

## Princess Alexandra – Oral History Project

Interview with: JACK RICHARDS on 5 October 1999  
Interviewer: SUE PECHEY  
Place: Princess Alexandra Medical Library

*This transcript is a slightly edited version of the conversation on the matching tape/disk.*

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

**SP:** I am with Jack Richards in the Princess Alexandra Medical Library and we are going to talk about his career here. We are going to start by talking a bit about your childhood and your education.

**JR:** First of all I was born at Kangaroo Point and at the age of two our family moved into a war service home in what is now the Grange. When we moved there it was called The Day Park Estate and then it became Windsor and then it became Wilston and now it's the Grange, the house is still there. I had two sisters, my younger sister was born here in Queensland at Crow's Nest and my elder sister was born in Cornwall, England.

**SP:** Crow's Nest? What was your family doing there?

**JR:** My parents were Cornish and they came from Cornwall. When my father decided to come to Australia in 1909 somebody told him it was the land of milk and honey so he came to Australia. I think a cousin convinced him to come but I am trying to find that out. It was planned that he was to settle at Crow's Nest. Prior to coming to Australia he was working in the mines in Wales and he was a pit mason in the mines. But that's a point I have never been able to find out.

He was working in the forestry. He did all sorts of jobs in the wartime and he enlisted in the war. Of course, my oldest sister was born in Cornwall and my youngest sister was born in Crows Nest. When my father enlisted, all the family came to Brisbane and I must have been the last thought of my father because I was born while he was away. I was born on 7th May 1918 in the home at Kangaroo Point. The street was Wilson Street but it doesn't exist any more. During the war it disappeared.

From there of course we moved out to the Grange and I went to the Windsor State School and a funny story which takes time to tell. I became interested in the school choir. Our mistress at school choir was the deputy organist and choir mistress of St John's Cathedral and to cut a very long story short she got me into St John's Cathedral. So I was in the choir for five years and I won a scholarship from there to go to Church of England Grammar School. It was when I was doing my final studies at one Christmas time a neighbour of ours who lived just down the road came and told the family that the hospital was looking for a junior clerk to do a couple of weeks work at Christmas.

At that stage my father was working two days one week and three the next and he was one of the lucky ones. So he was trying to keep me at Churchie. Although I had a scholarship there were other expenses, so when I was offered this job for a couple of weeks at Christmas, they thought it was marvellous. I went to the Children's Hospital and for two weeks I worked there. But in the second week I was approached by the accountant to take on the junior clerk job, because the message boy they had couldn't stand the site of sick people. So they offered me his job. I went home and asked my parents and they said to take it. I know what was in my father's mind, he would have liked me to go on with my education, but he couldn't afford it.

**SP:** So how old were you then?

**JR:** I was 15.

**SP:** So how many years did you have at Churchie?

**JR:** I had three years at Churchie. I was a boy soprano.

So then I started there with the message boy job and from there I gradually worked my way up in seniority.

I went to the war and I got tossed out of the war and when I came back the accountant was so pleased to see me because so many other young people had gone. Of course the hospital was then declared a protected industry and I couldn't leave it if I wanted to. So I was stuck. In the meantime I had some odd jobs given to me.

I don't know if anybody ever knew this but the main block in the University at St Lucia was taken over as an Emergency Hospital and General Blaney wanted it as his headquarters. That was the first job I got when I came out of the Army – to go over and get all the equipment that was there and bring it back to the hospital. I had a Captain and an officer and about twelve men under my control, to remove all this equipment, which I enjoyed very much. The next job I got was to come over here to PA, then the Diamantina Hospital, and I had to do a stocktake of all the various general stocks and equipment of the place before taking the hospital over from the Department of Health. That was sometime in early 1942, I can't give you the exact date.

From 1942 this place was called the South Brisbane Auxiliary Hospital and it stayed that way until 1956. The official name of the Brisbane General Hospital was the Brisbane Hospital, there was no General in the name although people used to refer to it as 'the General', but its official name was Brisbane Hospital.

**SP:** It was overflowing?

**JR:** Yes it was well and truly overcrowded. They were nearly doubling their occupancy in the number of beds. They had to look for somewhere to put them, so then the Government decided they would hand the Diamantina Hospital over as an auxiliary hospital. A great number of patients went to Dalby and the rest of them went to Dunwich (now Eventide). They sent the patients from the Brisbane Hospital, but there was no admission and there was no discharge from the South Brisbane Auxiliary Hospital it was all done from the Brisbane Hospital to the Diamantina (now named the South Brisbane Auxiliary Hospital). So actually the patients that were over here were all convalescing or long stay patients some

were there to die, but it was necessary to relieve the overcrowding at the Brisbane Hospital. This went on for several years and until I think it was either late 40s or early 50s. Vince Gair was the Premier at the time and decided that the south side should have its own public hospital, because the only hospital on the south side at that time was the Mater. The Mater at that stage was a semi-private hospital. So Vince Gair decided to build the South Brisbane Hospital. The building started just about on election time and I remember that he requested that some steel girders should be up in the air to show the public that building this hospital was in progress.

