

# Royal Prince Alfred Hospital



*125 Year Anniversary*





# Royal Prince Alfred Hospital

*1882-2007*





Her Majesty Queen Victoria chose her son, His Royal Highness Prince Alfred, Duke of Edinburgh to make a goodwill tour around the world.

HMS Galatea was the ship commissioned and it set sail on 26 February 1867, arriving in Sydney Harbour on 21 January 1868.

A variety of festivities was organised, one of which was a picnic at the picturesque beach at Clontarf, on Middle Harbour.

Shortly before 2 o'clock the Duke strolled along with the Earl and Countess of Belmore down to the beach, where he was shot by an Irishman.

On being moved into a tent nearby the Duke was attended to by surgeons from the Galatea, doctors Young, Powell and Waugh.

ARRIVAL OF H.M.S. GALATEA OFF SYDNEY HEADS.

JAN 21ST 1868.



Royal Prince  
Alfred Hospital





Royal Prince Alfred Hospital  
125 Year Anniversary Book

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Missenden Road  
Camperdown NSW 2050

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**Notes on the Production of this Book.**

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**Front cover image**

RPA Main Building with Caretaker's Cottage

**Inside cover image**

Historical stained glass windows in the front hall of RPA, designed by Stephen Adam Snr; 1907  
(Photography: Audio Visual Services)

**Back cover image**

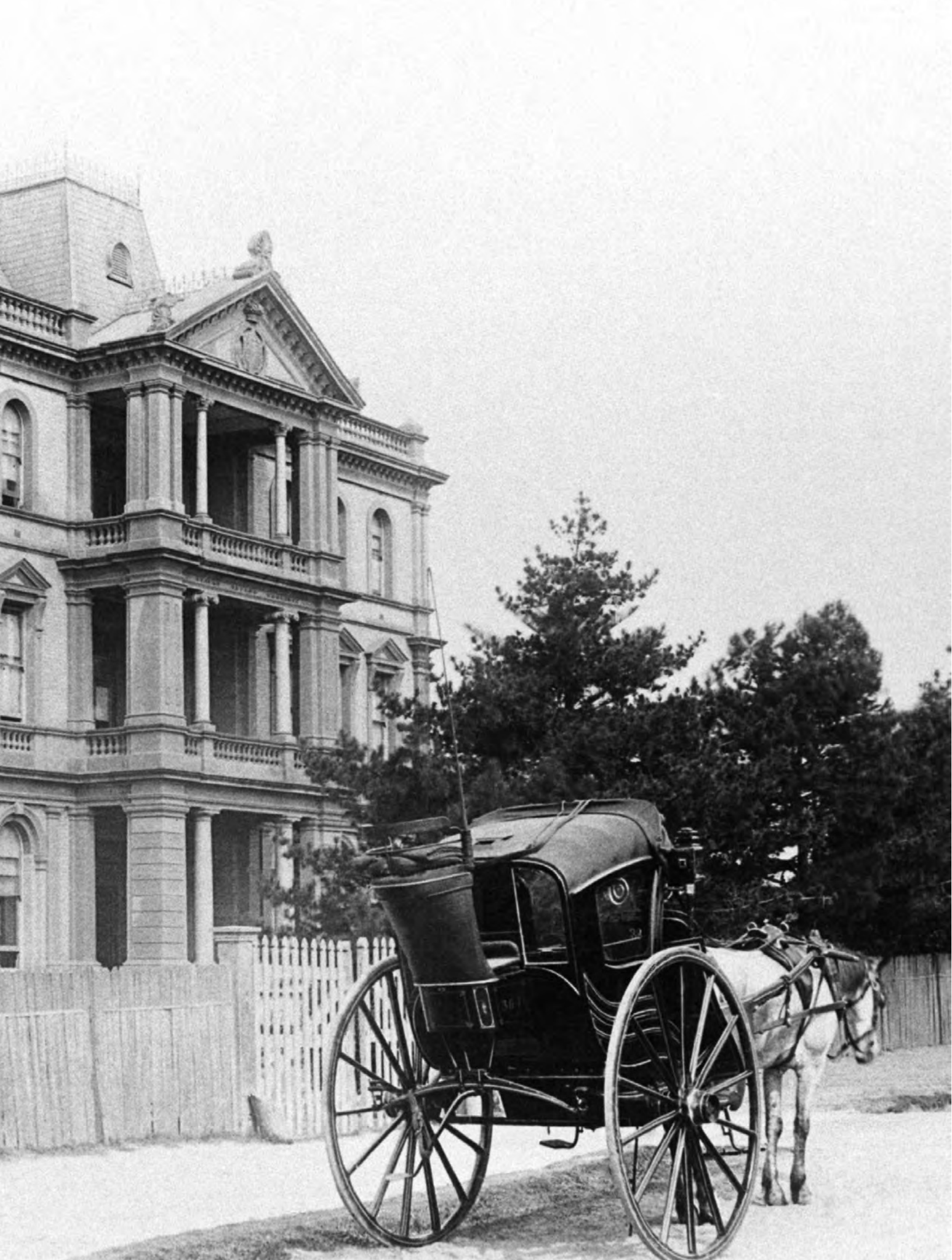
RPA atrium, linking the Clinical Services Building to E Block and Gloucester House (Photography: Eric Sierins)

**Inside back cover image**

RPA atrium (Photography: Audio Visual Services)









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## Foreword



As Executive Director, Royal Prince Alfred Hospital (RPA), it gives me great pleasure to introduce this pictorial history of the Hospital. For the past 125 years we have proudly offered outstanding health care to the local Sydney population and the population throughout New South Wales. This level of service delivery has been accomplished and maintained in the face of changing political, financial and social landscapes.

RPA could not produce the outstanding results it has achieved in 125 years without a major commitment from all levels of staff across the facility. This commitment is evident at every level from our support staff through to our most senior clinical staff. As the Executive Director I would like to offer my heartfelt thanks to all the staff for their tireless and ongoing commitment that enables us to continue providing the highest level of care to the population we serve.

There have been many major achievements at both a clinical and facility level at RPA over the past 125 years. One of the most significant in recent time has been the \$300 million redevelopment of the eastern campus. This redevelopment was achieved by Professor Diana Horvath AO and Mr Michael Wallace, the current Chief Executive of Sydney South West Area Health Service and has, without a doubt, secured the future of RPA for many years to come.

The 125th Anniversary book is the result of more than a year's work by the History Committee and has been designed and prepared by the talented staff of the Audio Visual Services Department at RPA. Mr Ray Barbour produced the book and edited the pictorial section. Historians in the RPA Archives and Museum, Ms Helen Croll and Dr Bruce Storey, assisted by Dr Kathryn Hillier, compiled the historical overview from text contributed by many past and present administrators and staff of RPA.

I am proud to offer this book in celebration of RPA's 125th anniversary and invite you to enjoy the pictures and the historical overview, which combined have resulted in a valuable record of the first 125 years of RPA.

Di Gill  
Executive Director





## Introduction



In the afternoon of 12 March 1868 tragedy struck the young colony of New South Wales when an Irish fanatic shot HRH Prince Alfred, Duke of Edinburgh. Prince Alfred, second son of Queen Victoria, was the first member of the royal family to visit the colonies of Australia. Such was the consternation and anger of Sydney residents that by 20 March it had been decided to erect the Prince Alfred Memorial Hospital to commemorate the public's satisfaction at the Prince's recovery. Over £21,000 was raised within six months and was first offered to the Sydney Infirmary (Sydney Hospital) who later withdrew their interest. A circular was sent to every clergyman and medical man residing around Sydney, asking what form of hospital was most required. The answers overwhelmingly supported the erection of a general hospital. The University of Sydney, itself less than 20 years old, offered land in Camperdown for this purpose providing that the hospital serve as a teaching hospital for its new Medical School. The hospital also endeavoured to provide nurse training, a new concept in the late 19th century.

The Prince Alfred Hospital opened on 25 September 1882 (the Royal prefix was added in 1903) and served as a shining example of modern hospital design. One hundred and forty six patients were admitted on that first day and by the end of the first year over 1,000 had been treated. Prince Alfred Hospital (PAH) was the first and largest teaching hospital to be built in Sydney. This was achieved with minimal government support; benefactors, fundraising and some patient fees kept the hospital running until the 1930s, and even then money was available on only an ad hoc basis. Considering these uncertain foundations, what was accomplished throughout the first 60 years is truly amazing – its period of emergence.

Since its opening, hundreds of thousands of people have passed through the hospital's main entrance and we are

proud to have maintained this physical link with the past. This heritage-listed building, known as Administration Block, was designed by Mansfield Brothers Architects and is being lovingly restored for our anniversary celebrations. Patients, visitors and staff enter the hospital feeling comfort in the old and confidence in the new as they pass through into the new Clinical Services Building, the site of all medical and laboratory services. The two buildings, the old and the new, have been carefully joined thereby maintaining a connection with the rich and proud history of the hospital, while retaining the requisite facilities to offer superb medical care. But medicine is more than buildings. A hospital exists as a social institution as much as it does a physical or technological institution. In many ways the history of RPA is connected closely to the history of health care in New South Wales, as illness is as much a social as it is a biological concern. Throughout its years the hospital has directed its services to ever-changing populations and diseases. As a result of this excellence, there are many patients and health care professionals who maintain strong emotional attachments to the hospital. We are proud to have them.

In the following pages the reader is treated to both beautiful images and a brief historical overview of some of the main events and developments of the past 125 years. This story is told in two sections. The first offers some 350 images of the hospital throughout the years and is organised by geographic sections. The second is organised into three time periods: **Emergence, Development and Consolidation**. Each of these time periods is further divided into the following sections: Administration, Medical, Surgical, Women & Children, Nursing, Allied Health and Diagnostic Services. There is also a special section devoted to the staff of Corporate Services, who support all the hospital's clinical services.





Emergence covers the period from the hospital's official opening until the beginning of World War II which saw much progress. Several new buildings opened, new departments and specialties developed and laboratory medicine flourished, constantly offering new diagnostic tests. The late 19th and early 20th centuries saw a shift in medicine from the bedside to the laboratory and from the home to the hospital. RPA was well situated to address both these changes. Initially the hospital was designed to serve the sick poor, but by the beginning of World War II, it had proved itself as a first class provider of innovative medical care and was soon drawing patients from all levels of society.

The years from World War II to 1970 are discussed in the Development section. This was a time of continued physical expansion of the hospital, especially under the ambitious plans of its board of directors. It was also a time for knowledge expansion. In the years during and just after the war, physicians and surgeons gained exposure to new techniques and ideas, mainly through overseas travels. They then incorporated these ideas into their work here aiding in the development of medicine. Physical intervention of patients' bodies increased, molecular biology emerged and rapid advances in automation continued to expand the role of diagnostic services. Administrative changes affected the organisation of the hospital and the rules under which medicine was practised. This was also a time of specialisation with physicians, surgeons, nurses and allied health professionals acquiring unique skills for dealing with specific conditions and illnesses.

The final section, Consolidation, brings us from 1970 to the present. Although the hospital continued to develop and grow during these years, it also consolidated its services into several divisions, aimed at providing some control and organisation to the increasing numbers of highly specialised branches of medicine, all working side-by-side within the hospital. Changes at the governmental level led to a new

system of remuneration for hospital doctors. In addition, for the past 20 years the hospital has been a member of a larger Area Health Service. Although this change came as a shock to many long-serving RPA staff, the hospital has managed to maintain its unique character throughout amalgamation and continues to serve the population of New South Wales with care and compassion, as it has done since 1882.

Astute readers will quickly realise that for every sentence that follows, several paragraphs could have been written. The hospital deserves a comprehensive history to be written, but time has not allowed for this. In its place, we invite you to enjoy looking at the wonderful collection of photographs and reading this overview of the history of our emergence, development and consolidation throughout the past 125 years. We hope you enjoy reading it as much as we enjoyed preparing it and we are very pleased to share our accomplishments with you as we celebrate our place in New South Wales history.

– Kathryn Hillier, on behalf of the Committee, 16 April 2007







# Section 1 Area

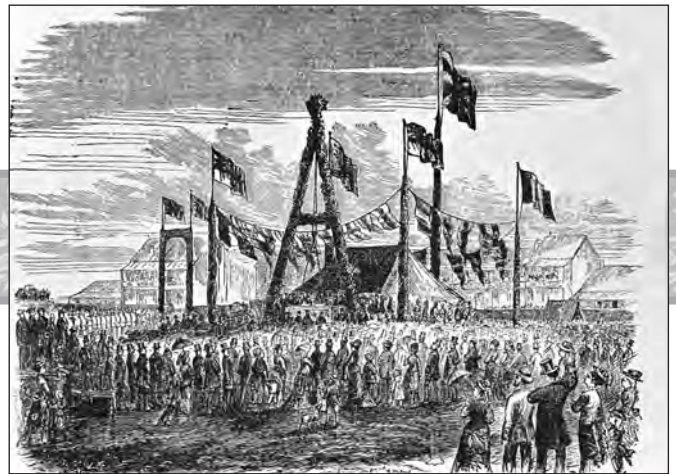


Section One focuses on the development of the site initially occupied by the hospital on the eastern side of Missenden Road. The first structure was a small cottage built for the caretaker around 1878 followed by the erection of the Administration Building, Operations Block (later renamed Princes Block), C Block and D Block.

The Queen Victoria Memorial, comprising the Albert Pavilion (A Block) and the Victoria Pavilion (Vic Block), was added in 1904 and the Fairfax Institute of Pathology followed in 1943.

The Edinburgh Building (E Block) was the last major construction project in this section of the campus, replacing the rear section of the Administration Building and the Princes Building. The demolition of C Block and D Block followed after the commissioning of E Block in 1984.





**Top:** 1878 – stone masons begin work in a makeshift shelter on site

**Above left:** The original site looking west towards Missenden Road

**Above right:** 1876 – laying the foundation stone

**Right:** 1881 – Sir Alfred Roberts, member of the Board of Health, surgeon Sydney Hospital, secretary Planning Committee



*DKFC, DLCC*

1868 – attempted assassination of Prince Alfred, Duke of Edinburgh

1869 – Dr Alfred Roberts discusses hospital requirements for Sydney





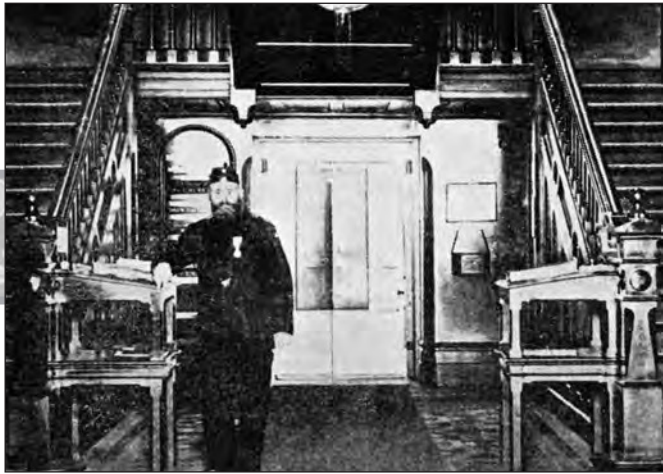
**Top:** 1882 – Administration Building north-west aspect

**Top Right:** 1882–1891 Sir Alfred Stephen, chairman of the board of directors

**Below:** 1882 – Administration Building south-west aspect (1)

**Below Right:** 1882 – Miss Elizabeth Murray, matron





**Top:** First structure was a small cottage for the caretaker (on right)

**Above left:** Circa 1882 – Robert Howes, first hall porter

**Above right:** 1888 – Prince Alfred Hospital staff

**Right:** 1886 – Miss Catherine Downs, matron



*D.K.F.C., D.L.C.C.*

1873 – Prince Alfred Hospital Act passed

1874 – plans to build Prince Alfred Hospital drawn up

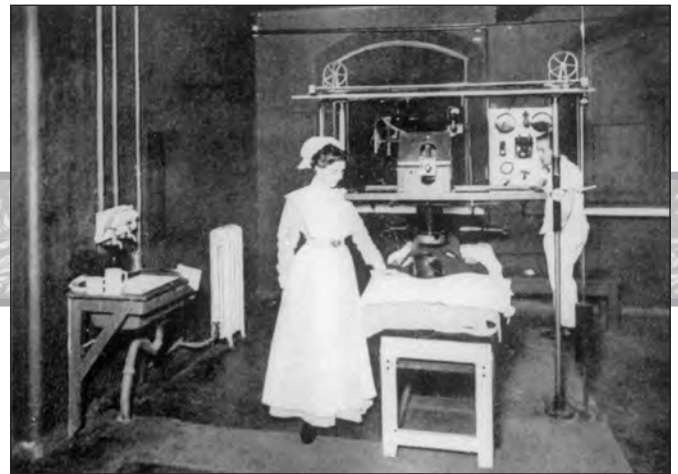


**Top:** Southern aspect showing the location of the chapel on the first floor – centre (2)

**Top right:** Duke of Edinburgh's coat of arms

**Above:** The chapel with pipe organ (donated by W.H. Paling)





**Top:** 1887 – Operating theatre in Operation Block, later named Princes Building (note batteries for operating light in foreground)

**Above left:** Casualty ward

**Above right:** 1898 – first X-ray apparatus installed (3)

**Right:** 1891 – Sir Edward Knox, chairman of the board of directors



*D.K.F.C., D.L.C.C.*

1882 – Prince Alfred Hospital opened

1882 – first patients received – 146 public beds



**Top:** 1890 – hospital from University of Sydney (4)

**Above left:** 1882 – C Block from north (5)

**Above right:** 1882 – C Block north-west aspect (6)

**Right:** 1891 – Miss Susan McGahey, matron



*DKJC, DLCC*

1882 – C Block two 32 bed wards,  
one private room, 14 basement beds

1882 – D Block two 32 bed wards,  
one private room, 14 basement beds





**Top:** Circa 1888 – a Nightingale ward in C Block (7)

**Above left:** Special ward for serious surgical patients in Operations Block

**Above right:** Circa 1888 – private ward in C Block (8)

**Next page:** 1908 – Nurse Phyllis Boissier and Sister Mary Skuthorpe

*D.K.F.C., D.L.C.C.*



1882 – first nursing staff: matron,  
five sisters and 12 nurses

1882 – honorary medical  
officers appointed

1882 – medical board formed







**Top:** 1888 – hospital staff

**Above left:** 1885 – D Block south-west aspect (9)

**Above right:** 1889 – sister's private quarters

*D.K.F.C., D.L.C.C.*



1883 – first year 1,069 admissions and 147 operations performed

1884 – dispenser employed

1884 – gynaecologist appointed



**Top:** Circa 1888 – a Nightingale Ward D Block (10)  
**Above left:** Circa 1888 – Hope Ward (intensive care) (11)  
**Above right:** A sisters' sitting room in the ward (12)

*DRFC, DLCC*



1887 – Operations Block established

1887 – eye ward opened

1887 - Alexandra Children's Ward opened







**Top:** 1887 – Alexandra Children's Ward - level 1 Operations Block (later Princes Block) (13)

**Above:** 1887 – Alexandra Children's Ward - relocated to C Block level 3 in 1933 (14)

**Previous page:** Three nurses outside D Block (15)





**Top:** Circa 1900 – medical and nursing staff

**Above left:** The dispensary (16)

**Above right:** The kitchen (17)

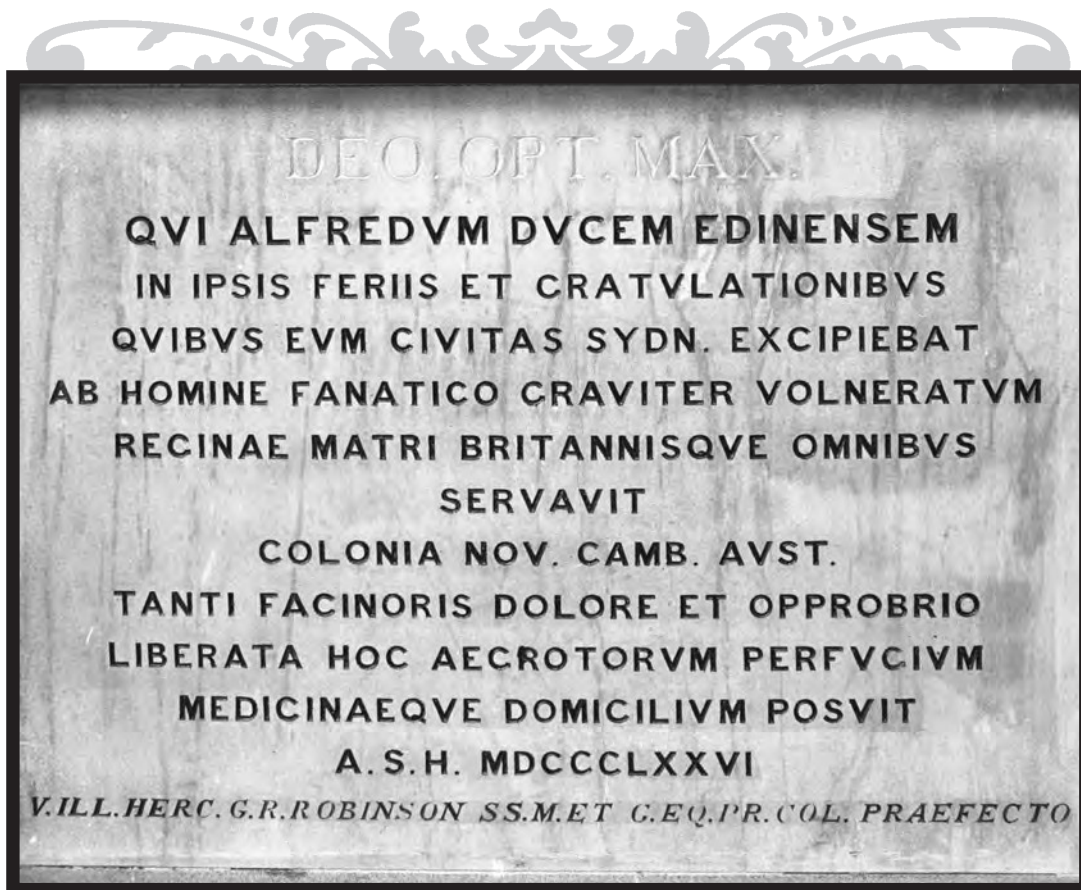
**Right:** 1901 – Professor Anderson Stuart, chairman of the board



*D.K.F.C., D.L.C.C.*

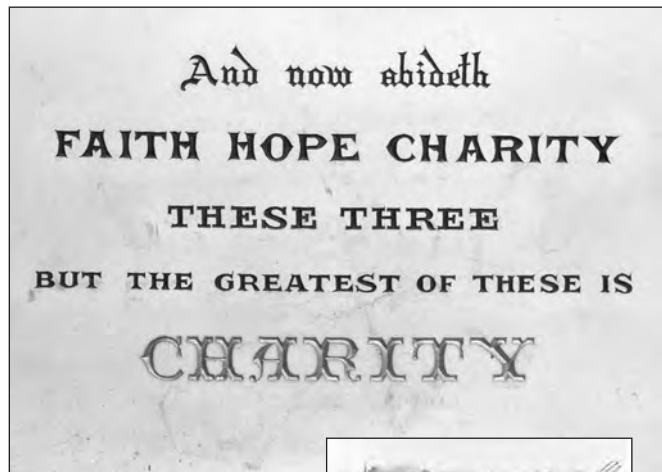
1887 – Edward Knox  
operating theatre

1898 – ENT Department opened



The foundation stone (above) was written by Professor Badham and later translated by Professor Todd:

In gratitude to God most good and most great who, when Alfred Duke of Edinburgh had been seriously wounded by a fanatic during the very holidays and rejoicing with which the city of Sydney was welcoming him, saved him for the Queen his mother and all the Britons. The colony of New South Wales, freed from the pain and disgrace of so monstrous a crime, founded this refuge of the sick and home of the healing in the year of our salvation 1876, while His Excellency Sir Hercules G.R. Robinson G.C.M. was Governor of the Colony.



