

Diamantina Health Care Museum Association Inc – Oral History Project

Diamantina House

24/11/99

Interviewer: Sue Pechey (**S.P.**)

Interviewee: Dr Owen Harris (**O.H.**)

**S.P.** Can we talk about your childhood and education first and your family.

**O.H.** I was born in Rockhampton as the youngest of six children. All the others were born at Winton where my father had a property but his father had owned a lot of businesses in Queensland and thought he had retired and sold them but the sale fell through in 1933. He announced that my father, who was very bright at school, was going to run the business. My father did not enjoy that very much but he did what he was told by his fairly authoritarian father. So he put a manager on the sheep property at Winton and the family moved to Rockhampton where I was subsequently born.

**S.P.** What was the name of the property?

**O.H.** Glenusk. My mother's family all had properties out in the Longreach/Winton district.

**S.P.** What sort of business was it?

**O.H.** It was a big drapery business, but it was a smaller version of Myer. My grandfather had come out from Wales and had trained with T.C. Beirne. He set up businesses in Ipswich, Mount Morgan and Rockhampton but Rockhampton became the center. He built a big five story building there.

**S.P.** Where is it in Rockhampton?

**O.H.** It burnt down. It was sold to Sir John Chandler and they were renovating it and about a year or so later while they were renovating one of the floors, there was a big fire. It wasn't totally burnt down but it lost a few floors and then John Martin stores took it over and I haven't the faintest idea what is there now. It may have been totally erased.

**S.P.** How old were you when you moved to Rockhampton.

**O.H.** I was born in Rockhampton. Almost the same week that I was born, my fourth brother unfortunately died from meningitis and my parents became fairly religious for a while and got some message that I was born to replace him. That would have made seven. I am the youngest of six, five brothers and one sister before me. She was fairly spoilt because of all these brothers and several of my brothers were obsessed with sport. We had a tennis court and there were a lot of tennis activities. There was a park over the road and they were always organising cricket matches. I don't suppose she liked cricket but nevertheless had a good time.

**S.P.** Which school did you go to in Rockhampton?

**O.H.** I went to Leichhardt Ward Boys State School and then Rockhampton Grammar School. Then dad persuaded my grandfather that we might sell up the business because I was the only one remaining in Rockhampton as all my brothers and my sister were all in Brisbane at either university or in my sister's case, the Brisbane Hospital, doing nursing. So it was sold and because he knew that the next year was going to be fairly active with moving, I was sent to board at Churchie for my last year.

**S.P.** How did you find that?

**O.H.** I found it not very exciting because I didn't know many of the boys. In retrospect I suppose I quite liked it but at the time I was bored because I missed my family activities and I didn't know the other boarders or the other school mates very well because they had all been there for at least three years.

**S.P.** It's very hard to break into those schoolboy cliques isn't it?

**O.H.** Yes, but my dad was a very frustrated tertiary educated man. He was dux of TAS but his father said he could not go to Sydney University to do Engineering. Thus he urged us all to have tertiary education and above all he wanted the boys in particular to go to college and board at a university college. My other brother's went to St John's and I was booked to go there; I think this is the reason that he also sent me to

board at Churchie for a year, to make sure I had at least a year's boarding experience.

**S.P.** What year did you go into the university?

**O.H.** I graduated in 1958, so it was 1952.

**S.P.** How did you make the choice for Medicine?

**O.H.** I had no burning urge to do it. I'm not exactly sure what directed me to it. Two of my brothers did Dentistry and another Pharmacy and another went into business but none of those turned me on too much. I was attracted to it I suspect because one of my brothers one day had an epileptic fit quite out of the blue and I think I was impressed by the way he was treated. It never happened again but it gave us all a shock and I suspect that brought it to my attention. Also we had some good friends who were doctors in Rockhampton. I had no burning desire to save the world but I drifted into it.

**S.P.** How did you find Medicine?

**O.H.** I enjoyed it immensely but I found the whole course quite boring. I wasn't very stimulated except in anatomy and perhaps in my sixth year of Medicine. I don't think they made it very stimulating to me. I became much more excited about Medicine after I graduated. I had an average lot of passes but I wasn't excited by it. I don't know why, there were too many lectures and they were boring by a lot of people. One of the reasons that I came to Princess Alexandra in sixth year was that we were sent over here to do surgery and really had outstanding tutorials from Clarrie Leggett who became Sir Clarence Leggett and Neville Davis who was then his junior and I think Frank Garlick who was the equivalent to the Director of Surgery now. They put themselves out because we were the first lot of students to come into this hospital. They were magnificent and never stopped giving us tutorials and showing us things and taking us round the hospital: they were excellent and I enjoyed that and I think that was the reason I came here. I think it was the same reason Peter Nicol came because he was in the same group.

