

Diamantina Health Care Museum Association Inc

This transcript is a slightly edited version of the conversation on tape.

Researchers interested in the fine detail and vocal nuances of the interview are encouraged to listen to the aural version.

Interview with: **RUTH READ** on 5th October 1999

Interviewer: **SUE PECHEY**

Place: Diamantina House

SP: Tell me a little about your family life?

RR: Well my parents had a small farm in Northern New South Wales on the Macintyre River. I initially went to what was called a subsidised school. The neighbour next door had a class of about half a dozen local children and then later I went into the town of Inverell to the local primary school. I moved on through that to the local high school and completed my Leaving Certificate in 1947.

SP: Did you have any brothers and sisters?

RR: I was an only child.

SP: Tell me a little about the subsidised school?

RR: The subsidised school was about a mile or so away I think, (I used to ride a horse, which I didn't like very much) and she was a qualified teacher. Later when her husband died she did take on teaching again at one of the primary schools in Inverell.

SP: How many children were in the class?

RR: There were about 6 or 8 children in the class. It apparently was a system they had in New South Wales where you could take on local children, I was about 10 then when I moved into the primary school. I think they sent me in there in August and I had never seen so many people in my life before. It was a bit overwhelming.

SP: How big was the school?

RR: The school was a good size. Inverell itself I think had a population of about 6000 but it seemed a fair size. I went to its Centenary a couple of years ago. I left primary school with an award called the Gilcrest prize.

SP: What was that for?

RR: We all had to go around and be interviewed by all the teachers. It was some sort of all-rounder kind of thing rather than pure academic. As I said, a couple of years ago I went and actually saw my name was up there, after all these years.

SP: You went on to Senior?

RR: I went on to Leaving Certificate in New South Wales. As it happened my matriculation was adequate to do more or less any course I wanted to – it wasn't brilliant but I had done Science subjects, Maths and English, which later I found how lucky I was because a lot of girls schools apparently didn't do science subjects very much – might have done a bit of biology, which soon restricted what you could do later on in life. It was many years later when I realised how lucky I was to go to the local State School.

SP: Were you able to live at home?

RR: When I moved to the school in Inverell I had to board. Actually, eventually friends on another property in the area, to educate their children, took a house in town and boarded friends' children to go to school and towards the end of that - then it became the war years of course, and some families were moved in from the Coast - and there was a paid person, who had a 5 year old child, and there was another friend and her children so there were three adults and there were 12 children between the ages of 5 and 17 and although I had been an only child I soon knew more about family life. It was an education in itself.

SP: When did you start to make decisions about what you would do after school?

RR: Well, in New South Wales we had really quite a good vocational guidance system and I must say when I moved to Queensland I was a bit shocked. There were a number of things suggested by the Vocational Guidance and we did actually go to Sydney and considered occupational therapy. But, about 1946 or thereabouts, the course was only relatively new because it had been started during the war and they really wanted mature women, often ones who had done nursing or physio, they thought I was perhaps a little naive country girl, at that point were not so interested. So anyway then my parents did move to Queensland after I had finished school. My mother actually had TB and she had been in the Sanitarium for 12 months during my last years at school.

SP: How often in that year did you see her?

RR: I basically didn't. My father would come up occasionally. Actually it was better when he didn't – I could concentrate on exams and things. He came up in the holiday time.

SP: What did your parents do when they came to Queensland?

RR: They had a little flower farm at Kuraby. I used to travel in by the sooty trains, and then I went to art school. Sometime the thought of architecture had come up on the horizon but eventually I decided against that and I started off at art school. Half way through that I got appointed as a student teacher of art – it was 2 pounds 7s 6d a week. The art school was the Technical College at the end of George Street.

SP: So whom did you teach?

RR: I was a student teacher.

SP: So where was that school?