**Top:** 1876 – foundation stone

**Above left:** Translation of the foundation stone

**Above right:** Faith Hope and Charity (both stones are to be found at the main entrance to the hospital)

**Right:** A sketch by Professor Richard Gye of the main entrance



*DR J.C., D.L.C.C.*

1898 – Gynaecology Department established

1898 – Skin Department established

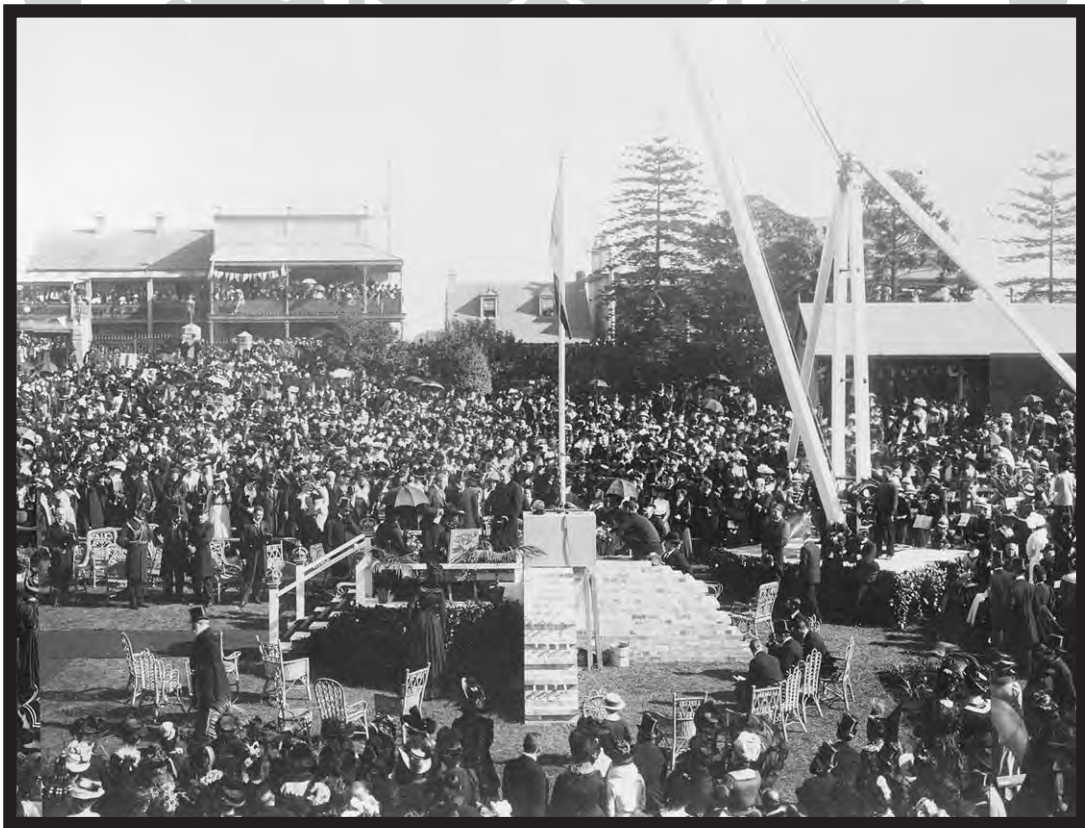
1899 – Australasian trained Nurses Association formed





**Top:** Southern aspect from St Andrew's College tower (18)

**Above:** Note the Norfolk Island pines; the original paling fence has been replaced (19)



**Top:** 1903 – Laying the foundation stone of the Queen Victoria Memorial (20)

**Above left:** 1903 – Albert and Victoria Pavilions in early stages

**Above right:** 1904 – Albert and Victoria Pavilions completed

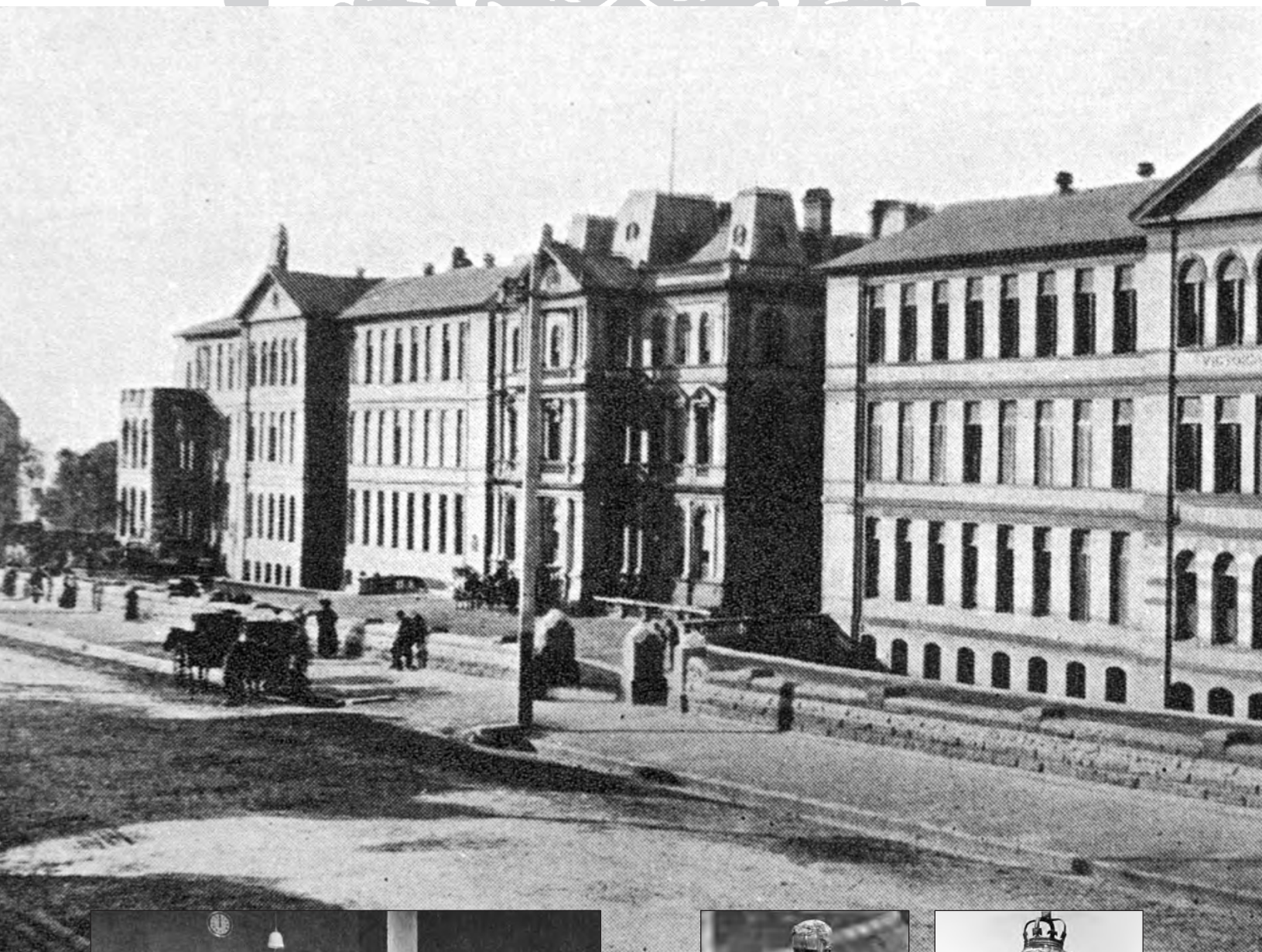
**Right:** 1904 – Miss Mabel Newill, matron



*DLCD, DLSE*

1902 – radiologist appointed





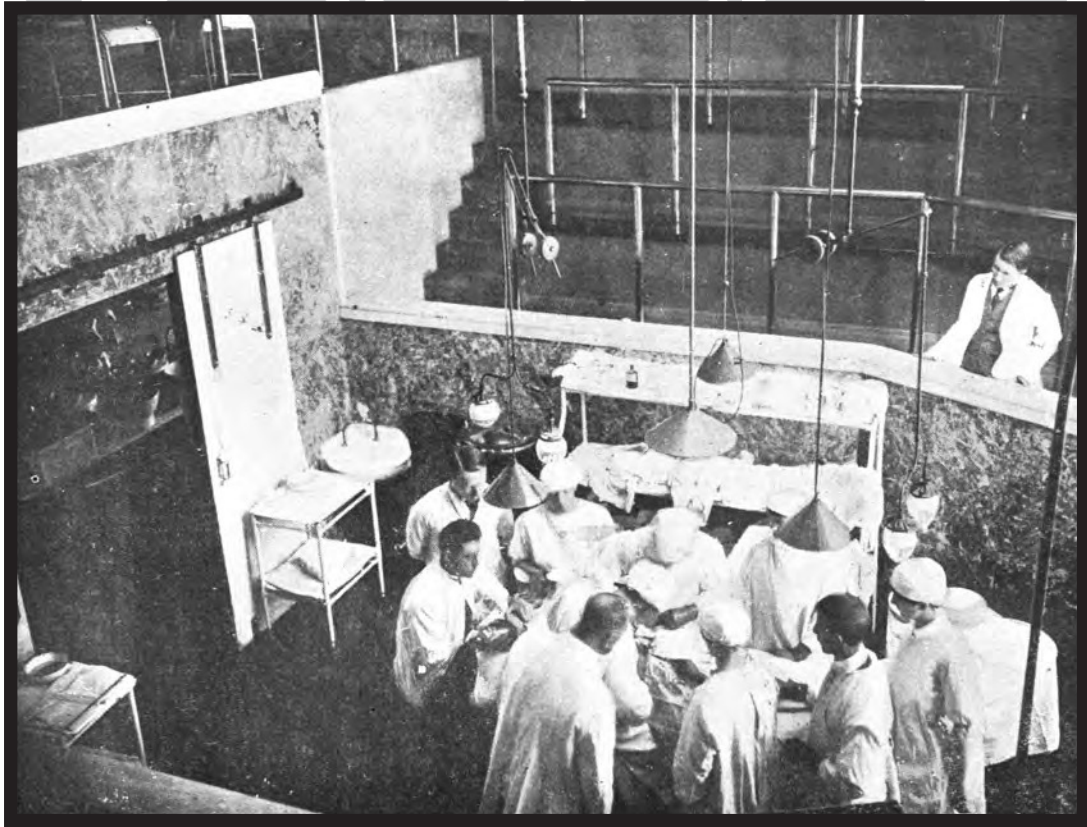
**Top:** 1904 – Albert and Victoria Pavilions opened (double page) (21)  
**Above:** 1907 – Radiology expanded and relocated to Victoria Pavilion level 1  
**Right:** Prince Albert statue on Albert Pavilion or A Block  
**Far Right:** Queen Victoria statue on Victoria Pavilion or Vic Block





Above left: *Dispensary located in the basement of Victoria Block*  
Above right: *1907 – male ENT ward*





**Top:** Victoria Block operating theatres

**Above left:** Theatre scrub room

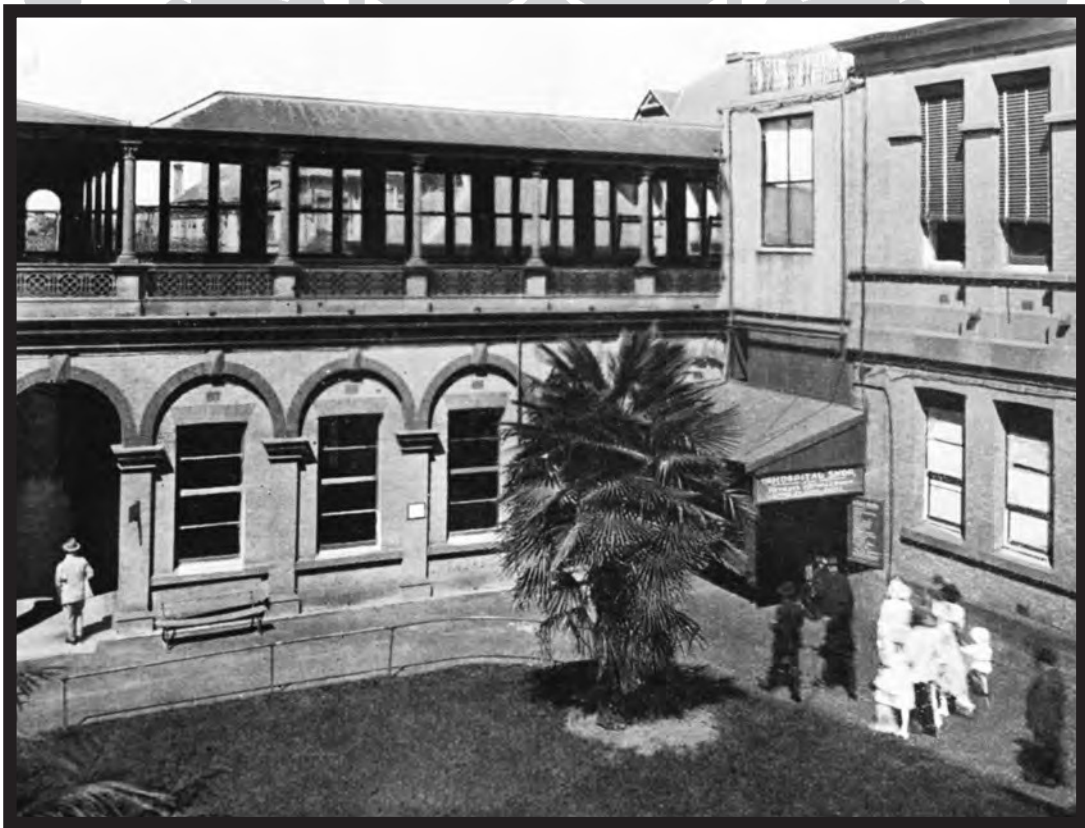
**Above right:** ENT operating theatre in Victoria Block

**Right:** 1920 – The Hon Henry Kater, chairman of the board



*DLCD, DLSC*

1902 – Prince Alfred  
Gazette published



**Top:** The hospital shop on a visiting day, in the basement of Administration Block

**Above left:** Hospital tea room for staff and public

**Above right:** 1919 – recreation hall for repatriation patients

*DLCD, DLSC*



1902 – wardmaids employed

1903 – Prince Alfred Hospital became Royal Prince Alfred Hospital





**Top:** Vic Block, D Block and Princes Block seen from Women's College, University of Sydney

**Above left:** Stretcher patient and police guard

**Above right:** 1907 – open air annexe to Alexandra Children's Ward in Princes Block

*DLADLLE* ▷

▷▷▷

1904 – Albert Pavilion (A Block) opened

1904 – Victoria Pavilion (Vic Block) opened

1904 – resident radiographer appointed



**Top:** 1918 – horse drawn ambulance

**Above left:** 1909 – Dr Reuter and the staff of the Massage Department

**Above right:** The Medical Gymnastics Department (later to become Physiotherapy)

**Right:** 1918 – Miss Phyllis Boissier, matron

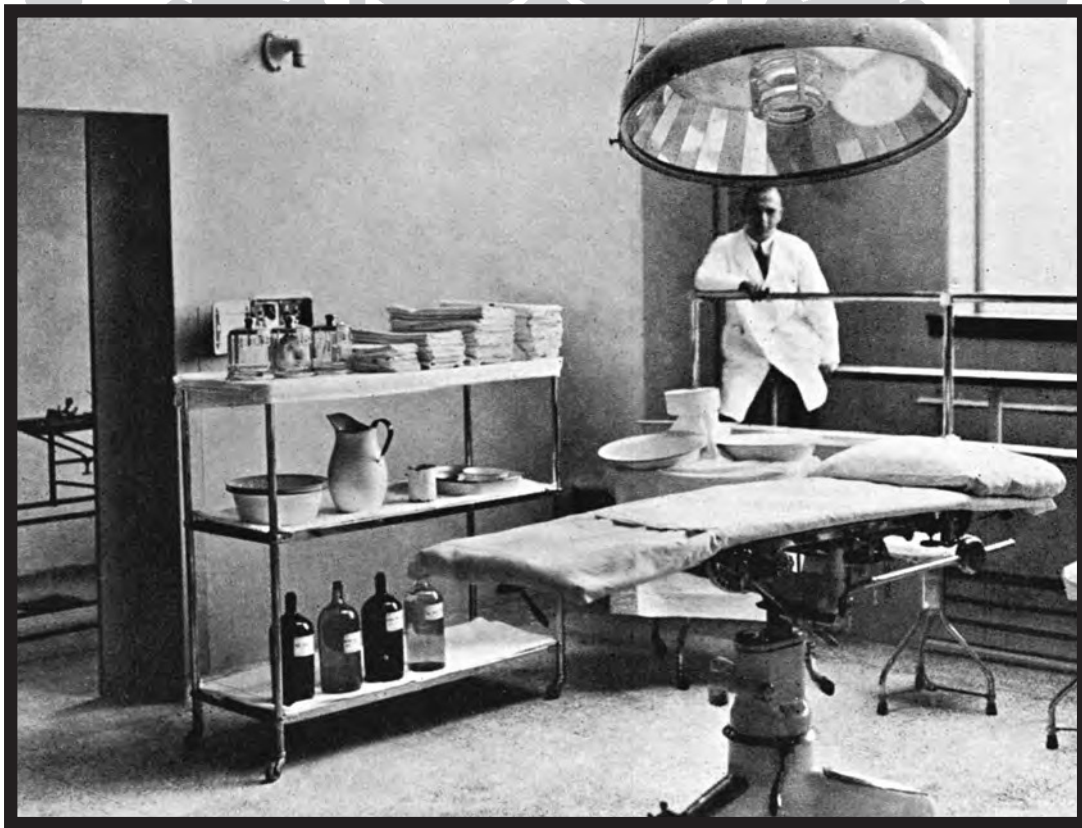


*DLCD, DLCE*

1906 – first woman  
doctor appointed

1920 – Operations Block renamed  
Princes Block





**Top:** Anderson Stuart operating theatre (one of eight theatres)

**Above left:** 1927 - D Block prior to adding Anderson Stuart (AS) theatres

**Above right:** 1928 - Anderson Stuart theatres complete – note colonnade added on first floor to support the girders

**Right:** 1924 – Dr Cecil Purser, chairman of the board



DEEDS >>

1921 – dental clinic formed

1923 – 5,966 operations performed  
(80% of all patients)



**Top:** 1927 – campus was well developed. AS theatres can be seen under construction (labelled 1)

**Above left:** 1933 – ambulance at front entrance (22)

**Above right:** 1927 – Ward D2 after subdivision

**Right:** 1933 – Sir Herbert Schlink, chairman of the board



*Decorative flourish* ▷▷

1924 – insulin therapy introduced

1926 – 7,676 operations performed  
(89% of all patients)





**Top:** Alexandria Children's ward solarium, interior

**Above left:** 1933 – Alexandria Children's Ward relocated to C Block from Princes Block. Seen here after the solarium was added

**Above right:** Children enjoying the sun

**Right:** Dr William Bye, acting general superintendent, 1933



*DLDD, DLGC*

1926 – 20 beds for deep X-ray

1928 – oxygen and carbogen  
for respiratory problems introduced



**Top:** Quadrangle formed by Administration Block (right), Princes Block (left) and D Block in the background

**Above left:** 1935 – medical records staff (23)

**Above right:** Circa 1940 – collecting supplies at Paddy's Market

**Right:** 1936 – Dr Alan Lilley, general superintendent

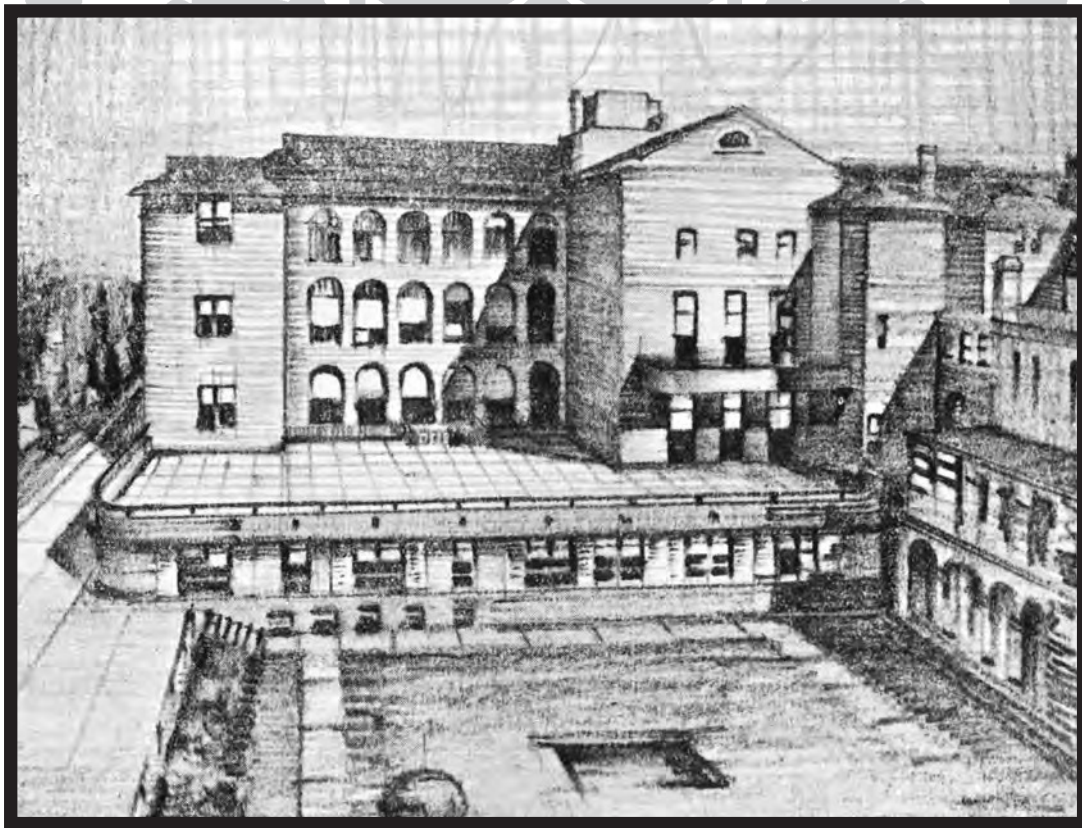
**Far right:** 1935 – Miss Beatrice Dun, matron



*DLLEO, DLLEO*

1936 – outpatients department was opened





**Top:** 1937 – Main X-ray Department built behind Victoria Block (sketch)

**Above left:** One of the six new rooms in main X-ray Department

**Above right:** Film sorting room in X-ray Department

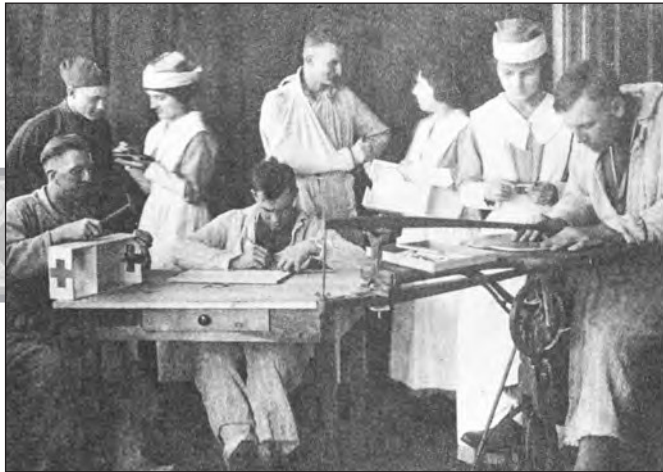
**Right:** 1944 – Dr Hal Selle (left), general superintendent and John Veness (right), hospital secretary



*DL&D, DL&D*

1937 – main X-ray  
Department opened

1938 – diet kitchen opened



**Top:** Circa 1941 – ambulances line up to take patients to Dame Eadith Walker Hospital, Yaralla, at Concord

**Above left:** 1939 – occupational therapy introduced

**Above right:** 1942 – Japanese lettering reads “Sick House”

**Right:** 1941 – Miss Helen Hetherington, matron



*DLGD, DLG*

1943 – Fairfax Institute opened

1960 – Department of Nuclear  
Medicine established





**Top:** Circa 1942 – group photograph of former RPA doctors at Reunion Dinner at the Officers' Club, Gaza, Palestine. (Donated by S Simpson) (24)

Back row: (L to R) Robert Melville, Vernon Barling, Volney Bulteau, Ian Vickery, Munro Alexander, Harley Turnbull, Jerry Latham, Ross Robinson, Keith Myers, Alec Macintosh, John Holme, Ruthven Blackburn, Hal Selle, Ken Friend, Douglas Sturrock, Ralph Cameron

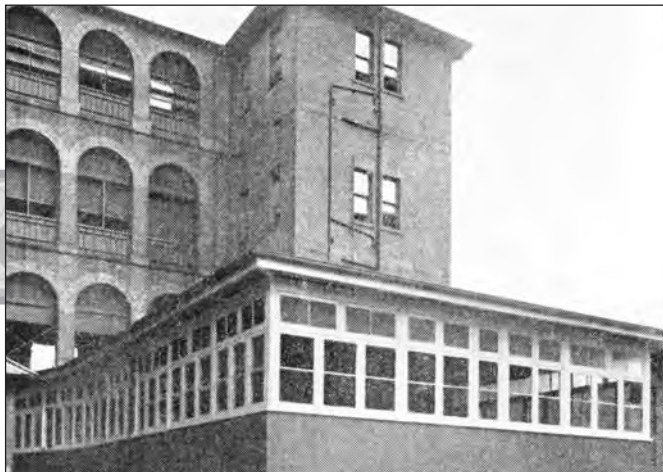
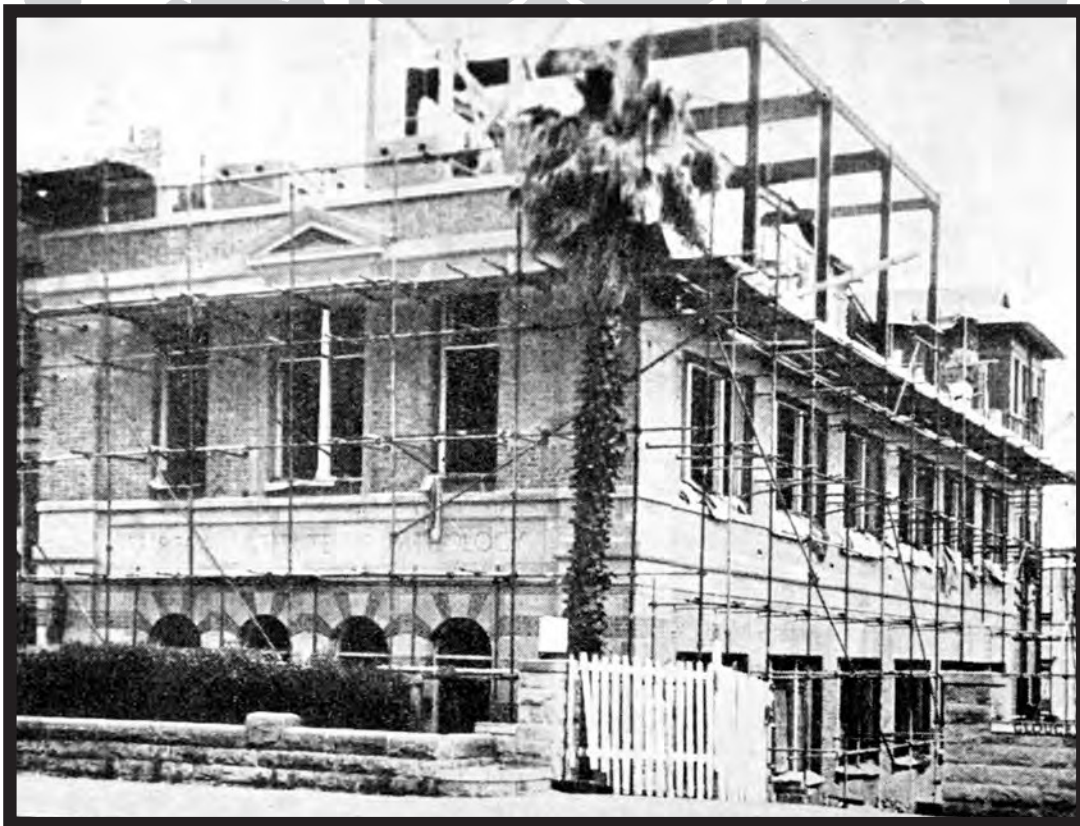
Second row: (L to R) Dan Ada, Angus Murray, John Halliday, Reg Bettington, Ashley Davy, George Halliday, Fred Niesche, Greg Cutler, Fred Chenhall, Alan Colwell, Stewart Marshall, Adrian Johnson, Hugo de Burgh, Kerrod Voss

Front row: (L to R on chairs) John Belisario, Alf Thomas, C.G. McDonald, Don McCredie, Rex Money, Allan Walker, Victor Coppleson

In front seated: (L to R) Bill Morrow and Stan Lovell



**Above:** 13 October 1942 – Adelaide River, Northern Territory. - Former trainees of Royal Prince Alfred Hospital, now on the staff of 119th Australian General Hospital. Lieutenant-Colonel J.H. Halliday, officer commanding medical section of the hospital, was also from Royal Prince Alfred Hospital (25)



**Top:** 1942 – Fairfax Institute of Pathology under construction  
**Above left:** 1942 – New Physiotherapy Department behind A Block  
**Above right:** 1943 – Fairfax Institute of Pathology was completed  
**Right:** 1948 – Miss Margaret Looker, matron  
**Far right:** 1954 – Miss Evelyn Lawrie, matron



*DLG.D., DLIC*

1960 – automation in pathology introduced





**Top:** 1971 – ward in Victoria Block

**Above left:** 1971 – ward in A Block

**Above right:** Circa 1974 – Princes Block and viaduct with D Block behind trees, Blackburn Pavilion right and 1936 nurses home in background

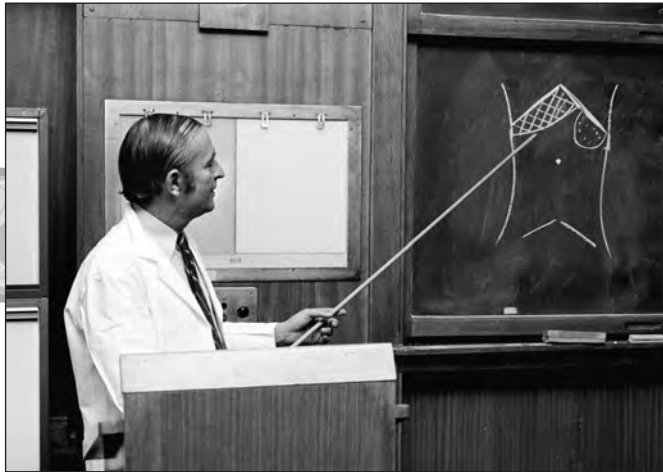
**Right:** 1962 – Sir Alastair Stephen, chairman of the board

