

Diamantina Health Care Museum Association – Oral History Project

This transcript is a slightly edited version of the original tape.

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

Interview with: **Ron Wood** on: 15th October 1999.

Interviewer: **Sue Pechey**

SP: Ron you grew up almost on site didn't you?

RW: I grew up in Annerley, which is about a mile away. My father and Mrs. Staubwasser went to school together in Herberton and they were taught by my father's father who was the headmaster.

SP: What do you know the Staubwasser family?

RW: I knew them very well. Certainly Mr. Staubwasser was the most charming man you could ever wish to meet. Mrs. Staubwasser was a very nice person. They had 4 children, 3 girls and a boy. The three girls were Louise, Freda and Florence and the boy was Oscar and Oscar subsequently did medicine and they changed their name in 1939 from Staubwasser to Harrison which I think was Mrs. Staubwasser's maiden name and Mr Staubwasser came from Germany. I forgot where he was born – no he was born in Bavaria and he came out here as a young man having done Engineering in Germany with his brother, to see the world. I haven't written it down but my memory tells me he lost his brother and I don't think he ever found where he was. He was in Charters Towers with

Dr. Hare. Dr. Hare suggested that he became an orderly at the Hospital, which he did. He also did dispensing which in modern terms is pharmacology and when the Diamantina Hospital started, Dr. Hare who was the Superintendent made Mr. Staubwasser the Dispenser.

SP: He changed his name in 1939. Had they had difficulties in the First World War?

RW: Oh Mr. Staubwasser was here in the First World War in the Diamantina Hospital. The Australian Army decided to set up some beds for people with tuberculosis and Oscar told me that his father often when he heard the rifle butts come to attention he thought that he was there to be interned and he never was!

SP: But he did feel moved to change his name?

RW: He didn't change his name. He died in 1938 and at the end of 1939 the family changed their name to Harrison and Dr. Andrew Harrison was an Ophthalmologist on the staff of this Hospital.

SP: Now tell me about your childhood.

RW: My childhood was growing up in Annerley and it was on the outskirts of Brisbane and you could get on your bike and ride for 10 minutes and you'd come to farms. Now you could ride a bike for a day and you wouldn't come to a farm anywhere! So we had the growing up in the city and the growing up in the country. It was marvelous really.

SP: Yes. How many brothers and sisters were there?

RW: I had 2 sisters and 1 brother. I was the third. My eldest sister died 2 years ago, aged 84 and my brother died 38 years ago in 1961 in Sydney. He was 46. He died of a coronary in Sydney. My other sister is 2 years younger than I am.

SP: And what sort of people were your parents?

RW: My father was a public servant. He was a Government Auditor and my mother came from the land around Goondiwindi and they met at Goondiwindi because my father's father had been head teacher at Goondiwindi when he died in 1901.

SP: So you grew up here, you went to Annerley State School?

RW: I went to Junction Park State School. It was the second biggest school in Queensland at the time. Windsor was the largest and it had 1200 children. I have been told that it reached 1700 and now it has about 300!

SP: A very imposing set of buildings, isn't it?

RW: Yes. They weren't there when I was at School. I left Junction Park in 1934 and they were built towards the end of the 1930's. They were very impressive buildings, built by the then Labour Government.

SP: Yes. Built, as I understand along with some other schools in Brisbane to provide jobs.

RW: Yes, beautiful buildings, really.

SP: And High School?

RW: The Church of England Grammar School at East Brisbane.

SP: How did your parents choose Churchie?

RW: Well both my mother and my father had been to Grammar Schools, my father had been to Toowoomba Grammar School and my mother was a boarder at the Ipswich Grammar School so we were going to Secondary School somewhere. My elder sister had gone to Somerville House and my elder brother had gone to Brisbane Grammar School but when my turn came there was no doubt I was never going to the Brisbane Grammar School. I still don't know why, perhaps he went to the pictures on Wednesday afternoons and the School didn't miss him and didn't give a damn anyway! But Churchie in the 1930's they got a lot of people from the Brisbane Grammar School whose parents had been to Brisbane Grammar School.

SP: And what year did you go into Churchie?

RW: 1935 and left in 1938. I then went to do medicine.

SP: How did you choose medicine?

