



# Robert North

Interview Transcript 25 March 2019

Oral History Project

Reliving the past: Stories from our communities

# Oral History Project

## Reliving the past: Stories from our communities

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**Interviewee:** Robert North

**Interviewer:** Don Keast and Simone Taylor

**Date:** 25 March 2019

**Transcription:** Simone Taylor

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**Robert North**

Dubbo Base Hospital

Bob came to Dubbo in the 1960s as a young surgeon. In this interview he discusses his long career as a doctor and the many changes he has been a part of including developments at Dubbo Base Hospital, the introduction of breast care screening in Dubbo and the establishment of the School of Rural Health.

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**Interviewer (I): Thank you for your time today Bob]. For the benefit of our recording could you please state your full name and date of birth?**

(S): Robert Alan North, 1937 Sydney

**[0:00:55] (I): So Bob you grew up in Sydney and you went to school in Sydney?**

(S): yes we grew up in firstly Wollstonecraft and then Japanese invaded Sydney Harbour in 1942 and we moved rapidly to Cheltenham near Beecroft and I grew up there and went to school at Hornsby. Barker College and I lived in Sydney until 1960. I went to Sydney University and graduated there in 1960 and I worked at Sydney Hospital for two years and then Crown Street Women's Hospital, Children's Hospital at Camperdown<sup>1</sup> doing training to decide what I wanted to do later. Ah I did various other interesting things I was a flying doctor locum at Broken Hill in 1963 and I did GP Locums in Western Sydney and pathology at Sydney Hospital which I was very interested in too and that good for my later practice in Dubbo doing post-mortems. In 1963 I decided to travel to England because I wanted to become a Surgeon. So in 1963 I got on a ship and ended up in London at Christmas time and went to Edinburgh to do the College of Surgeons exams and then I had various

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<sup>1</sup> In 1880 the Sydney Hospital for Sick Children was opened in Glebe. In 1906 the hospital became the Royal Alexandra Hospital for children and was relocated to Camperdown. With the need for more space a new hospital was opened at Westmead in 1995. (The Sydney Children's hospital network, accessed at <https://www.schn.health.nsw.gov.au>)

appointments in Britain. Now these are all on my CV here I won't go through them.

**[0:02:41] (I): Can you tell us a bit about being a flying doctor for a little while**

(S): Yes, I was only there for a month - and the main pilot was Vic Cover and we went to all sorts of places. Tibooburra, Milparinka, Innamincka, the eastern part of South Australia, the ranges there, Wilpena and we had a lovely time. Very, very interesting and I hope it was of some use. Particularly the clinics we did in Tibooburra were quite interesting

**[0:03:22] (I): So you were doing clinics in the '60s even?**

(S): Yes, as well as urgent calls there was a lot of routine stuff and I meet a lot of fascinating people.

**(I): Very different to hospital medicine?**

(S): Yes but I've done locums in Western Sydney and GP and that was a great help to do that.

**[0:03:45] (I): Why did you choose to go to Edinburgh for surgical training?**

(S): It was much cheaper to live than London, £5 a week instead of £12, and I just liked the idea of Scotland. My forebears came from Scotland and I loved living in Edinburgh and I could play rugby union there. Tennis, indoor tennis in the winter and it was very cold. I lived in an attic, made lots of friends.

**[0:04:20] (I): It's a renowned medical school too.**

(S): Yes the College of Surgeons in Edinburgh and I had good friends.<sup>2</sup> One of my particular mates John McKee who became a surgeon in Bega, still is a great mate of mine. We did a lot a travelling. We did a month's trip in a mini minor around Scotland. Got up to the Orkney

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<sup>2</sup> Dr North undertook a Primary Fellowship Course in 1964 and a Surgical Fellowship Course in 1965 at the Royal College of Surgeons of Edinburgh.

Islands and the Isle of Skye, he was related to the lady who is in charge of Dunvegan Castle in Skye, we stayed there and had a great highland sort of meeting with people, drinking lots of whisky. So John and I had lovely trips and then later we'd have a trip round Scandinavia in our mini, Norway, Sweden, Denmark and we just camped out in tents by roadside which you wouldn't do now.

**[0:05:27] (I): Not in winter anyway (laughs)**

(S): No this was nice, midsummer

**[0:05:37] (I): So after Edinburgh you returned to Australia in...**

(S): I had various jobs in England, in order, Blackpool - Registrar,<sup>3</sup> Kettering Hospital - Registrar, and finally Hillingdon Hospital, Oxbridge near the airport, near Heathrow, as a Senior Registrar.<sup>4</sup> Interestingly I got a phone call this morning from a friend of mine who's a Surgeon at Concord Hospital in Sydney. We both worked for the same boss at Kettering in 1966 and he rang me today to say that our boss with whom I'd been in contact ever since, died yesterday, at the age of 102. We've been communicating and he still wrote me beautifully hand written letters. Indeed, I got one this Christmas from Tom. He'd been out to see us and stayed with us here at times but we got on particularly well. It was wonderful to keep in touch after all that time. But he only died today which was a coincidence that you're here.

Then I worked at Hillingdon Hospital which was a wonderful job and being close to the airport we used to drive out the Heathrow airport and have dinner. Just park outside the cafe there, which you wouldn't

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<sup>3</sup> A registrar is a doctor with at least 3 years of experience in a public hospital, who also supervises junior doctors and is training to become a specialist. (NSW Ministry of Health, MAP my health career, accessed at: <https://www.mapmycareer.health.nsw.gov.au/>)

<sup>4</sup> Between 1964 and 1968 Dr North held surgical positions in Victoria Hospital, Blackpool; Kettering General Hospital; Broadgreen Hospital, Liverpool; and Hillingdon Hospital, Uxbridge.

be able to do within 20 miles of it now (laughs). And also with friends we used to go across to Paris for the weekend in a plane for £21 pounds all inclusive. So Paris in the '60s was most enjoyable.

Then I returned to Dubbo - I got a letter from Doctor John Logan who was the GP in Dubbo with whom I trained in Sydney, we went through the same year of Uni and he was in practice at Dubbo. He'd come up to be a GP here, and John wrote to me when I was in England and said, 'Our Surgeon in Dubbo Len Conlon has just died.'<sup>5</sup> In those days the GP practices had a surgeon attached, the opposite practice across Wingewarra Street was Dr John Beith, who still lives in Dubbo. He's just turned 90. John has been a marvellous friend, he was in the opposite practice. So I came to Dubbo in October 1968 to be the surgeon in the practice. That's how I came to be here. I'd never to Dubbo before. But it suited me well.