In building the hospital the main block was build by day labour, and the other blocks were built by contract. As the building was under construction, I got the job of ordering all the equipment required. I had the help of another clerk; Mr. Jim Hendry. He and I had a little office down in the laundry building, and it was from there we did all the ordering and calling of tenders and quotations. We arranged for them to be scrutinised and for the responsible person to make the required recommendations, have such recommendations approved by the North Brisbane Hospitals Board, and then as was required, forwarded to the Sate Stores Board for placing of the necessary order. It was also our job to receive the equipment etc. as it arrived.

I was also given the job, now that the building was progressing very well, the responsibility of taking over parts of the building as they were completed, from the Architect. On occasions this did not please the builders or contractors, as they claimed that I was not a qualified builder. However I did find instances were some work was not done properly, and backed by the Architect, the work had to be done again. Most faults were the wall tiles. I had to make sure that all equipment worked, the electrical fittings worked, before we would accept the part of the building from the builder. Generally it was done flor to floor.

I was also responsible in preparing staff rosters for staffing the kitchen, wardsmen and domestics.

Every tenderer for ward fitting was required to supply a sample of what they tendered for. To set all this out we used an old ward at Brisbane Hospital (ward 15). It was a Pavilion ward. There was a great deal of discussion and debate over the type of furniture to be supplied. I wanted to change the type of bed being used. I wanted to get away from the

heavy hard wielding cast iron beds and switch to aluminium, but I could not change the Boards attitude.

When all the equipment was ordered, and when the building was nearing completion, applications were called for the position of Senior Administration Officer. I applied and was appointed on the grounds of being the most efficient applicant. However Mr. W.H. Wood appealed against the appointment on the grounds of equal efficient and seniority. Mr. Wood won the appeal so I had to return to the Brisbane Hospital.

Anyhow this caused a bit of a split in the staff for a while because when I walked in the room and Bill was there they didn't know whether to talk to me or not. I decided that the situation was intolerable so after some time I went up to Bill and said, "Let's forget it", and we became very good friends again.

Unfortunately Bill died some years back. Bill was only at the South Brisbane Hospital about three or four years and he was later appointed back to Royal Brisbane Hospital (or the Brisbane Hospital) then I got appointed to the South Brisbane Hospital as Senior Administration Officer. I wasn't working here then, I was appointed to the position but they had an acting person here as I was still doing some special work at Brisbane Hospital.

**SP:** Seems a strange way to behave?

**JR:** But in June 1959 the manager came to me (by the way I had only had one manager in all this time) and said, "The Minister wants to see you", and I asked, "What for? – why me?". Anyhow we went in to see Dr. Noble, the Minister for Health, (strangely enough all the Ministers I knew all referred to me as Jack).

He said, "Jack, you've been appointed to the South Brisbane Hospital?" and I said "Yes I have".

"Well", he said "You have to go over there immediately and create a new Hospitals Board to be called the South Brisbane Hospital Board. The Brisbane and South Coast Hospital Board is to become the North Brisbane Hospital Board" The Department of Health had split the Board and that's when I got the job. I was doing some special work at the Brisbane Hospital and I had to stop what I was doing and come over here and set up the South Brisbane Hospitals Board.

**SP:** When you say you set up the Board, what exactly does that mean, what were you doing?

**JR:** To organise for a body to be formed to administer health in a designated area. Well, first of all you have to have a Board and in those days the Board consisted of nine members, the Chairman was a public servant, usually from the Department of Health, there were seven other appointees by the Government, and only one person from the component of local authorities in the Boards area, The area covered Brisbane, Albert, Redlands and Beaudesert. Then we had to conduct a ballot for the local authority member. A list of all councillors in the above local authorities had to be obtained and then it was necessary to send them each a nomination form and then later ballot forms. On receipt of the sealed ballot papers they were placed in a sealed ballot box. The winner was the candidate with the greater number of votes, and that set up the Board.

Then had to be set up our own record system and then arrange for the Boards' own authority system e.g. Banking Budgeting etc. So that everything on the administrative side had to go through me, representing the Manager, whereas, before it was more or less a section of the Royal Brisbane Hospital. Now it became a separate identity. For the first year we didn't prepare our own budgets but the second year we did and I complained. I sat down and I was really in a fit of rage because I felt we were being robbed. I sat down and I wrote out a report and when I finished it and got it typed (at this stage we still had the same manager for North and South Brisbane) and I showed it to the manager. I said, "What will I do with it?, I don't think it will go too far". He thought it was good and he showed it to the Chairman, and he thought it was good. "Well", I said, "Look, I don't know what's going to happen to it". He said, "We'll put it up to the Board".

It was put up to the Board and they decided it was a good report, but they "noted" it and that was the end of it until about two months later (and that's why I would like to get to those files) for six days in the week a half page editorial in the *Courier Mail* was trashing the health system in Brisbane and quoting a "Senior Administration Officer said", and they quoted from my report. Now at that stage I didn't know who gave that report. When I say I didn't know I had an idea who gave it, but I never bothered to find out, but it was on it was on a long weekend holiday. The week after the publication I was called in to the

Department I had the Deputy Assistant Under Secretary and two hospital inspectors and somebody else (there were four of them) and they quizzed me all afternoon from about 1.00pm to 6.00pm and they couldn't find fault with the report I made.

