Diamantina Health Care Museum Association Inc – Oral History Project

This transcript is a slightly edited version of the conversation on the tape/disk. Researchers interested in the fine detail and vocal nuances of the interview are encouraged to listen to the aural version.

Interview with: **Dr. Geoffrey Hocker** on 28/09/99

Interviewer: **Sue Pechey**

SP: Doctor, tell me briefly about your childhood and education please.

GH: I was born in 1930 and attended the Morningside State School for primary education and then Church of England Grammar school, secondary education. It was thought that I might return to the school for a second senior year but I got an open scholarship back in those days.

SP: It would have been during the War sometime?

GH: Yes, that's right. I started at the school in 1942 and I left it in 1945. I did Scholarship in 1942 and 43, 44, 45 and 46 at Churchie School – got a scholarship in 1946 and that's when I went to University.

SP: Were you young when you did Senior?

GH: Yes, I was 16 years old.

SP: What were your family circumstances? What did your father do?

GH: My father worked for what was originally known as the Vacuum Oil Company in a clerical position and he was an ex-World War 1 Veteran who was with the 15th Infantry Battalion and wounded in France (not seriously) so that was his background. My mother had been primary school teaching before she was married but did not work after marriage.

SP: And did you have brothers and sisters?

GH: A younger brother, Peter. He actually joined the Navy as a 13-year-old Cadet as it was in those days in Naval College, got the Queen's Medal actually.

SP: Where was the Naval College then?

GH: It was in Victoria – he left home at 13. It was in essence at a secondary boarding school in the Flinders Naval College, Mornington Peninsula.

SP: That was a bit adventurous of your family wasn't it to let him go far away? I mean I know a lot of kids went to boarding school but not city children on the whole.

GH: No. I don't recall specifically how that came about or why the Naval College – I don't remember that now.

SP: Yes. And when did you make your decisions about medicine?

GH: Well, as I said, I was going to go back to school for a second senior year but obviously that wasn't on I had a scholarship. I was a bit more interested in engineering really, because I liked math's and I enrolled in an engineering-type course – applied science actually; but we were friends with a Roman Catholic priest (although we were of Anglican/ Presbyterian parents) and he used to come to dinner sometimes and my recollection is that he raised the subject of doing medicine. There's no medical history or medical background in my family. In one way or another I enrolled in medicine.

SP: Yes. And having made that decision did you enjoy your student years?

GH: Oh yes, I think student years - I just wondering whether I should say I enjoyed them better than secondary school years? I would say on the whole yes, certainly in the earlier years

SP: Were there older students in your year? Were there returned soldiers?

GH: Oh yes. Off the top of my head I would say half the year were returned servicemen. There was a large contingent. They were big years in medicine then and there

were large numbers of ex-servicemen because that was the time that they were coming back and continued their studies.

SP: Yes and they were encouraged to pick up any education that they might have broken off during the War or to consider education that they might not have.

GH: Yes, that's right.

SP: And were they stimulating, or were they a bit overawing for a newer, fairly young undergraduate.

GH: Yes – I don't remember them as over-awing. I would think they brought a broader sense of the outside world to the younger ones of us than might have otherwise been the case.

SP: Do you remember medicine as being a lot of work? A lot of study?

GH: Yes, I do actually, although I seem to remember playing sport (not in any great successful way) but together – cricket, (socially) going out, that sort of thing. But there was more especially, I think in the early years, a lot of straight swat subjects during the early years without the patient-contact stimulus to encourage you to nut something out.

SP: Lots and lots of terrible learning years, almost rote learning.

GH: Yes, there was a lot of anatomy and physiology and biochemistry and that sort of thing.

SP: Yes, I can remember med. students when I was a student learning hideously long Latin names of, I think, nerves in the face as I recall and not having any idea what their Latin name meant. I had Latin so I knew a bit of what they were talking about, but they didn't understand. I mean girls who hadn't made the connection between maximum and large and maxillary. I thought it was a shame they hadn't had a basic knowledge of Latin.

GH: Yes. Well I didn't do Latin, I did German as a secondary language, but I have thought that Latin and Greek were helpful in the understanding English words. But I didn't ever think I suffered from not having studied Latin as far as medicine was concerned. I don't think it had much to offer.

