



The Chosen

Back row: F.E. Gallasch, A.L. Dawkins, D.G. McKay, D.K. McKenzie
Front row: A.J. Chandler, S. Krantz, I.S. Magarey, B.E. Lawrence, A.T. Harbison
Adelaide MBBS graduates, 1927
All Prince Alfred Collage

**THE SOUTH AUSTRALIAN
MEDICAL PROFESSION**

1836 – 1975

By the same author

W.A. WEBB: SOUTH AUSTRALIAN RAILWAYS COMMISSIONER 1922-30
A POLITICAL, ECONOMIC AND SOCIAL BIOGRAPHY

BARNACLES AND PARASITES: INDEPENDENT MEMBERS OF THE SOUTH
AUSTRALIAN PARLIAMENT 1927 – 1970

LINE CLEAR – A HISTORY OF TRAIN WORKING AND SIGNALLING ON THE
ADELAIDE – SERVICETON RAILWAY

SOME HISTORICALLY INSOLUBLE RAILWAY PROBLEMS IN SOUTH AUSTRALIA

AN ANNOTATED LIST OF REGISTERED MEDICAL PRACTITIONERS – SOUTH AUSTRALIA:
NOS. 1 – 1018 (1844 – 1918)

HOLDING THE CANDLE: GROWING UP AND WORKING IN ADELAIDE AND THE BUSH
IN THE 1950S AND 1960S

In preparation

THE SOULS OF THE RIGHTEOUS

**THE SOUTH AUSTRALIAN
MEDICAL PROFESSION**

1836 – 1975

Reece Jennings

MANDRAKE PRESS



ADELAIDE



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Production team: Jess Iannone

To
Victoria, Alexandra, Edward & James

PREFACE

This work is primarily a study of the reasons for the rise of South Australian doctors from a diverse and nondescript collection of poorly regarded individuals, to a powerful, well established and disciplined, science-orientated exclusive profession enjoying prestige and a high income.

The principal argument is that the basic power and influence of the medical practitioner derives from Statute. In the first place legislation required registration and this gave occupational closure. Statutory self-regulation followed. These two achievements are the cardinal footing of professional dominance. Many other sources have contributed to the standing and authority of doctors. They include the early association with and adoption of science and technology; upward mobility through social class by marriage and income; the formation of influential and exclusive organisations, and close relationships with government and community. Ironically the ascent of the legally qualified to the pinnacle of public supremacy was materially assisted at key points by the activities of both the qualified but unregistered, and the blatant quack.

People are very important to this story. When I began the work in 1991 an early discovery was the absence of accurate records of legally qualified medical practitioners. The early medical registers and gazetted lists contained inaccuracies, were unreliable and tended to repeat mistakes. The *Ordinance* of 1844 that established the medical board stipulated that a register had to be maintained and the names published annually in the *Government Gazette*. Names were so published but only when practitioner's claims to be legally qualified were approved and the first printed list of accepted practitioners did not appear until 1864 when Dr. C.G. Everard *MLC* moved for its compilation. The next attempt to publish and maintain an up to date register was about 1890. It was then published annually without correction up to about 1902 because the medical board discovered that it had no power to remove the names of the deceased. So for over ten years the registers are very complete – listing every doctor from 1844 – but they are hopelessly inaccurate, dead doctors retaining their entries many decades after their decease.

A remarkable development in historical medical practice research has been establishment of the Australian Medical Pioneers Index (AMPI), a Barwon Health Project initiated by the Geelong Hospital Library under the diligent management of Stephen Due. It is a data base of thousands of pioneer doctors from the 1700s – 1875 and contains a great richness of material on South Australian practitioners.

The men (and a few women) who walk the stage of this book are fairly representative of humanity. Some stood on their individual mounds of high ground and were prominent, but most were obscure. They pass quickly like the parade of Banquo's spirits: the long-lived, and those whose promising lives were cruelly cut short by disease or misadventure: those with lengthy years of practice and service, and the transient and forgotten. Over many hover the spectres of tuberculosis, alcoholism, addiction, accident and violent death. Their origins are fascinating. Most were English, Scottish or Irish, but what brought Americans to SA so many years ago? An important group came from Germany and reflects the abhorrence of the efforts of Frederick William III (reg. 1797-1840) to venture into ecclesiastical bigotry with his attempt from 1822 to impose on his subjects a uniform state liturgy.