**SP:** Just give me the subject of the report.

**JR:** Well basically my report was what the Department of Health did and what the Brisbane Hospital did before we took over the hospital. We were part of the Brisbane Hospital before the change; so all relief for nursing staff, annual leave, sick leave was carried by the Royal Brisbane Hospital. So if we had say twelve nurses that meant we want at least one for annual leave relief, probably another one for sick leave. But when the budget for Princess Alexandra Hospital was prepared, we found that the Brisbane Hospital kept all the leave and gave us none. So we were working with our bare working staff with no relief whatsoever. That was one thing.

Another thing was, there were many things promised to officers of the hospital that were not given. The Pathology Department for example. Dr Holmes, who had been recently appointed Director of the Department was on arrival from Perth promised many things that he wanted, so these were included in the Hospital Budget. All the items listed were deleted from our approved budget. I was shocked. I just could not believe that this would be done so I decided to put my thoughts in writing. I wrote a report stating what I thought about the depleted budget including comparisons where necessary, and I emphasised the broken promises. I forget how many typed pages there were resulting in my report but I do recollect that including statistics it approached about forty pages. By the time I finished the report much of my anger had disappeared. However I showed it to the Manager who read it, thought it was very good and said he would show it to the Chairman. The Chairman read it and he thought it was very good and it should be submitted to the South Brisbane Hospitals Board at its next meeting. It was now I felt that the matter was going nowhere, and the Board would only note the report, which was eventually the result of the meeting.

The next thing to happen was that the Courier Mail had as its editorial for a week complaints on the administration of the health service in Brisbane, and in these articles the author of the editorials, Arthur Richards (no relation) quoted extracts from my report to the Hospitals

Boars. In the week following the publication of these editorials I was summoned to appear in the Department of Health. The Under Secretary, Department of Health, and three other senior officers of the Department confronted me. They questioned me about the report I had submitted to the Board. All the material I had included in my report I made sure that it was correct, so I was not concerned about any questions I might receive. For example, the number of wardsmen staff requested was reduced from what we wanted. The interviewees started to make comparisons with hospitals in the south, and stated that we had more wardsmen per patient than the Royal Prince Alfred Hospital in Sydney, but what they had not taken into account was that our Hospital's classification of wardsmen included porters, cleaners, as well as wardsmen. So when they took this into account the silence was deafening. In the end after five hours questioning I was dismissed (approx. 6pm)

When I came back to the Hospital, Dr Owen Powell, the Medical Superintendent was waiting for me and when I told him what had happened, he wanted to telephone the journalist who wrote the editorials and tell him what had happened to me. Fortunately Arthur Richards was not available. The Department Officers did ask me who gave my report to the press, to which I replied that I did not know. At that stage I really didn't know, but I had an idea who it was. I thought it might have been Dr Little who had a great influence in Queensland at that time. Some years later I asked Dr Little if he had and he admitted he had. From all of this the Hospitals Board received a reasonable budget.

**SP:** Was there ever any suggestion that you were going to be castigated in any way?

**JR:** Not from the people that mattered. At the next Board meeting there was a motion passed giving full confidence in Dr Powell and myself. What happened was I became very unpopular with the Department of Health and because the Minister of Health referred to me as 'Jack' they thought I had more power and knew more than I did. I often threatened and bluffed and said if I don't get what I want I am going to the Minister and that sort of thing. But I would have no chance of going to the Minister at all. I used it and it worked. Matter of fact, the time I'm talking about anything sent to the Department of Health was either delayed or lost. You could never develop anything because (I hate to say this) the officers of the time, in my opinion, were an incompetent lot.



I will give you an example. In 1969 I went to England on a holiday and by a freak circumstance, which occurred here, I became a guest of the British Government for two weeks. So I had a guide and car at my disposal. I went to England to have a look at frozen food service and nurses uniforms. I came back with both these ideas and I persuaded the Board to allow me to do a test on frozen foods out at Corinda Maternity Hospital (at the time it had about 20 patients). The CIG gas company heard of my interest in frozen meals and approached me and said, "I hear you are interested in frozen foods", I said yes, CIG then made the following offer. "We will give you a refrigerated pantechicon if you prepare meals for the Corinda Maternity Hospital for two weeks. CIG will freeze the meals". I said, "That's fine", I had to borrow some microwave ovens.

**SP:** Did they have microwave ovens then?

**JR:** Yes, as a matter of fact one was an odd one, which I haven't even seen since. It was a convection microwave oven. But it was too big. They were considered very dangerous – you wouldn't have a microwave because all sorts of things could happen to you. I'd hate to tell you what they told me about them.

Anyhow we did that and it worked out beautifully. The thing we found at that time was we couldn't do sauces and things like that. On the whole the exercise was a great success, but I never got one important person to come out and have a look at it. I was extremely disappointed.

So then I tried to get the nurses' uniforms away from cotton material to synthetic material. Well, that was extremely difficult. They went to all lengths to try and stifle me. They even took our material that we were using, to the Government Analyst and had him do tests of weft and weave on the material, and then studied the strength and then tried to prove to me that there was nothing wrong with the existing material. But they missed the point. What they were trying to say is how the existing nurses uniforms all had to be starched and ironed. The synthetic material you just had to wash and hang them up to dry. But they said no, you couldn't do that.

**SP:** Who are they – the Health Department?

**JR:** Yes – another reason the Department wouldn't have them was for the simple reason being that they thought with the synthetic materials, you could see through them and they weren't having people looking through the nurses' uniforms and looking at the nurses' legs. These stories are hard to believe but they are true.