RW: I have no idea except I was born with a mathematical brain and that's not something I find easy to say, it's just the way it happened. I used to get 100% for mathematics and my father wanted me to be an Actuary because there were no Actuaries in Queensland at the time. My mother's cousin was the Chief Justice, Sir James William Blair and she wanted me to do law and I've always had an interest in law. My real interest though is history and so I did medicine so how you work that out?

SP: History is very interesting but there's no money in it.

RW: No, there's no money in it. I don't think there ever was a great deal of money in medicine, there was some. It's different now, but then it wasn't because there were a lot of people who couldn't afford to pay and they used to come and see you and you'd either send them a bill or not send them a bill and when I left Toora in Gippsland, Victoria where I was for two and a half years I left a lot of money there and I didn't send bills to a lot of people because I knew they couldn't afford it and eventually I did send the bills and after a year I put them into the hands of the debt collector and suddenly received 400 pounds! From people who hadn't paid?

SP: So what happened after Medical School?

RW: From Medical School to Royal Brisbane Hospital to the Army to Heidelberg got married in Heidelberg and came back to Greenslopes. My mother in law got me a job in Melbourne and then I went to Gippsland and then I came back to Brisbane.

SP: Did the Army send you to Heidelberg?

RW: No. The Army sent me to Thursday Island. Thursday Island was a fascinating place really.

SP: Thiele said his biggest contribution to the war effort was keeping goat fill out of the water supply! So in Heidelberg, what did you do in Heidelberg?

RW: I was Resident Medical Officer in Heidelberg and I looked after a medical ward for a while and then I did eyes and subsequently I became an Ophthalmologist in 1960.

SP: What built your interest in eyes?

RW: I was really interested in ear, nose and throats but they had people who were ear nose and throat people but they had eye patients in the same ward as ear nose and throat people so the job for eyes became vacant so I applied for that and I got that and became more interested in eyes. Then I married and started in General Practice for a while in Victoria and in Brisbane and then I went off and did Ophthalmology in Melbourne at the Royal Victorian Eye & Ear Hospital.

SP: Right. So then you got your Australian registration.

RW: Yes. It's a fascinating thing as to why all these things happen but they do! It was whilst I was in General Practice in East Brisbane that the new South Brisbane Hospital was opened in 1956 and in the 1960's (I'd come back by this time from Melbourne) and I was an Ophthalmologist but not on the staff of this Hospital and I came here occasionally and about the mid-60's they appointed somebody to go to the gate and ask the people (they had a Gate Keeper in the mid-1960's – he was a patient of mine at East Brisbane and he just couldn't see – how he lasted I don't know).

SP: What do you mean, "go to the gate"?

RW: You know there's a gate at the entrance and there's a man who stands there but before the mid-1960's they didn't have one but they appointed somebody and the first person they appointed was a patient of mine who had very little sight. But he didn't last too long. He didn't know who I was.

SP: Up to the 1960's what did Eye Doctors do? When did you start doing transplants etc?

RW: Oh later. Much later. In 1960's Dr. Jim Hart who had one of the big eye practices in Brisbane told me that he did 20 private cataract operations a year so you had to have a hospital appointment and now they do 40 in a day! But he did 20 a year and had a big practice but now it's all changed.

SP: Yes. And in those days if you had a cataract done you'd have spent some time lying flat on your back with your head in sandbags?

RW: You had to lie down with your head between sandbags. That was before sutures were available but by the time I did Ophthalmology sutures were available. The reason sutures weren't available was that they couldn't make stitches for them but by the time I did my Ophthalmology in 1959 to 1961 at the Eye Hospital in Melbourne we were putting 3 and 5 stitches in but we were still doing extra capsular cataract extractions and soon after that we did intracapsular cataract extractions with thick glasses and then implants became available and now of course implants are the in thing – if you don't do an implant you're nuts.

SP: Yes. Well now what brought you onto the staff of the Princess Alexandra?

RW: Oh it was the chief Eye Hospital in Brisbane.

SP: They moved the Eye Clinic or Eye Surgery or treatment of eyes from Royal Brisbane to here – do you know why that happened?