SP: Yes. And when you graduated at the end of 1952 what decisions did you make then?

GH: Well, everything seemed to happen automatically enough then because you got a residency at the Brisbane General Hospital. I think most people got a first year residency there or at the Mater Hospital.

SP: So those two hospitals absorbed the whole of the graduating year of medicine?

GH: As far as I can recall. I mean, I might not be factually correct but for practical purposes I think the answer is yes to that. And then in the second year many went to peripheral hospitals in local or country (Ipswich, Toowoomba, Townsville, Cairns) those provincial hospitals. But I got a second year position at General Hospital and just continued in second year resident work. In those days it was a variety of different tasks.

SP: Do you remember what your salary was when you started work in your first years?

GH: I can't, I'm sorry. I remember eventually I earned enough to buy a car and that was after I had met my wife-to-be, and that must have been in my third year.

SP: And where did you meet your wife?

GH: I met her at a Ball – the Queen and Prince Phillip visited, I think it was 1954. I met her - it was an arranged partner by some mutual friends. That's where I met her.

SP: How fortunate.

GH: It was. It was one of the best arrangements I have ever come across!

SP: So how long did you stay on at Brisbane General?

GH: Well, then I got a medical registrar's job, which is really the start of my career as a physician is concerned. I was there for the next two years as registrar, and then I came across to South Brisbane Auxiliary Hospital initially.

SP: Why did you do that?

GH: Because the old South Brisbane Auxiliary Hospital looked after some chronic patients, but in particular patients with tuberculosis. Dr. Powell was the medical registrar and Dr. Allan Ashworth was the medical superintendent and I might tell you in passing that Dr. Allan Ashworth, whom I got to know later, he was the city or government medical officer for Coventry during the War in the blitz. Then as the new South Brisbane Hospital (later called Princess Alexandra Hospital) was coming to fruition in the building and Dr. Powell was made medical superintendent he continued to look after the patients up there but then as his duties took over, they took a registrar across from the Brisbane General to replace him, and so I came across at the beginning of 1957 (and I'd been married in 1956) so my wife and I came across. The old medical superintendent's house for the old South Brisbane Auxiliary Hospital was made available because there was a new Superintendent's house which Dr. Powell occupied, so my wife and I were the first to occupy that and there was a number of people who did subsequently occupy it. And so it was meant I think to be for a term for a start but we stayed on for the year.

SP: Your wife was employed here too was she?

GH: No, but she did go on in the residence, which is now to be the history museum on Cornwall Street which had trams running up it in those days.

SP: A bit noisy?

GH: Yes, it was a bit noisy.

SP: And did you look after the tuberculosis patients?

GH: Yes.

SP: Can you talk about that on this site? The treatment of tuberculosis?

GH: Well yes, the patients were housed in open pavilions, not as long as this room but wider – about ten meters square, and they were open and had canvas roll-up sides, or walls if you like, and although it was said that was a Queensland style but I think it reflected the old view that fresh air was good for tuberculosis and for managing people with tuberculosis.

SP: Were they up there all the time?

GH: Oh yes. That's where their beds were. The sides could be let down and they were weatherproof. It must have been a little cool, perhaps in some of our winters.

SP: And how many patients would there have been in one pavilion?

GH: Perhaps eight.

SP: And what other treatment would they have been having?

GH: Oh, drugs were available. Streptomycin. In those days they all got streptomycin by injection twice a week and they got an oral drug called P-Aminosalicylic Acid or PAS. Well streptomycin has been replaced and PAS is not probably used, but I don't treat tuberculosis anymore, but the streptomycin had its disadvantages because it could cause some permanent damage to the balance organs in the ear. I learned that pretty quickly, to halve the dose for anybody over 65, I think. The PAS had to be taken by mouth every day and it was a large volume of sachets to take and it upset people's tummy and it wasn't very popular and I think it didn't go well. There was a fair bit of alcohol consumed by some of the men in those condominiums and I think combination didn't go down very well!

SP: And did they recover?