**SP:** In 1969, when skirts were about 6 inches above the knee on the ordinary street?

**JR:** But our nursing administration was pretty strict.

**SP:** Well, that is rather extraordinary for me – but ultimately frozen food did come in?

**JR:** Yes, it did come in but wasn't until after I left. But the nurses' synthetic uniform wasn't too long coming in and I had the Matron on my side and she was a dear old thing.

**SP:** Who was it – Miss Broomfield? Tell me about her.

**JR:** She was a very efficient woman. I am going back into the 50s and the early 60s when women weren't considered to be efficient in administration, but she was a very efficient woman and I will never forget her. I remember one of her achievements that clearly showed her thinking and determination, in those days we used to get toilet paper and it was hard – you could cut your fingers on it. She complained to the Board that it was not fair to her nursing staff because they had to use this toilet paper for their patients. People laughed at her because of this. The Board were a bit flippant about it early but they changed their mind and eventually, we persuaded the Government to change the toilet paper from the hard to softer paper.

**SP:** Did you all get a roll each to take home and use?

**JR:** This was not 1990, it was 1960, and to talk about toilet paper (there was only two women in the room), people looked a bit embarrassed. But she did it very well and she

stuck to her guns and in the end we all supported her and eventually she got her way. She was a great woman.

**SP:** Why was she on side in the matter of the new uniforms?

**JR:** She understood my plight. My plight was I had to get an output out of the laundry. Anything I could do to speed things up through that laundry, the more the wards would get and the quicker return, the wards would have less problems with linen. Because there were always problems with linen, there still is. But the problem was there was not enough and they were always complaining. The trouble was its machinery and its output limited the laundry. I could explain to them, that by doing the synthetic laundry I could do away with starching and ironing and I could concentrate on other things. That is why she backed me up. But we were fortunate with Dr Owen Powell – we got on very well. I reckon we worked extremely well and Dr. Powell led his medical side very well and was very respected and so was Miss Broomfield with his staff and nurses.

**SP:** Was Mrs Broomfield the one who didn't like eating with everybody else? She had a little nook made for herself.

**JR:** You have to realise the situation at the time. This is the thing that people don't realise, it was customary for senior staff to have separate eating accommodation. The Senior Staff sometimes found the mealtime a good opportunity to get together to discuss things. The Matron by her rank also felt that she should have some privacy. I remember writing about my father. My father considered himself to be at the top of his station in life and that's it he didn't expect to go any further in the social life than where he was but we wanted me to do better. When I went first of all to St. Johns Choir my family were extremely proud because I was in the choir. When I went to Churchie, well that was the ultimate because at that time Churchie was the snobbiest school in Queensland. When I left Churchie and came to work with references that came from Churchie. It was being educated at Churchie, that got me a long way that was at that stage I didn't realise it at all but it happened.

**SP:** So the 1960's were a different era, that's why I was a bit surprised that she was prepared to look at a change of nurses' uniforms because one can't imagine her doing away with veils for instance.

**JR:** No, she was the old rigid type woman to look at, but she didn't work that way, she believed in stations in life, she was the Matron and the old type Matron – not like they are today. She had that respect and everybody gave her respect and she was a great woman to work with. She was an understanding woman and I found her very easy to work with. In most cases anything that had to go to the Board, we would discuss it first between ourselves.

**SP:** So you went to Board meetings?

**JR:** Yes, I acted more or less as the Board Secretary and then did the correspondence after the Board meeting. I only had specific authority because I still had to answer to the Manager. He was from North Brisbane and he was stationed over there. Every Thursday morning he came over to see me. At that time the Manager was named Herbert Walter Howard Marley. He was the manager of both The North Brisbane and The South Brisbane Hospitals Boards. I would set aside any official things that he had to sign or anything that I had to seek his advice. Some weeks he came over I had nothing for him so we would discuss our families and what he did at the weekend. Generally I would tell him what was happening. He was quite happy to let me run this place as I saw it and very rarely did he interfere with what I was doing.

**SP:** Was there any time that he did?

**JR:** Not with Herbert Marley.

**SP:** They never did make you manager, did they? Mean lot – tell me after Marley.

**JR:** Well after Marley there was Stan Beedham I got on with him all right. The subsequent manager, Neil Whotley, I didn't get on too well with him and he didn't like me.

**SP:** What sorts of things did you disagree with?

**JR:** He was an ex auditor. The first thing he did to me that upset me was (we have to go back in history now, when Medibank first came in). The Federal Government used to grant funds the State Government on a per patient day basis, but there were classifications on how it was done. For example, there were chronic patients, there were acute patients and there were many unqualified patients. It was rather confusing and at that time we weren't dealing with the Government. The main agent was the Manchester Unity organisation and we were dealing mostly through them and through to the lesser degree the other fund, eg (Medical Benefits Fund). We had to get a system that worked for them. It took us a while to get this thing going. We had to make adjustments and they'd overpay us and they'd underpay us and so on. When we got it straightened out (I was working with a clerk named Alec Percy who was in charge of the Admissions department at the time) we eventually got a good system. In the meantime the auditors came and saw all the original mistakes we had made and he had them included in his Auditor's report which made us look inefficient, but he didn't give us credit for the fact that we'd adjusted them and got the system working. The system we had developed was then the basis for all other hospitals in Queensland.