**Far right:** 1960 – Miss Margaret Nelson, matron

*D L A W M G* ▷



1961 – A.W. Morrow Gastroenterology Unit was established



**Top:** Princes Building with viaduct leading to Medical School  
**Above left:** 1975 – Scot Skirving lecture Theatre  
**Above right:** 1975 – gastroenterology: endoscopic investigation  
**Right:** 1974 – Dr. John Allsop, chairman of the board of directors



*DLSD, DLSC*

1966 – 24 hour, seven days a week  
 medical imaging service was provided

1967 – Emergency  
 Department established





Top: Princes Building operating theatre converted to a lecture theatre

Above left: "Pointing the way"

Right: 1975 – marble donor plaque (erected 1880)



*DLID, DLIC*

1967 – renal transplant was performed



**Top:** 1970 – D Block

**Above left:** Sydney iron lace on C Block

**Above right:** Walkway looking towards Princes Building with ramp to Blackburn Pavilion on left

**Right:** 1970 – Miss Margaret Nelson, first director of nursing (previously matron)



*DLSD, DLSC*

1968 – administration restructured

1968 – project planning team introduced for E Block





**Top:** Circa 1976 – date stone (1881) on rear wall of original Administration Building

**Above left:** Circa 1976 – demolition of the rear of the Administration Building begins to make way for E Block

**Above right:** Transport office

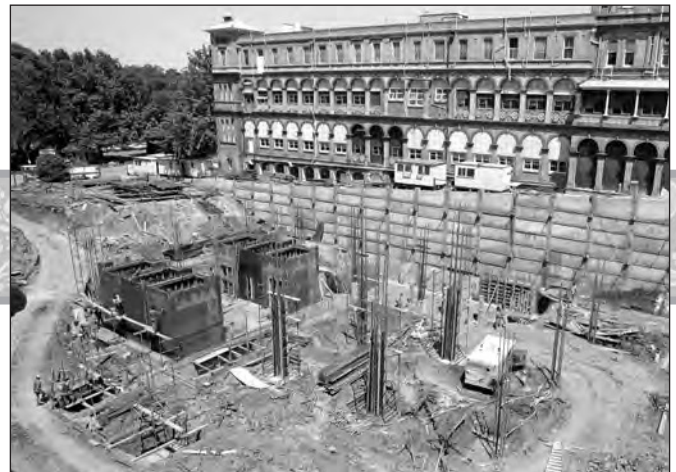
**Right:** 1978 – Mrs Yvonne Winter, director of nursing



*DLND, DLNE*

1968 – the title "Director of Nursing" replaces "Matron"

1970 – *Pacemaker* journal published



**Top:** 1978 – demolition of Princes Building completed with rear wall of Administration Building covered  
**Above left:** 1978 – Princes Block demolished  
**Above right:** 1978 – E Block excavation. D Block (in the background) with Anderson Stuart operating theatres  
**Right:** 1967 – Dr Donald Child, general superintendent



*DLSD, DLSC*

1970 – first computer installed

1971 – commercial director appointed, later renamed director of corporate services





**Top:** 1976 – phase 1A project prior to demolition of Princes Block Building  
**Above left:** 1980 – E Block under construction  
**Above right:** 1983 E Block completed, opened 1984  
**Right:** 1984 – Professor C.R.B. (Ruthven) Blackburn, chairman of the board of directors (26)



*D.L.I.D., D.L.R.C.*

1973 – renal unit opened

1975 – RPA staff numbers over 4,000



**Top:** Circa 1981 – front hall (27)

**Above left:** 1979 – main enquiries desk

**Above right:** E Block nurses station (28)

**Right:** Sketch of the entrance hall by Professor Richard Gye

*DLKD, ECE*

1983 – Hospital Act  
of 1873 repealed

1984 – Edinburgh Building  
(E Block) opened





**Top:** E Block lift lobby (29)

**Above left:** E Block four bed ward (30)

**Above right:** Patient being treated in an E Block ward (31)

**Right:** 1987 – Dr Diana Horvath, acting general superintendent



*DLKD, ECCC*

1984 – first full body scanner installed in radiology

1984 – Royal Prince Alfred Hospital ceases as a corporate body



**Top:** *E Block X-ray (32)*

**Above left:** *E Block kitchen (33)*

**Above right:** *E Block engineering department (34)*

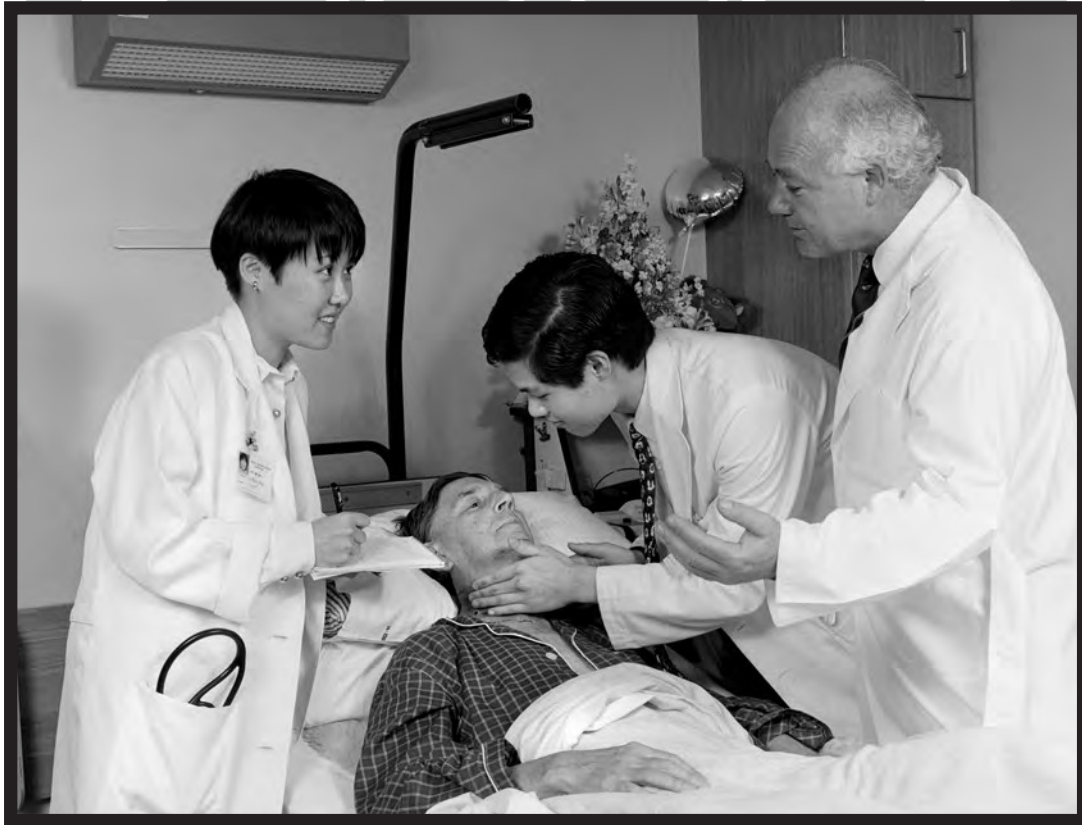
*DLKD, ECE*



1986 – Royal Prince Alfred  
and Area Health Service created

1988 Central Sydney Area Health  
Service (CSAHS) created



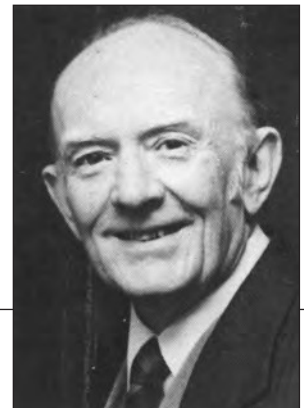


**Top:** E Block medical training

**Above left:** Sir John Loewenthal (JL) operating theatres, Blackburn Pavilion

**Above right:** E Block - John Loewenthal operating theatres

**Right:** 1986 - Mr Roy Turner, chairman of the board



*DLKD, ECE*

1991 - MRI scanner installed

1991 - Aboriginal midwife liaison appointed



**Top:** 1993 – Victoria Pavilion, Molecular Genetics

**Above left:** Remains of D Block with the date stone from back wall of the Administration Building

**Above right:** 1998 – D Block steps

**Right:** 1989 – Miss Lynette Ramsay, director of nursing



*DLKD, ECE*

1992 – 1st PET patient scanned

1993 – 100th PET patient scanned





**Top:** 1985 – Emergency Department, A Block level 4  
**Above left:** 1996 – preparation for new Accident and Emergency Department  
**Above right:** 1993 – A Block - Accident and Emergency  
**Right:** 1996 – new Ambulance bay



*DLKD, ECE*

1993 – Chair of Gynaecological  
 Oncology established

1993 – Division of General  
 Practice formed



**Top:** 1994 – E Block Oncology  
**Above left:** 1999 – E Block CT scanner  
**Above right:** 2001 – E Block intensive care unit

*DLKD, ECE*



1994 – DNA technology introduced

1996 – new clinical management structure completed





**Top:** 1999 – renal laboratory in E Block  
**Above left:** 1993 – E Block telephone services  
**Above right:** 1992 – Alfred's Corridor

*DLKD, ECCC*



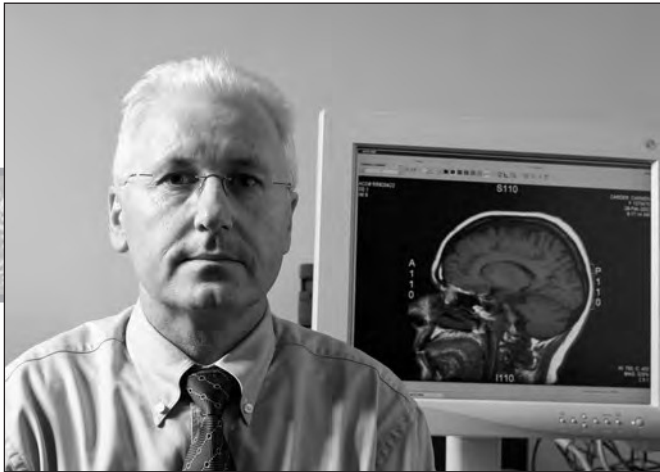
1996 – re-opened Alexandra  
 Ward for Children

1997 – Centenary Institute opened



**Top and above:** 2003 – E Block X-ray Picture Archival Communication System (PACS) imaging  
**Right:** 2006 – Ms Katharine Sztiniak, director of nursing and midwifery services





**Top:** 2002 – Nuclear Medicine, Positron Emission Tomography (PET) Computerised Tomography (CT) scanner installed

**Above left:** 2002 – A Block, Nuclear Medicine PET scan

**Above right:** 2002 – RPA Cyclotron installed

*ECCL, ECLJ*

2004 – Sydney South West  
Area Health Service formed

2006 – 20th year of liver transplants

2007 – 28,000th PET  
patient scanned



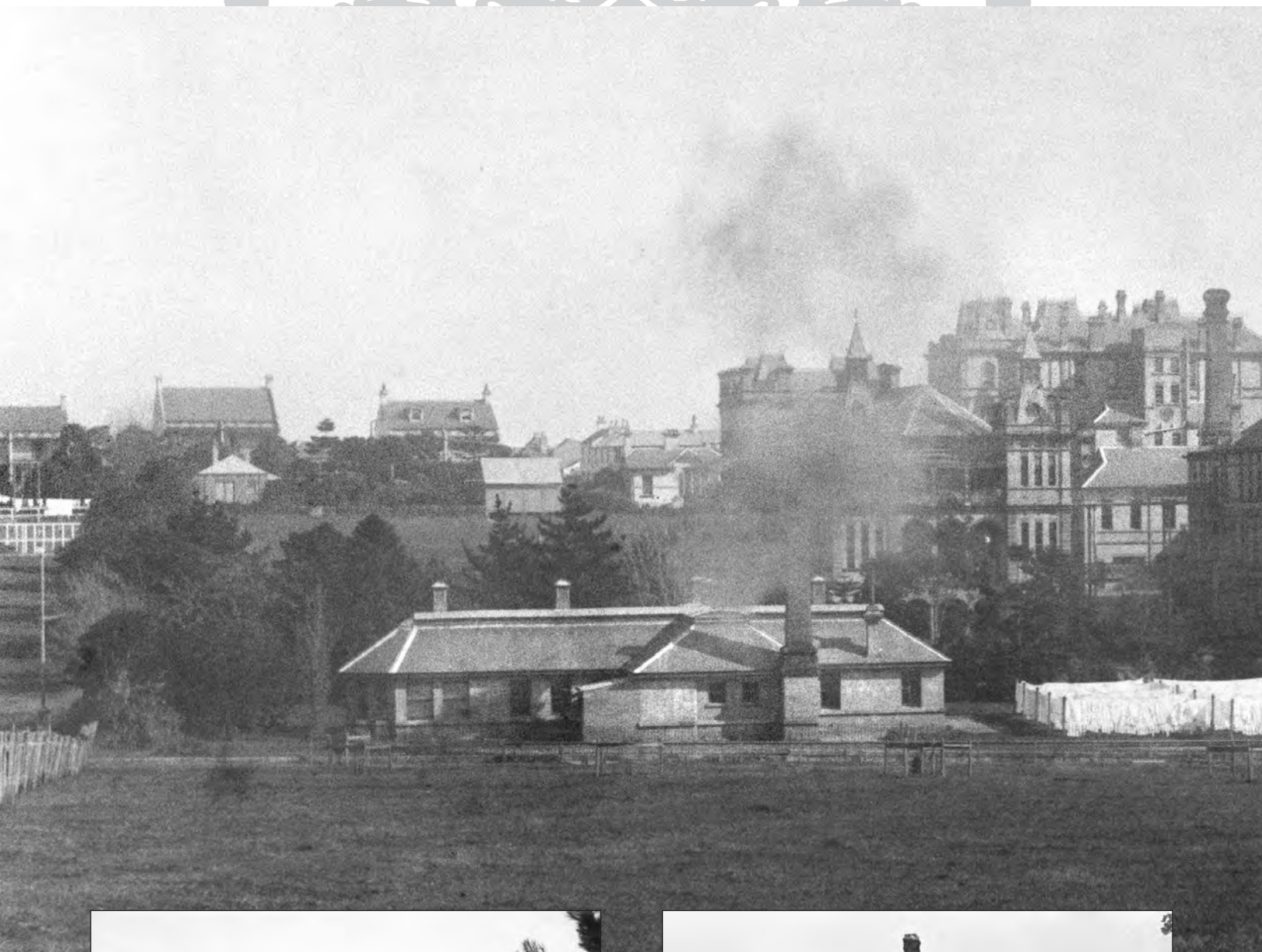
# Section 2 Area



Section Two covers the area bordering the University of Sydney and St John's College, particularly the western side of Lambie - Dew Drive and the northern side of Johns Hopkins Drive. This section was originally occupied by the laundry, boiler house, Pathology Building and the infectious diseases cottages. Later Gloucester House, Psychiatry, Anaesthetics, the hospital chapel and the Centenary Institute were built.







**Top:** *Circa 1888 – laundry with clothes lines (35)*

**Above left:** *Circa 1882 – new laundry built in south-east corner of the campus (36)*

**Above right:** *1907 – second level added to laundry*



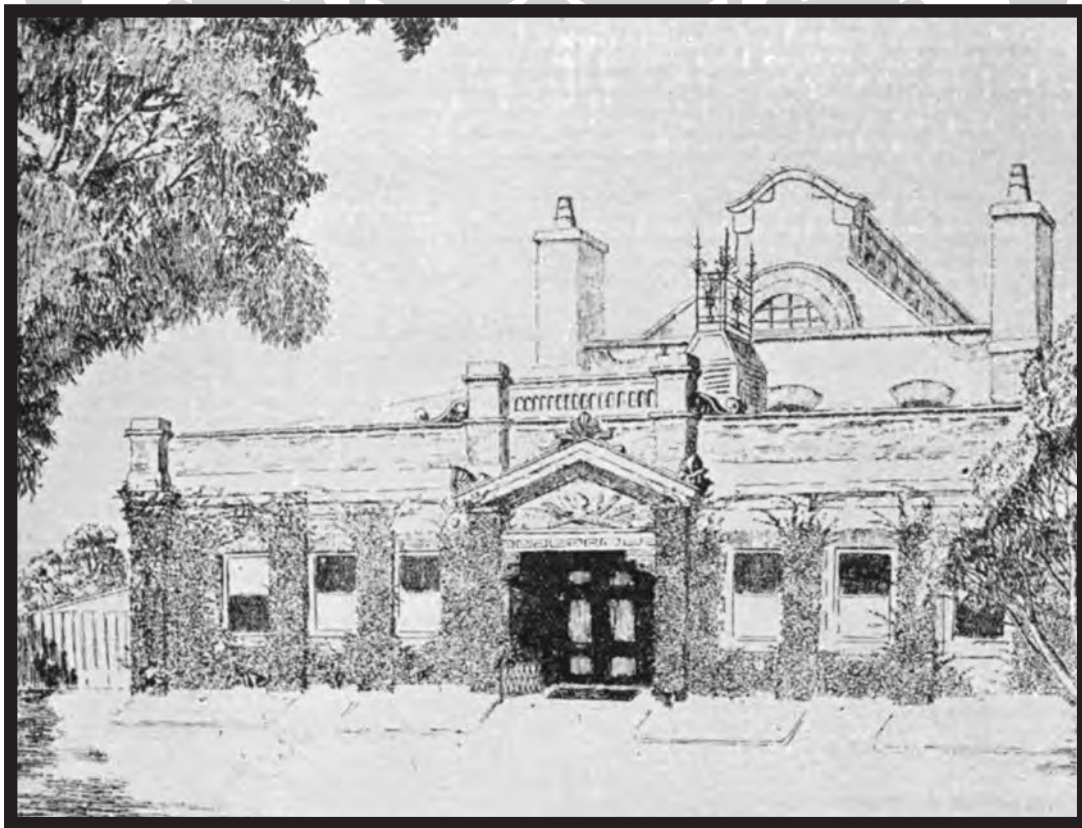


Above left: 1907 – ironing the sheets

Above right: 1907 – boiler house behind the laundry







**Top:** 1880 – sketch of Pathology Building. Opened 1882, enlarged 1905

**Above left:** Circa 1900 – pathology laboratory

**Above right:** Circa 1900 – pathology laboratory

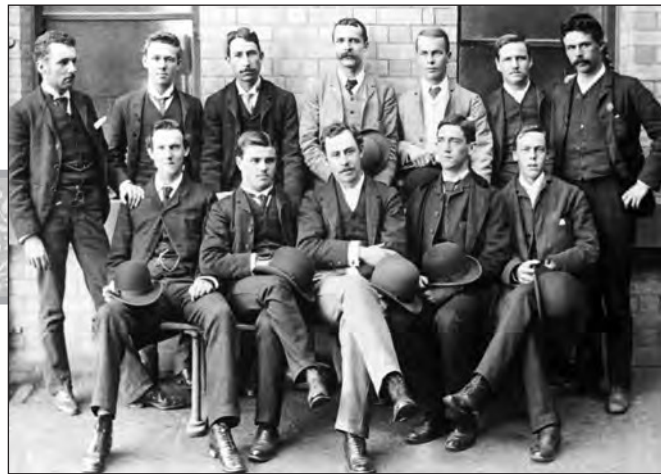
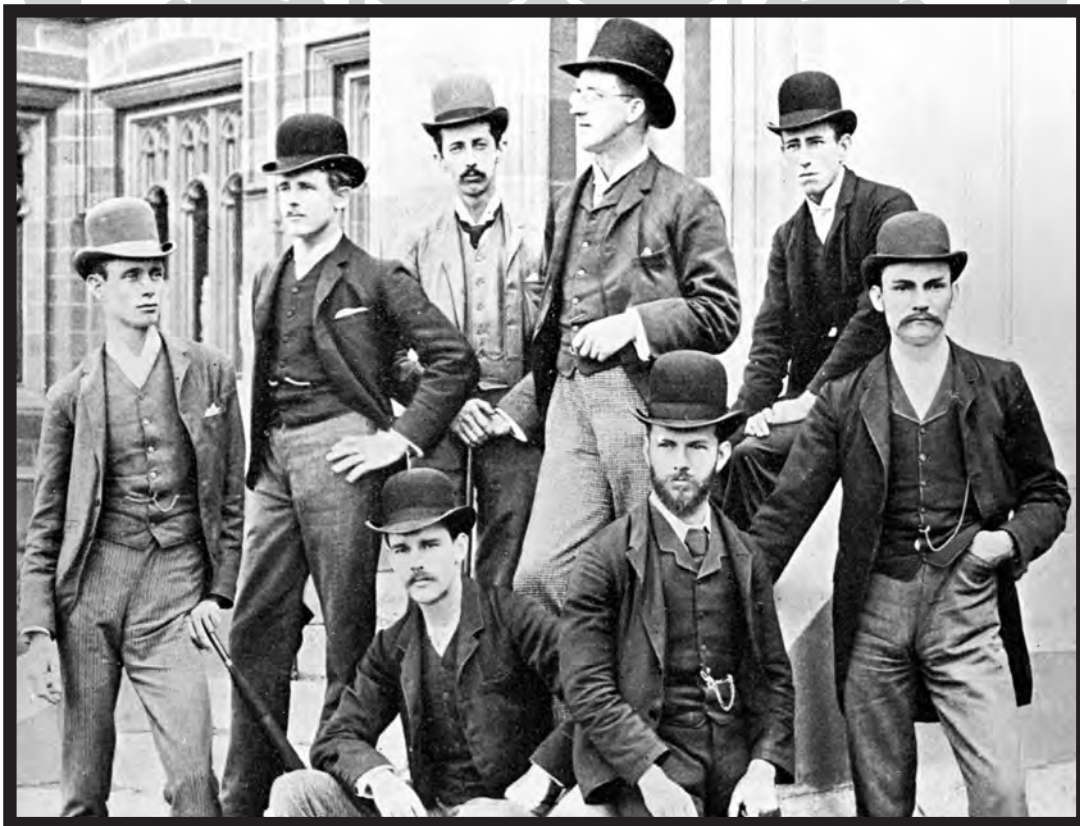
**Right:** Plaque on the northern wall of old Pathology Building. “A.R.” was Alfred Roberts (chairman, planning committee). “A.S.” was Anderson Stuart (chairman of the board).



*D.K.F.C., D.L.C.C.*

1882 – six cottages for infectious diseases built

1883 – Professor Anderson Stuart appointed to the first teaching hospital in New South Wales



**Top:** 1889 – Professor Anderson Stuart with second graduate class  
**Above left:** 1883 – first Medical School of the University of Sydney  
**Above right:** 1889 – fourth-year students

*DKJC, DLCC*

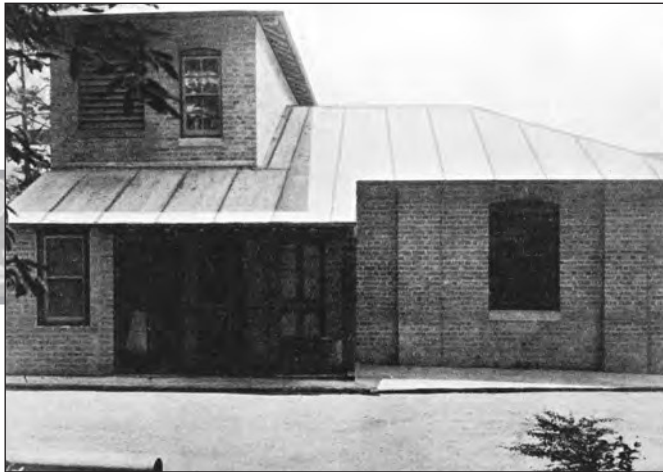


1883 – Professor Anderson Stuart's assistant, John Shewan, appointed by university

1883 – first four medical students admitted

1886 – first pathologist, Dr W.C. Wilkinson, appointed





**Top:** 1897 – patient transport with stables in background

**Above left:** Circa 1900 – the butchery

**Above right:** 1882 – infectious diseases cottage

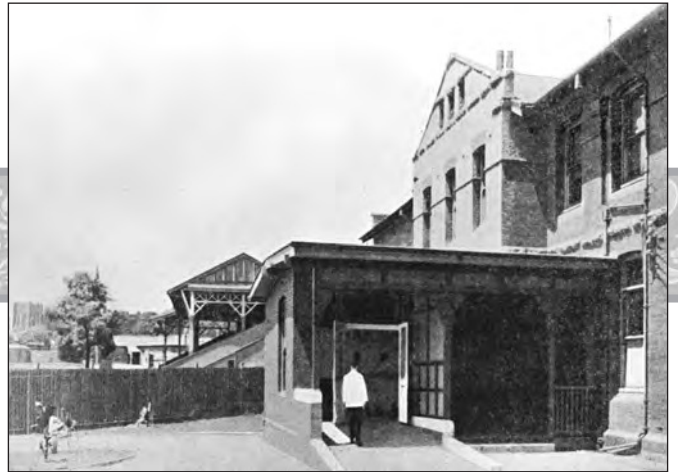
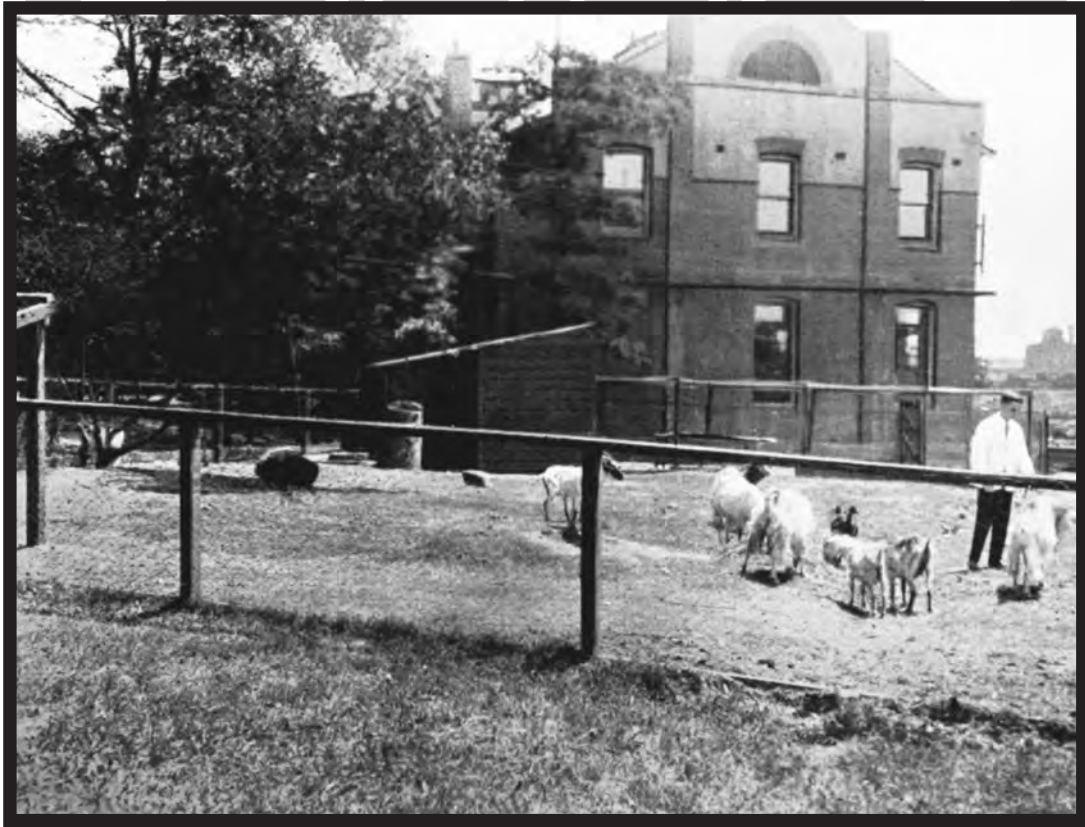
*D.K.F.C., D.L.C.C.*