The SA medical profession, predominantly white Anglo-Saxon Protestant male, profoundly conservative and misogynic, had an astonishing ability to marry into prominent families with wealth, land and sound blood lines and to acquire prestige and status. In the process many of its members became inter-related by marriage. Many were people of great personal accomplishment and versatility, but their numbers also included scoundrels, pompous humbugs, entrepreneurs, cowboys and incompetents. Many of the most colourful and interesting were either unqualified or unregistered and they play an important part in SA medical history. To each has been allotted a part. But there are no hagiographies or beatifications, institutional or organisation histories, heroes, or accounts of great medical triumphs, and I have tried to keep the academic theorising to a minimum.

The origin of this text is my MD thesis, University of Adelaide. That work was constructed on a heavy footing of sociological theory and drew from a huge quarry of published and unpublished writing. The thesis contains all references and acknowledgements to material that I have used and the reader is directed to that work for a comprehensive bibliography. The responsibility for what is written is entirely mine. It has been written in between working for a living as an urban general practitioner who, until the federal government's bumbling interference also did regular rural and remote locums. I have not enjoyed endowed scholarships, endless sabbaticals or unlimited time off from government employment to research and write. It is the product of late nights and early mornings and intended to point the way for the better qualified researcher. In some areas, particularly Appendix 2, it is incomplete, partly because it is a formidable task on its own to search for biographical details of over 1000 pioneer doctors. It is inevitable that many relevant facts have been omitted. It was felt that it would be more useful to publish now than to wait indefinitely for meticulous completeness. Please forgive the shortcomings.

I returned, and saw under the sun,
that the race is not to the swift,
nor the battle to the strong,
neither yet bread to the wise, nor yet
riches to men of understanding,
nor yet favour to men of skill;
but time and change happeneth to them all.

Ecc. IX, 11.

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I am particularly indebted to Dr. Judith Raftery and Dr. Neville Hicks of the Department of Public Health, University of Adelaide, for their insight and criticism, and to those other supervisors whose commitment of time and patience remain the happiest memories of a long association with universities, particularly Drs. John Playford and Ronald Norris, and Professors Eric Richards and Wray Vamplew.

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doctors,) and Wudinna. I particularly thank Glenys Tink of *Telopea* Station who, with the aid of Country Fire service maps took me to the remains of Bleak House and the Hensley graves, near Diapur, Victoria; the staff of the Murat Bay Council for making their burial records available, and to the others who helped so readily. Similarly, the secretaries of country hospitals who have found themselves having to put up with me, freely allowed access to their records. I apologise for any disconcertion I have caused by asking for guidance to local cemeteries after hours.

To the following, I am indebted for information about medical practice in their particular countries or states. Chris Aitchison, Medical Council of New Zealand; Ruth Boyd, Manitoba; Bob Burns, Alberta; M. Demy-Geroe, Medical Board of Queensland and Dr. Heather and the late Dr. Ross Patrick; Helene Landry, College Des Mediciens du Quebec; Eric Magnuson, Yukon; Medical Board of the Northern Territory; Bryan E. Salte *BEd LLB*, Saskatchewan; Ed Schollenberg *MD LLB FRCPC*, New Brunswick; Sri Lanka Medical Council; M. VanAndel, British Columbia; Robert W. Young *MD FRCPC*, Newfoundland.

When an undergraduate in those far off happy times when there were tea ladies in hospitals, my clinical teachers regaled students with wonderful anecdotes and an opportunity is taken to particularly remember Drs. David Dunn, Malcolm Miller, R.A.A. Pellew, L.O.S. Poidevin and John Watson. Messrs. Roland Beard, J.R. (Bob) Magarey (later, Sir Rupert,) and Barton Venner were outstanding. Pleasant memories remain of Professor D.J. Deller (to whom I was house surgeon, and remember as one of the cleverest physicians I have known,) and Professor J.S. (Big Jim) Robertson, who succeeded J.B. Cleland as Professor of Pathology, and who gave me my first serious vacation research job in 5th year (injecting mouse tail veins with dye.) Most of them have passed on but none of their students will ever forget the quality and value of their bedside teaching.

Without the cooperation and support of Dr. Ceciley Jennings *MBBS FACRRM*, neither this work – nor anything else – would ever have been done.