GH: Oh yes. The treatment was quite successful. Dr Ashworth, he went over to Chermside Hospital, which became the TB Hospital but there were a lot of patients with TB here, so he was still nominally in charge and did come across for some

sessions. Dr Ellis Abrahams who was the Director of Tuberculosis he was one of the visiting medical officers and Dr Jesse Hutton who was a touch flamboyant, I think, lady. She was in general practice at Clayfield. I never did quite get to understand how she was a visiting medical officer in tuberculosis. She must have had a background. I don't think she was of Australian or even perhaps of Anglo-Saxon origin, but she must have had some good background in tuberculosis. So they were the ones. X-rays were taken up there. Oh yes, patients got better. It was a more advanced disease than you would see subsequently. We still did what we call pneumo peritoneums, which was putting air into the abdominal cavity to raise the diaphragm, to help rest the lung that was the idea. Of course, drugs have become so effective now that those ancillary procedures by and large have fallen away.

SP: And when did the vaccine become available?

GH: Oh it had been available for a long time. We received the injections, for tuberculosis medical students. The inoculations were available and we received them as we were dealing with patients as students, I seem to recall.

SP: Yes. So these would have been people who had not been vaccinated.

GH: Oh – tuberculosis is partly a social disease – I mean you've got to get the tuberculosis germ you can't get tuberculosis without that but most people in those days got tuberculosis in childhood from their parents but they got immune to it, they got some scarring in the lung and it stayed and then later in life under conditions of psycho-social change for them personally, such as well, elderly men who didn't seem to look after themselves, alcoholics, people with diabetes, they were typically the people whose "healed tuberculosis" broke down and you would get recrudescent disease and then you would get cavitations and they become very

infectious, of course. So they were the sorts of people who ended up in those sorts of situations.

SP: Right. Well when did you make the move towards hematology, towards a specialization?

GH: Ah – well first of all a general physician is a specialist person in a consultant position, a Specialist in internal medicine - so I got that in my College Membership as it was, then a Fellowship as it became - in 1957. I studied and got those exams whilst I was here at the South Brisbane Auxiliary Hospital. Hematology came later, because I left the Auxiliary Hospital at the end of 1957 and came back onto the visiting staff as a visiting general physician to what is now PA Hospital, in mid-1958. I had an interest in hematology and after some years, about 1964. I started to conduct a clinic in the Outpatients Department in hematology. At some stage I got a College of Australasian Physicians Pulitzer traveling scholarship and went to England and studied it at Hammersmith with a Professor Dacy. That's where the main scholarship was taken out, and also a Professor Prankhard at the University College Hospital. Then the Clinic became formalized in 1972 and the hematology unit was established then in 1974 that was after I came back (after I'd been overseas for a while) and that was established with Dr Michael Innes who was the Director of Hematology of the laboratory (he was a delightful man) and Dr Allan Whittaker who was a reader then, he was in a full-time university medical department – he was a university man. The three of us formed a hematology unit and then, in 1976, Dr Barbara Bain came as the first director and she had the double qualification of physician and pathologist, and it developed from there.

SP: What range of problems were you looking at in that hematology unit?

GH: Well, much the same as now I think. The general physicians would deal with all the usual anaemias; iron deficiency anaemia and Pernicious anaemia. The

Hematologist would deal with leukemia for example, although the ability to treat then was very limited. Originally there wasn't a lot that you had that you could do. There were haemolytic anaemias - but certainly the serious (if you like from a patient point of view) condition would be the leukemias which then was not a lot to be done and now there is a lot to be done. Haemolytic anaemias could be life threatening but management was more readily available with corticosteroids and then there were the malignant diseases of the lymph systems, lymphomas, Hodgkins disease and the chronic leukemias of course which we should mention. There were all those variety of things.

SP: Was it a Research Unit?

GH: No, it was purely a Clinical Unit and arising out of it in a way I suppose was the expertise in the use of drugs. Also in 1974 they formed a breast referral clinic for dealing with advanced breast cancer or recurrent breast cancer. That was a Surgical Clinic and Dr. George Fielding Senior was the Foundation Chairman of that. Dr Syd Roberts of the Radium Institute was the Radiotherapist because then as now, Radiotherapy has got quite an important role; I was the third member of that and I outlasted the others. That grew enormously and originally it was specified it would be an a consultative advisory unit and not a treatment unit but with the development of oncology of course it took over the role of managing those patients.

SP: And what is the throughput of patients in that Unit? Did it expand?