RW: Yes, I do know why that happened. They moved because in 1957 there was a new Government and the wife of the Secretary of the Minister of Health had her cataract done at the Royal Brisbane and it became infected. They did all sorts of tests and found that the entire ward was

dreadfully infected and so they started to do cataract eye surgery at Princess Alexandra and after a while they transferred the outpatients from the Royal Brisbane to over here.

SP: Why was the ward so infected?

RW: It was Wards 8 and 9. They grew pseudomonas, which is a dreadful organism. They grew it from the lights over the Operating Table.

SP: Gosh. And was there a cure? Did people get better?

RW: No they lost their eyes, so they swiftly changed from The Royal Brisbane to over here.

SP: And you came in when?

RW: I was appointed and came back to Brisbane in 1961 and was appointed to the Children's' Hospital at the Mater in 1962 and 1963 and in 1963 I was appointed to the Brisbane Children's' Hospital and I stayed there for 3 years and then I was appointed to the staff here in 1966 on the 1st January 1966 and I resigned from the Children's' at the Mater and I resigned from the Royal Children's Hospital.

SP: In 1966 you came here. Can you describe the Hospital?

RW: It was a very friendly sort of place. It wasn't terribly big. There weren't many people here; there weren't many cars here. Cars used to park in front of the place – the office up there. There were 600 acute beds and 600 other beds I think.

SP: Yes. It was fairly crowded then, wasn't it?

RW: Well the 600 other beds; I never saw them but they must have been crowded.

SP: In 1966 they'd have still had those AB and C beds in the middle of the wards?

RW: Oh no, I think by that time they'd gone because the Princess Alexandra had opened the Acute Beds and it made a great difference to all that but before that, A, B and C beds were dreadful.

SP: So what was your job in 1966?

RW: I was a Junior Outpatient Ophthalmologist and we used to operate once every month. We had two sessions a week and one in 3 of those sessions were for operating. There were 3 people on a clinic and one of those sessions, one out of three was for operating to our outpatients.

SP: Right. And how many patients would you have been seeing a week?

RW: 80 to 100 I suppose unless I was operating. In 1967 or 1968 I became President of the Queensland Branch of the Australian Ophthalmologists – it was a College of Ophthalmologists. I suggested that they started some sessions at the Royal Brisbane not operating at Outpatient sessions. They already had Outpatients Sessions for people who were inpatients and this is for people who needed glasses or something like that, but they one to five sessions per week and then eventually we operated there as well and then they split Block 7 and they set out a new block.

SP: So you were here from 1966 to 1981.

RW: I stayed on temporarily for five years until the Professor arrived.

SP: And from 1966 to 1981 what were the major changes? In the Hospitals, well people talk about Ophthalmology too but in the Hospital?

RW: There seemed to be a lot more people here. I don't there was much building at that time but that from the Diamantina days they had a little tiny squares which kept patients and I think they were not used any more. They were the old TB tents.

SP: That would have been the expansion of specialisation available here then though, wouldn't they, with cardiovascular etc. and it would have been a period in which the teaching aspect of the hospital would have increased.

RW: I don't know about that. I can't remember.

SP: And were you concerned with any teaching?

RW: Oh, yes. I taught Nurses, I didn't teach many Medical Students. We gave lectures to Nurses. I also had a great interest in the Medical Defence Society of Queensland of which I was President for 13 years and that's the legal side of medicine – I was also interested in the legal side of medicine and I gave a lot of lectures about that as well.

SP: Tell me about that.

RW: Well I didn't give terribly many here, but I gave them to Nurses and some medical students and to a lot of doctors around the place about the legal side of medicine but of course there wasn't much legal work done then. There was a little bit but not much but now of course there is an enormous amount of legal work done.

SP: Yes. And so was that a period which medical insurance was becoming more necessary?

RW: When I graduated in 1944 it was terribly important to join the AMA or the BMA as it was then. It wasn't so important to join the Medical Defence Society but I did in 1948 and I've been a member of the Medical Defence Society since 1948 and particularly went interstate and joined the Interstate Body and came back and joined the local Body but now of course it's all different.

SP: Did you have insurance cover in those days? In 1944 you graduated.

RW: There weren't many cases. You'd expect the Hospital to look after you, in most cases.

SP: Did you know of anybody being sued in those days?