Nesfield

North Plympton

MMVIII

ABBREVIATIONS

Aber(d)	Aberdeen
AAMC	Australian Army Medical Corps
AC	Author's collection. Commander of the Order of Australia
ACCAM	Australian Certificate of Civil Aviation Medicine
ACGP	Australian College of General Practitioners
Adel	Adelaide
a.e.g.	ad eundum gradum
aet	Aged
AIM	Australian Inland Mission
AM	Member of the Order of Australia
AMA	Australian Medical Association
AMJ	Australian Medical Journal
AMPI	Australian Medical Pioneers Index
ANU	Australian National University
ANZAAS	Australian and New Zealand Association for the Advancement of Science
AOB	Bachelor of the Art of Obstetrics
b.	Born
B	(This is a Mortlock Library identifier.)
BA	Bachelor of Arts
BC	Before Christ
BCH	Bachelor of Surgery
BDS	Bachelor of Dental Surgery
BM	Bachelor of Medicine
BMA	British Medical Association
BMJ	British Medical Journal

BO	Bachelor in the Art of Obstetrics
<i>Brux</i>	Brussels
BS	Bachelor of Surgery
BSc	Bachelor of Science
<i>c. (circa)</i>	About a certain date
Cantab	Cambridge
CB	Companion of the Order of the Bath
CBE	Commander of the Order of the British Empire
<i>Cert. Asst. Surg.</i>	Certificated Assistant Surgeon
cf	Compare
ChD	Doctor of Surgery
ChM	Master of Surgery
CM	Master of Surgery
CMG	Companion of the Order of St. Michael and St. George
CMILT	Chartered Member of the (Royal) Institute of Logistics and Transport
Cmd	Reference to a British Parliamentary Paper
Co	Company
d.	Died
DA	Diploma in Anaesthetics
DBE	Dame Commander of the Order of the British Empire
DCL	Doctor of Civil Laws
DD	Doctor of Divinity
DipPH	Diploma in Public Health
DM	Doctor of Medicine
DMRE	Diploma in Medical Radiology and Electrology
DO	Diploma in Ophthalmology

DOMS	Diploma in Ophthalmic Medicine and Surgery
DPH	Diploma in Public Health
DSc	Doctor of Science
DSO	Companion of the Distinguished Service Order.
DPH	Diploma in Public Health
DRANZCOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
DTM	Diploma in Tropical Medicine
DTM&H	Diploma in Tropical Medicine and Health
Dub	Dublin
Durh	Durham
Ecc.	Ecclesiastes
ED	Australian Efficiency Decoration
Edin	Edinburgh
Eng	England
ENT	Ears, nose and throat
EP	Eyre Peninsula
FACCRM	Fellow of the Australian College of Remote and Rural Medicine
FFP&S	Fellow of the Faculty of Physicians and Surgeons
Flin	Flinders University
FGS	Fellow of the Geological Society
FRACS	Fellow of the Royal Australasian College of Surgeons
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRCP	Fellow of the Royal College of Physicians
FRCPE	Fellow of the Royal College of Physicians of Edinburgh
FRCP&S	Fellow of the Royal College of Physicians and Surgeons

FRCS	Fellow of the Royal College of Surgeons
FRFPS	Fellow of the Royal Faculty of Physicians and Surgeons
FRHist Q	Fellow of the Royal Historical Society of Queensland
FRHS	Fellow of the Royal Historical Society
FRIHH	Fellow of the Royal Institute of Health & Hygiene
FRS	Fellow of the Royal Society
FRSanI	Fellow of the Royal Sanitary Institute
GCMG	Grand Cross of the Order of St. Michael and St. George
Glas	Glasgow
Gott	Gottingen
Govt	Government
GP	General Practitioner
HMAS	His/Her Majesty's Australian Ship
Hon	Honourable/Honorary
i.e.	That is
I	Ireland
Ib/Ibid	In the same place
Irel	Ireland
JP	Justice of the Peace
KBE	Knight Commander of the Order of the British Empire
KC	Kings Counsel
KCB	Knight Commander of the Bath
KCMG	Knight Commander of the Order of St. Michael and St. George
KH	Knight of the Order of Hanover
KI	Kangaroo Island
KiH	Kaiser-i-Hind