GH: Oh yes, it has become quite busy. Both the Hematology Units and the Breast Referral Unit multiplied. I cannot put a figure on that.

SP: And what kind of proportion of your time would be taken up with Administration?

GH: I was not an administrator. Not that I didn't serve on a lot of Committees but my role was that of a clinician.

SP: Do you remember any particularly gratifying results or anything that made you feel very unhappy about the practice – the highs and lows. Are you able to form a picture of that work in that Unit?

GH: Well when I started to practice medicine, antibiotics had come in, sulphonamides and penicillin, and drugs were used for the treatment of tuberculosis so it wasn't all gloom but there were a lot of diseases for which you couldn't do very much. There was no renal dialysis then or renal transplants or coronary artery surgery, for example, I think one grew up with the idea that well, you know, people had something you could do something about or they didn't. I think it was always a worry when you were dealing with young people, (I can say that as a nearly 70 year old now without being criticized by the elderly) but really I only ever would toss and turn, as it were, if it was a young person or a young mother who would be not good to lose. It didn't concern me so much with the older patients in that sense.

SP: Of course if they'd had a reasonably long life span, you could face it more easily?

GH: Yes. I remember, going back to when I was up at the old South Brisbane Auxiliary Hospital, when the PA Hospital opened I used to do some extra medical duties, nights and weekends and I can remember a young girl coming in with what hits the headlines every now and then these days with a meningococcal septicaemia with shock or what we call Waterhouse-Fridericksen Syndrome and the cortisone had only really just become available at that time, penicillin itself was available and I can remember being very satisfied that she recovered from that. Otherwise I think you probably get a bit inured to the people dying around with an untreatable disease. Inevitably you couldn't function if you didn't cut yourself off a little bit I think. It is not to say you cut yourself off from people's feelings but you cannot be worrying about every person whom you cannot save. It's not possible.

SP: If you had little to do with administration what do you think was your relationship with the Medical Superintendents here, the Matron, people like that?

GH: I didn't have a lot to do with the Matron. I did do quite a lot of lecturing of Nurses when they had the Nursing School here, lecturing in Anatomy and Physiology but basically at 7 in the morning. I had more to do with the Medical Superintendent. Originally, when my wife and I were in Cornwall Street, Dr Powell and his wife were next door and were very good to us and especially to my wife because I was studying for my exams. It was a good relationship between the Powells and us.

SP: What was your wife doing when you were getting up to lecture at 7 o'clock? Did she go on working?

GH: No. Not when we were here i.e. at South Brisbane Auxiliary Hospital. She did work after we were married for a while but no she didn't work when we were here. She got pregnant when we were here and probably she must have been lonely to a certain extent, just because of my hours of duty and my studying.

SP: So you started at 7 a.m. and lectured to Nurses and then did a day's work.

GH: That wasn't whilst we were up there – that was when I came back and joined the staff as visiting Medical Officer, visiting Physician – all that came a bit later on, yes. Through I didn't do in Administration in a sense, Dr Powell got me to take on the Chairmanship of the Management Committee of the Library. The Medical Library took awhile to establish – there were no funds originally and I wasn't involved in at early stage; Dr Athol Robertson and others were involved in collecting funds.

SP: They waylaid people and asked them for books to put together the beginning of the collection. What was it like then when you remember it first?

GH: Well, I had a little Savings Bank Book and I forget which local Bank we used now, and it was really a bit of an ad hoc arrangement but we did have some finance from the Hospital Board but it was one of those situations where because you ordered

journals and books ahead you weren't too sure on how you stood until toward the end of the financial year and then suddenly if you didn't spend the few hundred you had left you would lose it, so you would go out and buy some books - that was the arrangement. We had a library then down near the Pathology Block lifts. It had a flat roof which was never properly able to be sealed and water would drip into the Library, every now and then which was a bit unfortunate. Then the full time University Departments were established and we were teaching students so the University of Queensland and the PA Hospital formed a joint Library and they are celebrating a 30-year Anniversary this week. That made a big difference because we had more finance on the grounds, from the University's point of view, that we were teaching under-graduates, we had full time University Departments and the University departments had a research commitment as well as a teaching commitment, so there were good grounds for the University making a significant contribution. It was a 50/50 contribution. We also had the not inconsiderable support of the University Library's resources, which was quite a significant administrative help to us, and in due course they undertook the cataloguing and all the electronic way the Library has become today. Also the University had a January to December financial year and the Hospital had a July to June financial year so there was never an end to a financial year when you had to spend all the money so you could just keep rolling along which was a much easier arrangement.