1887 – two  
microscopes installed

1888 – Medical Students Society formed

1889 – first anaesthetist  
appointed to an Australian  
hospital, Dr R.H. Todd



**Top:** Circa 1920 – farmyard behind the Pathology Building

**Above left:** Pathology Building, later to become the Belisario Institute of Dermatology in 1959

**Above right:** Circa 1905 – mortuary behind Pathology. No 1 Oval Grandstand in background

*DKIC, DLCC*

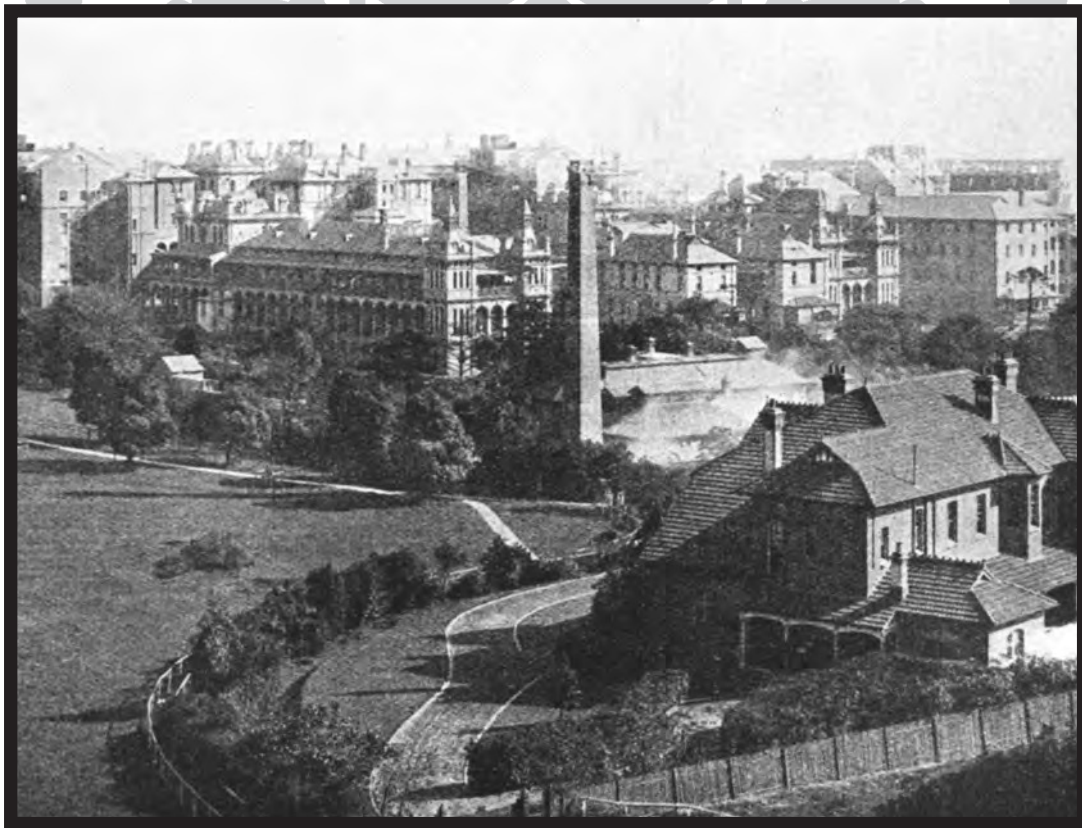


1889 – Australasian Trained Nurses Association was formed

1898 – two resident pathologists appointed

1898 – ENT specialist appointed





**Top:** Circa 1915 – view from south-east with St Andrew's College principal's residence in the foreground

**Above left:** 1922 – looking towards the old laundry and boiler house from Victoria Building

**Above right:** Open air wards, the site of Gloucester House

*DLCD, DLSE*



1907 – therapeutic inoculations  
used for the first time

1909 – five chemical diagnostic  
tests performed

1911 – patients' records  
indexed under disease categories



**Top:** 1927 – preparing the foundations for the new Isolation Block

**Above left:** Doctors taking a break

**Above right:** 1928 – Isolation Block opened

*DLCD, DLSC*



1913 – Dr M.C. Lidwill appointed lecturer/tutor in anaesthetics

1920 – Dr A. Mills appointed lecturer in medicine

1921 – dental clinic established





**Top:** 1933 – Blackburn Building (new Medical School) nearing completion  
**Above left:** 1933 – viaduct joining the Medical School with the Princes Block  
**Above right:** 1924 – raised steam pipe from the old boiler house

*DL E D., DL G C*



1928 – Isolation Block opened

1930 – Australia's first Department of Anaesthetics established (Dr M.C. Lidwill - Director)

1930 – full-time professor of surgery Dr H. Dew appointed



**Top:** 1936 – Gloucester House built for intermediate and private accommodation

**Above left:** 1937 – Psychiatry Building, with Neurosurgery on top floor

**Above right:** Gloucester House - nurses station

*DLGD, DLGC*



1931 – full-time professor of medicine Dr C.G. Lambie appointed

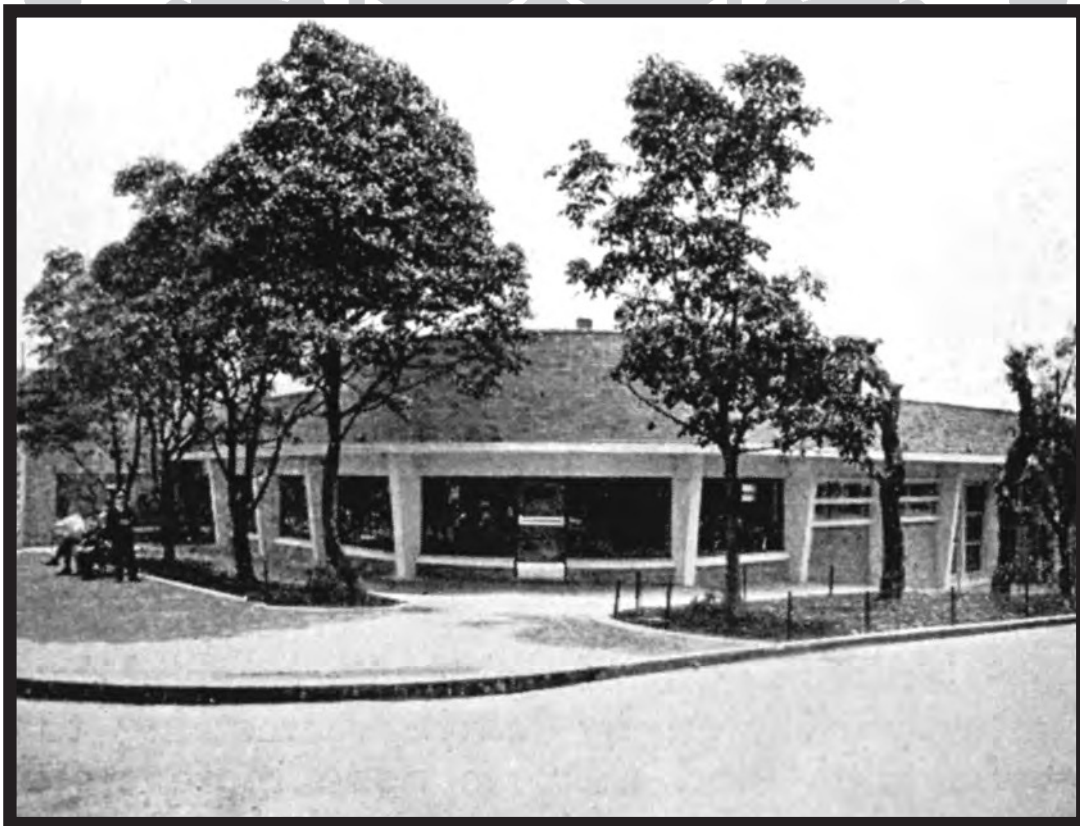
1933 – new Medical School completed

1936 – Gloucester House opened





**Top:** 1936 – Gloucester House, unveiling statue of Imhotep  
**Top right:** Imhotep (first physician known by name in written history) statue by S. Pokora  
**Above left:** Gloucester House, Central Dressing Department  
**Above right:** Intermediate four-bed ward



**Top:** 1939 – the Boutique for staff and public

**Above left:** Boutique interior

**Above right:** Cafeteria

*DLCD, DLSC*

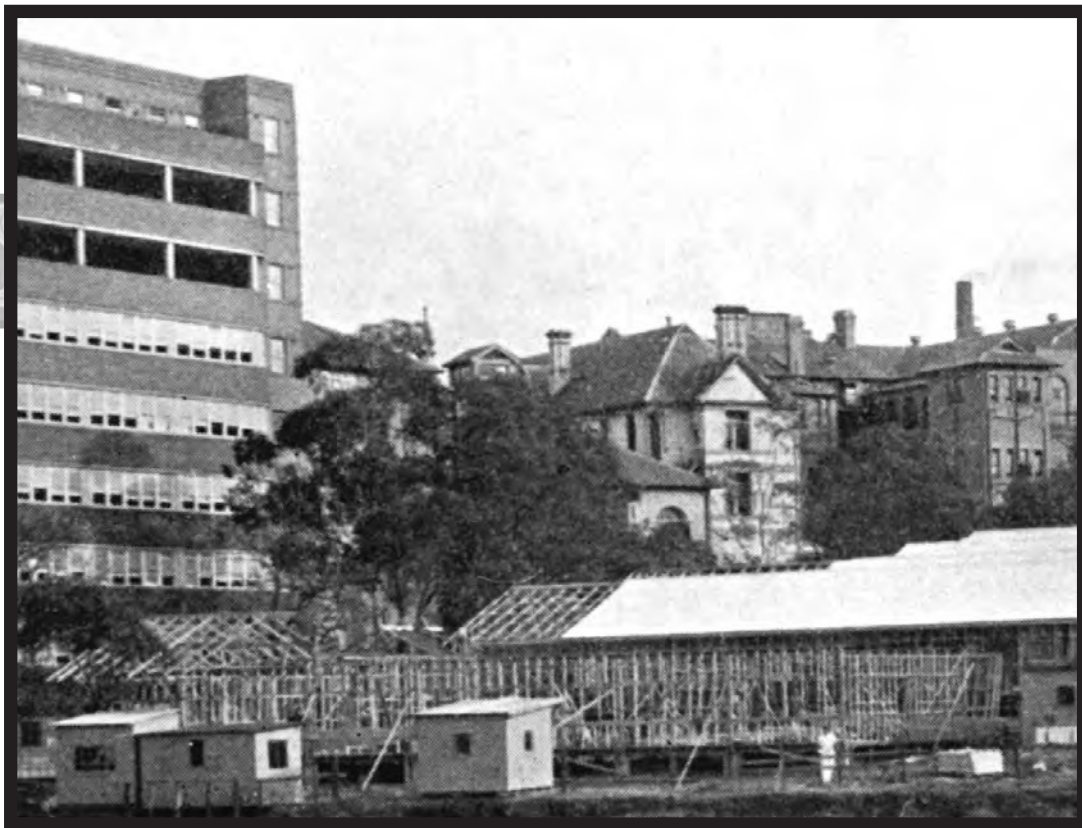


1937 – Psychiatry Building completed

1938 – physicians required to possess MRACP/FRACP

1938 – Neurosurgery Department was opened





**Top:** 1940 – laundry transport. Note steam supply pipe from boiler house

**Above:** 1944 – staff formerly accommodated on the top two floors of KGV were relocated to temporary huts in Johns Hopkins Drive, shown here under construction

**Next page:** *A kiss from Santa* (37)









**Top:** 1945 – war's end. Note gazebo in background (38)  
**Above left:** Circa 1945 – Christmas (39)  
**Above right:** 1945 – Assistant Matron Bennett with children (40)

*DLG.D., DLG.A.*



1942 – Johns Hopkins Hospital Unit established by visiting American military personnel

1945 – Hospital Photographer Reg Johnson appointed

1952 – Psychiatry Department opened



**Top:** Circa 1960 – Lambie - Dew Drive. Neurosurgery theatre window seen on top floor of Psychiatry Building in background

**Above left:** 1970 – Lambie - Dew Drive - Blackburn Pavilion on right, tennis court on left

**Above right:** Circa 1972 – Anaesthetics Department (formerly Isolation Block)

*DLID, DLIC*



1963 – first professor of anaesthetics in Australia  
Professor D. Joseph

1970 – electron microscope installed

1978 – sessional payment for medical staff introduced





**Top:** 1972 – extension to Psychiatry Building; 1936 nurses home to the right  
**Above left:** 1975 – runaway truck  
**Right:** 1975 – Gloucester House

*D.L.I.D., D.L.K.C.*

1978 – rural outreach  
 for immunology



**Top:** 1991 – Lambie - Dew gardens

**Above left:** 1994 – Centenary Institute for Cancer Research

**Above right:** Immunology research

**Right:** Lambie - Dew gardens plaque



*DLKD, ECI*

1983 – National Liver Transplant Unit established

1985 – Sleep Lab opened





**Top:** Sydney Cancer Centre, located in Gloucester House

**Above left:** Sydney Melanoma Unit, relocated to RPA from Sydney Hospital in 1986

**Above right:** HRH Prince Charles visit, March 2005

*DLKD, ECF*



1986 – special medical units  
replace the general medical unit

1987 – completion of hospital  
training of RPA nurses

1988 – Clinical Trials  
Centre ( CTC) opened





# Section 3 Area



Section Three covers the entire western side of Missenden Road from Grose Street in the north to Carillon Avenue in the south.

Early buildings included the new boiler house, radium clinic, stores, rehabilitation, King George V Memorial Hospital for Mothers and Babies, Page Chest Pavilion, Queen Mary Nurses' Home, RPA Medical Centre and the Queen Elizabeth II Building.







**Top:** *Circa 1890 – Missenden Road*

**Above:** *Circa 1883 – hospital from future King George V site*



**Top:** 1911 – Missenden and Parramatta Roads (41)

**Above:** 1916 – Broun Street with St Andrew's College in the background (42)





**Top:** Circa 1910 – Missenden Road and King Street Newtown (widened in 1928) (43)

**Above left:** 1929 – No. 33 Grose Street, a typical house of the area (44)

**Above right:** 1928 – Radium Clinic, corner Missenden Road and Salisbury Road (later the site of the Page Chest Pavilion)

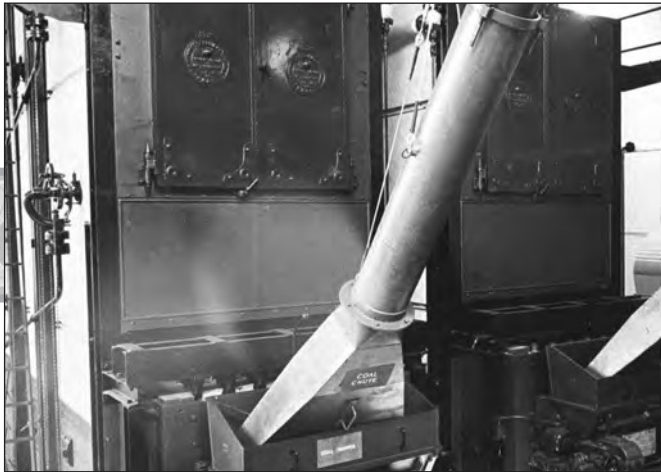
*DLCD, DLGC*



1913 – ECG introduced by Dr Mark Lidwill; in 1923 RPA purchased its own ECG machine

1917 – Social Service Department

1922 – splint mechanic appointed



**Top:** 1937 – boiler house completed

**Inset:** The boiler house chimney was a conspicuous landmark

**Above left:** Boilers with coal hopper

**Above right:** Electrical control panel

*DLCD, DLGE*



1928 – Radium Clinic opened

1932 – ECG Department formed

1938 – Bronchoscopy Unit formed





**Top:** 1929 – King George V Hospital site

**Above left:** 1938 – excavation commences

**Above right:** Excavation continues around Prince Alfred Hotel (right) and the house (centre)



*Above left: 1940 – King George V construction underway*

*Above right: Construction continues around the Prince Alfred Hotel (left)*







**Top:** 1941 – architects Turner and Stephenson won the Sulman Medal for their design of King George V Hospital

**Above left:** 1958 – funds are provided to purchase and demolish the Prince Alfred Hotel

**Above right:** 1941 – King George V Hospital for Mothers and Babies opened

**Right:** King George V plaque

**Next page:** Early photo of Sir Herbert Schlink, chairman of the board 1933

*DLGD, DLSC*



1941 – assistant matron appointed to King George V

1941 – Antenatal Clinic established







**Top:** Ground floor lobby of King George V Hospital

**Above left:** 1941 – first matron of King George V, Sister Parry Evans, with babies and pupil midwives

**Above right:** Sister Parry Evans with her staff

**Right:** Circa 1940 – Otto Steen preparing the wall plaques for the front of King George V Hospital



*DLGD, DLSC*

1943 – new engineering workshops constructed in Susan Street

1943 – Asthma Chest Clinic formed



**Top:** Sister Parry Evans with first midwifery graduates  
**Above left:** King George V kitchen  
**Above right:** King George V staff dining room  
**Right:** Sketch of Sir Herbert Schlink by Dr Grant Lindeman



*DLG.D., DLG.A.*

1944 – segregation huts  
 for puerperal sepsis built  
 King George V

1944 – Antenatal Clinic  
 in Missenden Road opened





**Top:** King George V operating theatres - imported from France by Sir Herbert Schlink. Location of today's RPA Archives and Museum

**Above left:** 1943 - Sir Herbert Schlink's theatre staff list (note that the first Resident Medical Officer was Dr Margaret Mulvey)

**Above right:** Sir Herbert Schlink and Dr Mulvey married in 1945

**Right:** Sketch by Dr Grant Lindeman of Sir Herbert Schlink as an infant



1945 - pneumonectomy performed

1947 - EEG and ECG Departments combined as one department



**Top left:** "Maternal Affection" - marble statue by Professor G. Sarte 1936

**Top right:** "Maternity" by Professor G. Sarte 1936

**Above left:** "Maternity" by Andor Meszaros

**Above middle:** "The Surgeon" by Andor Meszaros

**Above right:** "King George V" by Andor Meszaros

*DLGD, DLIC*

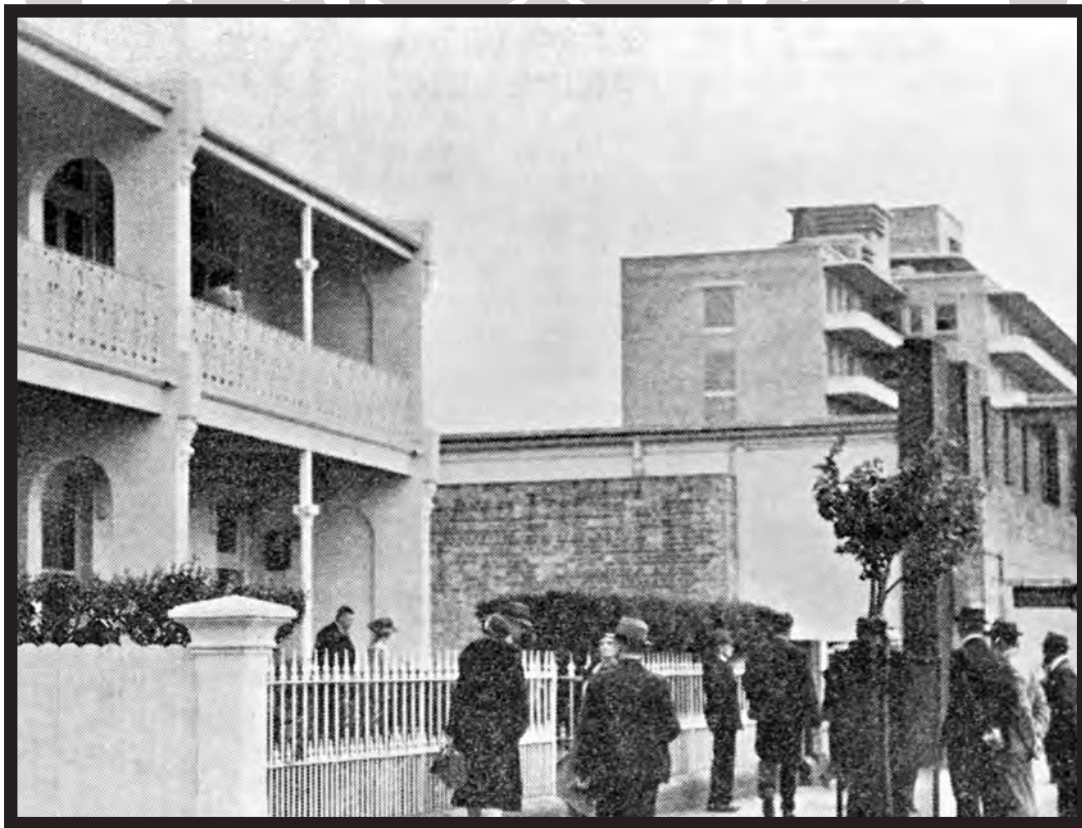


1947 – Thoracic Unit established

1949 – Hallstrom Cardiac  
Clinic opened

1949 – flats for staff members  
opened in Brown Street





**Top:** 1944 – antenatal cottage and male venereal disease cottages in Missenden Road

**Above left:** Circa 1950 – Sydney County Council stores, Missenden Road and Grose Street

**Above right:** The stores later became Rehabilitation then Commonwealth Bank and Personnel Department

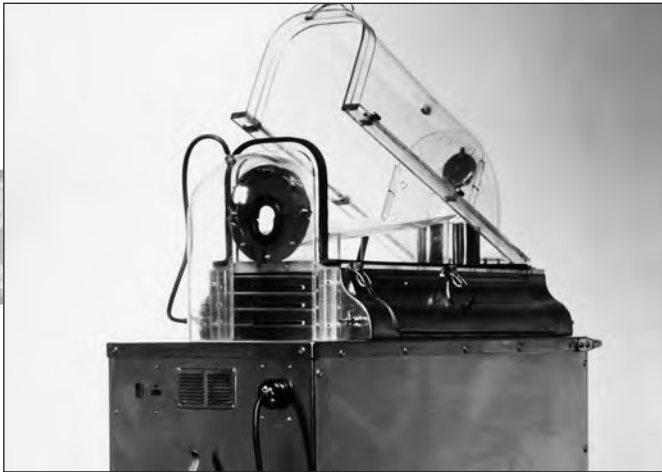
*DLGD, DLSC*



1951 – new laundry built

1957 – Page Chest Pavilion  
X-ray Department opened

1957 – open heart  
surgery performed at RPA



**Top:** Proud father at viewing window  
**Above left:** 1947 – humidicrib built by Dr Frank Hytten at RPA  
**Above right:** Triplets

*DLGD, DLG*

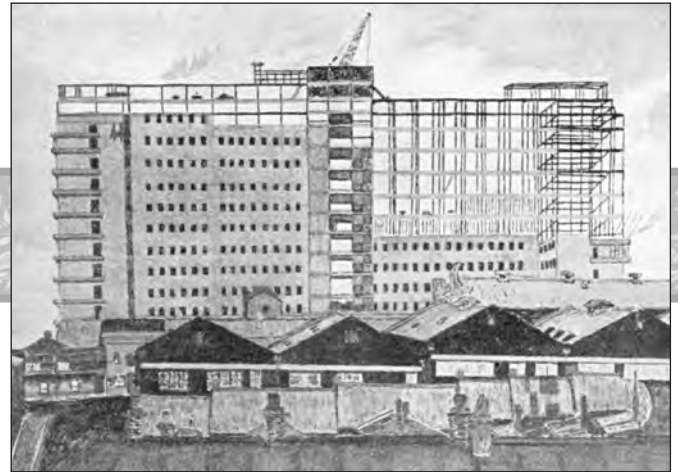


1957 – medical centre  
in Carillon Avenue built

1958 – Thoracic Institute established

1959 – Rehabilitation  
Centre opened





**Top:** 1955 – Queen Mary Nurses' Home (labelled 1) and Page Chest Pavilion (labelled 2) under construction

**Above left:** 1955 – Grose Street site for the new Nurses' Home

**Above right:** A sketch of Queen Mary Nurses' Home by stores manager Mr Rose

*DLGD, DLSC*



1959 – Cancer Detection Clinic  
for Women opened

1960 – foetal monitor in King George V



**Top:** 1956 – Queen Mary Nurses' Home completed  
**Above left:** Queen Mary Nurses' Home (45)  
**Above right:** 1956 – foyer, Queen Mary Nurses' Home  
**Right:** Florence Nightingale bust now in hospital foyer



*DLSD, DLSC*

1961 – Speech Therapy Department established

1961 – pacemaker inserted in RPA patient

1963 – Maynard Rennie Lecture Theatre opened





**Top:** 1956 – Page Chest Pavilion (46)

**Above left:** 1955 – Page Chest Pavilion under construction

**Above right:** 1957 – RPA Medical Centre in Carillon Avenue



**Top:** 1973 – John Spence Nursery. Sister Creagh (centre) with neonatal intensive care course

**Above left:** Circa 1980 – King George V Hospital

**Above right:** Nuclear Medicine on corner Salisbury Road and Susan Street

**Right:** Circa 1970 – radiotherapy treatment



*DLSD, DLSC*

1964 – Audiology  
Department established

1964 – King George V  
appeals committee formed





**Top:** Dr Hank Bahnson revisits early heart patients, Page Chest Pavilion

**Above left:** 1975 – Page operating theatres

**Above right:** Respiratory Medicine - spirometry test performed (47)

**Right:** Circa 1980 – Page Chest Pavilion



*DLID, DLIC*

1968 – biomedical  
engineer appointed

1971 – John Spence  
Nursery opened



**Top:** Circa 1980 – Rehabilitation housed in Grose Street  
**Inset:** Circa 1980 – physiotherapist with patient  
**Above left:** 1960 – RPA Hospital Club, Missenden Road and Susan Street  
**Above right:** 1970 – Printing and Stationery, Susan and Brown Streets

*DLSD, DLSC*



- 1975 – Cardiothoracic ICU opened
- 1976 – new School of Nursing
- 1979 – Clinical Photography Department became Audio Visual Services