KStJ	Knight of the Order of St. John of Jerusalem
Kt	Knight Bachelor
LAH	Licentiate of Apothecaries Hall (Dublin)
LCA	Licentiate of the Worshipful Company of Apothecaries
L&LM	Licentiate and Licentiate of Medicine
L et LMidRCS	Licentiate and Licentiate in Midwifery, Royal College of Surgeons
LFP&S	Licentiate of the Faculty of Physicians and Surgeons
LKQCP	Licentiate of the Kings and Queens College of Physicians
LLD	Doctor of Laws
LLM RCP&S	Licentiate in Midwifery and Licentiate of the Royal College of Physicians and Surgeons
LM	Licentiate in Medicine
LMid	Licentiate in Midwifery
LMK&QCP	Licentiate in Medicine of Kings and Queens College of Physicians
LMRCS	Licentiate in Medicine of the Royal College of Surgeons
Lond	London
LQMP	Legally Qualified Medical Practitioner
LRCP	Licentiate of the Royal College of Physicians
LRCPE	Licentiate of the Royal College of Physicians Edinburgh
LRCP&S	Licentiate of the Royal College of Physicians and Surgeons
LRCS	Licentiate of the Royal College of Surgeons
LRCSE	Licentiate of the Royal College of Surgeons Edinburgh
LS	Licentiate in Surgery
LSA	Licentiate of the Society of Apothecaries
LWCA	Licentiate of the Worshipful Company of Apothecaries
M	Mortlock Library

MA	Master of Arts
M&ChD	Doctor of Medicine and Surgery
MAO	Master of the Art of Obstetrics
MB	Bachelor of Medicine
MBChB	Bachelor of Medicine and Bachelor of Surgery
MB BChir	Bachelor of Medicine and Bachelor of Surgery
MB BCH BAO	Bachelor of Medicine and Bachelor of Surgery, Bachelor of the Art of Obstetrics
MBE	Member of the Order of the British Empire
MB BS	Bachelor Medicine and Bachelor of Surgery
MB ChB BAO	Bachelor of Medicine and Bachelor of Surgery, Bachelor of the Art of Obstetrics
MB ChM	Bachelor of Medicine and Master of Surgery
MC	Master of Surgery. Military Cross
MChir	Master of Surgery
MCh Orth	Master in Orthopaedic Surgery
MCIT	Member of the (Royal) Chartered Institute of Transport
MCP&S	Member of the College of Physicians and Surgeons
MD	Doctor of Medicine
Melb	Melbourne
MFH	Master of Fox Hounds
MHA	Member of the House of Assembly
MHR	Member of the House of Representatives
MJA	Medical Journal of Australia
MKQCP	Member of the Kings and Queens College of Physicians
MLC	Member of the Legislative Council

MM	Military Medal
MP	Member of Parliament
MRACP	Member of the Royal Australian College of Physicians
MCh	Master of Surgery
MCh Orth	Master of Orthopaedic Surgery
MP	Member of Parliament
MRCP	Member of the Royal College of Physicians
MRCSE	Member of the Royal College of Surgeons, Edinburgh
MRCS	Member of the Royal College of Surgeons
MS	Master of Surgery
MSTEE	Member of the Society of Telegraph and Electrical Engineers
Mt	Mount
n.d.	No date
nee	Born
n.p.	No place
NGPL	National Portrait Gallery, London
NSW	New South Wales
NT	Northern Territory
NZ	New Zealand
O&G	Obstetrics and Gynaecology
OBE	Officer of the Order of the British Empire
Op. cit.	In the work cited
OUP	Oxford University Press
Oxon	Oxford
p. pp.	Page. Pages.
PAC	Prince Alfred College

P&O	Peninsula and Orient
PC	Privy Councillor
PhD	Doctor of Philosophy
Pk	Park
Prof.	Professor
Pt.	Port. Point
QC	Queens Counsel
QUP	Queensland University Press
q.v.	Which (or) whom see
RAAF	Royal Australian Air Force
RDA	Roseworthy Diploma of Agriculture
RAH	Royal Adelaide Hospital
RAN	Royal Australian Navy
Reg.	Registered. Reigned
RMO	Resident Medical Officer
RMS	Royal Mail Steamer
Rt. Hon.	Right Honourable
RN	Royal Navy
RVI	Royal University of Ireland
SA	South Australia
SAGCR	South Australian Gazette & Colonial Register
Saints	The Collegiate School of St. Peter
SAPD	South Australian Parliamentary Debates
SAPP	South Australian Parliamentary Papers
SAR	South Australian Railways
ScD	Doctor of Science