**[0:08:28] (I): What were your first impressions of Dubbo?**

(S): Well I had a lot to do with the rural situation cause my mother's sister lived at Goondiwindi. Mrs Treweeke which is quite a well-known name in the outback, and I grew up having a holiday every year on this property for 3 weeks. Learned to ride horses and swear at sheep and that sort of thing. So I was very familiar with the rural situation my mother grew up in Bourke actually, until she was 12, and so she was rurally based....

**[0:09:07] (I): Where was your father's origins?**

(S): My father grew up in Sydney he was a family who came from England in the 1850s. I've got all the records and details. Dad was a Sydney University graduate he was born 1889, graduated from Sydney Uni in 1912 and served in the first war. He was in France...

**[0:09:33] (I): He was a Doctor too?**

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<sup>5</sup> Doctor Leonard Conlon died on 13 August 1968 in Dubbo. (Daily Liberal, 13 August 1968 p.1)

(S): He was an eye specialist. Dad was - grew up in Sydney from a family of stock brokers and he did medicine as I said and went to France, and served in France on the front line as a doctor for 2½ years. I've got his uniform and all his details and indeed an honour award signed by the Minister of War - Secretary of War, Winston S Churchill, and I've got his hand written document. But then Dad married later, very late, I was not born until 1937 but he was one of the leading eye specialist in Sydney and practiced in Macquarie Street, Sydney. He had a wonderful practice there which was curtailed by developing Parkinson disease in his 50s and it wrecked his career. Now I've got it (laughs). But, no he had a great life. But unfortunately he died when he was 63. My mother lived to be 90.

**[0:10:52] (I): Late '60s there was a lot of change going on in the hospital here. They sold their hotel and that financed a lot of extensions.<sup>6</sup>**

Yes the hospital keep growing all the time. When I came here it was pretty awful out the back, there's a TB ward which was just a wooden old building, and maternity was just a wooden building. They gradually rebuilt the back of the hospital. The only thing that remains now that you can see where it was – well there's nothing there that reminds you of the past when it's all been pulled down, it was all wooden buildings. The operating theatre just opened out onto the street at the back of the hospital. There was very little air conditioning and B ward was the male ward and the verandahs were just open, I think they gauzed it in after a while.

**[0:11:54] (I): Is that what they knew as the Samuels ward or was it different?**

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<sup>6</sup> Following his death in 1880 Josiah Goode bequeathed several properties to the Dubbo Hospital. The Hospital Board decided to keep the properties which were finally sold in 1968 to fund renovations of a new surgical facilities. The Josiah Goode Memorial Theatre Block was official dedicated on the 21 July 1972. (Bill Hornadge,(1982) *Dubbo*, Macquarie Publications Pty Ltd, Dubbo) (Dubbo Base Hospital Chairman's Report, Annual Report 1972)

(S): I don't remember the Samuels ward?



This image is thought to show the Samuels Ward at Dubbo Base Hospital, c.1970

**(I): Well I it was mainly a male ward. Originally they were going to make it a female ward but I don't think it ever happened, built in the '30s.<sup>7</sup>**

(S): A ward is still there at the front. It's the cardiac rehab ward now. Children's ward was the opposite side which I think is physio - that was children's ward. But what was the hospital then, there's nothing left of it that would remind you of the old hospital really. B ward is pulled down. Then they built S Block and M Block and they got it a little bit wrong with the levels because when they built G ward the level was all wrong and that's why the corridors don't go straight. They have to zig zag - the engineers got it wrong, in the old terms, by 1½ feet, so much for architects (laughs). But we saw a lot of developments. The old emergency ward was staffed by GPs, and then we got resident doctors, and registrar doctors. I had some very wonderful registrar doctors under my care, who were there under my care for 6 months. Tony Shakeshaft, Hung Nguyen who is a leading surgeon in Launceston and Chris O'Brien who sadly died not long ago with a brain tumour and he was a wonderful surgeon at

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<sup>7</sup> The Samuels Ward or B Ward was a male ward that has since been demolished. (Information supplied by Dr Robert North)



Prince Alfred. All trained here. It was interesting to have meet those people.

**[0:13:50] (I): So how did you your work actually operate? You saw patients in the practice and in the hospital, but you weren't actually resident in the hospital?**

(S): Oh no not at all. When we first came here the doctors at the hospital treated all public patients as honorary, we didn't get paid. Then Mr Whitlam changed everything in 1972.<sup>8</sup> So we were paid by the government for treating hospital patients. We were called honorary doctors 'til then and after that visiting specialists. You just had an arrangement with the hospital, you'd go the hospital [to] just treat public patients, but you could also put private patients in the hospital too, all hospital patients were means tested. If they were in a private fund or had a certain income above a certain level the hospital called them private and they had to pay. There's a lot of carrying on and arguing about patients, about being admitted. But we were not party to that, the hospital had to do that.

There was practically no waiting lists. I never had a waiting list more than 6 weeks and neither did the other surgeons. Dr Beith, as I said was there, and Dr Gillott who was an eccentric gentlemen, who left soon after I came. And then Dr Tim Nash was there was a while, till the 80s. He was a great guy who sadly went to live in Sydney. Then we had Dr Grassby, Dr O'Connor and Dr Rice come - and Dr Grassby and Dr Rice are still at the hospital. Then I finished my practice time when I was 65 in 2002, that's right? Yeah in 2002 I retired from

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<sup>8</sup> Leader of the Australian Labour Party, Gough Whitlam became Australia's 21 Prime Minister in 1972. During his period in office he introduced a series of health care reforms resulting in the establishment of a commonwealth funded health insurance scheme, known as Medicare. (Parliament of Australia, Medicare – Background Brief, accessed at: [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/Publications\\_Archive/archive/medicare](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/medicare))

medical practice - surgical practice, and became the sub-dean at the medical school.

**[0:16:01] (I): Where was your first practice?**

(S): First practice was at Dr Sutherland, Dr Logan in 81 Wingewarra Street, which is next door to the RSL. What was the RSL pool is no longer, and it's now an opticians place, I think isn't it?

