. Leaver, was also an HMO from 1953-83. Grandson, Hal Leaver, was a member of the Resident staff between 1981 and 1985.

LEMBERG, **Professor M. R. (Rudi.)**
Research Biochemist 1935-72 and Assistant Director Kolling Institute. Previously Res. Fellow. Univ. of Breslau; Res. Assistant and Lecturer, Univ. of Heidelberg; Rockefeller Fellow, Univ. of Cambridge (U.K.). Achieved world recognition for his scientific research on porphyrins, bile pigments and haemoproteins carried out in Kolling Institute and producing more than 200 publications. This work resulted in his appointment as a Fellow of the Royal Society London (1952). Fellow of the Australian Academy of Science; the award of the James Cook Medal (1959), the Britannica Australia Medal for Science (1965) and the conferring of a Doctorate of Science (honoris causa) by the Univ. of Sydney.

LEVI, **Dr. John A.**
Senior Staff Specialist Physician, Oncology since 1976. Head Department of Clinical Oncology. Previously Visiting Scientist, National Cancer Institute and Assoc. Prof. in Medicine, Univ. of Maryland, U.S.A. Has developed the Regional Clinical Service in Oncology, which he established as a new concept in 1976.

LEWIS, **Dr. Montague B.**
HMO Dermatology 1950-80, then Consultant. First Head, Dept. of Dermatology. Hon. Sec. Medical Board. Served A.M.F. 1939-42.

LOEWENTHAL, **Professor Sir John,** C.M.G.
Member of the Board 1969-79; Member Medical Research Council, Med. Adv. Committee and the Conjoint Board; Consulting Surgeon 1957-79. Professor of Surgery 1956-1979. Dean Faculty of Medicine, Univ. of Sydney 1966-72. Previously A.A.M.C. 1940-46; Nuffield Travelling Fellow; Hunterian Professor, Royal College of Surgeons; Sims Travelling Professor. Also member Federal Council & President RACS; President National Heart Foundation; Chair. Scientific Advisory Committee, National Heart Foundation. Member N.H. & M.R.C; Director, Royal Alexandra Hospital for Children; Vice-Chair. Westmead Hospital.

LOEWENTHAL, **Dr. Louis S.**
HMO Surgeon 1934-38 & 1940-63, then Consultant to 1981. Medical Superintendent 1931-34. One of the original Lecturers in Surgery appointed 1948. Chair. Section of Surgery. Chair. Medical Staff 1959-60. President Medical Association 1961-63. Patron RMOs Association. President, Syd. Univ. Medical Society 1927. Syme Research Scholar, R.A.C.S. 1935. A.A.M.C. 1940-46.

LORKING, **Hazel,** A.R.R.C.
Member of Nursing staff 1947-74; Assistant Matron 1955-74. Played a leading role in establishing and development of the original Thoracic Unit as Charge Sister, Supervisor and Assistant Matron, 1949-70. Served Army Nursing Service 1941-70 and became Lt. Col. and Commanding Officer, lst Company R.A.A.N.C.

McBURNEY, **Nicholas**
First full time Hospital Secretary 1905-12. Subsequently appointed "Supervising Collector" giving support to Auxiliaries and Voluntary organisations.

McCLELLAND, **Ruth G.,** A. M.**(Mrs. Rister)**
Matron then Director of Nursing 1960-81; Midwifery training RNS 1943; then Member of Nursing staff for 33 years from 1948; Assistant Matron I.C. Maternity Unit, 1950-60. Member Nurses Registration Board 1961-77. Also Member of Council & President A.T.N.A.; Member of Council & President Institute of Nursing Administrators; Member of Council & Fellow N.S.W. College of Nursing; Member of Council R.A.N.F.; Member of Council North Sydney Technical College.

McCULLOCH, **Dr. James F.**
HMO Anaesthetist 1935-38 and 1940-61, then Consultant to 1984. Chair. Section of Anaesthetics. One of the original tutors in Anaesthetics. Also Dean Faculty of Anaesthetists, RACS; President Australian Society of Anaesthetists. A.A.M.C. 1940-45.

McDONALD, **Sir Charles G.,** K.B.E., Kt.
Consultant Physician 1954-70; Member of the Board 1959-62. Fellow of Senate Univ. of Sydney 1942-70; Dep. Chancellor 1953-54 & Chancellor 1964-70. Also Chair. Australian Rheumatism Council; Member N.S.W. Medical Board; Censor in Chief and President, R.A.C.P.

MACDONALD, **Dr. Roderick H.,** O.B.E.
HMO Obstetrics & Gynaecology 1941-60, then Consultant to 1976. Tutor in Obstetrics. Chair. Medical Staff 1953-54.

Also Member & President N.S.W. Branch Council AMA; Member, Treasurer, Vice President & President Federal Council AMA. During distinguished War Service, 1939-45, was five times Mentioned in Dispatches and became A.D.G.M.S. to Army Headquarters.