SE	South-east
Sic	Thus (it is written)
SLSA	State Library of South Australia
SS	<i>Schutzstaffel</i>
SSL	The State Library of South Australia
Staats. Exam.	States Examination (Germany)
Syd	Sydney
TB	Tuberculosis
TCD	Trinity College Dublin
UK	United Kingdom
Univ	University
USA	United States of America
VD	Colonial Auxiliary Forces Officers Decoration
V. Vol.	Volume
WASP	White Anglo-Saxon Protestant
WWI	World War I
WWII	World War II

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CHAPTER 1

From Trade to Profession: First Steps 1836 – 1875

A note on terms

Throughout this work the substantive 'doctor' means a medical practitioner, in the popular understanding of the word, unless specifically otherwise indicated.

In Britain and the countries that inherited its customs and procedures, formal permission from a constituted authority to carry on a profession is termed *registration*. In America (and some other countries) the synonym is *licensing*.

It is important to distinguish between the *unqualified*, who had no recognisable qualifications of any kind and were usually the worst type of humbug, and the *unregistered*. The latter were persons, often with excellent medical credentials, who could not meet – or could not be bothered meeting – the strict criteria for statutory registration. Over many years unregistered persons were valued providers of medical services, particularly in remote and inhospitable areas such as the Far West coast. The unqualified, peripatetic and brazen, were generally found in suburbia or the larger country towns, where they preyed on the credulous.

A *quack* (from the Dutch word *quacksalver*) is an ignorant and fraudulent unqualified pretender to medical knowledge and skill. *Charlatan* is synonymous. Use of the term in that sense dates back to at least the seventeenth century when it was the custom for medical impostors to attend fairs where they set up stalls and cried out their alleged abilities and accomplishments. The cacophony reminded listeners of the noise of a team of ducks, and the name stuck.

Some examples may help clarification. In 1894 "Dr. Mahomedan" turned up at Peterborough and advertised in the local *Times*.

The well known Indian eye and pile doctor who accomplished such a number of marvellous cures in this colony during 1890, and who has in the meantime been on a trip to India, is now on a visit to Petersburg and may be consulted at Gall's¹ Hotel.

He was an unqualified itinerant and untraceable quack who emptied the pockets of the gullible. He was never in one place long enough for the British Medical Association (BMA) to organise a legal attack.

C.T. Abbott and F.A.W. Doenau provide two illustrations of the many qualified but unregistered. Dr. Charles Thomas Abbott *MD* Louisville, Kentucky USA, practised on the Far West coast and Northern Territory from 1907 to 1913, even though the South Australian medical board, suspicious of American qualifications (unlike its New South Wales and Victorian counterparts) only accorded him legal recognition in that latter year. Dr. Doenau [1828-1906], assistant surgeon, Prussian Army, migrated to SA as surgeon-superintendent in charge of three hundred immigrants in 1856. He practised medicine for at least thirty years around Two Wells and Virginia, and held lodge appointments: he was never registered.

*

Introduction

The history of medicine in South Australia (SA) is mainly an account of the acrimonious struggles conducted through press, parliament and the judiciary by an unrecognised medically qualified meritocracy, initially unorganised and internally destructive, to achieve control of the practice of medicine through Statute. On the way they enlisted the help of upward social mobility, science and technology. It reflects an experience common to all Australian states and the UK. When in 1844 the SA executive government gave that diverse group of practitioners state registration, they acquired occupation closure and self-regulation. This is the cardinal footing of medical autonomy, privilege, status and power.

Ordinance 7 & 8 Victoria, 1844, No. 17² was also the first occasion when statutory registration was introduced in SA for any profession or occupation (Table 1.) It established the third medical board in Australia (Tasmania and New South Wales had beaten SA) but preceded by fourteen years the UK setting up of the General Medical Council (Table 2.) It is likely that Canada can claim the honour of establishing the first licensure requirements for medical practice. Under the French regime licensure was required from 1750. After the British conquest a *Medical Ordinance* was passed in 1788 (*S.Q. 1788, C.8.*) When Upper Canada, now Ontario, separated in 1795, it passed *SUC 1795 c.1*. In the British Empire these are the first legal requirements for the registration of medical practitioners.