**(I): Yeah, Yeah...**

(S): That was our practice there, and I practiced there as the GP surgeon and then I didn't do much GP at all I just did surgical related general practice. A lot of minor operations taking things off people's faces and backs we did that in the rooms. We had a trained nurse in the rooms, steriliser and we could do these minor operations in the rooms.

**[0:16:58] (I): There weren't any specialist surgeons until about 1980. How did you manage all the patients who required some specialist surgery?**

(S): Well gradually the specialist came - I was a general surgery specialist and recognised as such, and I got an Australian Fellowship then, gradually specialists came, particularly Dr Grimsdell...

**(I): Yep**

(S): ...Orthopaedic Surgeon, and then Dr Vitharana Ear, Nose and Throat Surgeon and a great friend of mine Dr Wilson used to come up and do urology for years, years and years. He'd stay with us.<sup>9</sup>

**[0:17:43] (I): So how did it work before that? If a patient needed these sort of procedures?**

Well as general surgeons Dr Beith and I, and Dr Grassby used to - we'd do orthopaedics, we did gynaecology, we'd all trained those things. We weren't very specially trained. We just trained in everything in those days. I used to put nails in hips and then I'd take

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<sup>9</sup> Dr Wilson was a well-known urologist at St Vincent's Hospital in Sydney.

someone's kidney out, and then I'd do a caesarean section. Then you'd take someone's gallbladder out, then you'd deliver....

**[0:18:22] (I): Then you'd have lunch (laughs)**

(S): Then you'd have lunch and then take someone's uterus out. You did a bit of everything in those days.

**(I): Yeah, yeah...**

(S): Gradually it narrowed down, as people became more specialist. Look at the orthopaedic surgeons now, 'oh, I only do knees,' 'I only shoulders.' It's extraordinary how specialised it's got. There no - not so much interaction between the doctors anymore. Cause it's so specialised and separate.

**[0:18:52] (I): A lot of that's possible as the population grows I suppose?**

(S): Yes and it's necessary, it's a quality of service. We used to do a lot of paediatric surgery which I trained in detail in England. There's practically no paediatric surgery's done here now, it's all flown to Sydney to Westmead. But we used to do all the minor operation for kids, now there's practically nothing - nothing done under the age of 2 here, their all flown to Sydney, which is a bit sad.

**[0:19:29] (I): We didn't have a paediatrician until Ian Locke.<sup>10</sup>**

Ian Locke came, he lived next door to us here and we were great friends. Until his dreadful death in 1992. He just dropped dead riding a bike, 47. He's was my squash playing mate, and he played brilliant squash. Never complained of any chest pain or anything, there we are. As you know his wife and kids were here for the opening of the [Ian Locke] building where you now reside.<sup>11</sup> Ian was great fun.

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<sup>10</sup> Ian Locke was Dubbo's first paediatrician. He worked at Dubbo Base Hospital for 14 years before he died in 1992, aged 46. (Daily Liberal, 29 October 2018, accessed at <https://www.dailyliberal.com.au/story/5727315/george-hatch-dr-ian-locke-honoured-at-dubbo-hospital/>)

<sup>11</sup> The newly renovated Ian Locke building and George Hatch Library located at Dubbo Base Hospital was officially opened 29 October 2018. The building had previously been the Maternity Unit. (Daily Liberal, 29 October 2018, accessed at

There's still the sign in our road here which he put up in a tree, 'children, drive slowly'. It's still there up in the tree (laughs). Another thing that might interest you - I was very interested in a library and we started the first library at the hospital.

**[0:20:39] (I): In 1972 I think it said in the Annual Report.**

(S): I've got it here, ummm....oh I've written too much here (laughs).

**(I): It was in the annual report for 1972 as a great advance in....**

(S): Here we are we started in - - - there was a lady who's name I can't remember and we started we the library upstairs above the very old entrance near cardiac rehab - up those stairs. That was the resident's quarters when we first had resident doctors. There were two resident doctors used to live up there and they had their meals taken to them, - the maids carried them up the stairs because there's no lift. And in winter to keep warm they had an open fire. There's no fire steps or anything, just the stairs down. Now you can't go up there and do anything, cause of the fire risk, and the resident doctors used to live up there and sit in front of the fire and drink a bit of beer. Anyhow that's how things have changed.

So, I've got here in 1985 we started the library and then I can't remember what year the hospital got the grant to building the library in [the] George Hatch [building]. That was all added on. It wasn't 1988 was it? There's a government grant and they built that library on the hospital - I haven't got that here.

**[0:22:32] (I): Yeah well in 1972 annual report it had - it had great publicity about having a library, I think it was, simply a book case. It does appear a budget item from then on, not a great deal of money spent on it.**

(S): Then Michael Barnes was the librarian for years, I had a lot to do with him. I can't give you the details there I haven't got them – it's in my CV here, which I've given Simone [Taylor].

**[0:23:13] (I): What was the significance of having a library?**

(S): Oh I think the significance of was we could put journals in it, we could get books which the resident doctors and also the nurses used it quite a lot. The resident doctors could come and use it, and then we gradually got students coming from Newcastle and other hospitals and so the students could use it too. But it was it quite heavily used by...

**(I): Was there regular students? It seems to be sporadic through the annual reports...**

(S): Oh, it was very sporadic we never got permanent students until 2002, and before that we had some students from Newcastle University particularly, we had good....

**[0:24:02] (I): In 1981 there was five Uni of New South Wales and one German?**

(S): Yes, some of them did electives and came out to Dubbo. I can't give you the details.

**(I): So did you teach students or encourage them to come or how did that work?**

(S): No the students were mainly there, allotted to various doctors to ward rounds and things like that. They'd come watch operating going on. There was no specific designations of things. They didn't have timetables until the medical school was set up in 2002.