McLEOD, **Professor James G.,** A.O.
Member of the Board 1979-86; Vice Chair, 1982-86; Chair. Medical Research Council 1982-86. Also Member Medical Adv. Committee & Medical Appointments & Credentials Committee. Previously Senior Lecturer in Medicine, Univ. of Sydney, then Associate Professor & Professor from 1972; Bushell Professor of Neurology from 1978. Head. Dept. of Medicine Univ. of Sydney, 1978-84. Sub-Dean, Faculty of Medicine. Was a Rhodes Scholar in 1953 and an Oxford Blue.

McMANIS, **Dr. A. G. (Geoff.)**
HMO/VMO to Thoracic Unit 1951-73, then Consultant. Reg. 1951. Previously R.A.A.F. 1940-46. House Physician K.E.VII Sanatorium Midhurst and Brompton Chest Hospital, U.K.

MACHIN, **Pauline**
Matron 1935-51; Deputy Matron 1933-35. Member of Nursing Staff for 34 years. Also President A.T.N.A. and Foundation Fellow, N.S.W. College of Nursing.

MAGAREY, **Professor Frank R.**
Member of the Board 1962-82; Vice-Chair. 1969-82; Chair. Medical Research Council 1968-82; Chair. Medical Advisory Committee 1968-82; Chair. Medical Appts. Committee. 1978-82; Member House & Finance Committee 1970-82; Consultant Pathologist 1954-83. Professor & Head, Dept. of Pathology, Univ. of Sydney 1952-77; Dean of the Faculty of Medicine, 1960-65. Also President College of Pathologists of Australia. Previously A.A.M.C. 1940-45; Senior Lecturer, Welsh National School of Medicine.

MAHER, **Mary**
Assistant Director of Nursing I.C. Maternity Unit 1962-86. Nursing service commenced with Midwifery training in 1946 and spanned 40 years: successively Sister I.C. Labour floor, Nurse Educator, Supervising Sister and Assistant Matron, all in Maternity Unit.

MIDDLETON, **Dr. Roland W. D.**
HMO/VMO Orthopaedics since 1959. Chair. of Section of Orthopaedics. Previously RMO 1951-53; Reg 1957-59. Also Registrar, Oswestry, U.K., 1953-57.

MIDDLETON, **Dr W. R. J. (Bob)**
HMO/VMO Physician, Gastroenterology since 1971. Head of Department of Gastroenterology. Previously Prof. Reg. and Clinical Super. at RPAH; RACP Travelling Fellowship; Research Fellow, Post. Grad. Medical School, London; Research Fellow, Mass. Gen. Hosp. Boston, U.S.A.; Hon. Sec. and Vice President, Sydney Univ. Medical Society.

MILLARD, **Dr. R. J.,** C.M.G., C.B.E.
Acting Medical Superintendent 1940-43. Previously Medical Superintendent Prince Henry Hospital, 1905-33; Colonel, DDMS, A.I.F. in World War I. Was invited from retirement by Sir Norman Nock to act as Medical Superintendent when Dr. Radcliff and other Medical staff departed for Active Service during World War 2. Played a major role in maintaining services, but ill health forced his retirement again and he died 2 months later on 14 November 1943.

MILLER, **Susan H.**
Patient Representative since 1984. Established the Patient Representative service at RNSH, which became the successful pilot study for the Health Dept. of NSW. Previously on Nursing staff after training from 1960. Charge Sister, Nurse Educator and Nursing Officer Projects. President, Graduate Nurses Association. 1981-82.

MINNETT, **Rupert V.**
Member of the Board 1947-60; Member Works Committee 1947-60. Hon. Architect 1939-75. Nominated Benefactor & Life Member.

MONK, **Dr. Ian**
HMO/VMO Surgeon to Thoracic Unit 1950-78. Warden Clinical School 1969-78. Chair. Section of Cardio Thoracic Surgery. Chair. Medical Staff 1972-74. Previously served A.A.M.C. 1942-46 and was Gordon Craig Travelling Scholar 1947-48. President Asian Pacific Society of Cardio Thoracic Surgeons. Responsible for the development of Cardio Thoracic Surgery with Heart-Lung By Pass at RNS, performing the first open heart operation in 1961.

MOORE, **Dr. Ronald**
Hon. Orthodontist 1946-80, then Consultant. Longest serving Visiting Dental Officer to the Hospital.

MORGAN, **Dr. Edward H.**
HMO Anaesthetist 1954-61; Staff Specialist from 1961; First Director & Head, Dept. of Anaesthetics 1963-82. Head, Dept. of Pain Management from 1982. Chair. Medical Board 1978-81. Also Member N.S.W. Branch Council & President, A.M.A.

MURRAY, **Sir Angus J., O.B.E.**
HMO Obstetrics & Gynaecology 1928-56, then Consultant 1956-68. Chair. Medical Staff 1948-49. Also Member, Vice President, & President N.S.W. Branch Council, B.M.A.; Member, Vice President & President Federal Council. AMA. Fellow of Senate, Univ. of Sydney 1964-68. Served first A.I.F. and A.A.M.C. 1940-45.