RW: No, but there were some, but not in this hospital. They were mainly outside cases. But now of course anyone can be sued and it's a terrible expense and the time was when that was considered when a lot of hospitals were run by the Churches, you wouldn't sue the Church, so you wouldn't sue the Hospital, but now of course it is quite different.

SP: Why did you concern yourself with the Medical Defence Society?

RW: I have always had an interest in Law and I was asked to join the Medical Defence Society, which I did and eventually became President. All the positions I've held and I have held some fairly important positions and have been there because I couldn't say no.

SP: And you obviously don't mind reading long legal literature.

RW: No not at all. I don't do much now.

SP: No. But at some stage you must have done quite a lot to get yourself up to speed on that sort of stuff. Are there specific legal journals that cover the material for doctors or do you have to go looking for it?

RW: Oh you have to go looking for it. But I tell you the time now in most of these cases are given to people who say that if they had been told of these complications they wouldn't have had the operation. That I think is something that's happened after the event because something went wrong, but if it had been told them at the time they wouldn't have had the operation.

SP: For every medical operation, is there a statistical basis that a doctor could say now "Look – you're 10% likely to have this go horribly wrong?"

RW: Yes. It's not that, the problem is that a lot of them don't write it now and that's where they get caught because they haven't written it down. If they had written it down that I had a 50/50 chance that something would go wrong, then you would have no trouble, but in fact they're too busy doing other things. I suppose the answer must be if you give them pieces of paper with the complications set out. That's got to be the answer. You see really, when you look at the people who are being sued – about 20 every month that I see the names of, they're nearly all, good sound practicing doctors. The ones that are no good you can't do anything about them anyway – you can try with them but you don't get very far with them and there's nothing you can do about that.

SP: It's a pity we've got into a situation where we expect our doctors to be absolutely infallible.

RW: Oh, quite.

SP: I think for a while there were a lot of them who liked being God but they paid a heavy price for this.

RW: Yes.

SP: Let's get back to PA. When you came here in 1966 – who would have been Matron. Owen Powell would have been the Superintendent.

RW: I don't quite know who the Matron was but it might have been Matron Burbidge.

SP: Burbidge was here for a short while but I think it was Broomfield and then O'Connor.

RW: She was a nice person, Sister O'Connor. I think the nursing was well done. I always thought the nursing had been very good.

SP: Did it differ very much from other hospitals?

RW: I don't think so.

SP: Was it any better or any worse?

RW: I suppose you had better equipment and a better, newer, cleaner building, I suppose that made a difference until the cockroaches came!

SP: Well, when they take it down, everybody's asking where the cockroaches are going to go. And during that period you were here for about 15-20 years what were the major changes?

RW: I think it just became very busy and there were a lot more other specialties started. I don't know about the chronic part of it, I only know about this part and I think this part became busier and busier with a lot more staff.

SP: How many were there when you began?

RW: No idea.

SP: Did you notice the sort of change in dress codes, the change in formality of the dress?

RW: To males or females?

SP: Both. Between doctors and nurses, between patient and doctors?

RW: Oh yes. It went through a period of time when they looked like nothing on earth! Did I tell you that when I was a student at the Royal Brisbane Hospital there was a lady who came from the South and she used to wear pants and bra and have a white coat on and the white coat had a great gap down the back and word was sent that she had to wear a dress and she did.

SP: She was a nurse or a doctor?

RW: She was a doctor. Her name was Grey. She came from South. But there were a lot of people here who dressed like that later on, you know they went through the period of the 1960's and the 1970's where a lot of the dress sense seemed to disappear altogether and there were all sorts of incredible things, not the Nursing Staff, because the Nursing Staff had to have a uniform but some of the Medical Staff and a lot of the other Staff around the place.

SP: Well Nursing Staff, their veil disappeared and the starch went out of the uniforms and became drip-dry uniforms.

RW: Yes.

SP: Did your dress code change as a doctor at all?

RW: No, I don't think so. I came in suits and I continued to come in suits and I've got a suit now.

SP: And what about the way you address people? Did that change? Would you have called the Nurses - Sister?

RW: Yes, I would have. I would have called them Sister and I would have called them Nurse. I perhaps would not have called any of the doctors "Sir" but some of the Students called us "Sir". But things changed later than that I think, in the 1980's when I used to come here in private practice – I don't think the nursing was as good as it had been and I don't know why that was. I think that teaching Nursing in Secondary or Tertiary education the standards have changed whereas before they used to be trained by the Hospital but after that they were trained by the Universities and I think that made a difference.