**[0:24:45] (I): So were you involved in teaching nurses and other staff?**

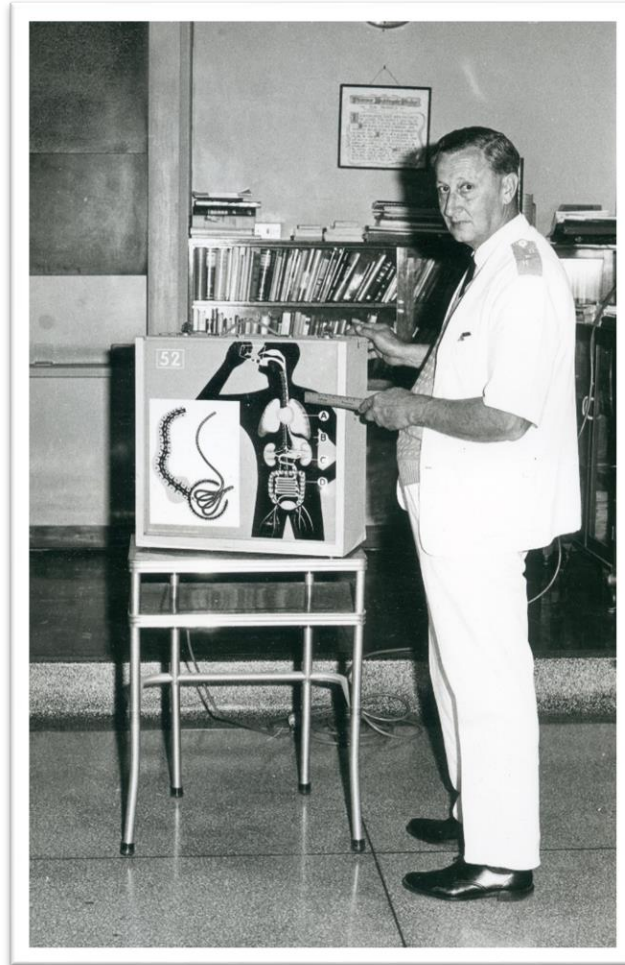
(S): Yes, very much so and the in early days. From 1968-1985 the nurses had a training school. George Hatch<sup>12</sup> was a great guy I had a lot to do with George. I'll tell you in a minute why. But there was a very nice nurse's training school in the grounds of the hospital, near the tennis court and the swimming pool, which is now where ED is. It was all demolished to put ED up.<sup>13</sup> But it was a big open space, and there's a window there from the nurses home (pointing to a picture on the wall) which is now medical records is, and that was painted for my when I retired, from the medical school by Dr Gaffney. Do you know Sandy Gaffney - Dr Gaffney? She's a GP in town, but she's also a wonderful painter.<sup>14</sup> But that's an old window from the nurse's home.

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<sup>12</sup> George Hatch trained as nurse in Dubbo in the 1940s. In 1953 he completed a Diploma of Nursing with Honours and was appointed at the Principal Nurse Educator at Dubbo Base Hospital. A position he would hold until his retirement in 1985.

<sup>13</sup> In 1989 the old nurse's accommodation building became the Dubbo Base Hospital's Health Education Unit and was named in honour of George Hatch. The building was demolished in 2018. (Daily Liberal 4 September 1989 p.2)

<sup>14</sup> Dr Sandra Gaffney is a General Practitioner at Dubbo Family Doctors. (Dubbo Family Doctors our team accessed at <https://www.dubbofamilydoctors.com.au/dr-sandra-gaffney.html>)



Dr Robert North worked closely with Nurse Educator George Hatch during his career

Anyhow - - - George Hatch was the nurse's teacher, lecturer I'm not sure when he finished. But I had a lot to do with him and the doctors used to give the nurses lectures. Cause the nurses had a work routine and the all their teaching, ah the young ones had to live onsite.

**[0:26:24] (I): Yep**

(S): They couldn't be married. So married they ceased nursing and when they were training, and thank goodness that changed. We used to teach them, they had their lectures and tutorials in the nurses training school and we also the used that for meetings. We had a provincial surgeons gatherings which was a Rural Surgeons of Australia gathering there in 1974, held in that room. It was a very, very nice precinct you could seat 80 or 90 people in the lecture

theatre. But all that was pulled down, and there's nothing replaced it. Not even in the new hospital there's no decent lecture theatre, which is disgusting.

So I had a lot to do with George Hatch and the other thing I used to do with George Hatch, I'd done, in my training in pathology at Sydney Hospitals, a lot of autopsies - post mortems and Dubbo used to do all its own post mortems in those days. I did Coroner's cases too and extraordinary ones - murders and things like that, which I was able to do, I registered to do that. Now everything is sent to Newcastle at great expense and delays of 3 or 4 weeks, where as we used to do it in a day or two (phone ringing).

Ok, and George Hatch and I, he was a nurse who looked after the mortuary and he was very skilled at assisting in post mortems and we did the post mortems often, one or two a week. Plus one pathologist in Dubbo then, Dr Clive Pringle and Dr Pringle staffed the hospital for years, and years and years. Ken Archer and Jeff Sargent know all about him. We had a lot to do with Clive Pringle - he retired. He had a pathology practice in town and was also a pathologist at the hospital and how he managed it all I don't know. But I had a lot to do with Clive.

**[0:28:43] (I): So how long this continue, that you were doing the autopsies?**

(S): Ah till the pathologist came, Dr Hobbs came after that, and when Dr Hobbs and Dr Firouz-Abadi came I stopped doing post mortems, and I'm not sure when that was. Certainly in the 80s or 90s. Yes probably in the 80s. Things changed a lot then.

**[0:29:19] (I): Well you were quite a sportsman in your younger days, what were the social life at the hospital like? Did you participate in that much?**

(S): The hospital had a - I think the social life we didn't really have a Ball as such, parties and things. A lot of the social life was sporting we'd play the residents doctors cricket. We also played the Dubbo



Solicitors cricket, year after year for a long while, which was quite fun. We had back to Dubbo Day for the resident doctors usually in October long weekend. And they'd all come back to Dubbo often enough to field a cricket team and play cricket. Sort of like an old boys and old girls reunion a bit.

We had a hospital revue which was I suppose in the 80s and 90s mainly put on by Doctor Steve Jewell who was GP in our practice in Wingewarra Street. And Steve is a very good pianist and quite a character, bit of a wild boy and he Ken Archer and David Schuster and others, Janet Watters oh lots of others were very keen on this. David Hammill - Dr Hammill and we put on a hospital revue every year. Which often played two or three nights at the RSL, packed house and most years we made about \$10 000 which in those days was a lot of money, and we just gave that to the hospital. We had a lot of fun in those days. There was good camaraderie in the hospital.