**SP:** He didn't tell me that.

**JR:** He is quite friendly now.

**SP:** Did the fact that you didn't like each other much — did it ever interfere with your working relationship?

**JR:** No – except that he didn't like the way I did things sometimes. I believe I would tend to go my way quite a bit. I got into trouble once because, way back in the 50s, I did a review of the hospitals all up the east coast of Australia and I came out with some good ideas but they never got off the deck, most of them. One day, much later, when I was working here, they were having difficulty in our supply department, general store.

They couldn't keep the stocks records properly and there were always deficiencies in the stock, so I devised a system of dividing the store into sections eg foodstuffs, surgical dressings, hardware, crockery, stationary and so on. Orders were made out according to those divisions. Orders were delivered on certain days – provisions every day and “stationery” twice a week – and it was all worked on a Kalamazoo pegboard. Which meant if you added them across you just have to go to the store shelf and take off the required number of items and then they were put on a distribution table. When you got all the items out you then you broke it up into the individual orders. In theory when you finished breaking it up there should be nothing left on the distribution table. That meant your stock should be right and that was what the store staff worked on.

I got into trouble over that and because I hadn't followed the 'official practice'. It should have gone through the Central Accounting Bureau at the Brisbane Hospital to get their approval. I had no control over the accounts system – invoicing etc that was all done at the Central Accounting Bureau. I used to get complaints from suppliers to say that our account was not paid. I'd check with the Central Accounting Bureau, making sure it was cleared from Princess Alexandra Hospital. They would say 'Oh yes we have got your invoices over here but we have only received the one statement from the firm and we waiting for accounts from Chermiside to finalise the account before we draw the cheque'. We never had a financial complaints section. Any complaints about the pay we had to do by telephone and if anyone made a mistake with pay we would have to make the adjustment at Princess Alexandra Hospital. It was very cumbersome.

I had thirteen years here; my last thirteen years and I enjoyed it very much. They were some of my happiest days of administration.

**SP:** How would you compare this hospital with all the other hospitals you've seen?

**JR:** At the time in the 1960s it was as efficient as any hospital in Australia and I've seen most of them.

**SP:** You mean efficient in terms of its use or its resources? Making good use of its expenditure?

**JR:** Yes, it got tougher as times went on but in the 60s period when it was new and operating it was very efficient.

**SP:** When did you leave here?

**JR:** 1973.

**SP:** Where did you go?

**JR:** St. Andrews Hospital. I was there two years, but I was disillusioned. I left Princess Alexandra Hospital in 1973 and I left feeling very disappointed and felt I had been let down in that all the work I had done was not appreciated. To explain; The Department of Health had reclassified the position I was holding to Manager. I applied for the job, and most people thought it was a foregone conclusion that I would get the position. However when the appointment was made it was given to a Public Servant who was employed by the Health Department. The reason given was that the appointment was a Public Service appointment and I was not qualified for the position. Having spent thirteen years building up the Hospitals Board, and in particular the Princess Alexandra Hospital, and not to be given credit for that I was bitterly disappointed. Then in a fit of pique I resigned.

In the meantime I married a second time and my second wife, who was ten years older than I, kept nagging me to resign, pointed out that when I reached the age of 65 years she would be 75 years and she would not be as mobile as me. As I was not entirely happy at St Andrews Hospital, so after two years I retired. Coincidentally my second wife had trained as a nurse in her younger days.

**SP:** Were you aware of what was happening medically in the hospital or were you really immersed in administration?

**JR:** No! Not entirely. I will say this about the place. There was not a door shut to me. For example, if I questioned a request from the Director of Anaesthesia, Dr O'Donnell at the time he would not hesitate to suggest that I gown-up and enter the Operating Theatre and

see for myself. Similar situations occurred in the X-Ray Department and Pathology Department. I found that some of the procedures I observed very interesting and helped me to understand how some departments worked. I found the hospital to be a very open place, and I enjoyed my time there.

**SP:** Out of hours did you socialise with the people you were working with?

**JR:** No – that was one of the pities of the position I was in. First of all I am not a heavy drinker and most of the people I knew always wanted to have a drink or two before they went home. That was one thing but the other thing was I never left my office until I had done what I thought I had to do that day. Sometimes I didn't get away from the office until six or seven pm. I was tied up with other committee meetings at night too and at one stage, in my life, I only had two week nights at home in a month. I was in Rotary that met every Monday, in a Masonic Lodge which met monthly, Chairman/President of Warehouse Cricket Association that met every fortnight, the Hospital Board meetings, committee meetings and I had research committee meetings. In what I called a long month where there was say five Thursdays, then I had a Thursday free. That's why now I am socialising more with the staff than I did then. I never had the time.

**SP:** What was the strangest thing you ever had happen here? Requests for bits of equipment, odd things happening, you must have seen a few of them.

**JR:** In 1960 I was told I had to go to Peel Island; we were taking over the Lepers, or Hansen's Disease patients. Instructions came from the Minister to go down and see if there was anything there that I wanted to bring up to Princess Alexandra Hospital. They were going to bring the white patients to the Princess Alexandra Hospital and the aboriginal patients were going to Phantom Island.