RR: I went next door to the Domestic Science. I have forgotten, the classes went from A to F - I think and I had E. They were the poor little kids that weren't doing well and they weren't all that good at art. The Inspector did come around and I had sort of testing. I did over 3 years at the college and I did the subjects and some extra ones for a Certificate in

Applied Art. But the Head and I came to a disagreement; you had to do a portfolio and he wanted me to do it in a type of charcoal - you have to rub it off - and to me that made no sense, putting something on and then having to rub it off. I couldn't stand it; I wanted to use carbon pencils. I still have all the certificates but did not get the final certificate. Anyway we had friends who were involved with the Red Cross so then when I finished there, I was about 21 years, I went into the Red Cross Handcraft Service.

SP: So when was that?

RR: That was about 1951. Because I had done all this art and pottery and all the various things we did at art school, I did a 3-month craft course down the end of Queen Street and then I went to Royal Brisbane. I went to the Women's Polio Ward, Wattlebrae, and handed down baskets and things.

SP: The course you did at the Red Cross, what was it designed to do?

RR: Well it wasn't unlike occupational therapy, but it was to provide people with more recreational stimulation to overcome the general boredom and keep people physically and mentally active during their recuperation, because there weren't any occupational therapy positions in our big hospitals (there were up north in Townsville and Cairns). When I found my record of it I suspect that there were some early positions created to do with TB. Some of the Sanatoriums did have positions called 'occupational therapy' early in the piece. The major hospitals, Mater did and, of course, Commonwealth Rehab Service did, but our big hospitals didn't.

SP: Tell me about Wattlebrae?

RR: The whole floor of that old building – there were at least 3 of us and we had a little corner of the physio gym and that was our office in the main block in the physio department, and we would walk over to Wattlebrae. And some of the other women did the boys, because the ward was women and children. All the females were in together and

what some people didn't realise outside was that pregnant women were particularly susceptible to polio, because there were a lot of women with their new babies.

SP: You were working for the Red Cross?

RR: Yes, I am sure it would have been subsidised by the hospital but we were Red Cross.

SP: Do you remember what you were paid?

RR: I think it was about 6 pounds, after 18 months or so, something funny happened. I think that was because I decided to take another job and there was one in Victoria Commonwealth Rehab. I was interviewed up here by the Commonwealth Rehab people at Perry Park and the medical officer in charge there didn't know what to ask me and I didn't know what to tell him particularly but, anyway, the job that was at Maryport, Mt. Martha on the coast south of Melbourne. I think there were holidays or something and it just turned out I didn't give the Red Cross the right amount of notice and I had trouble getting a reference out of them. I flew down to Victoria and a fellow met me with teeth missing and hair sticking out in all directions, a jeep type vehicle painted red (you know that undercoat red) in Melbourne. Then he took me to get petrol and he disappeared for some time and I am left sitting in this thing and eventually however, say 20 miles or something, we arrived at Mt. Martha. Then met by sister in charge who turned out to be a very nice person, but it was good and I worked there for about 18 months because they had occupational therapists, and they had trade instructors, and I was what they called the light trades instructress.

SP: What did they include?

RR: There was sewing and knitting and basketry and all those sorts of activities. I had morning and afternoon tea with the carpentry fellow and the metal work fellow and there I sort of learned that men chitter chatter about their wives and their kids and everything going on, just the same as women. I got to know the occupational therapists well. That

was about from the middle of 1953 to the end of 1954 and then my father sent me a note saying that an occupational therapy course was starting at the University of Queensland. So I came home and, because I hadn't applied for a Commonwealth Scholarship before, I was still eligible, so I put in for a Commonwealth Scholarship and ultimately got one. That was a Diploma Course initially.

SP: Was it a 2-year course?

RR: It was 3-and-a-bit years for the Diploma Course. It had the Physio/OT combined course for a few years, and the doctor who was very involved with the Spastic Centre, Harold Crawford, worked to get Occupational Therapy going at the University of Queensland. It was over 3 years because we didn't graduate until about February. In 1955 there were 5 of us doing the course. We were a very mixed group, I was 25 by then and Lillian Wieckhorst over 50 and there were 2 just out of secondary school. We had to go to Victoria to do our psychiatric clinical placement, and we went on the train and went down there in the middle of winter and lived in at a psychiatric hospital for a few weeks. That was another experience.