NAGY, **Dr. Gabriel S.**
HMO Physician from 1952 later VMO Gastroenterology. Previously H.O. Central Middlesex Hospital, London; Lecturer in Physiology, Univ. of Sydney. A major force in the introduction and development of endoscopic examination in gastroenterology.

NELSON, **Dr. David S.**
Director Kolling Institute since 1974 (first full time Director). Previously Res. Assistant Microbiology, Yale Univ. (USA); B.M.A. Research Scholar; Research Scholar A.N.U., Canberra; Medical Research Student Cambridge (U.K.); Senior Lecturer, Bacteriology 1965-66 and Reader, 1966-74, Univ. of Sydney. Assistant Director, W.H.O. Immunology Research Training Centre, Univ. of Singapore, 1969-70. Hon. Professorial Fellow, School of Biological Science Macquarie Univ. from 1982.

NEWMAN, **Dr. E. L.**
The first RMO, appointed 1903. Subsequently HMO Obstetrics & Gynaecology 1925-40, then Consultant 1940-54.

NEWMARCH, **Dr. Bernard J.**
HMO 1889-1908 (the fifth HMO to be appointed). Consulting Surgeon 1909- 29. The first Chairman of Medical Staff 1891-1908. Hon. Secretary of the Hospital 1898 and a Trustee in 1899. Gave the first lectures to Nursing Staff 1893. Married Matron Heathcote. Originally a graduate from England.

NICHOLS, **Jill (Mrs. J. Hicks)**
Member of Nursing staff from 1962. Acting Dep. Director 1981 and 1988 and various times between. Previously In Charge CSD and then CSSD in Stage I; Assistant Director of Nursing from 1. 5. 1975. Planned, commissioned and supervised Central Sterilizing Services in new Block.

NOCK, **Sir Norman L.**
Chairman of the Board 1940-68; Chair. Medical Advisory Committee; Member, Medical Research Council. Previously a member of the Sydney City Council 1934-43 and Lord Mayor of Sydney 1938-39. Member of Council N.R.M.A. and President 1955-70. A prominent businessman who was Chairman of Directors of Nock & Kirby Ltd. from 1925 to 1979, Sir Norman was

also President, Retail Traders Assoc.; Chairman, Australian Comforts Fund; Chairman of the Lord Mayor's Patriotic & War Fund; President, The Adult Deaf & Dumb Society of N.S.W.; a member of the National Health & Medical Research Council, and was made an Honorary Fellow of the R.A.C.G.P.

NOCK, **Lady (Ethel)**
First President of the Ladies Committee. Voluntary worker, Chair. Child Care Centre. Nominated Benefactor & Life Member.

O'DONNELL, **Dr. Thomas H.,** A.M.
HMO/VMO Oto Rhino Laryngology 1950-82, then Consultant. Head of Department 1976-82. N.S.W. Chairman, Member Federal Executive, and President, Otolaryngol. Society of Australia.

PATTINSON, **Mrs. J. T. (Annie Thornbury)**
The second nursing graduate from North Shore Hospital in 1900. Involved with Auxiliaries for 20 years. Elected Member of Board, 1933-39.

PEDEN, **Alex D.**
Member of the Board 1906-10; Hon. Treasurer 1910-32.

PENNINGTON, **Dr. John C.**
HMO/VMO Obstetrics & Gynaecology since 1972. Previously RMO/Reg. 1965-70. Chair. Dept. of Obstetrics & Gynaecology. President RMOs Association 1969. President RNSH Medical Association 1983-85.

PIPER, **Professor Douglas W.**
First Professor of Medicine at RNS, from 1973. Previously Reg. 1952-54; DMS 1956-58; Supervisor Clinical Studies, 1957-66; Assistant to Professor of Medicine, 1957-60. Western General Hospital, 1954-55. HMO, Physician, RNSH since 1957. Chair. Section of Physicians; Chair. Division of Medicine. Chair. Medical Board 1981-83. Senior Lecturer 1960-64; Associate Professor 1964-73, University of Sydney. Member State Committee, R.A.C.P.

PIRIE, **Rosemary A.,** O.A.M.
Chief Dietitian & Caterer from 1964. Joined staff as Dietitian 1955. Previously on Dietary staff of Royal Newcastle Hospital. Qualified both Restaurant Cookery & Hotel Management Courses, the latter with Gold Medal, at East Sydney Technical College. Voluntary worker for the "Association of Summer Camps for Diabetic Children" for 30 years and its Hon. Secretary 1957-81.

POCKLEY, **Dr. F. Antill**
HMO, 1988-92. One of the four original HMOs appointed. Re-appointed 1911 and the first designated eye surgeon in 1917, then consultant 1921-1938. A graduate of Edinburgh University.

POTTINGER, **L. E. (Ted.)**
Service with the Hospital covered 49 years from 1918-67 originally as a technician in the Pathology Dept. then in Radiology. After training, went on to become Chief Radiographer.