**Top:** Circa 1985 – extending Carillon Avenue to intersect Salisbury Road (Missenden Road in foreground)

**Above left:** 1984 – foundations for National Medical Cyclotron

**Above right:** 1985 – National Medical Cyclotron

*DLKD, ECCC*



1981 – RPA Hospital Auxiliary & KGV Appeals Committee united

1981 – Institute of Respiratory Medicine opened

1982 – cardiac arrest trolley constructed



**Top:** Circa 1990 – contractors demolishing boilers in Susan Street boiler house  
**Above:** 1992 – new engineering facilities in Susan Street





**Top:** Circa 1990 – cardiothoracic surgery, Page Chest Pavilion  
**Above left:** 1994 – cardiac catheter laboratory, Page Chest Pavilion  
**Above right:** 1992 – thoracic medicine, Page Chest Pavilion

*DLKD, ECE*



1982 – two-dimensional echo cardiography introduced

1989 – Heart Research Institute opened

1990 – Mulvey Mothercraft Unit established



**Top:** John Spence Nursery, refurbished 1980s

**Inset:** Neonatal intensive care

**Above left:** 1995 – chefs in KGV kitchen

**Above right:** 1972 – Rodney Shearman Endocrinology Laboratory opens in KGV

**Right:** Lucas Street Child Care Centre

*DLKD, ECE*

1990 – Birthing Centre opened

1990 – Midwifery Outreach Program established





**Top:** 1995 – new Medical Centre in Carillon Avenue

**Above:** 1997 – ophthalmology specialists rooms in Medical Centre



**Top:** Demolition of stores department in Salisbury Road

**Above left:** 2000 – Radiation Oncology occupies entire southern side of Salisbury Road

**Above right:** Radiation oncology treatment

*DLKD, ECE*



1996 – the Division of Women and Children's Health formed

2000 – Institute of Rheumatology and Orthopaedics at RPA opened

2000 – Rachel Forster Hospital relocated to RPA Hospital





**Top:** 2000 – Institute of Rheumatology and Orthopaedics, Queen Elizabeth II Building

**Above left:** Gymnasium in Queen Elizabeth II Building

**Above right:** Orthotics Department

**Right:** Physiotherapy Department



*ECOD, ECI*

2002 – KGV closed



# Section 4 Area

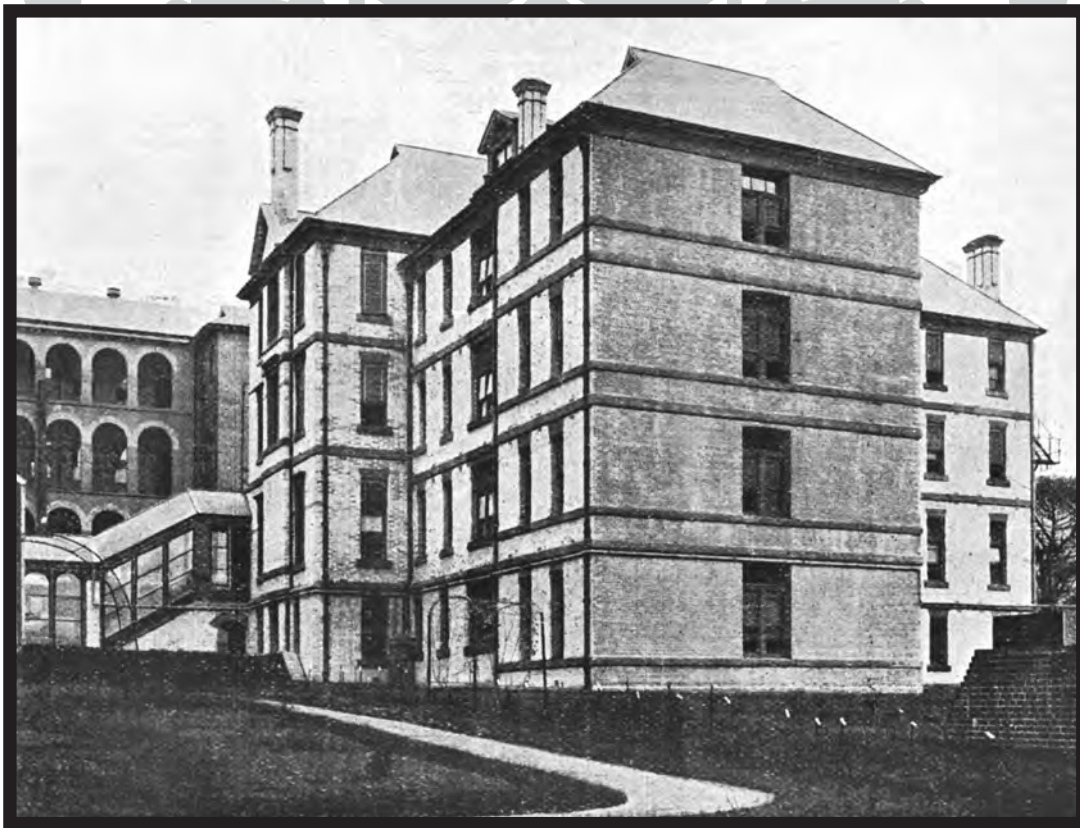


Section Four covers the area involved in the major redevelopment project known as the Resource Transition Program (RTP), which began in 1998. Early buildings in this section include the original 1892 Nurses' Home (later the resident medical officers quarters), the 1936 Nurses' Home, Blackburn Pavilion and Schlink Education Centre.





**Top:** 1892 Nurses' Home; the picture was taken prior to 1906. Note foundation stone for A Block in foreground (48)  
**Above:** Nurses' sitting room - later R.L. Harris Common Room



**Top:** The nurses' home, easterly aspect with 1910 extension; foundation stone in foreground (bottom right)

**Above left:** 1910 – preparing ground for the first extension to the nurses' home

**Above right:** 1914 – easterly aspect of the new extension; note matron's flat verandah, lower left foreground

*DLCD, DLSE*

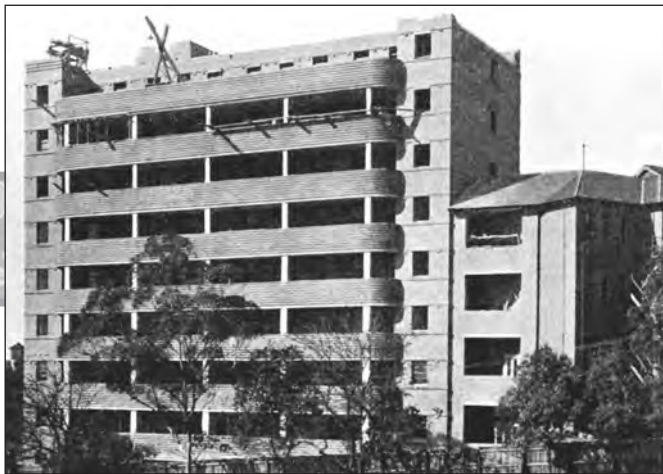


1911 – three-wheeled trolley replaced stretchers

1916 – blood donor services established

1919 – RPA Hospital Auxiliary formed





**Top:** Circa 1944 – classroom in 1936 Nurses' Home (49)  
**Above left:** 1936 – Nurses' Home  
**Above right:** Nurses' quarters in 1936 Nurses' Home (50)

*DLED, DLFC*



1924 – Biochemistry  
Department established

1926 – Urology Department formed

1928 – scientific  
meetings introduced



**Top:** 1962 Blackburn Pavilion, new professorial block (51)

**Above left:** 1974 – ward, Blackburn Pavilion

**Above right:** Blackburn Pavilion theatres

*DLSD, DLSC*

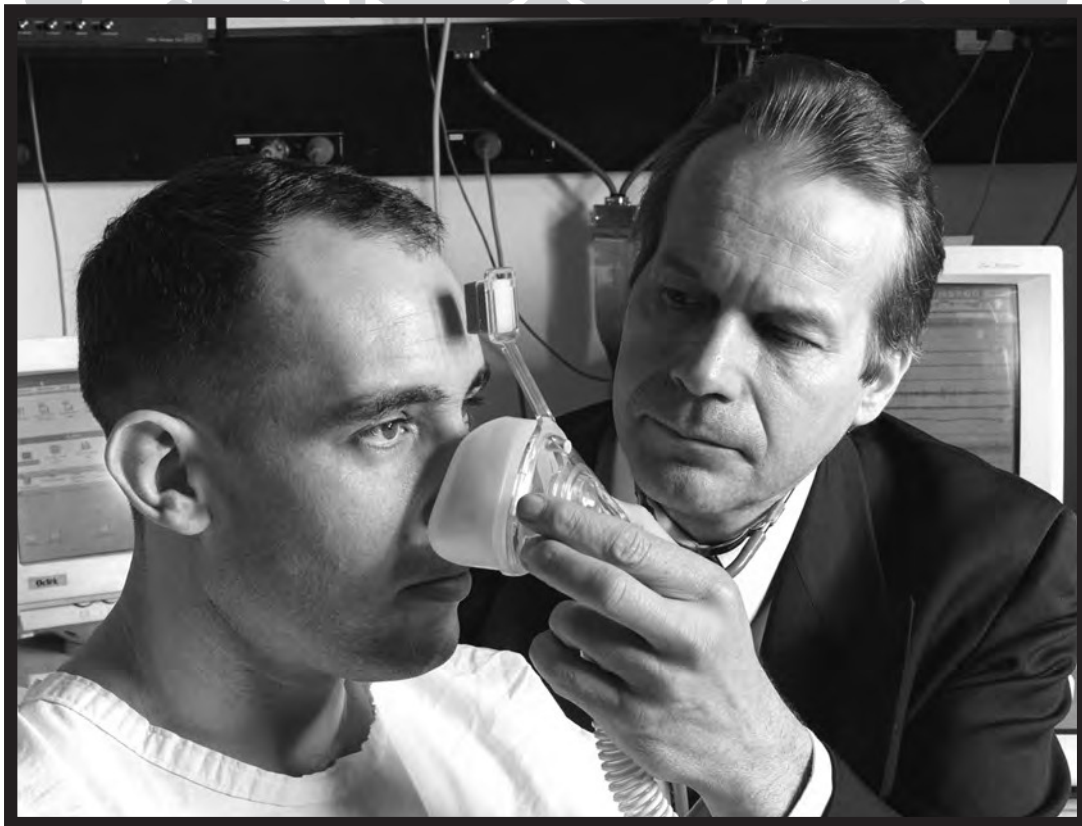


1960 – foetal monitor in KGV

1962 – Drug Committee formed

1963 – Susman Library opened





**Top:** Sleep Unit in Blackburn Pavilion

**Above left:** Central Sterilising Department in Blackburn Pavilion

**Above right:** Commercial Services Division - cleaning staff

*DLIID, DLIC*



1967 – RPA Hospital medical team sent to South Vietnam

1969 – first male nurse training commenced

1971 – Australia's first Community Care Teaching Unit (CCTU) opened



**Top:** Staff dining room, resident medical officers' quarters - formerly nurses' dining room (now part of the Susman Library)

**Above left:** 1962 – Schlink Education Centre built (in middle) alongside the resident medical officers' quarters (original nurses' home)

**Above right:** Schlink Education Centre

*DLID, DLIC*



1971 – Arthritis Clinic relocated to Rachel Forster Hospital

1972 – Department of Community Medicine created



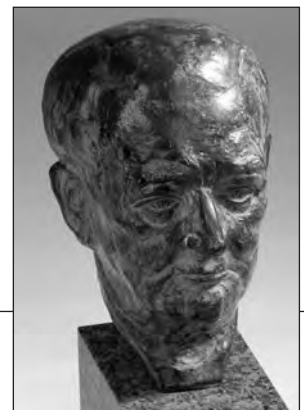


**Top:** Schlink Lecture Theatre

**Above left:** Circa 1970 – Schlink Education Centre

**Above right:** Medical Students - Schlink Education Centre

**Right:** Sir Herbert Schlink bust by Andor Meszaros, in front hall



*DLID, DLIC*

1974 – Department of Clinical Immunology formed

1979 – honorary medical officers became visiting medical officers



**Top:** Renovated R.L. Harris Common Room in RMO's quarters

**Above left:** Ambulance bay relocated to Johns Hopkins Drive

**Above right:** Resource Transition Program (RTP) site (circa 1998):

1. Schlink Education Centre
2. 1910 Nurses' Home Extension
3. 1936 Nurses' Home
4. Blackburn Pavilion

} all demolished for Clinical Services Building

*DLKD, ECE*



1984 – Complaints Unit established

1984 – Clinical Immunology  
Research Centre formed

1989 – "Hospital Scientist" title  
introduced for those without  
a medical degree





**Above:** 1998 – the 1910 Nurses' Home extension (right) and Blackburn Pavilion (left) prior to demolition for new Clinical Services Building

*DLKD, ECE*



1990 – Department of  
Molecular Genetics formed

1991 – Drug and Alcohol Unit becomes  
Medical Psychiatric Unit

1991 – Endocrinology  
Institute opened







**Above:** 1998 Resource Transition Program site: 1. Medical Centre 2. Page Chest Pavilion 3. King George V Building 4. E Block 5. Gloucester House 6. Blackburn Pavilion 7. 1936 Nurses' Home 8. Centenary Institute 9. Psychiatry Building 10. Schlink Education Centre 11. 1910 nurses' home extension (52)

*DLKD, ECE*



1993 – Division of General Practice established      1993 – Molecular Genetics Laboratory opened      1998 – electronic medical records introduced







9 June 1998



23 June 1998



22 February 2000



17 March 2000



25 July 2000



20 September 2000

**Above:** Progress photographs to completion of Stage 1, Clinical Services Building

*E.C.C.D., E.C.C.I*

2001 – Kerry Packer's \$10 million donation for multidisciplinary Education Centre

2002 – RPA Women and Babies commissioned

2003 – Kerry Packer Education Centre Auditorium opened







22 October 1998



5 January 2000



7 April 2000



6 June 2000



9 February 2001



7 October 2004

**Right:** Professor Diana Horvath, chief executive officer Sydney South West Area Health Service (during Resource Transition Program development)

**Far right:** Mr Michael Wallace, deputy chief executive officer Sydney South West Area Health Service (during Resource Transition Program development)

*CCD, CDJ*



2003 – Neuroscience Ambulatory Care & Diagnostic Centre opened





**Top:** 2005 – new foyer and enquiry desk

**Above:** Mural in new foyer (53)

**Inset:** Nurses take a break in the Jacaranda Cafe



**Top:** 2005 – Royal Prince Alfred Hospital Women and Babies (northern entrance) (54)

**Above left:** Nurse and baby

**Above right:** 2003 – Royal Prince Alfred Hospital Women and Babies (foyer)

**Right:** Commercial Services Division - cleaning staff



*E C C D , E C C I*

2003 – Nick Ross Clinic for  
transplant patients opened

2004 – Susman Library relocates  
downstairs in Kerry Packer Education Centre





**Top:** 2007 – Clinical Services Building southern entrance, Stage 2 completed (Gloucester House to right, Imhotep in foreground)

**Above left:** Atrium in Clinical Services Building

**Above right:** 2005 – Clinical Services Building link to Gloucester House (55)

**Next page:** Clinical Services Building

*E.C.D., E.C.I.*

2004 – helipad opened





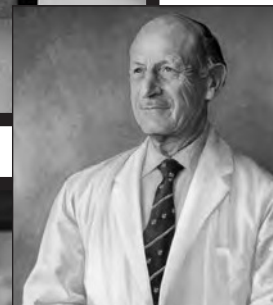


**Top:** Helipad with direct route to theatres and Intensive Care Unit  
**Above left:** Clinical Services Building  
**Above right:** 2002 – new Intensive Care Unit  
**Right:** RPA volunteer



*ECCD, ECCJ*

2005 – Clinical Services Building (RTP project) commissioned



**Top:** 2007 – new Sir John Loewenthal Operating Theatres (J.L. Theatres) in Clinical Services Building

**Above:** Neurosurgery - J.L. Theatre

**Inset:** The Sir John Loewenthal portrait by Brian Dunlop





**Top:** Kerry Packer Education Centre (KPEC) Auditorium (56)

**Above left:** Grand Rounds

**Above right:** Conference room in KPEC (57)

**Right:** Susman Library prior to refurbishment as conference room





**Top and above:** 2007– *Combined Departments Laboratories*





**Top:** 2005 – renovated nurses' courtyard, Kerry Packer Education Centre

**Above left:** 1933 – nurses in courtyard

**Above right:** 2005 – nurses in courtyard



**Top:** Clinical Services Building, north-eastern aspect showing the entrance to RPA Women & Babies (58)  
**Above:** Clinical Services Building, south-eastern aspect with Gloucester House in the foreground (59)







# AN OVERVIEW OF THE HISTORY OF ROYAL PRINCE ALFRED HOSPITAL



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## *Emergence, circa 1882–1939*

In March 1868 the citizens of Sydney decided – after much debate – to build a hospital on 11 acres of University of Sydney land. It was a time characterised by benevolence, charity and philanthropy and the hospital's architects were instructed to plan a building for the sick, the poor and the maimed.

The secretary of the hospital committee, Alfred Roberts (later Sir Alfred), sought advice about the building from Florence Nightingale. As a result, the hospital favoured pavilion-style long wards with adequate space to ensure sanitation and ventilation. The foundation stone was laid on 24 April 1876, and just over six years later, on 25 September 1882, the Prince Alfred Hospital received its first patients. They came seeking shelter, comfort, nourishment and medical and nursing care.

Prince Alfred Hospital was conceived as a university teaching hospital, designed to house 341 beds and train nurses and medical students. Soon after its opening the hospital was caring for 140 patients on a daily basis. Numbers grew steadily and by the end of 1883 the hospital had admitted 1,069 patients and performed 147 operations.

The University of Sydney and the hospital board jointly appointed the medical staff and they readily endorsed the use of the available technology such as stethoscopes, ophthalmoscopes, laryngoscopes, auriscopes, spectroscopes and hypodermic syringes. By the turn of the 19th century, X-ray, radium, antitoxins, anaesthesia and limited pharmaceutical preparations were all part of patient care. While patients sought relief from cardiac and respiratory disease and immediate attention for trauma, the highest rates of morbidity and mortality were due to infectious diseases such as enteritis, plague, venereal disease, diphtheria and tuberculosis.

Prince Alfred Hospital came to be seen as a safe institution for surgical procedures, thanks in part to the development of safer anaesthesia and the acceptance of the principles of antisepsis and asepsis. Increasing admission numbers and outpatient attendances were evidence of the hospital's growing public acceptance. Advances in anaesthesia enhanced the surgeons' skills, evidenced by the hospital's 1903 annual report, which records 2,160 operations involving

66 per cent of all patients. The number of surgical procedures continued to grow over the years. By 1926, according to that year's annual report, 7,676 operations were performed on 89 per cent of patients.

Through the early decades of the 20th century, clinicians not only accepted the assistance of laboratory personnel, but also encouraged the participation of masseurs, splint makers and occupational therapists. Significant economic, moral, political and social changes had an impact on medical treatment during this period.

Severe drought and economic depression slowed the hospital's growth. So too did World War I and subsequent industrial unrest and high unemployment. Generous benefaction and astute management by the hospital's board of directors was not enough to maintain services, so finances were increasingly supplemented by government assistance. This happened alongside changes in the hospital's patient mix as increasing numbers of people embraced the medical services provided by a public hospital. A growing need for surgical procedures and the reliability of anaesthesia meant the hospital changed from an institution for the deserving poor to one which catered for members of all social classes. During this time Gloucester House was built to accommodate intermediate and private patients.

Near the end of this period, the appointment of full-time professors of medicine and surgery heralded a closer association with the University of Sydney. These professors had access to hospital patients.

### **Administration**

The *Prince Alfred Hospital Act* was passed in 1873. It provided for the establishment of a board of directors responsible for the planning and building of the new hospital. There were 10 board members elected by the subscribers, and five members appointed by the New South Wales Government, the chancellor of the University of Sydney, and the dean of the University's Faculty of Medicine. A later change to the Act increased the number of government appointees to 10.



Prince Alfred Hospital opened during the last decades of what's now called the Age of Humanitarianism. In Sydney this was also a time of wealth and confidence. Social, moral, political and financial support for the hospital flowed generously. This spirit of giving continued throughout national disasters, economic recessions, involvement in world wars and significant social changes.

Sir Alfred Roberts, honorary secretary to the planning committee from 1868, assumed much of the responsibility for the planning of the hospital. He consulted some of the best authorities on hospital design and construction, including Florence Nightingale, who supplied him with copies of her recent publications, *Notes on Hospitals* and *Notes on Nursing*. The project was ambitious from the beginning. Because it was conceived as a teaching hospital, much thought was given to ensuring the hospital had the most advanced facilities, including a modern kitchen and laundry. The hospital originally comprised the large administration building – still standing 125 years later – and two pavilion-style ward blocks, C Block and D Block (demolished in the early 1980s).

Responsibility for the hospital's administration, following its official opening in 1882, was very much in the hands of the board of directors, and particularly one of its most influential members, Sir Alfred Roberts. Sir Alfred maintained an intense interest in the running of the hospital until he retired, due to ill health, in 1897. The original staff included a medical superintendent whose duties were mostly clinical, a full-time secretary and a matron to look after nursing and housekeeping.

This organisational structure continued largely unchanged until the position of general superintendent was established in 1933. The by-law that created this position stipulated that the general superintendent was to be a medical graduate, not a civil servant or government appointee. The change ensured a more visible and effective administrative presence. Over time, the general superintendent became a chief executive officer, and the position of a medical (clinical) superintendent, responsible for the resident medical staff, remained under the general superintendent. The first general superintendent was Dr W.A. Bye. He was appointed in an acting capacity until a permanent appointment was made later in the year. Dr A.B. Lilley, previously the hospital bacteriologist, became the first permanent appointee to the role, a position he held from 1933 until 1944.

Building and development continued on the site long after the official opening. In 1887 the Operation Block was established; in 1904 the Alfred and Victoria Pavilions opened; and in 1928 an Isolation Block was established.

A hospital magazine, the *Prince Alfred Gazette*, was first published in September 1902. Produced for patients and the general public, it was designed to “bring the hospital and its supporters more closely into touch”. The *Gazette's* editor acknowledged that hospital benefactors should be told more of what went on in the hospital and gain a “world of sentiment and feeling”. At that time there were 236 beds in the hospital, 70 nurses and medical staff, and non-medical employees of all kinds including ward and pathological attendants, clerical staff, cooks, laundresses, maids, porters and tradesmen. The *Prince Alfred Gazette* changed its name in 1938 to *RPA Journal*, and ceased publication in 1987 after 50 years under that masthead.

Contributions from individuals and families from 1868 through to the 1930s enabled wards to be constructed and furnished. Support also came from government and from benevolent societies and trust funds. Members of the public frequently offered assistance and anonymous donors were extremely generous. In 1906 a farmer who was down to see the city requested “a look around with his missus”. He then gave a more than modest offering of £6,000.

Funds were raised through Lady Mayoress Appeals, village fairs, concerts, Easter fetes and schoolchildren's collections. Potatoes, eggs, lemons, papers, magazines, flowers, linen and clothing were donated. The Hospital Auxiliary, formed in 1919, worked tirelessly. Its tea room at the Royal Easter Show soon became a landmark. The Volunteers Association, which still functions in 2007, provided admirable support and religious groups such as St Vincent de Paul and the Salvation Army made regular visits and helped in many ways.

It was the hospital's mission to provide “relief of the sick, maimed and the convalescing from all parts of the colony”. A good example of how it did this can be seen in the treatment of Martin Bradshaw, a swagman of no fixed abode, who was treated for a dislocated collarbone while his dog guarded his possessions.

By 1924 more beds were needed for civilian cases because of the large numbers of repatriated patients from WWI. In the

following year the board of directors again expressed concern that patients who had nervous troubles could not be accommodated in the Royal Prince Alfred Hospital (RPA). The Royal prefix was added in 1903.

In 1926 it was suggested that well-to-do patients were disadvantaged by lack of access to the modern facilities available in the public hospital (the private hospitals could not provide the equipment and staff needed for diagnosis and treatment of many diseases). The board relaxed the visiting hours and later provided headphones for patients to enjoy wireless "which would reduce the need for mental occupation". A more relaxed environment helped to increase the hospital's appeal to intermediate and private patients, reducing the hospital's reliance on compensation cases which were seen by some as a drain on resources.

The hospital welcomed an important visitor in 1926. Dr Malcolm MacEachern, director of hospital activities for the American College of Surgeons, was invited to Australia by the British Medical Association and asked to produce a report for the New South Wales Government about some of the state's principal hospitals. RPA received a glowing report: Dr MacEachern described the hospital as a well-organised and well-equipped institution, able to carry out work of the highest character.

This international recognition of excellence was closely followed by economic depression. In 1930 the hospital was forced to close 200 beds. Yet the Depression did not stop construction of Gloucester House, which opened in 1936, and the Psychiatry Pavilion, opened in 1937. This period of growth came to an end as Australians once again went off to war in Europe.

## Medical

Although the discussions that led to the establishment of Prince Alfred Hospital began in 1869, it was not until 1883, when Anderson Stuart arrived to establish the University of Sydney's Medical School, that the hospital became the first university teaching hospital in New South Wales.

Stuart required all university clinical lecturers, regardless of their current appointments, to be on the honorary staff of the hospital. Gradually the activities of honorary medical officers became limited to their specific fields; they were no

longer physician at one hospital and surgeon at another, a change which indicates their transition from general practitioners to specialists.

A few physicians had a higher degree, a Doctorate of Medicine, and there were some who were trained and had passed the examination for membership of the Royal College of Physicians of London, but they received scant recognition by Stuart. It was not until the late 1920s that a prerequisite for appointment as a physician was membership of the Royal College of Physicians. Dr (later Sir) Charles Bickerton Blackburn, a physician at RPA, was chosen as its first president. He established a precedent for service to the college by other physicians of RPA.

In 1920 the University Senate appointed a professor of medicine. In effect, this meant a promotion for the lecturer in medicine, who was an honorary physician at the hospital. In 1930 C.G. Lambie became the first full-time academic professor of medicine in Australia and was appointed to RPA as an honorary physician.

Implementation of some recommendations of the 1932 Lambie - Dew report on RPA resulted in the formation of medical teams of physician, assistant physician, and often clinical assistants, who cared for patients in the particular male and female wards allotted to the team and in an outpatient department run by their assistant physician. Under the previous system, there was no relationship between in-patient and out-patient physicians, and patients were admitted to whichever ward had a vacant bed. The changes brought about by the Lambie - Dew report provided professorial facilities, better patient care and improved clinical teaching.

An honorary for skin diseases was appointed in 1899, and worked with the Venereal Diseases Clinic from 1906. Significant activity in dermatology practice led to the establishment of a Diploma of Dermatological Medicine by the University of Sydney. An outpatient tuberculosis dispensary opened in 1913, although it wasn't until 1947 that the hospital developed its Thoracic Unit. The need to improve the management of patients with diabetic acidosis led to the medical board recommending the establishment of a formal diabetic clinic in 1931.



Sir John Macpherson was the inaugural occupant of the chair in psychiatry and was then appointed the first psychiatrist to RPA. The next year, 1923, he established the Department of Psychiatry.