SP: Where did you work after you graduated?

RR: There wasn't much clinical work we could go to. The Commonwealth Rehab Centre, Greenslopes Hospital, the Mater, and the Spastic Centre were places that had Occupational Therapists. When we graduated there weren't jobs at the Royal Brisbane or PA and so the University paid Lillian Wieckhorst to start a department at Royal Brisbane. Eventually that was part of the hospital. I stayed on part time at the University as a Demonstrator. There weren't too many jobs around and I think I did a few sessions over with Lillian. Then it became full time and I continued that until the end of 1962. Sadie Philson had gone overseas for 12 months on a Fullbright Scholarship and so Urban Geason and I were running the department.

SP: So what happened then?

RR: Around that time there was a credit squeeze and I think there were 2 positions certainly at Royal Brisbane and I suspect there may have been 2 positions here, but because of the credit squeeze if somebody left they were not replaced and Helen Woolcock was transferred from the Royal Brisbane to PA. So there was 1 position and the department was in the old nurses' dining room and I think I did visit that once. Then Mrs Philcox decided it was time I finished at the University. I guess there had been a bit of concern at the PA, with people coming and going rather quickly they wanted a little more stability and they must have increased the establishment slightly.

SP: One wonders what one OT could have done? I was quiet a new hospital but it was still quite big.

RR: Well when we did come, of course people got the geriatric unit going, and so we really were concentrated in a rehabilitative area of the spinal injuries, head injuries in the geriatric area and I guess we concentrated in that area for quite a few years. I finished at the University at the end of December 1962 and the geriatric unit had just been built. There was a big barn like section that was to be the Occupational Therapy department and they wanted to design a remedial kitchen, so while I was still at the University, I was working out plans for the kitchen. I think I was supposed to start a little earlier than I did but my mother was sick so I eventually did start on 29th January 1963. I was paid an in-charge allowance so there must have been 3 or 4 of us. I was there about 10 years finishing on 10th November 1972.

SP: That was the end of your connection with PA?

RR: Basically, except when I went into the Health Department and became the adviser in Occupational Therapy. I had contact with all the hospital staff in a general sort of a way, but I have seen the old nurses dining room but that was pulled down for the main geriatric

unit and they moved the OT Department to the old diamantina the TB ward which now had walls and the canvas flaps had gone - for the first few months we were housed over there.

SP: And your patients came to you during that time?

RR: Yes, for dressing training and things like that the OTs might go to the ward but the patients did come down into the Department. I think it was later that year, we moved into the new department. That was a bit hilarious because it was just a big barn and the kitchen was down one end - there were rooms along one side, with an entrance into the middle. There was one little area that was going to be the bedroom and there were toilets down the end and the office in the middle and another little room in the corner. The powers that be didn't want us to put things like our bath and bed equipment in, which any department without the equipment isn't anything, bare room, and bare walls. Also the painters were busy painting rails and all the last minute things that hadn't been done and we just thought, well let's do it ourselves with help from the painters from the tradesmen's area of the hospital, I mean we'd go down there for materials and stuff all the time and we had a good relationship with them. So they gave us paint and paintbrushes and things and we were busy painting the old beds and things and they were busy painting what they had to paint and the powers-that-be saw us using a paintbrush and said, "they will go on strike, you can't do this". We sent them away and got it all out again and put things in the room. Eventually got what we wanted but they were tearing their hair out up in the main office by then.

SP: What sort of materials – apart from a kitchen designed to help people learn or re-learn to cook, and things like ordinary domestic arrangements, like a bedroom.

RR: You did simple woodwork, and sanding, and you had a bicycle-type machine that was a fret saw and that was for basic exercise while you were making something at the same time. You had a high bench as a standing table and the person would do various

activities. You had block tests for colour matching and that sort of intellectual competence side of things. We had a large drafts board about a metre square, and discs that the person would play but they had to change and put the disc into position. Modified recreational activities, as well as certain types of craft related activities.