RADCLIFF, **Dr. Frank J.**
Member Scientific staff of Kolling Institute and Dept. of Biochemistry 1954-88; Senior Scientific Officer; Principal Scientific Officer; Head, Dept. of Biochemistry from 1965. Director NMGBS 1971; Chair. Laboratory Medicine Advisory Committee. Variously, member Lab. Services Planning Committee; Scientific Equipment Advisory Committee; Chair. Biochemistry Equipment Committee; and Principal Adviser on Lab. Services to Health Commission of N.S.W. Secretary N.S.W. Branch, Chair. Board of Examiners. Member Federal Council, and President Australian Association of Clinical Biochemists. Also Grand Principal of the United Supreme Grand Chapter of Freemasons of Scotland.

RADCLIFF, **Dr. John R.**
HMO, Anaesthetist 1947-68, then Consultant. RMO 1936-37. Medical Superintendent 1937-46. (on Military Leave 1940-44). Chair. Section of Anaesthetics. Chair. Medical Staff 1960-61.

READ, **Dr. Clarence**
HMO 1900-36; from 1912 as Hon. Surgeon. Gynaecology; Consultant 1936-51. Member of the Board 1910-15, 1917-27 & 1938-39. Chair. Medical Staff 1908-13 & 1934-37. Originally an English graduate, he was on active service during World War I in A.A.M.C. 1915-17.

REED, **R. D. (Dick)**
Member of Administrative Staff 46 years, 1937-83: successively cashier, Paymaster, Assistant Accountant, Chief Accountant. Acting Hospital Secretary 1960-61; Secretary 1961-67; Executive Officer & Secretary 1967-82. Made outstanding contributions through voluntary work & Rotary Community Service Projects esp. Rotary Lodge. A Paul Harris Fellow of Rotary. Nominated Benefactor & Life Member. Member Centenary Committee.

REEVE, **Professor Thomas S.,** C.B.E.
First Professor of Surgery at RNS from 1974. Surgical Research Fellow 1956-57 and Senior Research Surgeon U.C.I. 1957-61. HMO/VMO Surgeon from 1961, additionally Surgeon to Vascular Clinic. Previously Res., Chief Res. & Fellow in Surgery, Albany Medical Centre Hospital, N.Y. 1950-55. Senior Lecturer in Surgery, Univ. of Sydney 1961-63, Associate Professor 1963-74, Head Dept. of Surgery 1982. Visiting Specialist Ultrasound Institute from 1973. Also President Australian Society for Ultrasound in Medicine. Member NH & MRC 1977-80. Member State Committee, RACS , 1970-78; Federal Council from 1979; Junior Vice President 1987. President RNSH Medical Association 1975-77.

RICHARDS, **Dr. H. J. (Bill)**
HMO Thoracic Surgeon 1956-84, then Consultant. Was first Surgical Registrar to Thoracic Unit, 1951-53; Surgical Research Fellow U.C.I. 1955. Hallett Prize, R.C.S. Eng. 1947. A.A.M.C., 1942-46.

RICHARDSON, **Cecil N.**
Maintenance staff for 39 years 1928-67, being Works Manager for most of that time.

RILEY, **Dr. Basil W. B.**
HMO Surgeon 1929-38 & 1940-56, then Consultant. First Surgeon appointed for Plastic Surgery. Previously RMO 1924-25; Medical Super 1925-27. Served B.E.F. France 1916-18; R.A.A.F. 1942-46.

RILEY, **Dr. Bernard M. B.**
HMO Physician 1928-50, then Consultant. First physician appointed for Allergy Clinic. Previously RMO 1923-25. Served B.E.F. France 1914-18; A.A.M.C. 1939-46.

ROBINSON, **Dr. Raymond G.,** O.B.E.
HMO/VMO Physician, Rheumatologist 1949-79, then Consultant. Previously RMO 1941-45 incl. Acting Medical Superintendent 1943-44. Served A.I.F. 1944-46. Chair. Section of Rheumatology. Chair. Medical Board 1966-68. President RNSH Medical Association 1969-71. First Head, Dept. of Rheumatology and a major force in its development to an Academic Unit. Also President, International League Against Rheumatism.

ROFE, **T. E.**
Member of the Board 1924-39; Vice-President 1928-39. Generous Benefactor over many years, but particularly to I.M.R. where T. E. Rofe Foundation enabled the appointment of the first full time research scientist.

RORKE, **Dr. C.**
HMO 1888 and 1893-1902. One of the four original HMOs appointed. Was an Irish graduate.

ROSE, **Dr. Thomas F.**
HMO Surgeon 1947-71, then Consultant. One of the first Tutors in Clinical Surgery at RNS; Chair. Section of Surgery; Chair. Medical Staff 1957-58. Served A.A.M.C. 1939-46. Member N.S.W. State Committee R.A.C.S.

ROWE, **Professor Peter B.**
RMO 1958-62; Professorial Registrar 1963; Clinical Superintendent 1964. A graduate of RNS Clinical School. Subsequently Research Fellow, then Assistant Prof. of Medicine, Duke University, Nth. Carolina, 1964-67. Senior Lecturer 1969 then Associate Professor 1973-80, Child Health, Univ. of Sydney. Professor and Director Children's Medical Research Foundation from 1980.