**SP:** There can't be many patients left there, of any colour?



**JR:** Well there weren't too many. They were living the life of kings there. They had Wide Screen Theatre, boats, chickens, and anything they wanted. They used to get the feed for the poultry supplied to them by the Department. They used to sell the eggs. I will never forget the first day I went there. I never took my hands out of my pockets. I was of the opinion that some staff would not work with people who had leprosy and I said the only way we will ever do it is to get Superintendent Goldsworthy to come out and explain Hansen's Disease to the staff. It was arranged that on two occasions each of five days he came over and gave lectures to the staff on Hansen's Disease. I went to the first one and for the first ten minutes I nearly died – because he showed the worst cases of Hansen's Disease and how it affected people and how they look and how they finished up. He went on and explained what it was and how it happened. After that we never had any trouble at all. All the things that I got from Peel Island were one boiler for the kitchen and one wardsman.

**SP:** But there must have been a cure for Hansen's Disease by 1960?

**JR:** Yes, there was, but it was a long process.

**SP:** Someone told me there was a single Hansen's Disease patient living here somewhere in the hospital for years and years.

**JR:** Yes there was. He only died recently. We had a ward specially renovated for Hansen's Disease because we only had a few people at that time. It gradually died out.

**SP:** They must have hated coming from Peel Island?

**JR:** Yes, I should have imagined so. Have you ever been to Peel Island? It is a beautiful little island.

**SP:** Is there anything else we haven't touched on. I am sure there are other things. What about – the place was always short of money.

**JR:** Yes, that's a common problem that never changes.

**SP:** I wanted to ask you about something that is called The Women's Auxiliary.

**JR:** Yes, Princess Alexandra Hospital, I believe, had the first one in Queensland.

**SP:** The Womens Auxiliary, I think one of the doctor's wives – Mrs Myers.

**JR:** She started it but, unfortunately, when she started it, it was doctors' wives, only. Now that was a classification which didn't encourage other people to join and for a long time it was an elite group.

**SP:** Do you know what it was designed to do?

**JR:** It was designed to raise funds for equipment that we couldn't provide out of our normal budget. We had to be careful it didn't clash with Government policy. They could collect money and buy equipment for the hospital. That was the initial group as I remember.

**SP:** Neil Wotley seems to think that it also filled a function in that it gave particularly doctors' wives a network. These were women who were on their own a lot because their husbands worked very long hours.

**JR:** The only fault with it was it was made to look like the doctor's wives' tea party and a bit exclusive, but it changed.

**SP:** I'm outraged by the thought that women should have to hold tea parties and sell raffle tickets to raise money for medical equipment. The Government should be providing it.

**JR:** I went to the Government one time after a very large chemical company who wanted to donate some equipment approached me. I wasn't allowed to accept it.

**SP:** They were afraid you might favour that firm in some way?

**JR:** That was the policy and it was very hard to change it. It has changed, now they will take anything they can get. In those days you dare not – it was like a backhander to them.

**SP:** A bit like a bribe?

**JR:** Yes, it was. I was trying to change the style of beds. You know the old cast iron hospital beds we had? Well I tried to change them to aluminium and I had a bit of trouble. I was doing reasonably well, though they were having a bitter argument about it.

I might tell you that when we got all the equipment for Princess Alexandra Hospital, particularly when we got the furniture, we got a list of what we wanted and then called tenders. We asked everybody who tendered to supply samples. So we took over an old ward (ward 15) at the Royal Brisbane Hospital and Mr J Hendry and I got it all set out with all the equipment that was going into a ward, including the aluminium bed. I got my way with most things but I couldn't swing them on the bed. It wasn't until one of the board members looked at me and said, "What are you getting out of this?" – and that's when I stopped.

So we finished up we ordered the old type of bed. You know the old cast iron beds; they were a clumsy-looking heavy thing. To make matters worse they went and picked a special coloured paint that Dulux had to make up especially for these beds. I think I was born too early.

**SP:** Were they much heavier than aluminium?

**JR:** Yes they were shocking beds and they were easily knocked about and they used to chip. But they have changed now. It was very difficult to change things in those days. They still had the old ideas of Florence Nightingale type of hospitals. Anything that didn't fit into that pattern it was hard to persuade people to change.

**SP:** Did you have a policy of buying locally if you could?

**JR:** As a matter of fact in the early days all tenders had preference clauses in them and there was a certain preference for first of all locally made things and then Queensland made things and then Australian made things. On the other hand it kept people employed locally. But on the other hand it didn't affect it a great deal because most of them came from overseas or from factories down south.

**SP:** Medical machinery came from?

**JR:** I remember once when one supplier from Sydney was tendering for machinery said to me once, "I have trouble getting tenders accepted in Queensland". I said, "Well why don't you have your machinery assembled in Queensland". He brought parts of machinery up from the southern states and had them assembled in Brisbane. There wasn't sufficient call on that piece of equipment to really make a success, so he dropped out. That was the type of thing that went on. Then they used to send it up in parts.

**SP:** What sort of things would have absolutely come from overseas? You can assume most medical machinery. What about these big refrigerators they use in the pathology?

**JR:** Some of them are locally, Australian made.

**SP:** What about the big washing machines in the laundry?

**JR:** Some were made in Australia, some from overseas. You will probably find parts were made overseas. A lot of the hydraulic equipment came from overseas. I think the lifts came from overseas. Lately it's started to be made in Australia. The same with a lot of the hospital equipment, when you consider that there are not too many major hospitals in Australia. There are many hospitals but not major hospitals. You have to have a call for them.