Dr Jessie Aspinall was RPA's first female doctor, appointed in 1906. She was given "special work" and was governed by a set of regulations which included no work relating to male genitalia.

### **Surgical**

Surgical care at Prince Alfred Hospital began with the appointment of two surgeons in 1882. At the time there were four resident medical officers who worked under the direction of a superintendent. University clinical lecturers were required to be members of the hospital's honorary staff. Appointments in surgical specialties occurred sequentially: by the turn of the century the recognised specialties included eye, gynaecology, urology and ear, nose and throat.

In 1921 the Senate appointed F.P. Sandes to the position of professor of surgery. Dr Sandes at the time was an RPA honorary surgeon and his appointment was the first of its kind in Australia.

In 1930 Harold Dew became Australia's first full-time academic professor of surgery, occupying a chair established by an endowment from University of Sydney benefactor Henry Bosch (who also endowed a chair in medicine and a chair in bacteriology). Harold Dew also became an honorary surgeon. In 1928 the board of directors introduced by-law 80, preventing RPA honorary surgeons from holding appointments at any other hospital. The move was seen by some as restrictive.

### **Women & Children**

In 1872 Mary Roberts donated £1,000 to the Prince Alfred Hospital Fund (later Royal) for the provision of a ward for children in the soon to be constructed hospital. Within 12 months of the hospital's opening in 1882, the board of directors had decreed that there would be a separate department for the diseases of women and the honorary physician for women would perform the necessary operations on women. As well, they appointed Dr Foreman as the honorary obstetric medical officer. But it was not

until 1887 that the children's ward (Alexandra Ward) was operational.

By 1898 gynaecology was a recognised specialty and although, in 1909, there was a proposal to devote a room for obstetric cases requiring surgical attention in a ten bed ward above the Emergency Department, it was not until 1935 that a memorandum was tabled which outlined the need for a maternity block in connection with Royal Prince Alfred Hospital. However, in 1938, there was opposition to its construction from professorial and honorary medical officer personnel based on their belief that there were already enough beds for normal pregnancies although they conceded that there was a shortage of beds for the complicated conditions which could arise in maternity cases. Nevertheless the chairman at the time, Dr (later Sir Herbert) Schlink, convinced the board that they should proceed with their plans, especially as he had documented from his recent overseas experience that the days of small stand-alone institutions were limited and it would only be multi-disciplined institutions such as RPA that could deliver total patient care.

In 1894 some members of the board of directors of PAH contemplated the abolition of the children's ward because of the proximity of the Children's Hospital in Glebe but in 1908 the unit (Alexandra Ward) was remodelled. In 1917 the board designated an honorary physician and surgeon to supervise the care of children. The appointment of the Bosch professors of medicine and surgery saw the Alexandra Ward moved to C Block in 1933, with the opening of Gloucester House in 1936 more accommodation became available for children.

Although the hospital's founders insisted on making room for children, it remained the case that children at RPA were more often seen than heard. Efforts to ensure their comfort included redecorating the ward, excursions, and an annual visit from Father Christmas. Schooling was implemented, books and crafts were offered and wireless was installed.

### **Nursing**

In the 1880s nursing care consisted of making the patient clean and comfortable while confined to bed, often for quite long periods. Attempts were made to relieve pain and discomfort with external applications of hot and cold

poultices and doses of medications sometimes devised on the spot by doctors.

Five sisters and 12 nurses made up the hospital's original nursing staff. Matron Elizabeth Murray taught practical nursing procedures, while the medical superintendent gave medical lectures. Training was based on the then revolutionary nursing methods devised by Florence Nightingale. Nurses initially received a certificate after two years of training although this later increased to three years and then four years.

Catherine Downs succeeded Elizabeth Murray as matron in 1886. She was followed by Susan Bell McGahey, who formed the Australasian Trained Nurses' Association in 1899 with two medical men. She attended the first International Nurses' Conference in 1901 and was elected president of the conference the following year.

It was Susan McGahey who first proposed a Preliminary Training School (PTS) as early as 1901. Isla Blomfield, a nurse who became the public health administrator for Sydney, supported the idea but it was vetoed by Professor Anderson Stuart. The school finally commenced 35 years later, in January 1936, with Sister Muriel Doherty as its qualified tutor. The school operated in an empty ward in the Victoria Pavilion until completion of a purpose-designed unit in the basement of the 1936 Nurses' Home.

Between 30 and 36 trainee nurses at a time spent six to eight weeks without pay at the school. They practised bed-making, sponging patients, applying bandages, poultices and fomentations and faced a practical and written exam. Practical bedside training continued in the wards under the watch of the Sisters in charge and with the assistance of senior nurses. The senior honorary medical officers gave lectures in their medical specialties from the second year of training.

The hospital's first nurses lived in cottages in Missenden Road while others lived in the pavilion where they worked. The first nurses' home, which opened in 1892, is now part of the Kerry Packer Education Centre. The number of nurses increased as the hospital expanded its activities and by 1914 extra rooms were added to the nurses' home, including a ballroom and dining room.

In 1928 the hospital built an isolation ward and eight new operating theatres. The Anderson Stuart Theatres were built on top of D Block, with Beatrice Dun in charge. Miss Dun went on to become the hospital's sixth matron. More accommodation was needed for the nurses required for the additional Anderson Stuart Theatres, the Isolation Block, Gloucester House, psychiatry and neurosurgery wards and later, the Dame Eadith Walker Hospital for sub-acute diseases at Concord. Gloucester House was opened for the private patients of the hospital's honorary medical officers. Sister Helen B. Hetherington was appointed assistant matron in charge. Sister Hetherington later became RPA's seventh matron. Sister 'Dudon' Gardiner (Jude), Sister Alt and Sister Williamson were also appointed assistant matrons.

A medical unit from Johns Hopkins Hospital in Baltimore was located at RPA to care for the American servicemen during WWII. The hospital allocated the whole Psychiatry Block, which had an operating theatre and X-ray department and beds in A Block and Gloucester House.

### **Allied Health**

A variety of allied health personnel, including physiotherapists, pharmacists and social workers, have been a significant part of the RPA staff from the beginning.

Dr Anderson Stuart recognised the need for allied health personnel when he appointed a class attendant to assist him with his teaching and research activities. This appointment recognised the role skilled personnel other than physicians and nurses have in medical care. Throughout the ensuing century personnel from many allied health disciplines became important members of the hospital's staff.

The Department of Medical Records contains all patient records from 1885 and initially these records were filed under the name of the physician or surgeon. The records were kept in the front hall and were watched over by the hall porter. Their final destination, however, was the basement of the Administration Building.

Dr Herbert Schlink, then a registrar on the junior staff, was dissatisfied with the variable standard of the medical records and in 1907 devised a new history record, taking account of advice from a visiting American, Dr Victor Heise. This system



was adapted from the Bertillon system of classification of diseases and it remained in use for 30 years. It was believed to be of great value for statistical and research purposes.

The first allied health person appointed to the hospital without a medical degree was a pharmacist, at that time called a dispenser, who joined in 1884. The Department of Pharmacy, established in 1907, was located below the main Administration Building. In the early days, medications were made up by mixing various chemicals according to the prescriptions written by the doctors. However, many of the mixtures in regular use, such as cough mixtures, were made up in bulk. Nurses learned to dispense medicines and continued to do so until 1920. After WWI, large pharmaceutical companies increasingly took on the task of producing pharmaceutical agents as well as research into new medications.

Professor Anderson Stuart had an interest in physical deformities and supported the appointment of a masseur (later known as physiotherapist) in 1902. A Department of Massage was established in 1906 and it became the centre for instruction in physiotherapy in New South Wales. It was located under the current Emergency Department.

Ten masseuses and three masseurs were employed part-time or on an honorary basis, and they attended the hospital twice a week. The first training school for physiotherapists in New South Wales was established and run jointly at RPA and Royal North Shore hospitals.

Thanks in part to health checks of soldiers in the Boer War and WWI, in the early decades of the 20th century there was a growing awareness of the poor state of health of some members of society. This awareness, coupled with the establishment of criteria for 'scientific' nutrition, led the RPA board of directors to recommend a dietitian be appointed to the hospital staff. Although the recommendation was made in 1926 it was not fulfilled until a Department of Dietetics came into being in 1936. The training school was set up by Edith Tilton of Barnes Hospital St Louis, who was succeeded by Ruth Gordon from Kansas State University in 1937. Over the following two years there was a marked increase in demand for standard meals as well as special diets for complex cases, and a new kitchen with modern equipment was built accordingly.

Several factors focussed the hospital's attention in the early 20th century on musculo skeletal disorders. The after-effects of trauma associated with WWI, residual problems associated with tuberculosis of the spine and osteomyelitis in the extremities, and the poliomyelitis epidemics in the 1930s to the early 1950s emphasised the importance of physiotherapy. Physical trauma associated with WWI stimulated the development of physical rehabilitation and orthopaedics. In 1920 a doctor was appointed to take charge of orthopaedics; in 1922 a splint mechanic joined the staff; and in 1939 Ethel Francis, who worked primarily with psychiatric patients, established the Occupational Therapy Department. A Social Service Department was established in 1917, leading eventually to the appointment of Miss J. Lupton as an almoner in 1948.

### **Diagnostic Services**

Most of the accepted medical specialties did not exist when Prince Alfred Hospital opened for patients in 1882. Although they had several instruments at their disposal, physicians at that time could often do no better than provide comfort and prescribe tonics.

One diagnostic tool that soon became available was X-ray, also called "special rays". The hospital initially was unable to finance its own X-ray machine. Instead, patients were sent to a pharmacy in lower George Street to have the images taken; these were then sent to the hospital for interpretation.

In 1898, when the first X-ray apparatus was purchased, it was most likely housed under the front hall, on level four. Some time towards 1907, the newly formed Radiation Department expanded into three working rooms on the site of the current pharmacy on level four Vic Block. Additional technologies including diagnostic therapy and heat lamp (arc light) ultra-violet treatment were added in 1909. Electricity was not connected to the hospital until 1912, so batteries were used until then. The early records and photos indicate that the first radiologists were called radiographers, and their assistants were called X-ray technicians. There were few texts available to formally educate early specialists in this field, but Dr Sear, the hospital's first director of radiology, produced outstanding textbooks on diagnosis, and an informal information-sharing network developed between several Sydney hospitals.

The long-awaited purpose-built main X-ray Department opened in 1937. In March 1938 the top floor of the new Psychiatry Pavilion became the neurosurgery unit, and this unit had its own X-ray apparatus. X-ray was not the only science-based procedure to be included in medicine around the turn of the 20th century. Laboratory science was finding an increasing number of applications in medicine. Although some might argue that the scientific basis of medicine began during the Enlightenment, it was not until the development of methods other than bedside observation to diagnose disease that science really took a privileged place in hospitals. By the time Prince Alfred Hospital opened, microscopic examination of tissues was well established, organic chemistry was rapidly growing, bacteria had been cultured and vaccines were prepared.

The Pathology Department, encompassing all hospital sciences, originally was housed on the university side of the hospital in the gardens between the two campuses. The small building, still standing, has a neoclassical façade with a portico and a pediment into which a stone cherub and a scroll are carved. The scroll is poignantly inscribed: *In cœlo quies* (Peace in Heaven). In the first years, it was mostly a mortuary and an autopsy room with a retractable roof that could be rolled back to dispel odours.

The first pathologist, Dr W. Camac Wilkinson, was appointed in 1886. Two resident pathologists were appointed in 1898, their services being “urgently needed in view of the reorganisation of the Pathological Department, and in order to keep pace with modern hospital requirements”.

By 1905, the first year in which annual test numbers were recorded, the laboratory performed 72 autopsies, 190 tissue sections, 63 Widal tests (for typhoid), 168 sputum examinations (for tuberculosis), and 124 malaria films. That year the building was greatly enlarged, in an Edwardian architectural style, to accommodate the department’s expansion of activities. New tests included the Wasserman test (for syphilis) under the direction of the Pathological Department’s chemist, Dr H.G. Chapman, who was appointed honorary pathologic chemist in 1908. A stone carved with the initials AS was set into the north-west wall of the building in honour of Professor Anderson Stuart, the hospital’s chairman at the time of the rebuilding.

A bacteriologist, Dr Arthur Tebbutt, became the pathology director in 1912 and two female pathologists, Dr Buckley and Dr Little, were appointed to the department during WWI. The workload steadily increased, most noticeably when the laboratory prepared and distributed 43,000 doses of influenza vaccine in response to the flu epidemic that followed WWI. Sadly, the vaccine failed.

A small farmyard was set up by the 1920s to begin research on blood transfusion. Dr Dalzell and Dr Durie were appointed by the Pathological Institute of New South Wales to prepare insulin for diabetes treatment. There were 40 patients in treatment by 1924 and although the costs were considerable, the hospital believed this was justified “on account of the very wonderful results to patients suffering from this dread [sic] disease”. The Pathology Department’s biochemist continued to manage patients with diabetes until the Department of Medicine established an outpatient clinic in 1931.

Production of antiserum for smallpox, tetanus, diphtheria and erysipelas increased in the 1930s, by which time the laboratories had become very crowded. In 1937 an appeal was launched for a Laboratory Building Fund. The Right Honourable Lord Nuffield immediately donated £4,000, and another £500 came from the Bankers’ Ball. In 1940 the state government matched this sum, but then, to the surprise of the hospital’s laboratory staff, all the money was used to build a post mortem room in the University’s new Medical School.

The construction of new laboratories was eventually funded by government, with the aid of very considerable donations from members of the Fairfax family and *The Sydney Morning Herald*. The Fairfax Institute of Pathology still stands on Missenden Road today.

## *Development, circa 1940-1969*

The RPA ethos from the early 1940s through to the 1970s focussed on development of patient care. Buildings proliferated and clinicians who benefited from experience in the northern hemisphere expanded the concept of special clinics. Many of these clinics later became departments. The hospital’s clinicians readily embraced postgraduate teaching and many of them were accepted as leaders in their fields. Medicine appeared to have much to offer society,



thanks to the advent of antibiotics and chemotherapeutic agents, the developing field of pharmacology and the steady acquisition of diagnostic and therapeutic technologies. The senior nursing staff welcomed postgraduate education which both advanced their skills and enhanced their public image. The contribution of allied health services was recognised and appreciated by patients and the medical community. The hospital had more than 1,500 beds in the 1960s, and the numbers of medical, nursing and corporate staff grew accordingly. Given this level of growth, it was inevitable that more financial support from government and public sources was needed.

## Administration

A certain restlessness possessed the medical profession after WWII, and the RPA administration entered an exciting era of development. A chronological review of the hospital's building program; its medical, surgical and nursing innovations; and improvement in amenities for patients demonstrates the hospital's post-war range of activities and achievements. The RPA was a hospital ready to lead in the advances of scientific medical care.

During these post-war decades, plans were developed for a future hospital, and committees formed to deal with therapeutic trials, medical research, postgraduate education and the development of allied health professionals. Important initiatives include the establishment of a position known as visiting professor to RPA, and the encouragement given to staff who ventured overseas, particularly to the USA.

Specialised clinics developed into special departments as new technology was adopted. Individual clinicians accepted fellowships which enabled them to spend more time in research and teaching, fulfilling a wish expressed by Professor Anderson Stuart in the early years of the hospital.

Dr Hal Selle became general superintendent during these years, but the position was always overshadowed by the chairman of the board of directors, Sir Herbert Schlink, who chaired the board from 1933 until 1962 (and had been a member of the board since 1925). Sir Herbert's grand vision was to transform RPA into a National Health Centre similar to the large medical centres of the USA. These years were marked by negotiations with councils and residents for the purchase of land around the hospital. Of special interest was

the land on the corner of Missenden and Salisbury Roads, home of the Prince Alfred Hotel.

Sir Herbert died in office, and was succeeded by the vice-chairman, the eminent solicitor Sir Alastair Stephen, whose family had been associated with the hospital since its establishment. Sir Alastair scaled back the role of chairman, allowing for more policy development and planning decisions to be made by the general superintendent. However, the board of directors continued to play a significant role.

Building and development at RPA continued, despite many government changes and fiscal challenges. The King George V Hospital (KGV), the Page Chest Pavilion, the Queen Mary Nurses' Home and the Blackburn Pavilion opened during this time, and the Schlink Education Centre opened in 1965.

A 1960 report by the chief accountant, published in the September issue of the *RPA Journal*, provides a snapshot of the hospital during these years. There were 1,441 beds and bassinets available for 37,812 in-patients, each of whom stayed for an average of 11.47 days. A total of 134,000 people presented as general outpatients and 36,000 attended for obstetric and gynaecological consultations. Treatment and care was provided by 250 honoraries, 100 resident medical officers, salaried staff and more than 1,200 nurses. The services of physiotherapists, dietitians, medical technologists, radiographers and medical record librarians were duly noted. A further 850 people were employed to run the hospital's corporate services and another 150 were employed in maintenance and the laundry.

Philanthropic support from many organisations and individuals helped fund special clinics, renovations and extension of buildings, and new scientific equipment. The Equipment Foundation worked tirelessly to support the King George V Hospital. In August 1964 the KGV Appeals Committee was established to provide amenities for King George V patients, encouraging older citizens to become involved in providing the extra comforts not readily available in a hospital setting. Education of the medical and nursing staff was enhanced by visits from international figures, again supported by donations from philanthropic families. The efforts of many organisations were greatly appreciated by the board of directors.

## Medical

There were rapid advances in medicine following WWII. The most noticeable change, apart from an ever-expanding pharmacopeia, was the increasing specialisation of medicine. In 1942 the hospital had introduced the concept of sub-departments in medicine and surgery. The concept was expanded between 1946 and 1958 to include eight special clinics. More units followed. Members of the existing honorary staff who had a special interest in the relevant field worked in these clinics, at least once weekly, in addition to their other clinical duties.

However, in February 1953, it was recommended that all future honorary or assistant physician appointees to be attached to a sub-department of medicine should also be required to practice general medicine for three months of each year (except for dermatology, psychiatry and venereal diseases). The appointment of staff specialist physicians soon followed, and many special units increasingly undertook clinical research activities. E Block, completed in 1983, was designed to contain specialised facilities to meet the research needs of these units.

Another special unit established in the early post-war years was the clinical research unit. The National Health and Medical Research Council provided funds in 1948 for this unit and it was opened in February 1949 under the directorship of Dr (later Professor) Ruthven Bickerton Blackburn. At that time it was the only such unit to exist outside an established research unit. In 1957 it became a part of the University of Sydney's Department of Medicine, and it closed in RPA in 1978. Over the decades many of its staff went on to work as senior academics in other Australian universities.

Psychiatry had grown enormously since WWI. It had its own department by the late 1920s, and in 1952 an academic department was formed. The staff of this unique department not only raised the standard of psychiatric teaching and patient care but also published much research, and played a major role in the state's mental health services.

Intensive care began in 1959, initially in response to an increase in the number of cases of tetanus infection. A doctor and a nurse monitored this ward day and night, and each patient stayed for about four to six weeks. The intensive care

unit expanded during the 1960s, treating many different conditions.

Postgraduate educational seminars and clinico-pathological conferences were introduced in 1947. These half-day events, scheduled for Friday afternoons, were popular and the idea was adopted by other teaching hospitals throughout Sydney. The Royal Australasian College of Physicians accreditation program followed and, together with grand rounds, became vitally important components in a physician's continuing medical education.

In 1960 the University of Sydney's Department of Medicine and RPA jointly established a Department of Nuclear Medicine. Initially all nuclear medicine physicians were trained at RPA.

## Surgical

Prince Alfred Hospital was recognised in 1884 by the Royal College of Surgeons of England. The Royal College of Surgeons counterpart in Australia, the Royal Australasian College of Surgeons, was founded in 1927. The 1942 annual report of RPA records that all five surgeons and four of the six assistant surgeons were engaged in active service in the Australian Defence Forces. The American College of Surgeons presented a handsome certificate accrediting RPA for surgical training.

Neurosurgery was recognised as a surgical specialty in 1938. Plastic and reconstructive surgery was recognised in 1946, following WWII. Although thoracic operations, including pneumonectomy, were performed from 1945 onwards, open-heart surgery did not commence until 1957 with the opening of the Page Chest Pavilion. Cardiac surgery received considerable impetus at that time from a visit by a Johns Hopkins cardiac team led by Dr Hank Bahnson and assisted by Dr Frank Spencer. The visit lasted several weeks, during which time Bahnson performed numerous procedures for congenital and acquired heart disease using extra corporeal circulation.

In 1956 Dr John Loewenthal, honorary surgeon, was appointed Bosch professor of surgery. When he started, the university's Department of Surgery comprised one professor, a research scientist, an administrative officer and a secretary. Dr Loewenthal expanded the department to include three



lecturers in addition to himself. During his 23 years at the university he established academic departments of surgery at the off-campus teaching hospitals of the University of Sydney at St Vincent's Hospital, Royal North Shore Hospital, Concord Repatriation Hospital and Sydney Hospital. Professors Loewenthal and Dew were both knighted and elected to the presidency of the Royal Australasian College of Surgeons. Dr Loewenthal also supported academic anaesthesia and with the assistance of a grant from Lord Nuffield, the first academic chair of anaesthetics in Australia was established at RPA and the University of Sydney in 1963. The first Nuffield professor of anaesthetics was Douglas Joseph.

Patient care in the period following WWII was undertaken by a series of medical and surgical units. Physicians were obliged to consult with their corresponding surgeon. Although this system distributed the workload evenly, it slowed advancements in surgical care within the sub-specialties. The problem came to a head in the early 1960s because of the demands in managing fulminating ulcerative colitis. In 1962 the RPA board, with the agreement of general surgeons, allowed cases of ulcerative colitis to be treated by one general surgical unit. The benefits of this were seen over the following decade, during which time one designated colorectal surgeon operated on this high-risk group of patients without a single mortality.

## **Women & Children**

King George V Memorial Hospital (KGV) for Mothers and Babies was opened on 8 May 1941 and while this led to the beginning of modern obstetric care it was the second phase of gynaecological and paediatric care in the RPA/KGV complex.

In 1940 the University of Sydney appointed the second full-time professor of obstetrics, Dr Bruce Mayes, who became a member of the honorary medical staff of KGV. During his tenure as professor for 28 years, he was acknowledged as a superb teacher of undergraduate medical students and the author of a first-class textbook. The inheritance of a very small department in the darkest days of WWII meant his attention was focused on pragmatic problems and it was not until the mid 1950s and early 1960s that academic principles and research activities blossomed. In 1951 a special clinic for diabetic women who were pregnant was established in KGV, and the acquisition of a grant from

the Coronation Gift Fund led to the opening, in 1958, of the Queen Elizabeth II Research Centre for Mothers and Babies. Following the visit of an international expert in foetal welfare the younger members of the staff were encouraged to study methods of foetal monitoring.

Although the status of the professor did not include headship of the Department of Obstetrics the various heads of the units provided service for their patients and allowed the junior members to pursue their own research activities. These studies were directed to infant and maternal welfare, improved anaesthetic services in the labour ward and various categories of gynaecological cancer.

The appointment in 1968 of the professor of obstetrics and gynaecology, Dr Rodney Shearman, led not only to an expansion of research work in placental function and advances in the knowledge of reproductive endocrinology but the inclusion of the paediatrician in the care of the foetus as well as the newborn.

By the late 1960s Western medicine had witnessed an unprecedented interest in the care of babies as the problem of low birth rates and high infant mortality through much of the first half of the twentieth century focused societal attention on prematurity and foetuses who did not grow appropriately in utero. Also it was now widely acknowledged that pregnant women who suffered systemic illnesses needed all the facilities of the multidisciplinary hospital, something which was not readily available in the stand-alone institutions – the forecast of Schlink in the late 1930s.

## **Nursing**

The basic tenets of the Nightingale method of nurse training had changed little by 1940, but nursing care was slowly moving from a palliative to a proactive philosophy. Improvements in anaesthesia between the two world wars and the introduction of insulin and sulphonamides contributed to changes in the style of nursing care. Nurses could do more than just make patients comfortable. It was important for doctors to indicate to the nursing staff how they wanted their patients cared for.

After WWII, nursing care changed rapidly. Further advances in anaesthesia and the development of mechanical ventilation, first with the iron lung and then with smaller ventilators, required nurses to be skilled in their use.

Tracheostomy, formerly performed on children with diphtheria, became a regular procedure for seriously ill or traumatised patients. It was essential for nurses to carry out specific and intricate observations such as intracranial pressure monitoring, to understand blood analysis and to be able to read the X-rays of ventilated patients. In addition, the opening of the Clinical Research Unit in 1949 and the Page Chest Pavilion in 1957 created a need for even more skilled nursing techniques. Post-war specialisation of medical care brought with it a concomitant specialisation of nursing.

The New South Wales College of Nursing was formed in 1949 and introduced diploma courses in administration, education and occupational health. Hospital administrators, however, were reluctant to allow paid leave so it took some time to overcome the problems associated with financing nurses' attendance. The Churchill Fellowships and the Nightingale Scholarships were introduced at this time, enabling matrons and other senior nursing administrators to travel overseas to witness nursing methods in other countries.

War-time rationing meant nurses' uniforms at the time were made from whatever suitable material was available. Blue checked cotton, white aprons, and stiffly starched white cuffs and collars were standard. Caps varied in design, gradually moving to cover the hair. Hemlines went up and down according to the fashion of the day. In the post-WWII period, the first major change occurred in the 1960s when a pale blue coat dress was introduced, worn with white stockings and shoes, a cap with lace trim and no apron. This proved to be impractical: blood and leaking ballpoint pens made sure of that. Registered nurses (sisters) wore a dark blue, long-sleeved coat dress and a more practical stove-pipe veil to replace the triangular organdie veil. Men wore white trousers with a pale blue jacket and white shoes. Head coverings were discarded when it was noted that long-haired young medics had their heads uncovered.

The King George V Memorial Hospital opened with Sister Ella Parry Evans as assistant matron-in-charge. The obstetric patients were housed in the northern end of the hospital, as were the nurseries and the labour ward. Gynaecological patients were treated at the southern end, where the operating theatres were, and where the RPA museum now stands. Dorothy Miles was theatre sister to Herbert Schlink. Only nurses with a General Nursing Certificate could be accepted at the time as pupil midwives. A new nursing stream

for RPA – a nine-month course in obstetrics – was introduced, but the time frame made it difficult to coordinate the course, lectures and examinations.

The KGV was fully occupied from its opening, and the post-war baby boom soon led to overcrowding, with beds in corridors.

The advent of specialised equipment allowed more premature babies to be nursed to survival. A humidicrib, designed by Dr Frank Hytten, was built at the hospital in 1947 for babies born in respiratory distress. A special nursery was developed on the fourth floor of the hospital, and in 1971 a neonatal intensive care nursery was built.

The obstetric nurses lived on the top floors of King George V until 1943 when huts were built along Johns Hopkins Drive. Additional huts were built after the war to house the increasing numbers of nurses and in the 1950s the preliminary training school was conducted in huts near the veterinary school of the University of Sydney. When it rained, student nurses had to climb a stile to avoid an overflowing creek. These primitive conditions hampered recruitment of nursing students until 1956, when the Queen Mary Nurses' Home opened. This building had 900 bedrooms, with a large dining room, sitting rooms, and a school in the basement. The nurses raised money to have a swimming pool built in the grounds. The larger part of the money came from an anonymous donor.