**[0:31:20] (I): Come on fess up what did you do in the revues? (laughs)**

(S): I used to sing in a group with fellows who sang - I forget what we were called. We sang Gilbert and Sullivan songs and they'd be about six of us singing particularly Dr Watkins an anaesthetist and Dr John Gibson, a physician, they had nice voices. Dr John Logan and I and .... used to sing as a chorus. Didn't do much else, we did some dancing dressed as ballerinas.

**[0:31:55] (I): Do you have a picture? (laughs)**

(S): Ahh doing things - but mainly helping other people do their shows. Pathology would put a show, physiotherapy would put a show, the nurses'd put a show and we'd all coordinate like that. But I didn't do solo things, I'm afraid (laughs). And actually when I was in England, I also managed and arranged revues at the hospitals I worked at there. When I was a Sydney Hospital in 1960-61 we had revues. We had our First Fair Lady was a dressed up nurse and we

were dressed up as - to dance the little swans in Swan Lake with just men dressed up in tutus. We had a lot of fun. And Prince of Wales then was part of Sydney Hospital, where the private wards were. We used to go down to Prince Wales. Very different now, there were sheep grazing there - now just imagine Randwick with sheep grazing. It's now the University of New South Wales. I could go on, and on and on about that but I've got records of the hospital revues but there deep down in the cupboard somewhere.

**[0:33:32] (I): 1980 we have a lot a specialist surgeons which we've already touched on but we also had a first oncology service. I believe you were heavily involved in that?**

(S): Yes, I became great friends with Professor Alan Coates. There was movements here to get an oncology service in the 80s. Have you got that dates there?

**[0:33:56] (I): Ahh just that it was 1980, working from annual reports. I did actually find something on the opening. But I don't have that...**

(S): I've got a CV here which I've given you and I should - just a minute I'll just look for that (pause). Oh I can't - -I'd say in the 1980s, late 1980s. Alan Coates used to come up here and he often stayed with us here. We became great friends. He had a lovely house in Sydney in - what's that park? Opposite Centennial Park and we stayed with him a bit in Sydney. But he came up- he used to fly up here and do clinics and set up the oncology service which gradually grew attached to Prince Alfred Hospital where he practiced.<sup>15</sup>

I was very interested in breast cancer which became sort of my speciality until I ceased doing surgery. And one of the things I was able to initiate with the lady who was my practice manager, Mrs Marchant, Mary Marchant. She became a breast care nurse and we sort of initiated - we did a study on breast care nurses, I wonder if it's

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<sup>15</sup> The Dubbo Oncology Clinic was established in 1984 with Professor Alan Coates acting as the first director. (Information supplied by Dubbo Health Service Librarian Don Keast.)

in my papers here.<sup>16</sup> It doesn't matter, but we did a study and wrote a paper about breast care nurses and really it was the origin of the breast care foundation which has been championed by a Narromine guy Glenn McGrath when his wife died of breast cancer.<sup>17</sup> And he's pushed the breast care nurse thing, we've still got breast care nurses in Dubbo, Margie (pause) Collins and another lass who still there when I was even - they've been there 20 or 30 years. So we started that off and then I was able to encourage the mammography unit. The breast screen to come to Dubbo and I was the surgeon attached to that, 'till I retired in 2015. Yeah that's when I gave it up.

[0:37:20] Yes I was the surgeon at the breast screen assessment clinic but that was just seeing ladies who had screening and just talked to them, help explain to them what was going on. So as surgery became more and more specialised, we've talked about that, my interests became more and more breast surgery and thyroid surgery and neck surgery. I didn't like poking these instruments into people's stomachs so Dr O'Connor and Dr Grassby and Dr Rice did that. So they used to send me the breast cancer patients so we'd interact a little bit like that. Then I gave up on surgical work in 2002 when I turned 65.

And luckily we'd been talking about setting up a medical school here, Sydney University was very interested. Various professors from Sydney were talking about this in the late 1990s - setting up a medical school here and then Professor Rick McLean was set up as the first associate professor running the medical school and just coincided with my retirement and Sydney Hospital said 'We'd like to employ you as a sub-dean second in charge.' Almost the day I retired. So it

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<sup>16</sup> 'An evidence based specialist breast nurse role in practice: a multicentre implementation study,' *The European Journal of Cancer Care*, March 2003 12(1) pp.91-97

<sup>17</sup> The Glenn McGrath Foundation was established in 2005, after Jane McGrath was diagnosed with breast cancer for the second time, she died in 2008. The McGrath Foundation supports the funding of breast care nurses in communities across Australia. (McGrath Foundation, accessed at: <https://www.mcgrathfoundation.com.au/about/>)

was wonderful to go from a full time job as a surgeon, and relax teach medical students part time FTE, 20 hours a week, so that was super. So then set up the medical school till I retired from that in 2012.

**[0:39:22] (I): You've done a lot of things over the years in 1983 they put in the first intensive care unit.<sup>18</sup> What did that sort of mean for surgical practice?**

(S): Oh it just meant your sick patients, really sick patients would be all congregated together in one place, more intensive care given to them as it says. It was just a step up in sophistication of running this hospital. Mainly the anaesthetists were the people who ran it and then we got specialist people to run it. Who was - it was a very contentious doctor who eventually was put off, he was very, very good though. But he was eccentric man, and Randall Greenberg now runs it, I think at the hospital. It's just a specialization of care from an anaesthetic care to intensive care.

**[0:40:24] (I): Meant less transfers too I suppose.**

(S): Yes that's right. But that care was entirely by those specialists and we just poked our noses in to see that our part was going alright. But usually they were keeping the circulation going and their breathing going which done more by the anaesthetic world than the surgical world.