**S.P.** When you graduated you had, what, two years of internship to do?

**O.H.** They didn't call it that then but it's equivalent.

**S.P.** What did they call it?

**O.H.** Junior Residents and Residents and then you had to make a decision. I was lucky in second year when I was a second year Resident I had been Owen Powell's Resident and had enjoyed working with him because I thought he was an excellent Physician and I liked his approach to Medicine. I was seconded to the Children's Hospital as an Acting Paediatric Medical Registrar, so I guess that was the first inclination that I was going to be appointed as a Medical Registrar and I enjoyed that but there was one death there and I found that very disturbing and I didn't think I was going to handle Paediatrics too well. I was happy to be an adult Physician.

**S.P.** Difficult to distance yourself from the death of a child.

**O.H.** It was not due to anyone's fault but I found it very difficult to handle.

**S.P.** How old were you then?

**O.H.** I was about 26.

**S.P.** Did you come straight into Princess Alexandra Hospital then?

**O.H.** I was really on the staff of the Princess Alexandra Hospital then and I was appointed a Medical Registrar. I enjoyed all of my time here, there were good Surgeons and good Physicians and I particularly enjoyed Owen Powell's style of medicine. At his interview he thought he was not a very good Physician but he was wrong; he was like a little terrier, which I liked, and he got me interested in Gastroenterology I believe, because he did his MD thesis on Q Fever, liver disease. Anyhow, I enjoyed my time here and our dad had brought us up to be committed to things and not be parasites in the community. If we were lucky enough to have brains we should do something and not just hang on and so I was always involved in the Residents Society as it was then called. I was Secretary and President and then Athol Robertson talked me into being the Foundation Secretary of the Hospital Society. That got me involved in other activities. That was my last year before I left.

**S.P.** What was the brief of the Residents Society?

**O.H.** A political wing of the Residents to jump up and down to the Medical Superintendent and try to get better conditions and when I see what has happened in the last fifteen years it's unbelievable, they have no facilities now, absolutely none.

**S.P.** What sort of facilities do you mean?

**O.H.** We used to live in the Resident's quarters, most of us, and we had a hell of a good time, lots of fun, lots of parties, lots of camaraderie but we worked very long hours and always had to come in and do this night round business at 10 or 11 pm. and we were always complaining about something. Nothing was quite good enough for us.

**S.P.** You ate in the dining room with the nurses?

**O.H.** Most of the time, yes.

**S.P.** What was the standard of food like?

**O.H.** It was okay. There was a big dining room that we shared with the nurses but we weren't allowed to sit with the nurses. We sat at the top 3-4 tables and the Senior Sisters sat at the next 3-4 tables and the more attractive nurses sat at the far end away from the naughty doctors.

**S.P.** Basically you stayed here pretty well all the time?

**O.H.** No, there was the first Royal Australasian College of Physician's exam in Brisbane which was actually held at this hospital in 1963 and I didn't think I was quite ready to do the exam thank heavens, and I didn't do it. I organised a lot of the cases with John Fitzwalter who was the censor from here and hence I was lucky enough to meet the other examiners and as a result of meeting one of them I got a job at Royal Melbourne Hospital. I went from here to Royal Melbourne Hospital where I was a research assistant with Bill King who was a really outstanding Physician. I was lucky enough to work with good physicians and he was one of them. So I did my exams and became a Physician there in Melbourne at Royal Melbourne Hospital. Then I got a Physician's scholarship and spent six months at Royal Prince Alfred Hospital in Sydney and I got married when I was in Melbourne to Beverley Gibson.

**S.P.** Where did you meet your wife?

**O.H.** I had met her up here at various parties while I was taking out other women. At that stage and she was a Registered Nurse who trained at the Brisbane Hospital and then she and her friends went overseas for four years. She came back and worked in the Emergency Department at this hospital. I was still a bachelor and one thing led to another and we fell in love. We've been very happy ever since. We moved to Sydney for six months. I got a job in the General Hospital in Birmingham with Trevor Cook who was one of the leaders in Gastroenterology, in particular, small bowel disease, Coeliac disease, Crohn's Disease, and also large bowel disease or colitis of various types. I was a Senior Research Fellow there. We spent the first three months after going over on a holiday and I worked at Australia House. Went to Hammersmith and did some informal work there with Chris Booth who was the other academic in Gastroenterology at the time in London.