SP: What sort of difference?

RW: I think that they probably knew more about the general attitude to various diseases but they didn't know the basic looking after of patients – they didn't know how to get rid of a bedpan or something like that.

SP: So they knew more technically, but they were missing out on the basic skills.

RW: Yes.

SP: What about the way the patients addressed you? Did they always call you doctor?

RW: Yes. They did in the Rooms too, except for a few who called me by my first name but most of them called me "Doctor".

SP: I've had one quite senior person say this morning that he was fairly disconcerted when a patient called him "Bryan". He does mind it, but he doesn't react to it but finds it a bit hard. Did you ever find yourself in disagreement with the Hospital Administration? Were there ever decisions taken that you would rather not have been taken or could have been taken a different way?

RW: There was only one real disagreement and that was when they moved the eye patients from M1 to C1 and C1 was smaller than M1 and I think that made a bit of a difference. Certainly Dr. Powell was the Superintendent at the time and the surgeons decided that we would not do any operations for one or two days because of this changeover and we didn't and I don't think Dr. Powell agreed with that but that's the only time I can think of that we had a disagreement.

SP: What difference did the introduction of Medicare make?

RW: In hospital practice? In my life? I think I saw more people because of Medicare, both privately and perhaps even publicly because more people came to me and I was known as somebody who didn't charge the difference, whatever it was and I became known for that and various other

people became known for that and I think we were trying hard to look after people.

SP: Yes. Well what about the changes here in staffing arrangements when at the beginning all of the Medical Staff were visiting staff and it changed to fulltime staff in the Hospitals. What difference did that make to you?

RW: It made very little difference to me personally. It must have made quite a difference because there were no fulltime staff in the Eye Department anyway except for the Registrar and they were there all the time – they'd be there for six months and then they'd go off for six months.

SP: Well now let's change the subject entirely and let's talk about your interest in History, which you had when you were quite young.

RW: Oh always.

SP: How was your interest in History expressed – tell me what form it takes?

RW: Oh writing papers, writing reports looking back in Brisbane. Graham Redshaw who is an Ophthalmologist and is an artist – he did some of the old buildings and there were a lot of old buildings and he wrote about it so the two of us did a book called "Looking Out – Looking Back" and it was published in 1987. That was the first thing and the second thing is that I was involved in the Historical Society for a long time and I gave a number of papers there and part of it was on the old time and part of it was on Canon Morris. I was raised on Canon Morris. I'll give you a copy of Canon Morris. He was a great man; very shy John Pearn wrote a lot of things. One of the things that happened in 1944 when I graduated was that we

were persuaded to go to the Arbitration Court to get an Award by Dr Fred Swartz who was a Schoolteacher who did Medicine and had an Arts Degree and then he went off to America and joined the Christian Anti-Communism Crusade and he still goes there and does that but he lives in Sydney now and we went to the Arbitration Court and that's one of the things I've written up. Fred bought 50 books on that! So I'd done some of the dictionary and biography.

SP: Whom did you write for that?

RW: Oh, John Lockhardt Gibson and I gradually wrote a biography for him and I've also talked about him to the College of Surgeons.

SP: I'm interested in your assessment of the little children for the Jubilee Book – the history of the Hospital.

RW: As you know I was Chairman of the Advisory Committee and I did a lot of the writing of it so I've got to say it's alright but we missed out on some things. We missed out on the ordinary staff, the gardening staff and the orderlies and the people who were in the Theatre and things like that – we missed out on those, which is rather sad really, but that's the way it worked out. We got the Allied Health people, we got things from all of that and we got a lot from the medical side and a lot from the Nursing side.

SP: It's very hard to write or be involved in any history project in a hospital and not have seen to be "Dr. Heavy".

RW: Oh it's always got to be "Dr. Heavy".

SP: This project has done its best to address that but of course there are a lot of doctors and a lot of nurses and some of the others and that's probably how it should be.

RW: Yes. That's the way it's going to work out.

SP: Thank you.

Transcribed by Robyne Sherrington May 2000

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This transcript has been checked by Dr Ron Wood

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