**[0:40:50] (I): Ok, in the late 80s and early 90s Dubbo Hospital became part of the Macquarie Area Health Service which included the Orana Health Service and later we had the Greater Western Area Health Service what impact did this changes have on surgical practice for example, in practical terms? This sort of change of administration?**

(S): Probably not a lot on the way a surgeon operates or works but it made it much controlled the hospital by a bureaucracy. When I first came here the hospital was an independent government institution

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<sup>18</sup> The Dubbo Base Hospitals first intensive care unit was officially opened on 13 September 1983. It was named 'the Keith Logan Intensive Care Facility.' (Dubbo Base Hospital Annual Report, 1982-1983 p.5)

run by a board, an elected board. And the board was people in town - the umm Chairman of the Board was Michael Logan's father Keith Logan<sup>19</sup> who was well known pharmacist in Macquarie Street, and Keith was Chairman of the Board for a while and then a well-known accountant - [Ron Rich] - that's memory for you.<sup>20</sup> Anyhow these were lay people who got on the hospital board, they had an interest in the hospital and various other people were on the hospital board, elected to the hospital board and it ran the hospital.

The hospital was privately run when I first came here, as you've got the annual reports I've given you for a number of years the hospital ran to profit. It was financed by grants from the Government every year and they had a budget. There's a Medical Staff Council and we - all the doctors belonged. Just about every GP in town was a member of the hospital staff, had patients in hospital and they just looked after non-seriously ill patients, if there were seriously ill they called in the physician, or surgeon or gynaecologist to take over the patients care. So it was a mixture of people and we had a Medical Staff Council attended - a very well attended meeting every month and we had various chair people represented from the town. So, and the nurses had a very high presence for their part of the speciality too. So the hospital ran as an independent institution not influenced much at all by the outside. Then the area health services changed everything in the 80s, I think it was in the 80s?

**[0:43:33] (I): Yes**

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<sup>19</sup> Keith Logan was a member of the Dubbo Base Hospital Board from 1960-1977, and Chairman of the board from 1973-1977. (Dubbo Liberal, 13 November 1999 p.2)

<sup>20</sup> Dubbo accountant Ron Rich was appointed Director of Dubbo Base Hospital in 1964, and Chairman of the Board in 1977. He held the position of Chairman until 1994 and continued on the Dubbo Base Hospital Board until 1996 when local health services were restructured into the Macquarie Area Health Service. (Dubbo Base Hospital Annual Report, 1981-1982 p.16) (Macquarie Health Service Annual Report, 1996-97 p.6-7)

(S): The care became more bureaucratized from outside. I was on the board of the Macquarie Area Health [Service] - Bruce Henderson he's an accountant in Dubbo, in Church Street he was the Chairman for a while and I was on also the - - -what's his name Mundine – who's standing for parliament?

**[0:44:08] (I): Warren**

(S): Warren Mundine was on the local Area Health Board used to sit - he hardly ever attended he used to forget meetings (laughs) but I won't go on about that. Then gradually the bureaucracy took over the control of the hospital from outside. People who didn't work in the hospital didn't know the staff, it became more impersonal and then sadly the great change was late 1999-2000 there was huge legal battle about obstetrics being carried out GPs, untrained doctors in inverted commas, and there were six GP-Obstetricians on the staff of the hospitals in the mid-1990s, in 2000 there are none. The lawyers succeeded in getting the premiums for being a GP-Obstetrician put up to a vast amount every year. The poor old obstetricians, Doctor Helloway, Dr Jackel, [Dr Tooth] and others their premiums trebled to huge, tens of thousands of figures for premium to insure themselves from being sued. A lot of it was spastic children - was called spastic brain damaged children [Cerebral Palsy] and been it's proved scientifically since that a lot these would have been born like that anyhow, it was nothing to do with the doctor. But the people got huge payouts and the barristers clapped their hands and got huge payouts so I'm a bit anti the law that way, but they changed staffing at hospitals, GPs - to make all specialists. And now of course there not a GP on the hospital.

[0:45:55] But they represented the community and one thing that did happen then, we had what I call continuity of care. Now continuity of care in medicine is so important. From the GP looking after the

patient in hospital, the specialist back to GP - they knew the person all the way in and out. Now it's one person, one person, one person and staff specialist make this worse. Because of staff specialist that employed by the hospital, does some many hours of duty, goes home, nothing to do with anyone else. Then someone else is doing it. If haven't passed on the details of that persons care there's a blank, they miss the continuity of care and this entails now vast amount of poking - I call them poking machines, phones and computers sending messages instead of mouth to mouth. Or the one person going through doesn't have to tell anyone, 'cause they know. But this is modern way of doing things. So I'm glad that I'm out of it that way. It's made it much harder to give continuity of care now. It takes vast amount more time writing notes and putting things on a computer so other people know what you did. But that's just change, you can't alter that. So what was the question I forgot I hope haven't gone on, carried on about it too much...

**[0:47:39] (I): No, No that's fine. It's interesting to get that perspective, it's a lot of changes. I'd like to turn now to the founding of the clinical school. When I've done a bit of research for this interview I've found in 1993 Bruce Harris admitted an application for a rural health training unit which I don't think actually started...**

(S): No

**(I): ...there was, 1981 even there was students from Uni of NSW, 1995 the rural post graduate program rotated students through Dubbo and about half a dozen other towns. So there seems to have been a desire for a clinical school for a long time.**

(S): Yes, it was a thing that grew up throughout Australia, not just Dubbo. It grew up throughout Australia that this should happen. That students could be trained here, we had people to do it. We had the facilities and also it was made - [we] had it gallop ahead when Howard was Prime Minister and the Government passed the law that 25% of all medical students in Australia must spend a year rurally, and this applied to all - everywhere. So Monash [University] had the

students in Ballarat and Bendigo, Sydney University had students in Orange and Dubbo and so it went. It's been very successful really, Uni of NSW went to Albury, Wagga, Port Macquarie and Coffs Harbour, and it worked well. And Dubbo was given, as I said, Sydney Uni and Professor Rick McLean was the first Associate Dean who ran the Medical School. Bruce Harris was on the staff, I forget what his title was. I was called sub-dean and it was just a wonderful thing to have the students, we could talk to the students, teach them what we knew in our specialities. I could teach some anatomy, and how to put sutures in, tie knots and things.

**[0:50:25] (I): Even before the school started you appointed by your peers to lead the planning of the clinical side of the school what did that involve? Planning for what services you have and....**

(S): Yes, we called interested doctors in Dubbo to come to meetings and [asked] how would you contribute? Where you prepared to do this teaching? Are you prepared to have students come with in the ward rounds, would you give additional talks and lectures and tutorials for students at the medical school? and so on. We had doctors very interested, like Dr Canalese and many others were very interested and we all - everybody really came together and you'd could ring up some one and say, "Oh there are two medical students would particularly like to go to the orthopaedic surgery and watch you operate," "oh yeah come along on these days, and these days. Tell them to get in touch with my registrar." And we involved the registrars, the resident doctors, and students became part of the team.