Throughout the 1950s and 1960s nurses accompanied medical staff to New Guinea and Vietnam. RPA supplied a medical-surgical team for six months during the Vietnam War. This team comprised specialist doctors, skilled nursing staff, a medical technologist and a radiographer.

The appointment of Lance Waddington as a nurse educator in 1966 was a step forward for men in nursing. Kevin Kellehear was the first male to commence training at RPA in 1969 and Colin Binstead, a graduate of RPA, became the first male to graduate in obstetric nursing.

### **Allied Health**

Allied health, like all other parts of medicine, continued to specialise during these years, and the management of medical records grew in complexity and capability. After a 1946 tour



of America on a Carnegie Scholarship, Dr Kempson Maddox (later Sir Kempson) arranged for a medical record consultant and a lecturer in medical record library science to visit Australia. Edna K. Huffman visited for six months under the aegis of the Australian Hospital Association to give a course of instruction at the main teaching hospitals. This step was intended to introduce uniformity of classification and nomenclature throughout the country. In 1956 the Training School for Medical Record Librarians was installed in RPA by Betty James, who was president of the Australian Association and also the first president of the International Association of Medical Librarians.

A clinical photographer joined the staff in 1945. By 1969 it was decided that a Department of Clinical Photography was needed to provide a record of patients and to document hospital events of significance. Developments in technology led to the 1979 establishment of the Audio Visual Department. The department holds a vast number of photographs, providing a valuable record of the hospital's history.

The first Australian occupational therapy training program began in Sydney in 1940, just one year after the opening of RPA's Occupational Therapy Department. The training course included one year of lectures and a second year of hospital-based training. By March 1946, occupational therapy at RPA was recognised within the treatment of orthopaedics, rheumatology, tuberculosis and psychiatry. Occupations such as crafts, which seem trivial to the healthy, provided great benefit to the sick or injured.

Advances in the late 1950s in cardiopulmonary medicine and surgery meant an expansion in the role of physiotherapists. They became extensively involved with pre- and post-operative care. Two decades later it was acknowledged that premature babies had more chance of survival without severe complications if they received early attention from a physiotherapist.

Disabilities caused by deafness and impaired sight had led to the development of an Orthoptic Department in 1937 and a speech clinic in 1942. In 1961, this became the Speech Therapy Department, and the Department of Audiology opened in 1964. The plight of people with cleft palates and craniofacial disorders, coupled with an awareness that deafness, impaired sight and limb deficiencies (some of which were related to rubella and thalidomide effects on the

foetus of pregnant women) encouraged an expansion in the number of disciplines involved in patient care.

A campus library was needed to support expanding clinical and research needs, and Dr Eric Leo (Gus) Susman donated £5,000 to start it. The library provided staff with access to medical and nursing journals, and was originally located in the nurses' former ballroom. The initial collection comprised books and journals collected from various hospital departments. An earlier library, housed in the administration block, was organised by Sir Alfred Roberts and based on a valuable collection of medical books he had presented to the hospital.

### **Diagnostic Services**

The advent of new and specialised hospitals such as the KGV in 1941 and the Page Chest Pavilion in 1957 increased the level of specialisation in medical departments. Each of these specialised hospitals had a Radiology Department to service unique needs: prenatal scans for tuberculosis diagnosis. The Page Chest Pavilion radiologists met the needs arising from thoracic and open-heart surgery. Radiographers staffed two outpatient clinics, two days each week. Two radiographers and one trainee gave follow-up radiographs to up to 100 outpatients an hour during clinic time, and no automatic processing of film was introduced until 1968.

The early 1960s saw the increased use of image intensifiers, the development of arterial catheter techniques, and better equipment. This corresponded with a greater need for facilities and an increasing amount of time needed for diagnostic examinations. X-ray had become so widely relied upon that from late 1966, the X-ray Department within the Emergency Department became a 24-hour, seven-day service. The Rehabilitation and Physiotherapy Department had its own X-ray room, servicing fracture patients and orthopaedic outpatients.

The New South Wales Premier and Colonial Treasurer (later the Governor-General of Australia), the Hon. W.J. McKell, opened the Fairfax Institute of Pathology in May 1943. It was attached to the southern end of the Victoria Building and built in a style sympathetic to the rest of the hospital. It was considered spacious at the time. It had separate floors for Histopathology (with two rooms for the fledgling Blood Bank), Bacteriology and Chemical Pathology (Biochemistry).

There were built-in refrigerators, fume cupboards, a basement for autoclaving, washing glass, making media, distilling water and preparing intravenous solutions. Many of the fittings are unchanged more than 60 years later, and the building and its contents provides an excellent example of mid-20th century laboratory planning.

Women directed the Pathology Department during WWII. Doctors Emily Day and Jean Armytage supervised all four sections of pathology as well as administering blood transfusions in the wards and supervising the training of staff for both the laboratories and armed forces. In 1943 they were joined by pathologist Dr Mary Heseltine and by bacteriologist Dr Phyllis Rountree in 1944. Between Boxing Day 1939 and New Years Day 1940, 25,700 soldiers (6th Division) were blood grouped prior to their embarkation overseas for active service. Hospital staff were recalled from leave and staff from other hospitals were called to assist in this mammoth task. Professor Lambie (from the Department of Medicine) together with Jean Armytage published a two-volume textbook of clinical diagnostic methods in 1947.

Dr Edgar Thomson was appointed as bacteriologist in 1933, joined the army in 1940 and returned in 1946 to become director of the Fairfax Institute. He later became the hospital's superintendent and the founding president of the Royal College of Pathologists of Australasia. During the 1940s and '50s he supervised a major change in the direction of bacteriology when antibiotics were introduced into clinical medicine. Penicillin, which had been used mainly by the armed forces, became available for civilian use in 1945 at a cost of approximately £20 per vial. Dr Thomson vetted daily the indication for the antibiotic. The bacteriology laboratory reconstituted and dispensed these vials. The need for penicillin became even greater during the 1950s when an epidemic of *Staphylococcus aureus* struck; patients with influenza were at particular risk as *Staphylococci* caused a secondary infection in their already compromised lungs. Diagnostic virology was introduced about this time.

The growth of pathology at RPA after WWII paralleled the rapid expansion of clinical services orchestrated by Herbert Schlink after his appointment as chairman of the board in 1933. KGV had a separate Pathology Department headed by Mary Heseltine, the Page Chest Pavilion had a section for the laboratory diagnosis of pulmonary tuberculosis and, as the need for blood banking increased, haematology moved to

a makeshift laboratory at the end of the Vic 3 East ward – access was gained across the open roof of the X-ray Department. Haematology did not find a permanent home until 1971, by which time it was the busiest laboratory in the hospital.

A cytology laboratory was created to examine pap smears from women attending The Edith West Cancer Detection Clinic, set up in KGV in 1959. A new animal house was built in Salisbury Road in 1963 but the need to use animals to diagnose disease declined rapidly over the following decade.

The expansion of haematology was such that in October 1957 it became a separate department headed by Dr Harry Kronenberg as staff specialist. The laboratories were scattered, with the blood bank situated in two rooms on the top floor of the Fairfax Institute. Conditions were primitive; haematology outpatients sat lined up in an open windswept corridor which could be very chilly on winter days, waiting to have blood taken. The manual routine laboratory was in a narrow fibro extension at the end of Vic 3 ward above the X-ray Department. On wet days, staff ran across this open area, protecting the request forms from the rain. Coagulation tests were carried out on the fifth floor of the Page Chest Pavilion. It was not until the new laboratory was finished in 1971 that all the haematology laboratories came together. In the early 1960s the first particle counter (Coulter A) was installed in a room on the ground floor opposite the Vic Block lift. The particle counter was used mainly for counting white cells with an occasional red count, a later modification was made for platelet counting.

New technologies led to automation of many activities in the 1960s. There were tissue processors in histopathology, autoanalysers in biochemistry, blood cell counters in haematology, electron microscopy in histopathology and plate pouring machines in bacteriology. Gas liquid chromatography, high pressure liquid chromatography, atomic absorption and immunoassays increased the range of tests which could be detected: drugs, trace elements, hormones, alcohol and many more.

Until the 1960s most of the laboratory staff trained as technicians, by day they worked in the laboratories attending technical college by night gaining a certificate followed by a further two years part-time to gain a Diploma in Medical Technology. By the end of their training as Medical



Technologists they were capable and competent to work in all four disciplines of pathology. At that time there were a small but increasing number of science graduates working side by side with the medical techologists.

Once Australian universities began offering degrees in the medical sciences, the way was clear for even greater specialisation within areas of laboratory medicine. University-trained scientists have become laboratory leaders in the newer services, with medical staff focusing more on the clinical relevance of tests rather than their introduction or performance. In the last decades of the 20th century there was further expansion in laboratory services.

## *Consolidation, circa 1970-2007*

The last three decades of the 20th century and the first years of the 21st century were a period of consolidation for RPA. The hospital, which began as an institution for the “sick, poor and maimed”, had become a respected teaching hospital and a centre of excellence, nationally and internationally recognised for its achievements in multiple disciplines. By 2006 a corporate service staff of 1,200 permanent employees supported the hospital’s medical, nursing and allied professional staff. The hospital’s association with the University of Sydney enhanced the application of scientific principles to patient care. This association, together with the implementation of unprecedented advances in technology, meant multiple disciplines interacted to great effect.

Medical care was transformed during this period, in tandem with significant political, economic and social changes. Salaried staff specialists replaced the honorary medical system, visiting medical officers were paid for their services, and university personnel became more involved in patient care. Nurses were university-qualified, allied health professionals were recognised as having an essential role in the rehabilitation of patients, and corporate staff were an indispensable component of the modern hospital. A number of clinical and laboratory units from Sydney Hospital and Crown Street Women’s Hospital were moved into the RPA campus and the staff from these units contributed greatly to the hospital’s reputation.

Royal Prince Alfred and Area Health Service was expanded from 1 August 1988 to become Central Sydney Area Health

Service (CSAHS). A further change occurred on 24 July 2004 when CSAHS amalgamated with South West Area Health and became Sydney South West Area Health Service (SSWAHS).

### **Administration**

In 1967 the hospital’s general superintendent, Dr Edgar Thomson, became the secretary of the Australian Medical Association. His deputy and successor, Dr D.S. Child had been on the hospital staff since his graduation and had been clinical superintendent of the Page Chest Pavilion.

In 1971 the board of directors established a divisional structure within the medical staff, with an academic as head of division. This considerably strengthened the relationship between the hospital and the university, giving the professors of medicine, surgery and obstetrics and gynaecology a greater role in the hospital’s strategic policy development. A side-effect of the change was a reduction in the role the medical board played in hospital affairs. However, it strengthened the hospital’s internal administrative structure. Consultants from the New South Wales Public Works Department assisted with capital works planning.

Despite the social upheavals of the 1960s and 1970s, and the increasing intrusion of government departments into health services, many people still financially supported public hospitals. Organisations such as Bankers Ball and clubs like Rotary, Lions and Apex gave of their time and effort, as did the hospital staff.

Advances in technology from the early 1970s led to more invasive techniques, more procedures and higher expectations. The times were affluent but there was still a need for charitable organisations, support groups and philanthropy – especially to fund expensive research projects. New technologies demanded new personnel and infrastructure, and the costs associated with these demands soon exceeded the hospital’s budget. The establishment of intensive care units exacerbated the dilemma.

Repeal of the *Hospital Act* in 1983 meant RPA ceased to be a separate institution in the schedule to the *Public Hospitals Act*. The hospital’s board remained for the time being, but RPA lost some autonomy. Enactment of the *Area Health Services Act* in 1986 meant the hospital no longer operated as a separate entity but as part of the Royal Prince

Alfred and Area Health Service. As part of this change, the hospital board was replaced by an area board, appointed by the New South Wales Government's health minister. The new board included some of the previous directors of the constituent hospitals, the area chief executive officer, a staff-elected director, and representatives of the university. In 1988 the hospital became part of the Central Sydney Area Health Service (CSAHS).

Following enactment of the *Health Services Act* in 1986, decisions about policy, service delivery, and much day-to-day management were made by the Area Health Service. In 1987 the general superintendent resigned and was replaced by his deputy as acting general superintendent (Dr D.G. Horvath AO). On her appointment as director of health services of the Eastern Sydney Area Health Service she was replaced by a non medical executive and the position was retitled general manager.

In 1993 Dr Horvath returned to the Central Sydney Area Health Service as its chief executive officer. In 2004/5 areas were amalgamated with Central Sydney Area Health Service joining South West Area Health Service to become the Sydney South West Area Health Service. At the same time Area Boards were abolished. Dr Horvath was appointed as the chief executive officer. Royal Prince Alfred Hospital was fortunate in having as its area chief executive officer one who understood the importance of a major tertiary referral hospital and its links with a principal university.

A Clinical Services Block was completed on the eastern side of Missenden Road by the early 21st century, housing all patients from King George V Hospital and the Page Chest Pavilion. Gloucester House was also refurbished as a centre for cancer diagnosis and treatment, connected to the main hospital by a walkway.

## Medical

In 1963 RPA physicians began to seek payment for the patient care they provided. The move would replace the honorary system, and meant that honoraries would become visiting medical officers. On 7 September 1964 the hospital's board of directors agreed with a proposal put forward by the physicians, and previously approved by the hospital medical board, that full-time medical officers could be invited to join medical units. Their duties were to be determined by the

general superintendent and the honorary physician to whose unit they were posted. This move away from general medicine accelerated in 1986 when it was decided that all future physicians would be appointed to special units. The change is reflected in the training of physicians. The University of Sydney's Department of Medicine now tells prospective students that "the discipline of medicine encompasses more than 15 clinical specialties in the area of medical research and education, allowing for a great diversity of staff expertise".

The 1960s and '70s were a period of innovation. On the initiative of the clinical superintendent, a committee was formed in 1969 to oversee resident training programs and the formal education of house staff. These activities, together with the many continuing education programs for clinical staff, received an enormous boost from a \$10 million gift from Mr Kerry Packer in 2001 to "go towards construction of a multidisciplinary education centre to be used by clinical staff and students and the redevelopment of the renal transplant unit".

The former Nurses Sick Bay in A Block was converted to an Intensive Care Unit (ICU) in the mid-1970s. Specialised ICUs were also established at this time in the Page Chest Pavilion and in the Neurosurgery Department. In 1983 a new ICU was commissioned in E Block, with 12 beds and a computerised patient data management system. A new neurosurgical ICU was also established in E7. Increasing demand for specialty services within RPA, including the development of the National Liver Transplant Unit, saw further demand on ICU beds and services. The current ICU consolidated the specialty units and high dependency beds into a 54-bed unit adjacent to the operating theatres. This ICU includes general, cardiac, neurosurgical and high dependency sub-units.

A Community Care Teaching Unit (CCTU) was established at RPA in 1971, assisting residents in inner-city suburbs such as Glebe and Newtown. The CCTU provided integrated medical and welfare services to members of the community, many of whom were new immigrants. This unit preceded Commonwealth interest in such projects and was funded with assistance from the Ramaciotti Foundation.

From the mid-20th century onwards, several special units have developed into or become part of institutes of renown.



The Hallstrom Cardiac Clinic (1949) and research facilities, for example, became the province of the Scandrett Professor of Cardiology. In 1989 the Heart Research Institute – a joint initiative of the National Heart Foundation of Australia, the cardiologists of RPA, and the New South Wales and federal governments – was established in RPA. Successful cooperation between rheumatologists and orthopaedic surgeons of RPA and Rachel Forster hospitals led to establishment of the Institute for Rheumatology and Orthopaedics at RPA. The Institute of Respiratory Medicine, established in 1981 within the University of Sydney and RPA, became the Woolcock Institute of Medical Research. This institute now includes a Sleep Disorders Centre, and is the lead institute in the federally-funded Cooperative Research Centre for Asthma.

The Bushell Chair in Neurology is one of several professorial appointments within the Institute of Clinical Neurosciences. These appointments were the result of changes in the neurology unit. The Institute of Clinical Neurosciences now includes in its associations the Concord Repatriation Hospital Molecular Medicine Laboratory and ANZAC Medical Research Institute. The Endocrinology and Diabetes Research Foundation was established in 1982, together with the Kellion Chair of Endocrinology. The Department of Endocrinology became the Endocrinology Institute in 1991.

RPA established a haemophilia centre in 1970. In 1979 this centre was selected by the World Federation of Haemophilia to be one of 18 International Haemophilia Training Centres. The Drug and Alcohol Unit became the Area Health Service Drug and Alcohol Unit and the Centre for Drug and Alcohol Studies, which in 1991 led to the establishment of the first Medical Psychiatric Unit.

In 1971 a senior lecturer in immunology was appointed, working jointly in the university departments of bacteriology and medicine, and with clinical posting to RPA. A Department of Clinical Immunology was established by 1974, providing a diagnostic service in immunology.

The breadth of immunological expertise across many departments proved to be of great importance to the transplant units. Immunological expertise plays a significant role in the achievements of the Renal Transplant Unit, which performs more than half the renal transplant operations in New South Wales, and it was an important factor in the

organisation of the National Liver Transplant Unit at RPA. The Clinical Immunology Unit has also contributed to the development of the Department of Molecular and Clinical Genetics, a unit which provides a skilled and comprehensive genetic counselling service to individuals and their families who are affected or who are at risk of a genetic disorder.

Geriatric medicine began at RPA in 1985. Since that time RPA has functioned as a tertiary referral hospital in geriatric medicine with specialty units participating in a general medical roster. Geriatric medicine further expanded with the establishment of a designated aged care ward at RPA.

In 1985 the board of directors was successful in attracting the National Medical Cyclotron and Positron Emission Tomography (PET) unit to locate on the RPA campus. It was funded by the federal government and associated with ANSTO. This promise came to fruition in 1992.

The Clinical Trials Centre (CTC), affiliated with the Faculty of Medicine at the University of Sydney, is an important national research facility established at RPA in 1988. The CTC is funded by the National Health and Medical Research Council.

The Centenary Institute of Cancer Medicine and Cell Biology was established in 1982 to mark the joint centenaries of the University of Sydney Medical School and RPA. It functions as an independent institute within RPA.

## **Surgical**

In 1972 the Department of General Surgery began appointing surgeons with training in the various sub-specialties of general surgery. This meant the five units within the Department of General Surgery had a special interest as well as the ability to perform the full range of general surgical procedures. Urgent admissions were taken in rotation by the five surgical units and there were no restrictions on consultations. In 1998 the Department of General Surgery decided the existing units with special interests should become dedicated specialist departments. These comprised upper gastrointestinal surgery, colorectal surgery, head and neck surgery, breast surgery, surgical oncology, transplantation and vascular surgery. At this point the Department of General Surgery ceased to exist. The change led to improved patient care, with members of the specialty

departments taking a leading role in research and in the affairs of the specialty surgical societies at a national and international level.

Several important innovations were introduced against this background. The first renal transplant was performed in 1967 and the National Liver Transplant Unit was established at the University of Sydney and RPA in 1983. A total parenteral nutrition service was initiated in 1974. The non-invasive vascular laboratory was introduced in 1982, expanding the range of services offered by its predecessor in the University's Department of Surgery. In 1986, the melanoma unit from Sydney Hospital moved to RPA. Laparoscopic surgery began in 1989. The Department of Vascular Surgery in 1992 introduced the now universally-used endovascular method of repairing aortic aneurysm.

### **Women & Children**

The acceptance of advanced technology, by the administration, medical and nursing staff and society in general, meant KGV developed a newborn intensive care unit and became one of the pioneer units of perinatal medicine which fostered the concept of the transfer in-utero to a multidisciplinary hospital.

It was with the assistance of a philanthropic gesture that paediatrics consolidated its role in RPA. The plight of compromised newborn babies necessitated not only new technology but a philosophical change in management with the appointment of a staff specialist in the care of the newborn. Constant attention of the nurse was now complemented with readily available medical supervision by senior full-time staff. Also the introduction in 1971 of the concept of divisions in the infrastructure of RPA meant paediatrics was included in the Division of Obstetrics and Gynaecology, which led to the paediatrician being involved with the welfare of the foetus, enhancing preventative medicine.

Following these developments KGV consolidated its position as a leading tertiary referral centre with university affiliation. The concept of departments of subspecialties within obstetrics and gynaecology such as gynaecological oncology, reproductive endocrinology and infertility, materno-fetal medicine, obstetric and gynaecological (O&G) ultrasound and urogynaecology was readily adapted within KGV. At the

same time the need to maintain the skills and the contribution of the general specialist in obstetrics and gynaecology was strongly supported.

Contributions from KGV over the years have been both organisational and educational components of the postgraduate training programs as well as research and the development of new techniques and knowledge.

Materno-foetal medicine and O&G ultrasound services have been recognised internationally, as have innovative techniques such as ultrasound guided ovum pickups.

Gynaecological oncology has had a very high profile both nationally and internationally in all modalities for management, in diagnostic skills such as colposcopy and cytology and in research into the underlying causes of cancers, particularly cervical cancer.

The Shearman Report on Maternity Services in New South Wales which was released in 1989, resulted in many major changes to the way obstetric care was delivered.

A birth centre was opened in KGV to support those mothers who sought a natural and unassisted delivery. The role of midwives in providing primary care was encouraged as well as their involvement in antenatal and postnatal care, both in hospital and as part of the Midwifery Discharge Support Program. Also their involvement in parent education and breast-feeding has been well received. A General Practitioner Shared Antenatal Care Program was established and has become a model for similar programs around Australia.

Over the last decades links with medical and surgical departments and the various diagnostic services within RPA have been strengthened. This is exemplified by the association with the Renal Unit for management of hypertension in pregnancy, the Diabetes Unit for multidisciplinary management, and consultations with the Institute of Haematology and the Department of Anatomical Pathology. As well there have been special links developed with allied health services especially social work and physiotherapy, and the ethnic mix in the local population has always meant that the highly professional interpreter services are in great demand.

Of considerable importance has been the association with the



College of Obstetrics and Gynaecology. From the time in 1947 when Australia supported a regional council of the parent body to the present Royal Australian and New Zealand College of Obstetrics and Gynaecology, of the 23 presidents seven have been from KGV. These close ties with the college have ensured a strong philosophy of postgraduate teaching, training and research within the institution. At the same time, the University of Sydney's Department of Obstetrics and Gynaecology has maintained a strong presence and influence over the hospital service.

## **Nursing**

General nursing – like general medicine – was considered by some members of the health profession to have become outdated. Increasing numbers of specialist courses were on offer during these years: post-basic courses for nurses were introduced in operating theatres in 1964, neurosurgery in 1967, gynaecology in 1968, neonatal intensive care in 1973, and intensive care in 1976.

The ongoing shortage of nurses was addressed in 1968 with the introduction of a refresher course for nurses returning to practice. The period of training for new nurses was reduced from four years to three years. Education methods changed under the direction of the nurse educators, many of whom now had tertiary qualifications. Classes were held in blocks, as opposed to one or two hour lectures scheduled at intervals throughout the year, and were no longer given by medical practitioners. New subjects were added including legal studies, physics, chemistry and psychology, and some classes were held at the university. Bandages and poultices had long since been replaced by disposable items, while training for machinery use was increasingly added to the curriculum.

The inevitable finally happened in 1984 when nurse education moved from hospitals to tertiary institutions. The final class of hospital-trained nurses at RPA graduated in 1987; from then on, nurse training ceased to be an apprenticeship and became a degree. More specialisation followed. Nurses could choose to continue their clinical work and become clinical nurse specialists or clinical nurse consultants. Nurses could also conduct valuable research as leaders of their own teams. Nurse practitioners are now able to practise in isolated areas of the country and also in major teaching hospitals.

The Edinburgh Pavilion for surgical and medical patients was

completed in 1983. Many special units such as the Intensive Care Unit, the Renal Unit, neurosurgery, gastroenterology and ophthalmology were located there. All demanded highly skilled nursing. The Accident and Emergency Department was completely rebuilt, introducing the latest triage methods, with ambulances able to drive in from Missenden Road.

Sister Alison Bush joined the staff of King George Labour Ward in 1969. Alison was awarded an Order of Australia (AO) for her work with the Royal Australian College of Obstetricians and Gynaecologists and James Cook University (Qld) on a national program for teaching indigenous health workers. She was awarded an Honorary Fellowship by the RACOG for this work and has also received an Honorary Fellowship from the Royal College of Nursing, Australia and an honorary fellowship in the NSW College of Nursing.

Allergies were another focus of attention during these years. Australia has always experienced a surprising proportion of allergy sufferers and in 1985 an allergy consultative service was organised, 55 years after the establishment of an earlier, short-lived clinic. This service grew quickly. In 1986 the first clinical nurse consultant in immunology and allergy was appointed.

Nursing in 2007 bears little resemblance to the duties carried out by nurses in 1882. The profession has experienced changes which were unimaginable 125 years ago. The increasing specialisation of nursing and medicine over the past 125 years has produced remarkable work in all branches of medicine and surgery.

## **Allied Health**

RPA entered a new phase of patient management in the 1970s. Important acquisitions for the hospital and its patients in the early 1970s were the intensive care units for adults and newborn babies. These units included life-saving equipment such as ventilators and defibrillators, along with oxygen analysers, electric monitors, blood gas machines and plastic tubing, but the units were nevertheless labour intensive. The multidisciplinary field of bioengineering appeared during this time, and advanced rapidly as engineers, doctors and skilled technicians worked together. Much of the machinery was produced by a group of laboratory personnel who did not possess medical degrees but were highly skilled in practical procedures.

The Physiotherapy Department continued to be at the forefront of its profession. Its pulmonary rehabilitation program, one of the first of its type in New South Wales, was developed in the 1970s. This was followed by pioneering work into sleep apnoea and non-invasive ventilation in the 1980s.

Occupational therapy continued to serve hospital patients, but moved away from its traditional activities. Crafts such as basket weaving and loom weaving were the traditional kinds of occupational therapy, but therapists at RPA also had access to a workshop and a trade instructor, enabling them to conduct work assessments and work conditioning. Occupational therapists today continue to help patients with physical and/or psychiatric illnesses, and while the emphasis on craft as a treatment medium no longer exists, the fundamental belief in the value of occupation continues.

The Susman Library continued to grow over this period. In 1979 the first computer terminal was installed, with access to Medline at the National Library of Australia, in Canberra. A second computer was added later, and finally a hospital-wide network enabled anyone to access Medline or the Cumulative Index to Nursing and Allied Health Literature (CINAHL) from their own office.

In March 2004 the library moved to the Kerry Packer Education Centre. It is wired to support an ever-increasing number of computers, used to access the internet and online books and journals.

Food services expanded in-line with the expansion of medical services. More ingenious ways with preparation and distribution of meals were developed, requiring a staff, in 1985, of 400 people. As well as meeting in-house needs, the food services unit has assisted NHMRC committees in nutrition, as well as Food Standards, the Australian Nutrition Foundation and the Dental Health Foundation.

### **Diagnostic Services**

Radiology was centralised during this time. The chest survey unit was suspended, the fracture clinic closed, the Page Chest Pavilion department closed and neurosurgery X-ray closed in 1983. All angiography was performed with better facilities in Vic Block radiology. In July 1976, an EMI CT scanner, also known as the head scanner, was placed close to the Emergency Department. It was a welcome addition, almost

eliminating post trauma cerebral angiography at all hours of the day and night.