SP: In the earlier period when you were working out of a bank book and funds were presumably not too high, what were your spending priorities? How did you decide what to buy and what you could afford?

GH: **I**n the early stages the Management Committee made those decisions – we would have a representative at least of the pathology, surgery, medicine, psychiatry later on and so they would make some decisions and they would get requests from staff.

Later on we hired that off and we had a Book Selection Committee which we still have as a separate entity – when I say we still have, I gave up the Chairmanship a couple of years ago but right up until then I chaired it and we had a Book Selection Committee and they have to balance - well It is a lot easier now but they do have to balance what you've committed with what you've still got.

SP: And balance the needs of students against the needs of clinicians working in the Hospital? Their needs would be different.

GH: Yes. Their needs were not the same, not at all. I think students of course have text book needs. For the current new curriculum the library I would think serve the needs of its medical staff both University, fulltime non-University, visiting staff, all of whom were involved with teaching so in order to teach you need to know, to keep a hop and a step ahead of the students. You need to keep up and so you need a wide variety of journals. More and more the emphasis has been on periodicals rather than texts, although there is a balance. So students were borne in mind.

SP: Were you supplying books for nursing students as well?

GH: No. Nurses were a separate entity.

SP: Is there anything in particular that you'd like to mention?

GH: I think we've covered most of the matters I recall

SP: What about social occasions? Do you recall Christmas parties – Guest lunchtime lectures for staff?

GH: We had the Princess Alexandra Hospital Clinical Society, which was the basis of Princess Alexandra Hospital Week, which is of course both educational, and social. That has always been with visiting lecturers, the Dinner, speeches, that's always been the main extra curricula activity within the Hospital. Most people have given a talk of one sort or another including myself at one stage. A few years ago I just gave

the history of the hospital up to its being called PA Hospital. I didn't write it on paper, but it's all recorded.

SP: Do you remember any Christmas parties?

GH: There would be just prior to Christmas – each area would have a little party in the wards or side room but I think Christmas is probably more of a family affair.

SP: What about the Nurses' Graduation. Would you have attended that?

GH: Only once that I recall did I attend a Nurses function with my wife. It might well have been Graduation because it was to be followed by Dinner and a Ball, I think.

SP: You're fully retired?

GH: Almost. I have submitted my retirement and I will just have had over 40 years by the end of this year.

SP: Are you going to keep your hand in some way or are you going to let go of it all?

GH: No. I'm not going to do any work, but I shall certainly maintain an intellectual interest in medicine and the parts that interest me in particular and in the development of the new hospital. I will keep an eye on that, see how that goes, having spanned the life of this current hospital. It was being built when I was there and they tell me they're going to pull it down when the new one's finished so I've covered it pretty well. Though I'm not a political sort of person really and didn't do a lot of administrative things, the visiting Specialists in due course formed a Visiting Specialists Association and as the previous histories have indicated. I think all the Specialists came across really from the old Brisbane General Hospital and so we had a very strong visiting specialist group right from the early stages. The Hospital was a very harmonious place, it really was and so various senior people would undertake their spell and Chairmanship of that Visiting Specialist Association. I was Secretary for quite a number of years in the early stages and John Fitzwalter, Kurt Aaron and Ian McPhee – all were Chairmen among with others at different stages.

Then the full time staff formed their own association, as is always the case I suppose, different groups have different priorities but I don't remember that there was too much conflict between the different groups. Nothing disturbed the flow. Perhaps I floated on the top of it a bit and didn't know altogether what went on underneath but it was a most enjoyable place in which to work, and I have no regrets about that. It's got much bigger of course.

SP: The advent of many more people working either part time or casually has broken up the feeling that you know everybody and that it's an informal family you are living in. Some people have commented that the feeling of cohesion has crumbled a bit.

GH: Yes. I guess its size really. I couldn't say I by any means know all the medical staff any longer and some of them even weren't born when I started!

SP: That seems to be a good place to finish. Thank you.

Transcribed by Robyne Sherrington May 2000

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