And living onsite here with the students here was wonderful because particularly with obstetrics and paediatrics they could get in touch with the registrar on duty that night and the registrar would ring them up and say come on quick there's an urgent caesarean section come and help. The student'd jump into clothes and tear down the



path and get involved. They were very helpful, they'd run messages, help lift things, put people on trolleys and all this sort of thing. And they actually taken part of it and they could see how the urgent things were done in the middle of the night. Or a sick baby - have a tracheotomy done, make a hole in the throat. You know they wouldn't see these things normally, going to lectures at Sydney University.

**[0:52:37] (I): What was our connection established with Sydney University, for example there's a planning document here from a trip that you made to Wagga when you were researching which is Uni NSW?**

(S): Yes

**(I): What was our connection to Sydney?**

(S): Oh the connection was just given to us by Sydney University and the hospitals Prince Alfred, Royal North Shore, Westmead and Concord, and there the students from those hospitals were allotted to us.

**(I): Right, ok**

(S): And it was just something done by the State Government. No particular reason. I went to Wagga because they started before us - Dr Richardson that I knew well and he was running - helping to run the Wagga one and I'd previously, in my training at Sydney Hospital been given my rural training in 1961 which was in Wagga.

**(I): Right, ok. That's good.**

(S): So I was familiar with Wagga, nice city wagga. Been there? It's good.

**[0:53:45] (I): Umm in 2002 after they had committed to it we received medical students before the school was even built, or there was a proposal to do so to rotate groups of eight through Dubbo....**

(S): The students came, 8 students and they lived in the George Hatch building, it was done up. The upstairs wing on the parking side was

upgraded so the students could have a room each, shared bathroom and our first 2 years we had lecturers there. There was a lecture room there, we had the lecture room downstairs where grand rounds<sup>21</sup> was held for a long while. Rick McLean's office actually was in the back of what is now the radiology department behind ED we had to walk across the garden but we already started. Helen Peacocke was the secretary then, and she still is, she's still there. Then in 2004 the hospital allotted some of its land to Sydney University to build the medical school where it is now and it was opened in 2004 by...<sup>22</sup>

**(I): 18 August**

(S): ...one Tony Abbott<sup>23</sup> - I had to host Tony Abbott that day, dear me impatient man. I said, "We've given you twenty minutes to speak to the students," "Twenty minutes," he said, "that's a long time."

**[0:55:35] (I): How did the opening make you feel because you had a lot do with the planning of it?**

(S): Fantastic, lovely and wonderful, wonderful day.

**(I): So you fully adjusted to being an academic by then had you? (Laughs)**

(S): Yes I was never really a big egg academic, I used to do the practical side of things. But I got out the operating theatre having to look after patients and I could nominate the hours I worked, there were no set times, it was good.

**[0:56:06] (I): So you basically followed the US [University of Sydney] curriculum?**

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<sup>21</sup> Ground rounds are a weekly teaching session for medical staff and students. These teaching sessions often take the form of case study presentations with specialized presenters. (Information supplied by Dubbo Health Service Librarian Don Keast.)

<sup>22</sup> The School of Rural Health offers placements for third and fourth year medical students from the University of Sydney to study at medical campuses in Dubbo and Orange. The Dubbo Rural School of Health Campus was officially opened on the 18<sup>th</sup> August 2004.

<sup>23</sup> The Hon. Tony Abbott, was Minister for Health and Ageing between 2003-2007, and would go on to be elected Prime Minister of Australia from 2013-2015. (Hon. Tony Abbott MP, parliament of Australia, accessed at [https://www.aph.gov.au/Senators\\_and\\_Members/Parliamentarian?MPID=EZ5](https://www.aph.gov.au/Senators_and_Members/Parliamentarian?MPID=EZ5))

(S): Hmmm, and we had the - they'd just enabled the transmission of lectures online so - Sean Hagen who's still there. There's another fellow who is very good who left. But they set up the infrastructure for the lectures - where you get lectures from Sydney University, pathology and biochemistry and things which we didn't have the staff to do that. So they can sit in and interact with the students in Sydney and the lecturers and ask questions, backwards and forwards it was a great system.

**[0:56:57] (I): So was it third and fourth years from the start?**

(S): Yes

**(I): And did they do speciality blocks as well or...?**

(S): Yeah just like they do now

**(I): Yep, just like we do now. What do you think...**

(S): Third years were less specialised, more general.

**[0:57:12] (I): What do you think of the proposal for Dubbo to teach all four years?**

(S): I think it's quite good I'm not, there's going to be a lot of technical interaction with things like biochemistry and those subjects because we don't have those professors here, living here in Dubbo just to teach 24 students. So they will have sit in front of screens for a lot. But they do that now in Sydney a lot. No I think it will go well.

**[0:57:44] (I): On July 30th 2008 you received the ultimate honour, the naming of the Dr Bob North Tennis Court. What did you feel about that one?**

(S): (Laughs) I think I've told you that when I came here there's was a nurse's training school, two nice blocks with good lecture rooms, tennis court and swimming pool. Nice trees, George Hatch building to the south and the old nurses home to the north, and the hospital wards. ED was then right round near where you are, [the Ian Locke Building] that was ED - little area. As I say we used to have fun there,

played tennis, go swimming and when they demolished all that we jumped up and down and said, "Listen you've got to replace the pool and the tennis court." Well they did replace the pool almost immediately but not enough money for a tennis court. So several of us jumped up and down and carried on, and carried on. I'm not sure where the grant came from but a lot of money, \$98 000 came from somewhere. I think Rick McLean had it more to do with it than me. Anyhow the tennis court was built.