SP: You weren't in the acute wards?

RR: Occasionally we would get a referral but basically we operated where we were wanted as much as we could in the Department.

SP: And those patients would have been with you for quite a long time? Could you put a figure on an average stay?

RR: It's not possible to entirely answer because I think spinal patients could be a year or 18 months, and lot of the severe geriatrics and your head injuries could be there for a long time. Some of your less acute geriatric people may be just a matter of months depending on what their particular disability or condition really was. You built up quite a relationship with your patients because the whole thing was long term.

SP: How about your relationship with nurses and doctors?

RR: In the geriatric unit there was a tearoom in the middle and we had our conferences there because we did all the appropriate things for the unit. We had our staff conferences; the whole thing was there that was relevant. We had the tearoom and there was a mixture of doctors, the residents, registrars, and the consultants, the senior nursing staff, physios, and social workers. We were a group who could work together and socialise in tea breaks.

SP: Were most of you women?

RR: No, the doctors were mostly male. Most of the physios and O Ts were female. I think it was the staff tearoom for the senior nursing fraternity for a long time, the trolley would come with Sao biscuits and cheese and lettuce etc. That lasted a while, that was very nice,

I liked biscuits and cheese for morning tea but somebody found out there were too many people at the morning teas and it stopped.

SP: Yes.

RR: Later in my other job as adviser and going to other major hospitals, and perhaps because I was there, I was escorted to lunch by a senior medical consultant, and in that dining room they sat – doctors with doctors and the rubbish, the level of the conversation that went on, I was horrified, you know sort of jokes and nothing else. I just thought how lucky we were to have a multi-disciplinary team, and general intelligent conversation about what was on at the theatre or about patients. Out of all that, there was the geriatric unit seminars monthly and that went on as a regular educational thing for years and years, it might still go on, but it certainly did go on for at least 20 years that I am aware of.

SP: Can you describe one of those seminars - how long were they?

RR: I suppose it was an hour. There was a talk or a demonstration after work, quite formal. There must have been a committee that worked out the programme. I guess in that area the gerontological society was established in that period too.

SP: How many staff did you have?

RR: There were 5 of us and I put in for more staff and I it became 6. It was slow. There were various reasons, the University wasn't producing very many and it took years before it was popular because the second year of the course the intake was 2 people and 1 failed. Then I think the next year there were 3. So it took years and years before they were even producing a lot of numbers and if you don't have the numbers nobody knows what Occupational Therapy is because they can't see it in practice.

SP: Did you ever meet with any antagonism from medical staff?

RR: I'm sure it existed but because we were basically located in that rehabilitation area, so that people like Dr. Livingstone was in charge. It may have been different if we had

been trying to go to the main block but we didn't have the staff to do it, so we weren't pushing it. I know years later I was a delegate to the Faculty of Medicine and they were talking about that sort of rehabilitation.

The other part I suppose where it showed up was that when medical students were supposed to come and look around. You didn't often get them coming to look at the OT department.

SP: So that sets a bit of a tone right through?

RR: To me it always seemed that we were part of the Faculty of Medicine, but there was no connection between the two as far as students were concerned. Social and preventive medicine could have been ideal, to start that team approach, to work together at student level, that sort of thing didn't happen at that time.

SP: You were the head of that unit? Apart from Dr. Livingstone, who else stands out in your mind among medical staff?

RR: Oh well, there was Dr. Livingstone, Dr. Chong, Dr. Powell, Dr. Keith Hirschfeld Then the other sort of social and team working together. They also evolved the Christmas get-together, which often the Christmas party was held in the OT department because it was a bigger area and we organised entertainment and things. Which over the years, after I left, it got even bigger and bigger and practically needed the Town Hall. But that all started and I give people credit for all that binding together and to work together and creating a good team and a good atmosphere. I know one day I was in Dr. Livingstone's office and one of the senior nurses came in, I just spoke to him like a professional colleague – we were probably the same age – I think he did his Leaving in NSW about the same time and she was more or less clicking her heels and saluting and 'Yes, sir, No, sir' – my jaw just dropped.