**S.P.** What were you doing in Australia House?

**O.H.** I worked as a Medical Officer examining migrants and making some money. I made some very good friends from there. One particular good friend who also was doing Gastroenterology and is in Perth. Sadly his wife died only a few months ago. The four of us became good friends. I spent 2 ½ years at Birmingham where I was the Senior Research Fellow and had a lovely time. We had our first child there but my wife felt a bit isolated as she is an only child and her parents were in Brisbane and none of my family were over there. I think it was nurturing and good for us and we had good friends there but I know in retrospect that she was lonely.

**S.P.** So by the time you got to Birmingham you were in a position to draw comparisons between Australian hospitals and British Hospitals. Were there big differences?

**O.H.** There were some differences and particularly when I went to the Royal Melbourne and the Prince Alfred. I realised that the difference predominantly, was that they had bigger academic departments but also the medical staff were much more confident than the Brisbane people It

took a month or two to lose one's inferiority and to realise they were just a bit arrogant and conceited and one had to speak up to defend one's self. They had some bigger academic departments at that stage than Queensland and particularly Brisbane had. There were outstanding people though, who had made the way for themselves, and I think that was the message I got. People like Bill King set up a Gastroenterology Department in Melbourne. Stan Goulstoni and his predecessor, Sir William Morrow, got the first Gastroenterology Department in Australia and I knew the Director, Alan Skyring and he was an excellent Physician as was Stan Goulstoni. In Birmingham Trevor Cooke had the setup in what was a pretty average general hospital. There were two outstanding features, there was an excellent Gastroenterology Department but had a special laboratory called a Nutrition laboratory. There was an excellent Diabetic and Endocrine unit with a lot of research fellows; we were the dominant people there so I guess we got our own way a fair bit. Trevor Cooke had huge numbers of patients in the specialty, which was in its infancy in Australia and particularly in Brisbane. In Brisbane there were people doing gastroscopies but no one had been trained in the specialty of Gastroenterology, so in fact I was the first. The difference was that the people who wanted to achieve things could achieve them in England. There was a lot of money in Birmingham from Cadbury's. There were about five research fellows when I was there.

**S.P.** Paid for by Cadbury's?

**O.H.** It was called an Endowment Fund, they made grants every year. That was good because there were always research people around where I had been. The university was about 4-5 kilometres away; we had less to do with the university because Trevor Cooke hated the Professor of Medicine because he obviously thought he should have been Professor of Medicine. The Professor of Medicine was Melville Arnott who became a hypertension expert and he and Trevor Cook just hated each other. I was never privy to attend a faculty meeting but I gather there were fireworks every time.

**S.P.** After Birmingham?

**O.H.** I had a job to go to in Boston where I wanted to do some more work in liver disease and at that stage I thought I might like to become an academic. My wife was keen to go there with our son at that stage but then I got a letter from Owen Powell inviting me to come back to Princess Alexandra Hospital for a locum for a year for what is now the Director of Medicine. We debated it and because I knew my wife was a bit lonely, we decided to come back to Brisbane. It was during that year that Owen Powell got the job of a Gastroenterologist to the hospital created and I was lucky enough to be appointed in August 1968.

**S.P.** So that gave you your own bailiwick here.

**O.H.** I was the first one in Queensland to be appointed, so I was very proud and delighted. Owen Powell was a great supporter because he was interested in Gastroenterology although he was doing less and less clinical work at that stage but nevertheless he was a good support and I got things started very satisfactorily. There was enormous support, I have to say, from all the staff; the surgical staff who I thought might have been a bit awkward were all very supportive and I particularly worked closely with Clem Windsor who was the first Gastroscopist in Queensland, a lovely fellow and a very good surgeon.

**S.P.** What is the definition of a Gastroscopist?

**O.H.** Someone who passes telescopes into the stomach. He was the first and he had a private instrument that was used here and it was also used at the Royal Brisbane by his colleague, John Nye, who was a Physician.