RUDD, **Dr. G. Vincent**
Research Biochemist 1925-34. Previously Scientist Commonwealth Serum Laboratories. Was the first full time research scientist employed by RNS and was awarded Doctorate in Science for his work on Gastric Secretions published from the I.M.R. Subsequently obtained Medical degree from Univ. of Melbourne. Appointed Consultant Haematologist to RNS in 1954. Served A.I.F. 1940-46.

RUNDLE, **Professor F. F. (Frank)**
HMO Surgeon 1950-61; Tutor in Clinical Surgery; Surgical Research Officer 1955-57; then Director U.C.I. 1958-61. Previously Rockefeller Travelling Fellow; Hunter Prof. R.C.S. Eng.; Research appointments Harvard Medical School, Stanford Medical School, U.S.A.; St. Bartholomew's Hospital London. Served R.A.M.C. 1940-46. Subsequently Foundation Professor of Surgery and Dean Faculty of Medicine. Univ of N.S.W., 1960-73. W.H.O. Consultant 1973-76.

***RUSHWORTH,* Dr. Robin G.**
HMO/VMO Neurosurgery since 1958. RMO/Reg. 1952-55. Chair. Division of Surgery. Hon. Sec. Medical Board. Previously Reg. Guy's Maudsley Unit 1956-58.

RUSSELL, **Arthur C.**
Hospital Secretary appointed 18 Nov. 1912. Previously on the administrative staff of the Melbourne Hospital. Later styled Secretary & Superintendent, then CEO. Following critical findings by the Commission of Inquiry and the appointment of an Administrator on 17 October 1939, he resigned on 25 October 1939.

SAUNDERS, **Professor Douglas M.**
First Professor of Obstetrics & Gynaecology at RNS, 1988; Head of Department from 1972. Previously Senior Lecturer 1971, Associate Professor from 1975. VMO from 1970. A graduate of RNS Clinical School. RMO/Reg. 1962-67; Clinical Superintendent 1968 and 1970. President RMOs Association 1966. Research Fellow, Cornell Univ. Medical Centre; Assistant Obstetrician & Gynaecologist, New York Hospital, 1969-70. Has also been Secretary and Chairman, N.S.W. State Committee R.C.O.G.; President Fertility Society of Australia.

SCOUGALL, **Dr. Stuart H.**
RMO 1918-21. Appointed first Resident in Orthopaedics, 1920. HMO Orthopaedics 1921-38. Member of the Board 1936-38. Was largely responsible for the establishment and development of a separate Dept. of Orthopaedics. Was one of the HMOs whose non re-appointment in 1938 led to the Commission of Inquiry.

SEAR, **Dr. H. R.**
HMO Radiology 1914-47, then Consultant to 1962. Was first HMO appointed in Radiology, initially called "Skiagrapher". Active Service 1917-19. Chair. Medical Staff 1940-43.

SELBY, **Dr. George**
HMO/VMO Physician, Neurologist 1953-87, then Consultant. Established first specialist Neurology Clinic at RNS. Appointed Hon. Neurologist 1964. Also Chair. Section of Neurology & Head of Dept. Previously Res. Fellow Univ. of Sydney.

SHENFIELD, **Associate Professor Gillian**
Staff Specialist and Head, Dept. of Clinical Pharmacology from 1980. Responsible for establishing this service at RNSH. Previously, Lecturer Cardio-Thoracic Institute, London; Senior Lecturer Univ. of Western Australia, 1976-80. Hon. Treasurer, Medical Board.

SIRL, **Sr. Marjorie B.**
Member of the Nursing Staff for more than 35 years. Deputy Matron 1951-61. Previously Sister I. C. Dibbs Ward then Senior Tutor Sister from 1936. Served in R.A.A.F. Nursing Service. Co-author of very successful text book "Practical Nursing Procedures".

SMITH, **Dr. E. C. Temple**
HMO Ophthalmic Surgeon 1917-39, then Consultant. Was on Active Service 1917-19. One of the first specialists appointed in Ophthalmology and played a major role establishing and developing an Eye Clinic. Chair. Med. Staff 1928-30 and 1938-40.

SMITH, **Ethel**
Member of the Nursing Staff for 37 years from the time of training until retirement, except for a period of 5 years service with the A.I.F. Miss Smith was appointed as the Matron in charge of the Princess Julianna Hospital when it became an annex of RNSH and she remained in that position for 20 years until her retirement in 1971.

SPENCE, **Norah,** M.B.E.
Member of Nursing Staff for more than 35 years, after training at RNS. In charge of Operating Theatres 1952-78 as Supervising Sister, Assistant Matron, Assistant Director of Nursing. Was involved in design and commissioning of new theatres in Main Block. Also member Sterilizing Research & Advisory Council of Australia and Operating Theatre Association.