SP: I think it was around the late 60's when that started to die – people have told me that doctors and nurses came in with “attitude” and they were not going to be dictated to, they had ideas about civil liberties and they were less inclined to worry about hierarchy structures.

RR: The nurses themselves, within their own structures, have been very hieratical.

SP: Not long after that, uniforms came, veils went and hems came to reasonable lengths. All kinds of small things started to happen. I haven't found many people who between doctors and nurses would have used Christian names, they were usually Doctor or Sister or Sister Blaw, Doctor So & So. But nevertheless it was happening. Then when nurses became university students the dress code changed very quickly because they were coming into the wards as university students and not like in the old days when medical students would have had long sleeve shirts and ties on. I've seen pictures of the Teachers College at Kelvin Grove where in the days when I was wearing jeans to the University the young trainee teachers were still wearing dark trousers and ties and the women had to have sleeves in their dresses. But that's all changed too and now it's difficult - people say to me that patients get confused and they don't whom they are talking to because there is no distinguishing dress code. I think there is a place for some distinguishing feature – just some colour coding or something like that. Did you have a uniform for Occupational Therapists?

RR: I think we just used the nurses uniforms, and the hospital laundered them, the award allowed so many uniforms and they were laundered by the hospital, just the white button-through dresses and brown shoes – ordinary flat shoes.

SP: Do you belong to a professional association or a union?

RR: Yes. Professional Officers Association and we had our own Occupational Therapy Association but there was no registration at that stage.

SP: Was there ever an occasion in which you thought you might use Industrial action?

RR: I can't remember now, no it doesn't come to mind that that was at that point. I think we were so small.

SP: How did they decide what your pay scales were inked to?

RR: Physiotherapists. Unfortunately physios too were very low paid. I didn't tell you when I left the Red Cross about the 6 pounds and the job in Victoria was better paid. I had queried this and they said we were a Charity and the people were usually living at home, and the Red Cross were somewhat underpaid. They had those excuses, so it went up to 10 pounds when I went to Victoria.

SP: What about when you came back, did it go down again?

RR: Well I don't remember. Well that was just for the Red Cross not the Commonwealth Rehab system, but I don't remember what the pay was. I know there was still (it might have been after I left the PA in the early 70's), industrial cases and even then the Commissioner more or less said "oh well this is a female profession, you know you don't really need to pay them all that much", some absolutely revolting decision. It wasn't until many years later when we got on to the higher scale that eventually we started to equate with other people with Degrees, I did the extra subjects and got my Degree in 1970 before I left PA. I got time off to study up to eight hours a week.

SP: Did you ever get paid for going to Conferences?

RR: I think we did.

SP: Can you remember going to Conferences?

RR: I went to a couple of the earlier National Conferences but I think that was while I was at the University and I don't think I did go to those while I was at PA for some reason. But I don't remember that there was a particular reason for it. I was involved with the Paraplegic Welfare Association as it was called then. I worked in the male geriatric and

later I worked in the Spinal Unit and we did a lot of fundraising and the patients used to be involved to go on day trips and various things and fundraising and the patients used to sell tickets and do a lot of things for that Association. It took 3 years to do the upgrade to the Degree from the Diploma. It became clear that the course was going to become a degree and while I was still working at the University I enrolled for Arts so it would count and I did Psych 1, Psych 2 and Psych 3 again full time. We did a sort of a psych in the diploma but I had to repeat it. They were tough about having to do the same amount of experimental stuff. So then to do the degree I had to do anthropology and sociology 1 and 2 and I had to do physiology because again they hadn't done the physiology at the higher level. So that was six units and that was almost the equivalent of $\frac{3}{4}$ of another degree. I think I did the physiology first because I thought if I were going to get stuck on anything, it would be that one. But I got through quite alright and I think only one person was ahead of me. The main group doing it hadn't graduated yet so I graduated before the first intake. I think I was about the second person apart from Mrs Philcox's Honorary Degree to pass.