**SP:** In those days did you ever have problems with say cleaning materials in the wards? Nowadays I know that keeping a hospital infection free is very difficult. Did you expect those things? How did you know what to buy?

**JR:** We didn't have the problem, which has arisen today. I remember one occasion when we had an infection in a ward we actually cleared it. Everybody in that ward had to wear special clothing. First of all, it was difficult for non-nursing or non-medical staff to accept it because they were not told it wasn't just to protect them, it was to protect the patients. I can't remember having any special cleansing for it. The medical staff controlled most of that. It was their responsibility to see that all precautions were taken to stop the spread.

**SP:** Would they have been recommending what kinds of drugs were used?

**JR:** That sort of thing came from The Medical Superintendent, Dr Owen Powell and his recommendations would be carried out.

**SP:** What sorts of people were on the Board?

**JR:** The Hospital board comprised nine members. The State Government appointed eight members and the ninth member was elected from the component Local Authorities in the Board area. The eight members appointed to the board were:- Mr R (Bob) Fanning, Chairman, Mr CA (Bill) Edwards, Mr A Midson, Mr J Aboud QC, Dr LA Little, Mrs M Broad, Mr Fielding and Mr M Howling. Mr Fanning was a senior officer in the Department of Health. Mr Edwards was a pharmacist, but had many other jobs around town. Mr Midson was a bank manager. Mr Aboud was a barrister. Dr Little represented the medical profession, Mrs Broad represented women, Mr Fielding representing commerce and Mr Howling who was manager of the local office of the *Womens Weekly*, I think probable the press. In the early stages Mr Doug Sullivan was elected to represent the Local Authorities.

**SP:** Were any of them particularly difficult to deal with, any one of those people?

**JR:** Big Bill at times was - I found eventually that if I wanted anything to get through the Board without too much trouble, if I could approach him before the Board meeting to convince him that my submission was a good proposition, if he agreed I only had to sit back and wait. He would do all the hard work. He was aggressive sort of a man, but once you

got his confidence he was quite good to work with. I used to enjoy his company. He was one of those who would come rushing into the Board room and sit down and then the Chairman would have to bring him up to date.

**SP:** What was he doing then?

**JR:** At the time when he first came on to the Board, he was a chemist. He was chairman of the Milton Tennis Club, he was a senior officer in the RNA, and he was the ringmaster during the Exhibition.

**SP:** He was in a lot of places in those days.

**JR:** He had a lot of influence and power – if you wanted anything you asked Bill. The same with Dr L Little, he had a lot of influence too. It was quite handy to have him on side too, while I was on the Board. I had no trouble with the Board itself.

**SP:** Did you ever have any big union problems here?

**JR:** No, I was very fortunate. The reason why I was fortunate was because one of the first things I did when I got to Princess Alexandra Hospital was to find out who the union reps were. I told all these union people the only thing I couldn't fix was anything to do with the industrial award. Now the award rates, award conditions, I could not change. If there is anything wrong with your rosters or anything wrong with the equipment or anything else in the place I requested that they let me know and I would endeavour to fix it.

One little thing I remember when I wasn't here very long was a problem with the domestic staff. The domestic staff was complaining about the late-roster and I had to find out why. They said, "Look we finish at 10 or 11 pm but the train leaves Buranda five minutes after that and that's the last train so if we don't catch that train we can't get home". All I did was adjust the shift back a half-hour. I had no problem. There was only one stop work meeting at Princess Alexandra Hospital and that was because the union called it and it didn't apply

here but it applied more to Royal Brisbane. It was lunchtime and the Matron, Deputy Matron, and the senior nursing staff carried out the serving of the meals.

Why don't all you trades people get together, form yourselves into a little committee and act as one – not as four different groups. So they formed that committee and that worked really well. For example; the Board had increased the car parking area.

Some was set aside for medical and nursing staff, and the rest was left for the remainder of the staff. I knew that the nursing staff had about 20% more than the needed, because at that time not every nurse had a car. I went on holidays at this time and when I came back the Engineering Staff, the Wardsmen Staff and the Domestic Staff were threatening to go on strike unless some parking was made available to them. I approached the wardsmen and domestic staffs and asked that they give me another few weeks and the matter would be settled. I also called a meeting of all the tradesmen staff, and I advised them that if they gave me a further four weeks I would guarantee them more parking. All accepted this and a strike was averted. The staff involved did eventually get more parking spaces.

**SP:** How many people would there have been here – under your control?

**JR:** Including the wardsmen, domestics, cooks, clerks, laundry, and engineers approximately 2500.

**SP:** You said there were four trades.

**JR:** That's electricians, carpenters, plumbers, fitters, and boiler house staff – that's five. They all worked very well together

The first Christmas I came over here I started my first Christmas party at 11 am and then progressed through many more. I got home at 7.30 pm that night and I don't remember driving home. I do drink but I drink in moderation. From then on I used to get a ginger ale and I would have half a glass of ginger ale and I would stay with that for one party, then I would go to the next party and another half glass of ginger ale and I went home sober.

The wardsmen used to have a big Christmas party. My wife and I were always invited. We never failed to get an invite to any big function.