SPRING, **Dr. Stuart R.**
CEO Royal North Shore Hospital & Area Health Service and member of the Board from 1 Oct. 1986. RMO/Reg. 1973-75; AMS 1975-80; DMS and Area Executive Officer 1981-86. Registrar St. Thomas' Hospital, London, 1980-81. Previously winner, Robin May Prize 1969; President, Sydney University Medical Society.

STUCKEY **Dr. Douglas S.**
HMO Physician 1948-65; Cardiologist 1965-81, then Consultant. An original Tutor in Clinical Medicine. Nuffield Travelling Fellow 1952. Chair. Section of Cardiology. Chair. Medical Board 1970-72. A.A.M.C. 1942-46.

STEVENS, **Lorna**
Catering staff from 1946; Chief Dietitian 1948-64. Previously at R.G.H. Concord.

STUDDY, **Dr. A. S. B. (Tom)**
HMO Obstetrics & Gynaecology 1937-62, then Consultant to 1969. On Military leave 1942-46. Chair. Section of Obs. & Gynaecology. Chair. Medical Staff 1950-51.

STURT, **K. Elma,** M.B.E.
Matron 1951-60. On nursing staff from 1921 as first trained Nurse on night duty, then charge Sister Maternity Unit; First Tutor Sister 1934, established the P.T.S. for Nurses. Deputy Matron 1935-48 and Acting Matron 1949-51. Also President A.T.N.A. and Foundation Fellow, N.S.W. College of Nursing.

SULWAY, **Dr. Martyn J.**
Staff Specialist Physician, Endocrinologist since 1974. Physician in charge Diabetic

Education Service since 1974. This began a new concept which became a model for other patient education services. Churchill Fellow 1976. Previously RMO/Reg. 1963-67.

SUSSMAN, **Dr. Ewen**
HMO Obs. & Gynaecology 1954-88. Previously surgical and obstetrical appointments at Southend, Sheffield, Manchester and Nottingham 1950- 53. Lecturer in Gynaecology. Univ. of Sydney. Chair. Section of Obs. & Gynaecology. Chair. Medical Board 1987. Representative on Faculty of Medicine from 1985.

SYER, **Frank W.**
Member of the Board 1890-1904; Hon. Secretary 1890-1900; Hon. Treasurer 1903; Secretary 1901-02.

TAYLOR, **Professor Thomas K. F.**
Foundation Professor, Orthopaedics & Traumatic Surgery, Univ. of Sydney, from 1970. VMO Orthopaedics; Head. Dept. of Orthopaedics; Director Orthopaedics & Traumatic Surgery, RNS. Previously Associate Professor Orthopaedics, Univ. of Washington, Seattle and Orthop. Surgeon V.A. Hospital. Seattle.

TENNANT, **Professor Chris.**
First Professor of Psychiatry at RNS, from 1987; Associate Professor 1984-87; RMO 1968-69. Previously Harvard School of Public Health; Registrar, Royal Free Hospital, London; Res. Fellow, Institute of Psychiatry London; N.H. & M.R.C. Research Fellow, Univ. of N.S.W.; Associate Professor of Psychiatry, Univ. of Sydney, at RGH Concord, 1981-84. Also Head Dept. of Psychiatry, R.N.S. and Co-ordinator Lower North Shore Area Mental Health Services.

THOMAS, **Dr. Ian D.**
HMO Physician 1959-84, then Consultant. Previously RMO/Reg. 1953-54 and 1957; Research Fellow 1958-59. Head. Dept. of Medicine; Chair. Section of Nuclear Medicine & Endocrinology. Chair. Medical Board 1977-78.

THOMSON, **Judge Alec**
Member of the Board 1905-39; Vice Pres. 1911-29; Acting President 1928, President 1929-38; Acting Chairman 1938; Vice Chair. 1938-39. The first section of the Maternity Unit was named in his honour.

THROSBY, **Dr. H. Z.**
HMO 1910-37 Gyn. Surgeon from 1913; Consultant 1937-41. Chair. Med. Staff 1930-32. Member of the Board 1929-30 and 1933-34.

TRACY, **Professor G. D. (Doug),** A.M.
RMO 1948-50; Reg. 1951-54; DMS and Senior Surgical Reg. 1954-55; VMO Surgery, and Assistant to Prof. of Surgery, 1957-60. President RMOs Association 1952; First President, RNSH Medical Association 1959-61. Res. Assistant Professorial Unit St. Thomas' Hospital London 1955-56. Surgical Fellow, Western Reserve Univ. Cleveland, Ohio 1956-57. Subsequently Associate Professor of Surgery and Professor of Surgery, Univ. of New South Wales. VMO St. Vincent's Hospital; President R.A.C.S. 1979-80. Has also been Leader 3rd Australian Surgical Team Vietnam; Visiting Surgeon, Univ. of Washington; Visiting Professor, Western Reserve Univ.; Leverhulme Visiting Professor Hong Kong and Sims Commonwealth Travelling Professor.

TREATT, **Frank B. & Kate**
Were the initiators of the movement to build a Cottage Hospital for the North Shore of Sydney. He was the joint Secretary of the Committee formed for this purpose and of the Industrial Exhibition held to raise funds. He was the local Magistrate and was moved from the district in 1890.