SP: Back at PA – what were your relationships with the rest of the staff outside your unit? Did you ever come in contact with many people professionally – I am talking about say Charge Sisters or Matrons.

RR: I forgot to mention Sister Lyons in the day hospital and Sister Bronchurst, so you know within the area of those rehab wards was where I usually went, but the main block was a bit of a mystery apart from the Medical Superintendent.

SP: How often did you come in touch with Owen Powell?

RR: I supposed he must have come to the geriatric unit activities and things, seminars and things. There must have been some connection. It wasn't over in his office – that's for sure.

SP: What was your impression of him professionally?

RR: He was an active interesting, dynamic sort of character.

SP: Was he supportive of the Occupational Therapy unit?

RR: I think he must have been – I don't reckon it went the other way.

SP: Where did you go to after Princess Alexandra?

RR: I went into the Department of Health in town. Initially it was as an adviser for geriatrics and so that was kind of the position. By that time Peter Livingstone was in there, as the Deputy Director. I didn't go for an interview or anything I just went in there and got the job and it was a bit the same coming from the University to here because it was a small group of people and they knew each other.

SP: Not like today?

RR: At one time I did apply for a job at the University, I don't know how many people, but the questions they asked, I wasn't prepared for it all. All the top echelon of the University of Queensland interviewing you – a bit daunting.

SP: Is there anything about PA that I haven't asked you? What about any emergencies or trainees or any real fun things that happened?

RR: One of our staff members, Enid Wiley, lived at Jimboomba and she used to have quite a fair distance in and so we tended to have a cup of coffee ready while we were waiting for the wardsmen to bring the patients. She would regale us with the things that happened to her on the road. Things like there was a roadblock and it had been raining so she made sure she happened to pull the car up in a puddle, splashes the policeman, he wants her Driving Licence and finds it has the wrong address, out of date, and she has a bald tyre.

SP: Are there any patients that stand out particularly in your mind?

RR: Some of them are still around – I saw one the other day. I have photographs at home. Quite a few were taken because we used to give talks on daily living for people, so

we have got quite a few photographs. Peter Livingstone took quite a few when they were still in the old tents. Staff wheeling trolleys and the kitchen sink and all those things. So some of those you partly remember because you keep seeing the picture. I can't think of the Christian name, oh yes Norman Pool, she had severe arthritis, I saw her a few years ago in a nursing home up in Ipswich.

SP: Anyone else?

RR: The spinal injury people – you remember them. Martin Silac - unfortunately he died relatively recently - he was a high level quadriplegic but he was very good at selling raffle tickets; and another Italian chappie, Vince Saraca, but 2 of them were very involved with the fundraising for the group.

SP: Did you ever resent the fact that you had to raise your own funds?

RR: Well we weren't raising the funds for the department or the hospital; it was funds for the Paraplegic Association. So we tried to get the patients interested in their own Group and welfare because we used to meet in a funny little railway cottage down the road. I was on the Committee. We used to take the spinal injury patients to the Brisbane Exhibition and sometimes the nursing staffs weren't always that keen for them to go or let them go, patients use to come back drunk. There was a bit of confrontation there. Anyway we'd say, look we will take them and we will supervise them. We relied on the cabs and we all went off and they were as good as gold with us.

On another occasion one of these special trips, could have been a barbecue or fundraising things with our group or boat trip out into Moreton Bay, we had to find a boat that could take all the wheelchairs. The patients and the sister-in-charge were obviously not getting on very well together and a patient said, 'if sister is going we are not going'. We had a little think about it and said 'No, we are running this for the patients'. So we said to her please do no come. We were in and out of the spinal unit and I'll talk about that because that's

where I worked towards the end. The physios had their area at the end where they work with people and then we would work with them there and come back to the Department. I must have put a notice on the board, or I did something, and suddenly there was hell to pay. I should have asked permission! After a while, with familiarity, you forget whose territory you are working in – it becomes your own as well. I have forgotten what it was but it was something like that.