**SP:** It never seemed too unhappy, even now – but I don't know.

**JR:** Of course that's a thing I found out by accident. One day I was seated in my office and my secretary brought in a stack of files I could hardly see over and I just wasn't in the mood to see those files, so I said, 'Look I am going out and I am not going to tell you where I am going. If anybody rings, you don't where I am'.

So I went out and the first place I walked into was the kitchen, and when I walked into the kitchen everybody eyed me up like I was a spy and I felt a bit uncomfortable. I was not going to let them bluff me, so I stayed. I inspected all the equipment and asked questions. I spoke to the chief cook and I said, 'I will have a cup of tea with you', and that frightened the life out of him. The next place of call was the Head Wardsman's office and I did the same thing. Well the first time I did this sort of thing they were very strange, but after several months they got quite used to me walking in and there was never any problems and that's probably how I broke down the gulf between management and staff.

I had a very happy time here. At the same time they respected me for anything that I wanted and I always had a chain of command. If you wanted to see me you had to report to your head. Now if the head was unavailable then you could come to me direct but you had to come up through your head if possible, like the old army routine.

**SP:** Stopped people finding out or going behind people's backs.

**JR:** I didn't like people coming direct to me telling me a story; unless it was something I should know. Like staff thieving. We had several cases of theft.

**SP:** Bound to, when there is a lot of stuff around.

**JR:** The peak of them all I think (I won't mention names in this). The intermediate section has their own accounting machines and their own staff to collect fees and raise fees and we had an Officer-in-Charge and he went on leave so we put in a reliever. The reliever came down to see me one day and said he had a phone call from an ex patient who claimed she had paid her account and I said 'did she quote a receipt number?' He said she did and she



has got the receipt. I said, 'Well the best thing for her to do is to bring it in'. I thought she had made a mistake. Well, she brought in the receipt, so I called for the receipt book. The receipt in print actually matched, but the information on the original and information on the duplicate were different. I didn't know how to work this out. The fellow was due back from leave on Monday and we will wait until he comes back. I said I wanted to see him straight away.

He came down just after 9 am. I said to him 'See that receipt and see that duplicate'?

He said 'yes'. Can you explain it? He said I might as well own up now. I kept that referring to the money. I said, 'How did you do that?'

He explained it to that what he did was when he received a cheque from a source that accepted clearance by the bank of the cheque he would not issue an original receipt form. He told me that he would place a piece of thin blank paper that he could see through, over the original receipt form, complete the writing the receipt so that the carbon copy would register as usual. This meant that there was no detail on the original, but the required information was on the carbon copy. He would then retain the original receipt and use it when a cash transaction occurred. He would keep the cash. He told me he thought that the whole operation would total \$3500. We thought it would be more than this amount and this proved to be correct.

I said 'How could you do it?' He told me how but I said, 'We do a trial balance every month on the machine and all the cards go through the machine'.

He said, 'I used to take out all the cards affected before they went through the machines'. The repercussion of this was that it was more or less my responsibility to see that didn't happen. However a few weeks prior to this incident the department had an internal auditor and soon after that there was the official Government audit and neither found the discrepancies. So when he was caught some of my alleged 'friends' in the department were just about to make aspersions of bad administration on my part, but I soon told them it had only been audited a couple of weeks ago.

A funny thing in the Public Service is that as soon as anything happens they look for a scapegoat. As it turned out, the clerk went to Court and he got a suspended sentence and had to pay restitution, which meant he paid it all back.

**SP:** I think anywhere where there is a big system though it can be rorted If you are smart enough and in control of the information.

**JR:** Years and years ago we knew the patients would take home linen, towels, blankets and the like, and the staff – I suppose they still pilfer. There were some funny incidents.

We had a truck driver once and we knew he was pinching from the kitchen. He used to deliver the food on the heated trolleys to the outer wards. We could never catch him. So one day I put a couple of fellows down at the car park and as he was leaving the hospital grounds they had to grab him and make him open his boot. They did that, but they found there was nothing in his car. I had just about given him up when I gave instructions to him that he was not to put one foot inside the kitchen – he had to wait outside on the ramp and he would be attended to there. So I thought that had fixed that.

A few weeks later one of my staff was doing a job for me on overtime, and was provided with a meal in the Dining Room, came to me to tell me about the work he did. He said he had noticed the truck driver in the kitchen that night. I said ‘Are you prepared to put that in writing that you saw him in the kitchen?’ He said ‘Yes I am’. I got the truck driver up to report to me and asked if he was in the kitchen the other night. He tried to say no, but I said, ‘I have an employee who said you were’ he said ‘I had to go in for something’. I said, ‘You disobeyed an order – you are fired’ I really didn’t have the right to fire an employee so I got the Manager’s okay to sack him.

Then the union appealed. The only form of appeal in those days was to the Board. So the Union appealed to the Board. So at the next board meeting and the union secretary attended and he stated their case and I then stated my case. I was prepared to leave and they asked me to sit down again. We had a Barrister on the Board and he looked up and he said, ‘You have got something else on him haven’t you?’ and of course I said I have. ‘You think he is stealing don’t you?’ ‘Yes I do’. They knocked the appeal back, so the truck driver left. But he was stealing there was not question about that, I didn’t even feel sorry for him.

**SP:** I don’t know, I think that’s not a bad place to stop and maybe when I have interviewed a few more people there might be other questions I have for you. I just don’t know at the moment.

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