**S.P.** The public didn't own an instrument?

**O.H.** They did after about two years. The first instrument the public owned was in fact a gastro-camera, as it was then called, that Owen Powell got donated by the Women's Auxiliary. Scopes were purchased from then on. After my appointment they purchased fibre optics with flexible scopes. The hospital did own a rigid scope with a flexible tip a few years before that. While I was away for those four years they had bought that. I was then lucky enough to get the department to grow, we got very busy and we got a Registrar, Derek Dickey, who was appointed in 1970 and



then the next year he came the next Consultant Gastroenterologist to join me and he has been a marvellous ally ever since. A good friend, a great fellow.

**S.P.** What is involved in setting up a department like that?

**O.H.** It was to establish the importance of the specialty and realise that we had a special role. Owen Powell totally supported my philosophy that we were not just appointed as procedural doctors but we were Physicians. Thus we had inpatient beds in the field and then we did special procedures like endoscopies, liver biopsies, oesophageal motility and various things. A lot of acid studies in those days and it got very busy but we needed to work very closely with other Physicians and the general surgeons. Neville Davis was leading the way with a lot of research in a lot of fields was an excellent colorectal surgeon and Clem Windsor, an excellent upper gastrointestinal surgeon. The older surgeons like Clarrie Leggett and Evan Thompson were very good surgeons right across the board but these surgeons began the specialty, and they worked closely with us. We grew and got busy and I was the head of the department until 1981, for 13 years; I was not full time, I was about half-time, so I persuaded the administration, Owen Powell was gone, that we needed to get a full time Director. There were then three Consultant Gastroenterologists and two Consultant Surgical Colonoscopists. We deliberately wanted to get surgeons involved. I did not want to apply to be full time Director and Paul Kerlin was appointed in 1981. I did not know Paul, but I fortunately knew every person he had worked for in Australia and in America. I knew he was exactly what we wanted because I wanted people to start doing more research. I was able to do some clinical research but we needed more basic research in a big department. Paul was very good at research and he had worked in good centres and so he was appointed. He was the Director until I think 1988 for about 7 years.

**S.P.** What difference did it make when the university came into the hospital?

**O.H.** It made very little difference to us because I had a philosophical difference with Bryan Emerson. I had wanted the university to get involved in our department, an academic person but he didn't seem to want that. I thought that the way to go was, to have full time staff, visiting staff and university staff, which, in my mind is the way to make a complete unit. We just ignored each other but because I was very active in hospital politics, I saw a lot of him at a lot of meetings and we had a lot of disagreements but we respected each other.

**S.P.** What would those disagreements have been about?

**O.H.** Bryan was very protective of the university's role and very protective of the role of general Physicians, and thought that such young Specialists like me and Cardiologists and Urologists were usurping his role. He did not realise that I also thought that general Physicians were very important but clearly there was a role for both of us and we complimented each other. He felt threatened and thought that the university was threatened and got very emotional on these subjects.

**S.P.** You are not much younger than him, could he have regarded you as young?

**O.H.** Yes. I think he is about 6-7 years older than me. He was the Professor of Medicine. I was a Consultant. He certainly was a very good administrator of the Department of Medicine that was his greatest quality. I think he was very keen to keep it preserved and expand and was very active in getting money for the university Department of Medicine. When he became the head of the whole department of Medicine in the university of Brisbane Queensland, again I think he did an excellent job. That's his forte, I think, as an administrator, but I had big philosophical differences with him.

**S.P.** You obviously had a good working relationship with Owen Powell. What about with his successor?

**O.H.** Kevin Murphy took about a year before John Golledge was appointed or started, and I got on quite well with Kevin, he was a very unusual personality but I managed to get on quite well with him. John Golledge; I

got on fairly well with him but I didn't get on as well as I think I could have because John Golledge, I believe, thought he was an expert at everything and therefore didn't consult enough. I don't mean in Gastroenterology because really by the time he came Paul Kerlin was the Director or pretty close to it and I never tried to usurp Paul's role; of course we took a few months to sort out a few things but we got on very well. I was then Chairman of Visiting Staff and I became Chairman of Medicine and I got on well with John Golledge socially but I found he didn't consult as widely as he should have, I think would be a nice way of expressing it and he made decisions whether it was on Pathology, Medicine, Surgery, or Anaesthetics, as though he had the full comprehension and I think that was his fault myself, and it irritated a few other people other than me. Appointments were made on his recommendation very commonly where I thought he should have asked the Chairman of Surgery or Medicine or whatever to be involved. They are now but they weren't then.

