

Here Come the Students 24th October, 2013

Prof Clem Boughton

James Isbister did ask for a personal account of the establishment of PHH as UNSW's first teaching hospital and then POW, so perhaps I don't need to apologize for liberal use of the first person singular. To appreciate the magnitude of the accomplishments in the early 1960's, some background is warranted.

After several years as a Senior Medical Registrar at St Thomas' Hospital, I departed London in Dec. 1956, together with wife Joy and 3 week old son, in a Blue Star cargo ship via the Cape of Good Hope - Colonel Abdul Nasser had inconsiderately blocked the Suez Canal. Not long home in Sydney, James Isbister snr, suggested I might consider a visiting physician post to the PHH. The elder James was a Senior Physician at the Royal North Shore Hospital, and a visiting physician to PHH and had been my chief during a registrarship at RNS. James was the complete physician, careful and astute. He was generous with his time, tutoring young aspiring registrars working for the MRACP exam. He held Saturday morning sessions at PHH where he allotted a patient to each candidate, requiring clerking and presentation to the group. From these sessions I knew that PHH cases were varied, unusual and sometimes quite exotic.

James kindly introduced me to the Medical Superintendent and CEO of long standing, from 1936. Dr Cecil Julian Manning Walters, was an interesting character, an autocrat with a fearsome reputation, given, we were assured by contemporaries who had been RMO's, to summary dismissal of any member of staff who displeased him. On the occasion of this interview, he was all sweetness and light, and I joined the visiting staff.

At this time, PHH, in addition to general medicine, surgery and ancillary services, also had the State's only committed Infectious diseases unit including the State's leprosarium, administered by senior resident physician, Dr N J ("Jock") Symington who had joined the staff in 1931. As a result, many unusual and often difficult to diagnose cases were admitted; some appearing to be

infectious, turned out to be non-infectious. However the hospital was limited by the limitations of one man; the daily average occupied bed rate was 270.

Cec, who had joined the staff in 1926, had originally qualified as a veterinary surgeon, accompanied shiploads of cavalry horses to Egypt during World War 1, and made a name for himself in the Sydney racing world. He then did the medical course and became a recognized Sydney surgeon. He went into medical administration in 1933, becoming Superintendent of PHH in 1936. He was a consummate politician; the hospital had one ward devoted to the Police Force and any State MP who needed medical sorting out, was given free access to the hospital specialists and facilities. The Board did not visit the hospital, met in town, and accepted Cec's say-so on all hospital matters. No-one knew Cec's age, and staff thought he was immortal.

As the work was so interesting, I decided in 1958 after a year visiting, to become a full time hospital physician, residing with family at PHH. Max Naphthali was resident full time hospital surgeon, and Jock Symington, resident physician i/c infectious diseases. All Sydney University medical undergraduates had had clinical tuition in infectious diseases by Jock who was so clinically experienced that it seemed he often made diagnoses intuitively. I was asked to understudy Jock, who was nearing retirement. There were no honorary medical officers to PHH and visiting specialists were on sessional payments. This system was then adopted by Dr Chris McCaffrey, Medical Superintendent of Newcastle Hospital, and is essentially the system current today.

On 7 October 1958, the NSW Univ. of Technology became the University of NSW and a decision was made to establish a 2nd medical school in NSW, with PHH to be the first teaching hospital to be followed by Prince of Wales. In 1959, the PHH board was dissolved, Cec Walters was retired and a new Board with majority University representation was appointed. Geoff Hunt was interim CEO until the appointment on 2 May 1960 of Mr HH ("Jack") Dickinson, senior inspector and secretary of the NSW Public Service Board, a brilliant administrator. The tasks facing everyone were daunting, as the first medical undergraduates were to enter first year in 1961 and due to start their clinical hospital work at Prince Henry and POW in 1964, barely 3 full years.

HHD made an agreement with the NSW Health Commission that expedited funding of a comprehensive program with renovation of existing structures, the construction of many new buildings, and the equipping of all units. Foundation clinical professors, Ralph Blacket Medicine, Frank Rundle surgery, Don Wilhelm pathology were appointed and required to establish, to staff, and then administer their divisions in both hospitals. Soon Divisions of Paediatrics (John Beveridge) and Psychiatry (Leslie Kiloh) were added. Skilled specialist staff were recruited both in Australia and from overseas, and on arrival were to establish, staff and equip their respective units. A recital of all the work that had to be done, and was in fact done, would be tedious and there is a time limit.

Medical records had to be completely redesigned. The system prevailing was categorisation under diseases, ie. all cases of measles were filed in the measles category, all cases of scarlet fever in the scarlet fever category and so on. This meant that any given patient could have records scattered in several different disease categories. This had to be changed to a unit file system, where all records of an individual were in his one folder, inpatient records as well as outpatient, a unit file number assigned and files stored in the records department by terminal digit filing. The new system had to apply to both hospitals.

This intensive reorganisation was proceeding merrily apace , when . . in May 1961, a 16 year old boy was admitted from Wollongong Hospital with a provisional diagnosis of Landry Guillain Barre syndrome, but which proved to be acute poliomyelitis, confirmed virologically as type 1.

More cases from the Illawarra were admitted and then cases from Sydney itself and some country centres. In all we admitted 196 cases of paralytic polio which included a number of adults. There were 20 deaths, mostly young adults. The outbreak lasted twelve months until May 1962. We ran out of tank as well as positive pressure respirators, and our friends in the Queen Victoria Hospital for Infectious Diseases, in Fairfield, Melbourne, kindly sent a number of their units for use at PHH. We were short staffed, much essential equipment and trained staff were yet to arrive and a hospital ward is not ideal for handling such intensive and varied care.

When HHD visited the wards at my request, he immediately enlisted the services of his friend Mr V R Ebsary, who was an electronic and hydraulic engineer, funding was raised, and a respiratory and intensive care unit was constructed in a matter of 6 weeks, an incredible achievement. Viv Ebsary later installed a hyperbaric chamber at PHH for the treatment of patients with ischaemic limbs, spinal cord injury, divers' bends, and serious infections due to anaerobic micro-organisms.

In 1962 the Prince of Wales Hospital at Randwick was transferred from administration by Sydney Hospital, to that of PHH and UNSW, and was henceforth developed in parallel with PHH.

Meanwhile admissions of patients into the increasing numbers of beds available at both PHH and POW hospitals, were proceeding rapidly. The media were used when appropriate to inform doctors and the community, of upgraded services at PHH and then POW, and potential undergraduates were informed as to increasingly available placings and scholarships in the new School.

When the first intake of clinical students crossed the portals of the new hospitals, the essential specialty and subspecialty departments and staff were in place and functioning efficiently as were most of the relevant teaching facilities, so that a wide range of clinical conditions could be studied by the undergraduates.

It is said that Gioacchino Rossini, renowned composer of *The Barber of Seville* and many other delightful Italian operas from the 19th Century, worked most efficiently when under demanding time constraints. Colleagues, medical and administrative, preparing the University's first teaching hospitals for their role in 1964, worked admirably as a team under pressure, and their efforts were successful. It was an honour to have been a member of such a team.