**[0:59:27] (I): 'Dr Bob has had a passion for a Tennis Court ever since the last one was demolished' Joe Canalese said at the official open (laughs)**

(S): Oh yeah, Joe was the Associate Dean (pause). So I was pleased about that. He gave me that picture (laughs and points to a picture of his wall).<sup>24</sup>

**(I): So when did you officially retire as Sub-dean?**

(S): 2012

**[1:00:04] (I): 2012, what pursuits has retirement allowed you to do now that you couldn't do before with schedule?**

(S): Well I retired as Sub Dean in 2012, and got off the various committees. I was on the Health Care Quality Committee of the Western Health Area then, was it Macquarie - what's it called now? Macquarie Area Health?<sup>25</sup>

**[1:00:33] (I): No, we're the Western New South Wales Local Health District**

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<sup>24</sup> Associate Professor Joe Canalese OAM, MBBS (Hons.) FRACP, is a retired Consultant Physician and was a Visiting Medical Officer at Dubbo Base Hospital for over 30 years. He also served as the Associate Dean for the School of Rural Health. From 1 January 2017 he was appointed to the Western NSW Local Health District Board. (Western NSW Local Health District, Our Board, accessed at: <https://wnswlhd.health.nsw.gov.au/our-organisation/our-team/our-board>)

<sup>25</sup> Dr Robert North was Deputy Chair of the Macquarie Area Health Service Board until 2004. On the 1 January 2005 the Macquarie Area Health Service was dissolved along with all existing advisory boards and The Greater Western Area Health Board was formed. (Information supplied by Dubbo Health Service Librarian Don Keast.) (Greater Western Area Health Service Annual Report 2004-2005 p.3)

(S): That's what it's called, well I was on the committee for that, and I got off that. Then I took two of my interests. One I became the surgeon attending breast screening every week. What happens is a lady goes in and has a mammogram and also an extra for that - - - they have their mammogram, I speak to them and examine the breast, to see if there's anything wrong clinically that you can feel which is not always picked up in the mammogram or an ultrasound, then the lady would have an ultrasound too. And those three things a mammogram, ultrasound and physical examination was pretty much - would clear the person if they had nothing wrong with them. So then also I worked with Lourdes Hospital for people with leg ulcers, old people with leg ulcers, not so old people with leg ulcers and we just had a clinic there which I did every 2 or 3 weeks. Very informal, just an honorary capacity. And that's what I did for 3 more years, and I pulled the anchor up in 2015. So I was registered until I was 78. And since then (laughs) we've done a bit of travelling and I've got so slow now with my walking so that slows me up, so I do crossword puzzles. My boys have interested me - but they all live in the North Coast now.

**[1:02:32] (I): That is a long way from your first operation in Dubbo, what were your memories of that one?**

(S): That man (pause) I've forgotten the book somewhere, it's a red book [surgical notes book] - it's not here – inaudible...

**[I]: That's ok**

...It's straight forward, it was an operation to take a stone out of the tube down from the kidney which now you put a gadget up and hook it and pull it out. Wouldn't have to cut him open.

**(I): Were you quite nervous for your first one?**

(S): Not really.

**(I): No**

(S): No I don't think so. Did someone say I was?

**[1:03:34] (I): Someone suggested you might have been.**

(S): Mainly knowing the staff, we had a very funny nurse in charge of the theatre school, Connie Hayden. God she was mad. She'd make you more nervous than the operation. And the theatre, the theatres were pretty primitive you could open the window and the flies would come in, different now. It's all pulled down now, it was right up the back of the Hospital, an old wooden building. Something came in one day, what was it - some animal. I think there was a snake at the entrance to the theatres, on the - there was a concrete ramp and someone saw a snake there. The trolley man comes flying in yelling and shouting, but anyhow different now.

**[1:04:40] (I): I've think we've nearly finished for today Bob is there anything else you'd like to add?**

(S): Ah I'll just go here - Rural clinical school. I'd like to mention Rick McLean he's a great guy, a specialist physician in Nuclear Medicine and he works now in Albury-Wodonga, lives at Wangaratta. We still keep in touch. He's set up - established this medical school. Joe Canalese is one of my best friends, we still have a beer every week. I see a lot of Joe, you'd know Joe wouldn't you?

**[1:05:20] (I): Yes**

(S): He never stops. He's recently been in to Nepal with Dick North, who's no relation to me. An optician in town, helping people with vision problems with Rotary, so I see a lot of Joe. Bruce Harris I've lost touch with - he didn't answer my Christmas message this year so I don't know what's happened. Just one other thing I'll mention - - - I belonged for years to a group called the Provincial Service Association which was a rural group (phone ringing) - go on answer - I belong to the rural provisional association, the first meeting I went to in Wagga in 1969 and it's a wonderful group. We've had meeting

in all sorts of places. Geraldton, Albany, Darwin, Alice Springs, Mackay, Dubbo, Orange, Wagga you name it, all round Australia. The mixture of the rural surgeons in those towns generally 40 or 50 of us. It was started by Jim Pryor a surgeon in Ballarat in the early 60s and I was a very strong supporter of that I also did quite a lot of work for the College of Surgeons teaching budding surgeons at Sydney University and Royal North Shore Hospital. I did a lot the teaching once I gave up medical practice and I was on a few other cancer committees in Sydney before that.

2016 we went to Western Australia to the meeting in Albany which is a lovely, lovely city of on the southern coast of Western Australia and we had a nice time there, and I was given the rural surgeon award - rural surgeon's award for Australia for 2016, which was fantastic.<sup>26</sup> So that culminated my career really ....not only operating in but doing community work and work with the college of surgeons, teaching all that sort of thing. So that I'd like to mention, that's all.

**[1:08:02] (I): What is your impression of the Hospital today, which is changing, well by the day, major reconstruction?**

(S): Well I haven't been for tour of it since I saw you up there. I'd get lost.

**(I): Well the corridors change every day (laughs)**

It's changing so much, I hope it settles down once they do finish it. But there's several years of work to go yet.

**[1:08:30] (I): Yes there is.**

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<sup>26</sup> The Rural Surgeons Awards is an annual award presented by the Royal Australian College of Surgeons that acknowledges significant contributions to surgery in rural areas across Australia and New Zealand. In 2016 Robert North was the recipient of this award. (Royal Australian College of Surgeons, accessed at <https://www.surgeons.org/>)

(S): I've meant to go have a morning tea at Breast Screen sometime, I'll ring up and have a peek at it from there but I'm beyond wandering around the hospital anymore.

**Thank you for your time today Bob, your story will form part of the Macquarie Regional Library's Oral History Project. This interview was conducted by Don Keast on Monday 25 March 2019.**