VANDENBERG, **Dr. Russell A.**
VMO Thoracic Medicine since 1982.

Previously RMO/Reg. 1959-62, Research Fellow Resp. Function Lab. Staff Specialist Physician Thoracic Unit, 1968-82 and Head, Dept. of Thoracic Medicine. Research Fellow, Dept. of Physiology, Mayo Clinic, U.S.A. 1964-68.

VANDERFIELD, **Dr. I. R. (Roger),** O.B.E.
General Medical Superintendent since 1964. CEO 1964-86. Reg/DMS 1957- 63. Chair. Planning Committee (Main Block) 1968-78. Rep. to Faculty of Medicine since 1973. Chair. Centenary Committee. Chair. Medical Research Council from 1986. President RMOs' Association 1958 & Life Member. Vice President RNSH Medical Association since 1959. Member Chapel Committee. Hospital Commission Travelling Scholarship 1963. Member Federal Council, R.A.C.M.A. 1971-87; Vice President 1980-84, President 1984-86. Previously Member Council NSWIT, 1974-81; Chair. State Committee, R.A.C.M.A.; Vice-President N.S.W. State Committee, Member Federal Council, Australian Hospital Association; President Haemophilia Society of N.S.W.; Medical Secretary and Member of Council, World Federation of Hemophilia.

VINDIN, **Walter M.**
Member of the Board 1919-28; President 1923-28. Also Hon. Treasurer.
(Died in office) Devoted great attention towards improving the accommodation and living conditions for Nursing staff for which Vindin House carries his name.

VINER SMITH, **Dr. Keith**
Senior Staff Specialist, Anatomical Pathology 1964-80. Also Director, Clinical Pathology 1965-73, Consultant 1980-88. Previously Staff Specialist Morbid Anatomy 1950-57. Univ. of Sydney, Dept. of Pathology: Teaching Fellow 1945-47; Sen. Lecturer 1948-50 and 1957-62. Assoc. Prof. 1962-64. Served A.I.F. 1940-45, Mentioned in Dispatches.

WALSH, **Bill,** B.E.M.
Voluntary worker who devised and organised the "Bill Walsh Art Union"for cancer research whilst a patient himself. He raised over half a million dollars before his death in 1979 and left in place on going fund raising which has provided the Hospital's largest single benefaction exceeding one million dollars and employing five research workers. Awarded the B.E.M. and appointed a nominated Benefactor in recognition.

WARD, **Elizabeth**
Chief Social Worker 1952-82.

WARD, **James H.,** E.D.
Hospital Secretary 1940-60, additionally CEO 1940-46. Previously Secretary Armidale & New England Hospital.

WARD, **Dr. R. D.**
First elected President 1888-91. First Consultant M.O. 1888-1900. Originally an English graduate. Was a member of the Initiatory Committee and Planning Committee for the original Cottage Hospital. Also a Trustee, 1892-1900.

WARDEN, **Dr. John C.**
HMO/VMO Anaesthetist 1969-76 and from 1982. Head, Dept. of Anaesthetics. Previously RMO/Reg. 1960-66; Staff Specialist Anaesthetist 1966-69. First Director Intensive Care 1976-82. Chair. Medical Board 1985-87. Research Fellow, Univ. of Pennsylvania, U.S.A., 1966-67.

WATT, **Cecil J.,** C.B.E.
Member of the Board 1940-68. Vice-Chair. and Chair. House & Finance Committee 1959-68. Was Administrator of RNS from 17 Oct 1939-16 April 1940 following dismissal of previous Board. Formerly Under Secretary for Health in N.S.W.; Member & Acting Chair. N.S.W. Public Service Board. Also Vice President Central District Ambulance; Member of the Board United Dental Hospital; Member of Kurnell Trust.

WEST, **Miss Clara**
Matron 1892-99 Previously Head Sister. Trained at Prince Alfred Hospital.

WHITING, **Miss Alice**
Originally on the clerical staff became the first Social Worker (then called Almoner) and first Head of the Social Work Department. Was a founder of the Institute of Hospital Almoners.

WILSON, **Dr. F. H. Hales**
HMO Physician 1947-61, then Consultant. One of the first Tutors in Clinical Medicine at RNSH. Lecturer in Therapeutics Univ. of Sydney. Chair. Medical Staff 1954-55. Served A.A.M.C., 1942-46.

WILSON, **Sir Victor,** K.B.E.
Member of the Board and Vice-Chair. 1940-57. Also Chair. Medical Research Council 1940-57.