The next advance came with whole body scanning, providing radiologists with greater detail and eliminating many other diagnostic investigations. Vic Block X-ray was extended to accommodate the Magnetic Resonance Imaging (MRI) scanner in 1991. Ultrasound investigations had started in the early 1960s, and were further refined at this time. Advances in ultrasound, particularly for obstetrics, meant the end of earlier X-ray procedures. The extended E Block radiology service became a multi-use department in 2002, following closure of Vic Block X-ray and the Page Chest Pavilion.

The first Positron Electron Tomography (PET) scan was performed in the Nuclear Medicine Department in August 1992 and by March 2007 over 28,000 such scans had been conducted. This makes it one of the busiest scanners in the world. In June 2002 the hospital installed its own cyclotron and radiochemistry laboratories. It was the first cyclotron installed in a New South Wales public hospital, and is used to produce radioactive tracers for use in scanning.

Keeping to the pattern of specialisation, laboratory medicine followed the trend already described for medicine and nursing. New and expanding clinical departments began setting up their own laboratories, even competing with the service provided by the Fairfax Institute. Better understanding and management of auto-immune disease prompted the emergence of immunology (initially housed in the University of Sydney). Gastroenterology began testing for the recently discovered hepatitis viruses, neurology began making sections of nerves and muscles, endocrinology was measuring hormones, obstetrics was measuring sex hormones, respiratory medicine measured its own blood gases, rheumatology examined joint crystals, and renal medicine measured levels of drugs used in transplantation. As well cardiothoracic surgery had a small laboratory for the needs of its intensive care unit. These various laboratories were organised and headed by clinicians but they could not have functioned without the laboratory expertise of medical technologists and scientific officers.

When the new haematology/blood bank laboratories were completed in 1971, all the outlying haematology sections came together at last into the one department. Over time it became apparent that some activities such as blood



transfusions should be available at any time. This resulted in blood bank, biochemistry, bacteriology and haematology providing a 24-hour service.

Temperature-controlled environments were needed to house new equipment, so gradually the laboratories were air-conditioned. Computers entered the equation in 1971 when the head of Biochemistry Dr W (Bill) Hensley introduced the Honeywell 316 followed by the 516 into the department. Haematology quickly followed suit. John Hubbard, who was the Chief Medical Technologist in the Biochemistry Department became the head of the Laboratory Information Service. He, together with others, developed the Prince Alfred Laboratory Information System (PALIS) during the late 1970s and early 1980s. As ward terminals became more widely available, electronic reporting led to the gradual demise of the afternoon delivery of pathology reports for attachment to patient notes.

The PALIS system was further developed and introduced to a number of hospitals as HOSLAB and was intended to be the basis of a state wide systems but this initiative was never realised and the New South Wales Health Department purchased the Cerner System in 1992. This was at the time a more comprehensive system developed in the United States. At RPA (Haematology) had developed a programme in which a sophisticated algorithm analysed the mass of automated blood result data flagging those blood specimens that required further manual examination. This algorithm was considered to be of such value by Cerner that it was incorporated into their system.

Custom built extensions in 1991 for Haematology and X-ray encroached into the Gloucester House garden. The new Magnetic Resonance Imaging machine was installed on the basement level with the Blood Bank and Haematology on the level above. This gave much needed additional space to these areas. However, in 2002 with the renovation of the labs and the construction of the Clinical Services Building, Blood Bank and Haematology moved back to the original 1882 home of pathology: the old mortuary! This move completed the virtual rebuilding of the hospital behind the Missenden Road façade.

Discovery of the structure of deoxyribonucleic acid (DNA) in the late 1950s very slowly began to change the way medicine could be practised. It took nearly 40 years for the world to use this knowledge in providing patient care but the wait has

been worthwhile. The hospital's Department of Molecular Genetics opened in 1985 and specialises in the diagnosis of inherited diseases. The Kanematsu Institute, previously located at Sydney Hospital and now at RPA, has a major interest in the molecular diagnosis of leukaemia. The Kanematsu Institute later amalgamated with the Haematology Department to form the Institute of Haematology in 1996. Molecular methods have transformed microbiology from a 19th-century science to a 21st-century science. Detecting viruses, for example, now takes two hours instead of two days.

RPA began its HIV and AIDS service in 1984 with the establishment of a clinic for haemophilia patients exposed to HIV through blood products. By 1990 the hospital had a HIV/AIDS service with a dedicated ward, along with expanded diagnostic facilities in various departments and a staff specialist in clinical immunology and a director of clinical HIV service. Improvements in the hospital's capacity to deal with HIV-associated immunodeficiency led to an extended role in congenital (primary) immune system disorders.

In 1996 the Central Sydney Laboratory Service was established following the integration of RPA, the Concord (RGH), Balmain and Canterbury Laboratories. 1997 saw the diagnostic immunopathology laboratories merge to create the Central Sydney Immunology Laboratory, located at RPA. This led to the introduction of a formal rotation for training in clinical immunology between Royal Prince Alfred, Concord and Liverpool hospitals. In 2000 the laboratory temporarily moved to the Centenary Institute of Cancer Medicine and Cell Biology to allow for construction of new hospital facilities. In 2006 members of the Department of Clinical Immunology contributed to the establishment of a new Master of Medicine in Infection and Immunity offered by the University of Sydney. The department continues to grow, and 2007 sees it in a single location in the new Laboratory Services Building.

### **Corporate Services**

Support staff have played an essential role in the RPA story, ensuring the institution is secure, fed and clean. Approximately 3,500 people are employed by RPA in 2007, and 35 per cent of them belong to the division now known as Corporate Services.

Security for the grounds and the building site was one of the

greatest needs of the hospital in 1882. To this end, a cottage at the southern end of the hospital grounds was provided for the first security guard. The need for linen services and food services grew in tandem with the hospital. Staff for these services were recruited locally, but were difficult to retain despite the modern equipment installed in the laundry and kitchen. The laundry was rebuilt three times during the hospital's history, but linen is now washed off-site. A sewing room still functions at the hospital to repair damaged uniforms. The RPA kitchens were also rebuilt several times, and are now responsible for the production of food for half the SSWAHS.

Units dedicated to occupational health and safety, and human resources, emerged in the late 20th century in response to a greater interest in and need for corporate governance. Occupational health and safety staff work tirelessly to ensure that guidelines covering the health and safety of staff and patients are met, and exceeded. The human resources unit, previously known as personnel, liaises between staff and management. It organises leave and working conditions for over 3,000 members of staff.

The hospital shop was originally in the administration block, but moved in 1939 to a site at the Missenden Road corner of Johns Hopkins Drive, on land owned by St John's College. It included a small general store, a post office, banking facilities and a café, known as The Boot (short for the boutique), which were moved into E Block when it opened in 1984. A newsagent, florist and café are now in the main Clinical Services Building.

Transport and porter services were a vital part of the hospital. It was proudly reported in 1911 that three-wheeled trolleys had been acquired, allowing just one man to take patients to theatre. The original stretchers needed two men. Porter services included the hall porter, who looked after the enquiry desk in the front hall. RPA involvement in community health, and the need to transport staff throughout the community, led to further development of transport services. The fleet now includes a large number of cars, buses and trucks. A fully equipped removal team has assisted in the relocation of patients and staff during the major building works of the past 30 years.

The hospital has been fortunate over the years to have many qualified tradespeople on hand to keep the hospital in top

working order. These people work in the engineering and maintenance workshops, and follow in the footsteps of the original engineer/plumber, assistant plumber and gardener who were on staff in 1883.

Telephone services were upgraded gradually and the switchboard now works around the clock. The telephone services department looks after multiple telephones, pagers, mobiles and fax machines. The mail room sorts thousands of pieces of incoming and outgoing mail each day. The information management department faces a similarly daunting task every day, keeping the hospital's computer network and websites running smoothly. These services would have been unimaginable to the original messenger and his two assistant messenger lads.

The hospital was a secular institution from its inception, and has remained so throughout its history. However, clergymen and other religious workers from every denomination attend the hospital regularly to offer help and consolation to patients and visitors.

The Helen Forster Studio was built on the roof of Gloucester House in 1945 to accommodate photographer, Reg Johnson. Later in 1969, Brian McGee introduced the Clinical Photography Department, which in 1979 became Audio Visual Services (AVS). The department employs skilled photographers, designers and video production personnel and offers a wide range of services to the Sydney South West Area Health Service. AVS also has a Printing section kept busy with demands for information and education material for patients as well as printing for the hospital and Area executive.

The hospital is proud to support a leisure centre and the Kerry Packer Education Centre. The Area Leisure Centre started in 1988 as the RPA Sports and Social Club. The original site was in the old tannery building on Church Street, and the club was supported by volunteers. It boasted squash and tennis courts, access to a swimming pool, and over 600 members. A full-time health education officer was hired in 1990 and membership soon surpassed 1,000. The courts no longer exist but the leisure centre supports a gym, provides exercise classes, and organises social outings for staff. The gym relocated to Level 4 of A Block in 2006. The Kerry Packer Education Centre is the venue for staff training and orientation, and hosts public events.



RPA is privileged to have an on-site child care centre open from 6.30 am until 6.30 pm, with the capacity to accommodate more than 70 children. This service formally opened in November 1987 and is located in Lucas Street in the Edna Roper Building, named after the first female member of the board of directors (1953–1985). The centre replaced two earlier child care facilities, an infant centre on campus and a preschool centre at St Joseph's Church on Missenden Road.

Volunteer helpers have supported the hospital since its inception. The hospital's first annual report records the names of the women who carried out many small tasks for patients, arranging flowers, providing music and distributing books. The RPA Hospital Auxiliary was formed in 1919 to raise money for essential equipment and help with many vital tasks. The Ex-Patients' Association was formed in 1938 in the hope that if every patient paid a subscription, the association would raise a large sum for the hospital. The KGV Appeals Committee, formed by Dr Margaret Mulvey, largely comprised the wives of the medical staff. This committee held functions to fund equipment for King George V Hospital.

Volunteers continue to assist the hospital to this day. These devoted men and women carry out a wide range of tasks for patients and for the hospital. Among the volunteers are several people who look after the hospital archives and museum, preserving the history of this great teaching hospital.

## *Conclusion*

The ambitious decision of the citizens of Sydney to found a teaching hospital on the outskirts of the city has been amply rewarded with the development of Royal Prince Alfred Hospital, a widely recognised centre of medical excellence. The growth of the hospital is clearly demonstrated in this study of its journey to its present success. The hospital archives have provided material showing important events that have characterised the strength of a remarkable institution.

The hospital opened in 1882, a time of affluence, only to be challenged by an era of financial hardship in the 1890s, involvement in a world war in 1914–18, and a worldwide economic depression in the 1930s. Despite these hardships,

during this period of emergence the hospital maintained its commitment to excellent medical and nursing care. The staff kept abreast of medical advances and expanded their services under the stewardship of the various astute boards of directors and competent chief executive officers.

The next phase of its growth, from the 1940s to the 1960s, was a period of development of medical, nursing, corporate services, and the role of allied health professionals expanded. New and innovative medical procedures stimulated the establishment of medical specialties. Ties with the University of Sydney and the royal colleges were strengthened.

The winds of change from the 1970s into the 21st century saw the hospital consolidate its position. The delivery of patient care changed in response to unprecedented technological innovations. This necessitated a more formalised system of remuneration for medical staff to replace the honorary system.

Nursing education was elevated to a tertiary level and hospital scientists replaced laboratory assistants. The proliferation of University chairs in the Faculty of Medicine and appointment of academic headships for the various departments endorsed the original charter of a teaching hospital.

# Acknowledgements

## **125 Year Anniversary Book Committee**

Mr Mark Anderson, Professor Barry Baker, Mr Ray Barbour (Chair), Sister Alison Bush, Dr Don Child, Ms Helen Croll, Dr Roger Garsia, Dr John Hassall, Dr Kathryn Hillier, Ms Mair Jones, Mr Ian Pegler, Dr Bruce Storey, Professor John Turtle, Associate Professor John York,

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## *Administrators of Royal Prince Alfred Hospital*

### **Chairmen of the Board of Directors**

1882 Sir Alfred Stephen  
1891 Sir Edward Knox  
1901 Professor Anderson Stuart  
1920 Mr Henry E. Kater  
1924 Dr Cecil Purser  
1933 Sir Herbert Schlink  
1962 Sir Alastair Stephen  
1974 Dr John Allsop  
1984 Professor C.R.B. Blackburn  
1986 Mr Roy Turner



### **General Superintendents (CEOs)**

1933 Dr W.A. Bye (acting)  
1933 Dr A.B. Lilley  
1944 Dr H. O. Selle  
1958 Dr E.F. Thomson  
1967 Dr D.S. Child  
1987 Dr D. Horvath (acting)

### **General Managers/Executive Directors**

1989 General Manager RPA Mr D. Gill  
1991 General Manager RPA Dr P. Brown  
1994 General Manager RPA Mr N. Hakof  
1994 General Manager RPA Mr P. Read (from December)  
1995 Dr G. Stewart (from September)

*(In 1996 a new clinical management structure was introduced)*

1997 Group General Manager Dr P. Kennedy  
1997 RPA Executive Director Ms J. Fisher  
1999 RPA Executive Director Ms M. Sullivan  
2001 RPA Executive Director Ms D. Gill

### **Matrons**

1882 Miss E.L. Murray  
1886 Miss C.C. Downs  
1891 Miss S.B. McGahey  
1904 Miss M. Newill  
1918 Miss P.M. Boissier  
1935 Miss B.J. Dun  
1941 Miss H.B. Hetherington  
1948 Miss M.F. Looker  
1954 Miss E.J. Lawrie  
1960 Miss M.C. Nelson

### **Directors of Nursing**

1968 Miss M.C. Nelson  
1978 Mrs Y.M. Winter  
1989 Miss L. Ramsay  
2006 Ms K. Szitniak

# Biographies

## Chairmen of the Board of Directors

**Sir Alfred Stephen**, a prominent New South Wales lawyer and politician. He served as Chief Justice of New South Wales and was a prominent philanthropist involved in such institutions as the University of Sydney Senate, National Gallery of New South Wales and many charitable organisations.

Sir Alfred was closely involved in the Prince Alfred Hospital Fundraising Committee and with the establishment of the hospital. He was the first chairman and a life director of the hospital and was one of the main fundraisers for the hospital in its early years.

**Sir Edward Knox**, a director of the Commercial Banking Co. of Sydney and a founder of the Colonial Sugar Refining Co. He served as director of the Benevolent Society and the Sydney Infirmary and was vice-president of the Carrington Centennial Hospital for Convalescents. He was treasurer and succeeded Sir Alfred Stephen as chairman of Prince Alfred Hospital from 1891.

**Professor (Sir Thomas) Anderson Stuart** graduated from Edinburgh University with First Class Honours in 1882. He was offered the professorship of anatomy and physiology at the University of Sydney in 1882 when 26 years old. On arrival in Sydney in 1883 he began the huge task of starting and building up the new Medical School with six medical students as the first intake. Professor Anderson Stuart became dean of the Faculty of Medicine and was chairman of the board of directors of Royal Prince Alfred Hospital from 1901 to 1920.

**Mr Henry E. Kater MLC** was a successful farmer and businessman with extensive holdings near Moss Vale and on the Macquarie River. He sat in the New South Wales Upper House from 1889 until his death in 1924. He was a member of the board of directors of Prince Alfred Hospital from 1892, honorary treasurer 1902–1916 and chairman of the board 1920–1923.

**Dr Cecil Purser** was appointed medical superintendent of Prince Alfred Hospital in 1891 and honorary physician in 1898, a position he held until 1912. He served as deputy chancellor of the University of Sydney from 1894 and on his retirement it was said that “he left behind an enviable record of achievements and unselfish service”. During his long career he was a member of the board of directors and chairman from 1924 until his retirement, due to ill health, in 1933.

**Sir Herbert Schlink** was appointed medical superintendent in 1911, honorary assistant surgeon in gynaecology in 1912, and honorary gynaecological surgeon in 1920, a position he held until 1943. Sir Herbert's brilliant career at Royal Prince Alfred Hospital spanned the years 1925–1962, serving as a member of the board of directors and as chairman from 1934–1962. He was the first president of the RPA Medical Association and of the Australian Blue Cross. Sir Herbert died in 1962.

**Sir Alastair Stephen** was articled to solicitors Stephen, Jacques and Stephen on leaving university, becoming a partner in the firm, and was senior partner for many years. He was closely associated with the AMP Society and the Australian Jockey Club. Sir Alastair was elected to the board of directors in 1942 and served as chairman from 1962 to 1973 and was knighted for his services. Sir Alfred Stephen, the first chairman and one of the founders of the hospital, was his great-grandfather.

**Dr John Allsop** was a resident medical officer at Royal Prince Alfred Hospital in 1946, clinical medical superintendent in 1950 and appointed honorary physician in 1954. Dr Allsop was involved with the creation of the academic base in neurology at the University of Sydney and at the Royal Prince Alfred Hospital and played an outstanding role in teaching neurologists, many of whom now hold chairs in neurology in Australia and the United States. Dr Allsop was chairman of the board of directors at Royal Prince Alfred from 1970 to 1984 and was awarded a degree of Doctor of Medicine in 1984.

**Professor Charles Ruthven Blackburn AC** is considered to be the pioneer of clinical research at the University of Sydney and as such he forged strong links between researchers and clinical practitioners at both Royal Prince Alfred Hospital and the Faculty of Medicine. He was director of the Clinical Research Unit, senior physician, member of the board of directors of Royal Prince Alfred Hospital and chairman from 1984 to 1986. He was chairman of the Division of Medicine and chairman of the Project Planning Team for Phase 1A, positions that had an influence on the many changes in the hospital. Professor Blackburn was appointed as a Companion of the Order of Australia for service to the development of academic and medical education in Australia.



**Mr Roy Turner** was a senior partner in the law firm Turner Freeman and a member of the State Legislative Council. He was chairman of the board of directors until 1986 when he became the first chairman of the new Royal Prince Alfred Area Health Service.

### General Superintendents (CEOs)

**Dr William A. Bye OBE** was resident medical officer at the Royal Prince Alfred Hospital in 1923 and medical registrar until 1925. He was twice appointed medical superintendent in 1925–1928 and 1928–1933 and was acting general superintendent in 1933 prior to the appointment of Dr Lilley. He was honorary physician at the hospital until his retirement in 1961. He served in WWII and was captured in Singapore and was a POW until 1945. He was mentioned in dispatches and awarded the OBE. He continued in practice as consulting physician until his death in 1967.

**Dr Alan Bruce Lilley** was resident medical officer at Royal Prince Alfred Hospital in 1926 and awarded the Caird Scholarship and Parkinson Memorial Prize for Pathology. Dr Lilley became medical officer for the Commonwealth Health laboratories at Townsville, pathologist to Townsville General Hospital and assistant director of the Australian Institute of Tropical Medicine. He was involved with the North Queensland Hookworm Campaign 1927–1928. Dr Lilley was appointed bacteriologist at Royal Prince Alfred Hospital in 1928. In 1933 he became the first general superintendent to the hospital. In 1944 he left to take up the position as Chairman of the New South Wales Hospital Commission. He retired in 1958.

**Dr Hal Selle OBE** was resident medical officer at Royal Prince Alfred Hospital in 1938. At the outbreak of World War II he enlisted and served with the Australian Army Medical Corps 1939–1944. On his return he became Assistant to the general superintendent and when Dr Lilley resigned in 1944 he was appointed general superintendent of Royal Prince Alfred Hospital. In 1958 he left to take up the position as chairman of the New South Wales Hospitals Commission.

**Dr Edgar F. Thomson CMG** graduated in New Zealand in 1926 and was assistant to professors of pathology and bacteriology at Otago Medical School 1927–1929 and assistant pathologist at Christchurch Hospital until 1933. Dr Thomson was appointed bacteriologist to RPA in 1933 and was director of the Fairfax Institute of Pathology until 1958. He was general superintendent of the hospital from 1958 until his retirement in 1966. He was founding president of the Royal College of Pathologists of Australasia. Dr Thomson was involved in the early days of blood transfusions and antibiotics at RPA.

**Dr Donald S. Child AM** served as general superintendent of the Royal Prince Alfred Hospital for 20 years. He was resident medical officer after graduation and became clinical superintendent of Page Chest Pavilion in 1961. He was deputy to Dr. Thomson from 1961 to 1967 and succeeded Dr Thomson as general superintendent in 1967, a position he held until his retirement in 1987.

**Adjunct Professor Diana Horvath AO** was a resident medical officer at RPA in 1968. On returning to Australia after study overseas, she became the first community physician at Mount Druitt Centre. In 1977 she was seconded to RPA as assistant director of medical services in 1981 she became director of medical services and was appointed acting general superintendent in 1987. She then took up an appointment as area director of the Eastern Sydney Area Health Service, ultimately becoming CEO of the Sydney South Western Health Service. In 2006 she was appointed chief executive of the Australian Commission on Safety and Quality in Health Care.

### Matrons

**Miss Elizabeth L. Murray** was the first matron (1882–1886). She was born in Malta 1852 and entered Kings College Hospital School in 1880 as a paying lady probationer. Miss Murray came to Australia in January 1882 and was appointed matron of Prince Alfred Hospital July 1882. She was responsible for the linen supply and the cleaning of the hospital in addition to teaching the nurses. Her resignation took effect at the beginning of December 1886. She died in 1916.

**Miss Catherine C. Downs** (1886–1891) was one of the first five sisters appointed to the hospital. Miss Downs was born in Edinburgh in May 1840. She had nursed at Melbourne Hospital and was appointed matron on the resignation of Mrs Murray. The first purpose-built nurses' home was designed and built during the period Miss Downs was matron. She died in 1926.

**Miss Susan Bell McGahey** (1891–1904) was born 1862 in Ireland. She qualified with a general certificate in September 1887 and also gained the certificate of the London Obstetrical Society. Miss McGahey was appointed matron of the Carrington Centennial Hospital for Convalescents at Camden in 1890. She was appointed matron and superintendent of Nursing in July 1891. She left the hospital in January 1904 and died in 1922.

**Miss Mabel Newill** (1904–1918) was born in England in the 1860s. She qualified at King's College Hospital in 1897 and gained the certificate of the London Obstetrical Society. Appointed matron and superintendent of nursing to Royal Prince Alfred Hospital in 1904. She was given 12 months leave of absence in 1917 to join the AANS. She retired in 1918. She died in 1959, her ninetieth year.

**Miss Phyllis M. Boissier MBE RRC JP** (1918–1935) was born in Goulburn and commenced her nurse training at Royal Prince Alfred Hospital in 1905. She became a sister at the hospital and was appointed matron of Manly Cottage Hospital in 1912. From there she enlisted in the AANS in 1914 and was awarded the Royal Red Cross. Miss Boissier was appointed matron in 1918 and was the first woman to be awarded the Member of the British Empire. She resigned in 1935.

**Miss Beatrice J. Dun MBE** (1935–1940) was born in New South Wales and commenced her training at Royal Prince Alfred Hospital in 1918. She remained on the staff for four years after completion of training before leaving to gain experience in England. On her return to Australia she was appointed to Canonbury Hospital and in 1932 Miss Dun took charge of the intermediate wards at RPA before succeeding Miss Boissier as matron.

**Miss Helen B. Hetherington** (1941–1947) was born in Sydney and commenced her nurse training at Royal Prince Alfred Hospital in 1916. She remained on the staff for three years after completing her training before proceeding to England, where she undertook obstetric training. She returned to RPA in 1936 to take charge of Gloucester House. Miss Hetherington was appointed matron and superintendent of nursing in January 1941. She retired in 1947.

**Miss Margaret F. Looker OBE** (1947–1954) commenced her nurse training at Royal Prince Alfred Hospital in 1933. On completing her training, she remained on staff until joining the AANS in January 1940. Miss Looker was appointed matron in 1947, before proceeding to Europe and America on a Nightingale Scholarship. She returned to take up the matronship and remained in this position until 1954, when she left to be married.

**Miss Evelyn J. Lawrie RRC** (1954–1960) also trained at RPA, having commenced in 1919. She spent some time overseas, and was in England when WWII commenced. She served with distinction in the QARNNS and was awarded the Royal Red Cross for bravery. She returned to RPA as assistant matron in 1946 and became deputy matron in 1947. She deputised for Miss Looker while she was on study leave and succeeded her as matron in 1954. Miss Lawrie retired in 1960.

**Miss Margaret C. Nelson MBE OStJ** (1960–1978) commenced her general nurse training at Royal Prince Alfred Hospital in 1945, following which she undertook midwifery training at Broken Hill Hospital. Miss Nelson returned to the hospital in 1950 and was appointed assistant matron in charge of Gloucester House. She relieved in various areas of the hospital and successfully completed the Diploma of Nursing Administration course at the New South Wales College of Nursing, before being appointed matron and superintendent of nursing in December 1960. She oversaw many changes in nursing and nurse education. Miss Nelson became the Director of Nursing in 1968.

### **Directors of Nursing**

Miss Margaret C. Nelson – see above.

**Mrs Yvonne Winter** (1978–1988) completed general nurse training at Rachel Forster in 1962, and obtained her midwifery certificate at King George V in 1965. Mrs Winter spent nine years in New Zealand, where she completed a post-basic course in neonatal intensive care at the National Women's Hospital, Auckland. She also gained a Bachelor of Arts degree from Victoria University, Wellington. She returned to RPA in 1975 as deputy principal nurse educator. She is a member of the New South Wales College of Nursing and an Associate member of the Australian Institute of Management. Mrs Winter became director of nursing in 1978 until the re-organisation of the nursing administration, when she became the principal director of nursing.



**Miss Lynette Ramsay** (1988–2005) completed general nurse training at Royal Prince Alfred Hospital in 1964. Miss Ramsay worked in the cardiac catheter lab (Page Chest Building, level 7), before working at Greenlane Hospital in Auckland and joining the RAAF Nursing Service in 1967. She completed her post-basic cardiothoracic course at Royal North Shore Hospital in 1974 followed by a Diploma of Nursing Administration at Sydney University Cumberland College. Miss Ramsay returned to RPA in 1979 as an administrative assistant in nursing administration, followed by two years as assistant director of nursing in Gloucester House and Page Chest Pavilion. In 1982 she became director of nursing of Baulkham Hills Private Hospital, returning to RPA in 1985 as director of surgical nursing. Miss Ramsay was appointed principal director of nursing and director of surgical nursing. In 1996 her title became director of nursing. Miss Ramsay is a fellow of and has served on the council of the New South Wales College of Nursing and is also a fellow of Royal College of Nursing Australia.

**Ms Katherine Szitniak** (2006–) the present director of nursing and midwifery services at Royal Prince Alfred Hospital completed her general nurse training at Concord Repatriation General Hospital in 1983. She completed a post-basic course in nephrology in 1987 and specialised in renal nursing. She briefly relocated to Melbourne before returning to Concord as nurse unit manager of the renal ward until 1999 when she was appointed nurse coordinator for cardiovascular services for the Central Area Health Service. In 2000 she was appointed operational nurse manager (formerly deputy director of nursing) at Royal Prince Alfred and subsequently completed a Master's degree in Health Administration.

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