**S.P.** What about with the Board, did you have much contact with any of the members of the Board, either professionally or socially?

**O.H.** In the early days, when you were Chairman of the Visiting Staff, you were invited to attend the Board meetings, so I attended the Board meetings for those 2-3 years that I was Chairman of the Visiting Staff and that was a bit of an eye-opener. I think most of the work had been done before then. Neil Wotley was the Chairman when I was there and John Golledge was the Superintendent. I didn't have any involvement with the Board prior to that. I must have gone along when Bill Job was Chairman too I think. Perhaps when I was Chairman of Medicine I must have been invited along for some of the meetings because I knew Bill Job socially because he lives almost behind us. He was quite a different personality and Chairman from Neil Wotley. He was a wheeler-dealer, whereas Neil Wotley was absolute an auditor type. I knew Neil Wotley because he had been born in Rockhampton and had been at state school with my eldest brother. He used to attend him as his local Dentist,

so I kept hearing about Neil Wotley. He was an honest good fellow, but he didn't have any imagination at all.

**S.P.** He was happy with that role.

**O.H.** Yes, he saw himself as being responsible for the budgets being managed and the Health Department was happy that he kept the budget in mind. He was difficult to move if he did have any imagination. Owen Powell found him fairly intransigent on occasions.

**S.P.** Can you remember what sort of things they disagreed about?

**O.H.** Owen Powell was a good administrator but he was a bit cranky intermittently and very impatient and wanted things to happen yesterday and Neil moved slowly. He would check on the rightness from the Director General, I suspect, before he made any move.

**S.P.** During the period you have been attached to the hospital, were there any decisions made that you really disagreed with or that you thought were counter productive?

**O.H.** There must have been but I can't remember them now frankly, so I don't want to make them up.

**S.P.** They're not so important that they stick in your mind?

**O.H.** I could fight for what I believed in and if I thought something was wrong I would try to get it changed. I am very lucky that the hospital was very good to me so I can't complain. I was also very actively involved in post-graduate teaching and was very involved in the College of Physicians and one of the censors for Australia, which meant I was away. I eventually replaced John Fitzwalter with someone from the Brisbane Hospital in between.

**S.P.** What's role of a censor?

**O.H.** To examine people to see if they are suitable to be admitted as fellows and become physicians which is the qualifying diploma to be a physician. That meant one was away as there were exams twice a year and there were meetings that seemed to go on forever, so I was away for about two weeks at least a year for the exam. There was often think-tanks and strange things like that and because I was on the Board of Censors and

was still actively doing some clinical research, I was invited as a Visiting Lecturer quite often to various hospitals. I realise that carrot was to see what I was like as an examiner. That was fair enough because it happened all around the country and people invited people and you got to understand their weaknesses and their strengths.

**S.P.** Had they been looking at your style and your requirements with a view to making sure their students were measuring up or would measure up to your standards?

**O.H.** I always felt very strongly in the correctness of basic things in medicine, history taking, clinical examination and interpretation of tests. I was fairly pedantic on those points and I am well aware of that but that's my style and I can't help it. I think, particularly at post-graduate level, in Melbourne Bill King was absolutely meticulous about these issues, and I think it rubbed off. I liked the way he taught and I liked the way Alan Skyring taught and Trevor Cooke in Birmingham; they were provocative sort of teachers and I found that brought the best out of me and I hoped in other people and I found that stimulating. One has to recognise that public hospitals like Princess Alexandra Hospital sponsored me because they kept paying me while I was away and it is very commendable. They got some kudos out of it, an exam was held here, it was a great imposition when it was here for a couple of times.

**S.P.** The social life of the hospital, do you participate there?

**O.H.** I have always been exuberantly involved. I enjoy my colleagues and I enjoy a social life. My wife has always enjoyed it and we have umpteen people at our place for dinners and when I was Chairman of the Hospital Society that was in the Silver Jubilee of Princess Alexandra Hospital. That was a hell of a year because I was also organising an international meeting with Neville Davis on cancer of the gut and that involved my wife entertaining people fairly regularly for two weeks solid. But nevertheless, she enjoys company, she likes having people around and we like going out. Because I became Chairman of those organisations there was the responsibility of organising or attending and getting others there. There

was marvelous camaraderie in this hospital until the last 15 years. Junior staff and senior staff mixed nicely and there was no separation of people or people not knowing other members of staff. I think as the hospital has grown it has added to that and there is no doubt in my mind, it happened at the Brisbane Hospital when it was growing and expanding and it has happened here. When you get too big people don't see each other. Then there was a huge dampener put on morning teas by the administration who thought they were extravagant providing a dry old biscuit and a cup of tea from an urn, but that use to bring people together and that has all gone. Those activities don't take place. I thought the social activities were important. They're not as successful now because of the camaraderie not being as it used to be.