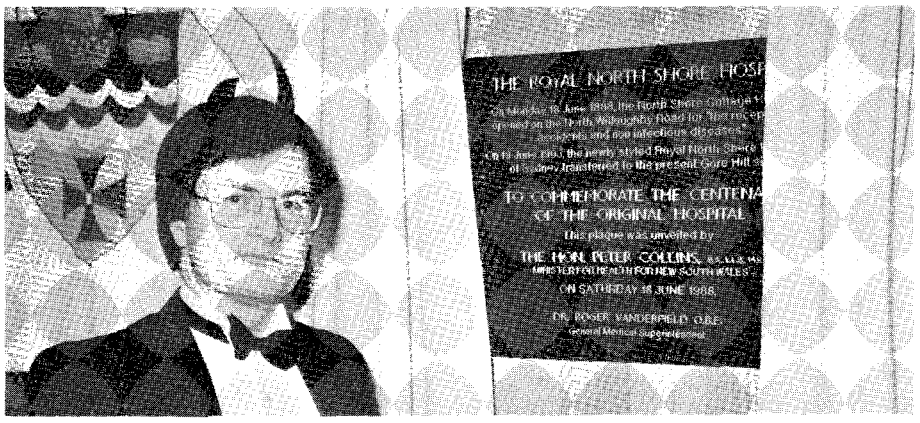
WILLIAMSON, **Dr. Peter M.**
Staff Specialist, Neurology from 1971; Head Dept. of Neurology from 1982; Clinical Lecturer in Neurology, Univ. of Sydney. Graduate RNS Clinical School. Previously RMO/Reg 1961-65; Clinical Superintendent 1966-67. Fellow in Neurology, Mayo Clinic 1968-70.

YARNOLD, **Rev. Alfred.**
The first elected Vice President, 6 March 1888; President 1891-1898. Also a Trustee, 1899-1901.

YEO, **Dr. John D.,** A.O.
Staff Specialist and Head of Dept. Spinal Injuries. First Director S.I.U. from 1968. Previously RMO 1956-58; Registrar 1965-68; President RMOs Association 1968. Churchill Fellow 1967. Also Member of Council, Paraplegic & Quadriplegic Association of N.S.W.; Member, International Society of Paraplegia; a Director and N.S.W. Chairman, Churchill Fellowship Trust.

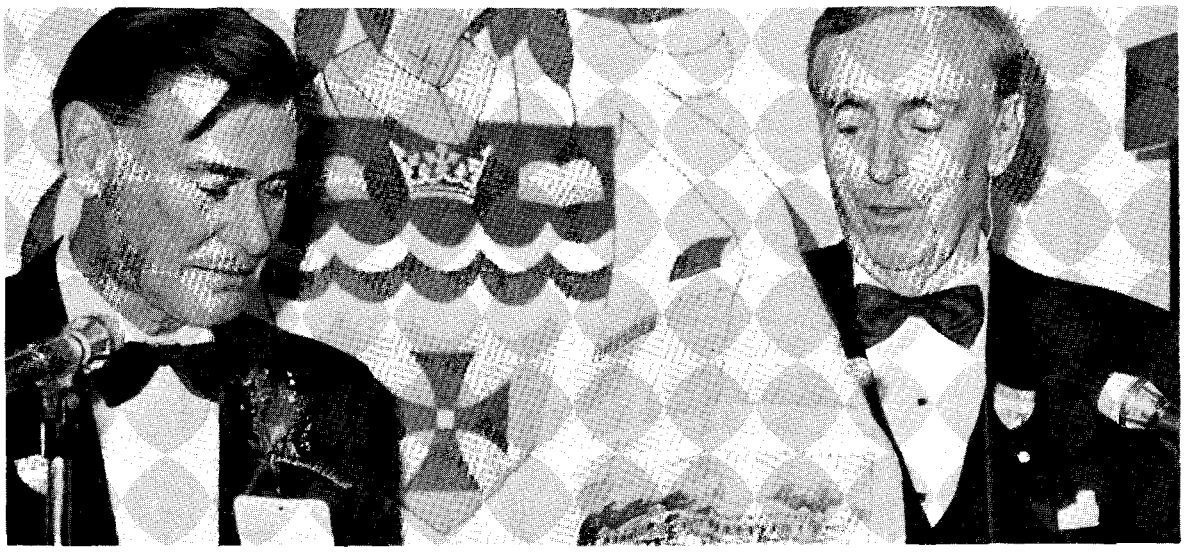
CENTENARY DINNER

(Above left) Dr. Geoffrey Sherington, author of the History, addressing the audience. (Above right) Sr. Noelene Hewitt with the memento awarded to her as the longest serving member of the nursing staff (37 years). (Left) Sir Norman Nock, Chairman of the Board, 1940—68, being presented with a commemorative medal by Dr. Roger Vanderfield. (Below) Sir Hermann Black, Chancellor of the University of Sydney, entertaining the guests after dinner.



18 JUNE 1988

(Above) Mr. Peter Collins, Minister for Health, unveiling the Centenary Commemorative Plaque. (Right) Dr. Eric Goulston, honorary surgeon since 1938, being presented with a medal by the last Chairman of the Royal North Shore Hospital Board, Mr. Pat Johnson. (Below) Professor John Ward, Vice-Chancellor of the University of Sydney, and Dr. Roger Vanderfield, General Medical Superintendent, examining the contents of the time capsule deposited behind the original foundation stone laid on 18 June 1887.



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