SP: Who would have been making that fuss – a senior nurse?

RR: The sister-in-charge of the ward.

SP: Where did you get your supplies, were you able to go out and buy supplies?

RR: Basically there were internal things, which we get supplied, but equipment and other types of supplies we had to put an order in through the system. There was a kind of budget. This was something I found when I went into the Department of Health, what was annoying, you would kind of miss out on the things you wanted, it might have been some major equipment, and then you didn't get it. You didn't have a chance to prioritise it or anything. Then eventually things would come but you may find that something needed three pieces for it to work and so some clerk or someone would cross out bits, and you would get something quite useless because you didn't get the other part.

SP: Can you remember an instance of that?

RR: No not specifically. But the principal of it, if you put in and the powers-that-be would say, 'Look sorry, you can't have \$1000 you can have \$500'. Then you would work out your priorities, but you were never given that opportunity to prioritise your list. That was something I was particularly conscious of when I went to the adviser position in the Department, but how can they expect people to behave responsibly in their management if they are not given any of the information on which to act responsibly.

SP: Were you given anything like an annual budget that you could work to or would you just ask for something?

RR: No, we had to submit what we wanted, and the same for staff. You couldn't adjust it; it was no relation to what they decided to give you.

SP: Did you ever tackle anybody about that?

RR: Probably not at that stage. No I was sort of more aware of these things when I researched the job. You were in there and you knew in the beginning that it takes a while for things to arrive. But I remember fitting out the department and I drew up all these plans for the kitchen sinks and cupboards and things like that. The dear old carpenters, having gone to art school I had done some technical drawings so they were fair to reasonably accurate and the carpenter would come up, Miss Read I have got a space here do you want to extend? They were very good.

SP: So he made a little gap that wasn't on your drawing?

RR: No depending on where the wall was which I didn't know as accurately as I should, do you want to extend it? They didn't just slap it up they came and checked. I have still got all those drawings.

SP: Those drawings – copies of them might be of interest to the Museum.

RR: I remember when the main block was the new hospital.

SP: Would it be fair to say you enjoyed your time here?

RR: Yes.

SP: It was rewarding professionally?

RR: Yes – this was my first real sort of clinical involvement.

SP: Did you enjoy being the boss?

RR: Well I wasn't very 'bossish'. In those days there was a small group.

SP: But you must have been able to make decisions?

RR: Maybe only small ones.

SP: Was it very different when you moved into the Department of Health?

RR: Yes well I was taken around and put in an office and I was it. I had to create the whole job completely with some people needing more structure to operate. That's when I had to sit down and work out what equipment you need to start off with in an Occupational Therapy Department and how much does it cost. Because that's the thing we had no experience with and so I had to get everything. Woodworking tools and all this sort of thing and price them all and eventually say is it \$2,000 or \$10,000. To have some basic equipment in an OT Department and I just had to sit down and do it from scratch.

SP: You did a lot of phone calls?

RR: I obtained some good solid catalogues.

SP: I did a small stint as Vice Principal at a Women's College during which I had to buy a bed for the physiotherapy students so they could practise on each other at home and I made dozens of phone calls – I eventually bought one that was made by a family firm in Caloundra. Did you consult anybody?

RR: Back in the Health Department – I think we found advisers and people around the state and interstate. I had to travel around Queensland, but I was able to travel interstate quite a lot. Then I went to conferences and things all over that period.

SP: When you were in the OT department here, did you have students from the University coming through?

RR: Yes, of course.

SP: So you had a teaching role there as well?

RR: Because there still weren't great numbers of students we got to know pretty well all the local therapists because just about everybody had to go through PA, one or two at a time. So for some years it was very close knit with everybody knowing everybody. But

eventually of course the numbers grew out of all proportion and then exploded. It is a big discipline now – hundreds and hundreds of them.

SP: Well I think that's not a bad place to stop if you can't think of anything else I should have asked you.

RR: No, I can't think of anything.

SP: Thankyou.

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