**S.P.** If I read what the nurses are telling me correctly, one of the big changes has come with the employment of a lot part time and casual staff. Among the nurses I think they see that as one of the things that has broken down the camaraderie.

**O.H.** I think there has been an enormous improvement in the professionalism of nursing. I thought that nurses were absolutely dictated to and treated like second class citizens that we, senior staff would just boss them, treat them appallingly. Mrs. O'Connor, in my opinion, was the outstanding Nursing Superintendent, or Matron. It was a tragedy when she died after 2-3 years. She had a vision and she actually liked talking to doctors. She was responsible for us getting our first Gastroenterology RN in our department and she said to me, "These are the three people I have in mind, you go and talk to them and tell me which one you can work with." Now that was a visionary in my view and not much of that used to happen and I use that as an example. There is much more professional closeness between nursing and medical staff. Our department of Gastroenterology is now a big department with a lot of people and we all work together. They have a very important professional role.

**S.P.** Nurses have become professionals rather than handmaidens.

**O.H.** That's right. I think in the Nurse's quarters in which we are now sitting, it was unbelievable how they were treated, like children.

**S.P.** Yes I know, at the stage when I was a university student, I had friends who were here and over at Royal Brisbane Hospital, and it was as if they were still in boarding school.

**O.H.** I recall, even back in 1963, I took my wife up to one of the mountains for a picnic and we stayed a bit long. She came back an hour or two late and she was absolutely harassed and harangued and almost sacked for daring to be an hour late. They all knew whom she was with. I'm not saying it was justified but she rang in and said she would be late.

**S.P.** It didn't seem like the way to treat adults.

**O.H.** No.

**S.P.** Let's talk about the future a minute. Why is there a need for the big new hospital that has gone up?

**O.H.** Let me just note that I had decided, I had very strong views on a lot of issues, I was not going to stay here over my desirable time. I didn't want people to think I was getting past it; so when I turned 63, I decided I was going to retire from the Visiting Public Staff at the PA and I did that. That was at the end of 1997 and having said that, I have not attended, therefore, any real business type meetings at the hospital since then. It was a political decision by both sides of our wonderful State Parliament that the current Premier, Peter Beattie, or it may have been his predecessor, Jim Elder, that decided there was going to be a new hospital here and then the next day there was a new hospital at the Royal Brisbane and another new hospital, I think in Townsville. Both sides of politics agreed to it and they decided to build them all concurrently not consecutively, this one is \$300 million, I presume the Brisbane Hospital was going to be about \$500 million because it includes the Women's Hospital as well and I have no idea about Townsville. All this has happened concurrently. It was felt that they couldn't use the current building to get proper facilities into it like air conditioning because it was built post-war, as you know, and I gather there was no appropriate

tunnels and things to allow air conditioning to be adequately installed. In cool days it was pleasant in the current wards of this hospital, they are appallingly hot in summer and I am sure a lot of patients must have lost a lot of their health as a result of it and some may have been facilitated to go off this earth. Basically they decided to build a newer and bigger hospital with better facilities but then there have been a lot of changes in health care since then and perhaps less demands for inpatients over the next decades. Amazingly it has been decided, I don't know if it has been changed, to knock down the current building and knock down the Nurses quarters or Diamantina House. The last Minister for Health announced that Diamantina House was to be knocked down to give a nice view of the new hospital, which seemed a pretty weird justification.

**S.P.** I understand that this one and the Doctor's quarters and the main hospital are coming down. Someone asked me in an interview what they were going to put in the space but I don't know.

**O.H.** When I decided I was going to leave at the end of 1997, I realised there was absence of anything historical about this hospital and an absence of any memorabilia and that's what led me to write a few letters. I was subsequently asked to chair the meeting to set up a History and Archives Committee. It may have been at the end of 1996 but certainly 1996/97 and I'm pleased I did it because it has given me a stimulus in my little bit of free time.

**S.P.** It's going to be a very interesting museum.

**O.H.** I have found it absolutely fascinating going through the history. I have re-written the history of Contessa Diamantina Roma, Lady Bowen. That was marvelous because I knew nothing about her history and I really didn't know where the Ionian Islands were, where she was born.

**S.P.** She was a remarkable woman.

**O.H.** Absolutely, and the history of the house, which we hope to be our museum, was fascinating and of the family, the Staubwasser's and I am going to write the family up. I have more data from his grandson. The first Visiting Medical Officer to the Diamantina Hospital, appointed in



1904, was Jeffries Turner; his greater fame was as a Paediatrician. He came out to Australia in 1888, as you gather, I have just read it and came up to Brisbane and was appointed as Resident Medical Officer at the Children's Hospital during the 1890's for about three years. He was then sent over to London to an international meeting on Tuberculosis in 1901 and he came back here and was eventually appointed because the Diamantina Hospital was to treat Tuberculosis. He and Florence Chatfield, the Matron, got on very well and as a result of that he was subsequently in about 1926, appointed Director of Infant Welfare, because she of all people, had been asked by the government to look into Infant Welfare and make recommendations. I suspect one of the recommendations was that Jeffries Turner be appointed but he did outstanding work in preventative medicine at the Children's Hospital. He described hookworm and a lot of aspects of it and managed diphtheria and infectious diseases. He was very excellent, an outstanding man.

**S.P.** There were quite a few pioneers of medicine in Queensland.

**O.H.** Yes, still a few in the closet I think. I hope that those who have been around here will come out and that's one of the reason we wanted some of the earlier staff members interviewed for this oral history because otherwise there would be no record of some of them.

**S.P.** I must say that it mostly is a good news project. I have not been able to get people to be critical about the place and I suspect that on the whole it has been well run. There is not a lot to be terribly critical of.

**O.H.** I think the last decade, we are not interviewing current younger staff because there is less happiness, less camaraderie etc, and I guess the various governments have made restrictions on expenditure and money and things like that. But it is not as happy as it used to be. It used to be a very happy environment and that's why we all liked working here.

**S.P.** I'm not sure that I have covered the territory that I wanted to cover with you. Is there anything you want to add?

**O.H.** I don't think so.

**S.P.** Then there would be detail about some of the organisations that you have belonged to if you think that's relevant.

**O.H.** The major ones when I was a Consultant onwards, is the Princess Alexandra Hospital Society, which started back in 1963, and I was asked to be the Foundation secretary and I quite enjoyed that, so when I came back I stimulated them to start a Hospital Week. I had seen that at Prince Alfred and thought it was a good idea and then I was the organiser for two years and I thought that was a great success.

**S.P.** What does that week do?

**O.H.** It is a big post-graduate week. We invite a couple of speakers, one from overseas and two others from around Australia and a lot of the staff present papers of their work. It has expanded a bit into the nursing staff as well and includes other professionals; Occupational Therapists etc. It is basically, and still is a success. People find it an excellent educational week. It also brings people together which I think is another of its successes. Then the Visiting Staff was the other organisation, which obviously represents the Visiting Staff politically. It used to be very powerful but now pretty numbed. I think that is probably because the AMA is more active in that area. And secondly, probably correctly, eventually the full time staff and Visiting Staff have got together in the organisation and that came in my latter years and I didn't get too involved although I supported it. I think it was the only way to go because our interests were all very similar.

**S.P.** Do you remember what was the worst day in your life professionally?

**O.H.** I have to say it was that day in the Children's Hospital. I still feel emotional. I am an emotional person and I found it difficult to talk to relatives and I would never have been able to cope with any of my children being very ill.

**S.P.** Have you had some outstanding successes?

**O.H.** I still find clinical medicine a delightful profession and I enjoy it enormously and I still get my kicks out of it. I get my anxieties and disappointments but helping people with terrible diseases like ulcerative

colitis or certain liver disease is very rewarding and very pleasant. I suppose deep down I am delighted the way the Gastroenterology department turned out because it is now a big department with a lot of excellent staff both medical, nursing and scientific. I think that has been a source of satisfaction to me.

**Transcribed by Robyne Sherrington May 2000**

**Edited by Sue Pechey & Jan Leo**

**This transcript has been checked by O D HARRIS**

**Signed: hard copy signed**

**Date: 4<sup>th</sup> September 2005**

**Final transcript retyped with corrections by Robina Williams – 07/09/2005**