The new medical profession had a vigorous infancy, childhood and adolescence. In its pursuit of self-determination, authority and medical sovereignty it associated with and adopted science and technology so that the adherents of any theory or practice other than which the legally qualified determined to be orthodox, would be branded as ignorant and unreliable quacks. Yet the organised medical profession owes many of its important legally entrenched rights, privileges and responsibilities to those it despised, because from time to time their activities forced parliament to enact laws that always benefited the orthodox by protecting their entitlements and incomes. Parliament was always suspicious and distrustful of the organised medical profession, and enacted most legislation with reluctance.

Table 1: Years when statutory registration was introduced in SA for professions, and certain other occupations.

Field of practice	Year	Act
Medicine	1844	<i>7 & 8 Victoria, 1844, No. 17.</i>
Law	1845	<i>9 Victoria, 1845, No. 6.</i>
Hawkers	1863	<i>Licensed Hawkers Act 1863.</i>
Pawnbrokers	1888	<i>1888, No. 433.</i>
Pharmacy	1891	<i>1891, No. 509.</i>
Surveyors	1892	<i>Land Surveyors Act 1892.</i>
Marine Store Collectors	1898	<i>1898-9, No. 716.</i>
Dentistry	1902	<i>1892, No. 813.</i>
Money Lenders	1903	<i>1903, No. 820.</i>
Hide, Skin and Wool Dealers	1915	<i>Hide Skin and Wool Dealers Act 1915.</i>
Second Hand Dealers	1919	<i>1919, No. 1401.</i>
Opticians	1920	<i>1920, No. 1443.</i>
Nurses	1920	<i>1920, No. 1451.</i>
Land Agents	1925	<i>Land Agents Act 1925</i>
Veterinarians	1935	<i>1935, No. 2257.</i>
Bookmakers	1936	<i>1936, No. 2282.</i>
Architects	1939	<i>No. 35 of 1939.</i>
Physiotherapists	1945	<i>No. 38 of 1945.</i>
Chiropodists	1950	<i>No. 56 of 1950.</i>
Psychologists	1974	<i>No. 37 of 1974.</i>
Occupational Therapists	1974	<i>No. 120 of 1974.</i>
Chiropractors	1979	<i>Chiropractors Act 1979. (Gazetted 1981.) A brief Act 26/1949 defined chiropractic.</i>

One interpretation of the above is that it is an interesting commentary on from whom, and when, and with what priority, parliaments perceived the need to protect the public.

Table 2: Year of Establishment of medical boards in Australian colonies, the UK General Medical Council, and certain other countries.

State/Province or country	Year	Remarks
(British) Canada	1788	<i>SQ 1788, c. 8</i>
Ontario	1795	<i>SUC 1795, c.1</i>
New Brunswick	1815	<i>56 Geo. III, c. 16</i>
Nova Scotia	1829	<i>9 Geo. IV, c. 1</i>
Tasmania	1837	<i>1 Victoria No. 17</i>
New South Wales	1839	<i>2 Victoria No. 22.</i> This state established the second Australian medical school in 1883.
South Australia	1844	<i>Ordinance No.17.</i> Established the third Australian medical school in 1885.
United Kingdom	1858	<i>Medical Act 1858</i>
Queensland	1860	<i>Queensland Medical Act of 1861 (25 Victoria No. 5.)</i> Until Moreton Bay was erected into a Colony in 1859 under the name of Queensland, NSW laws and ordinances were in force.
Victoria	1865	<i>Medical Practitioners' Act 28 Vic. No. 262.</i> Established the first Australian medical school in 1862.
New Zealand	1867	<i>Medical Practitioners Act 1867</i> (UK legislation.)
Japan	1884	<i>Imperial Decree No. 35</i> 16 th year of Meiji.
Western Australia	1894	<i>Medical Act 1894</i>
Sri Lanka	1905	<i>Medical Registration Ordinance No. 2 of 1905.</i>
Eire	1927	Until independence was governed by the UK 1858 <i>Act</i> .
Northern Territory	1935	<i>Medical Practitioners Registration Ordinance.</i> Prior to this date, was governed by SA legislation.
Texas USA	1873	First modern United States medical practice <i>Act</i> passed.

Their standing and authority flourished further because they entered the highest social class by marriage and money, and unified themselves into exclusive organisations like the autocratic and paternalistic BMA³, and various elite Royal Colleges of specialties. One hundred and twenty five years after 7 & 8 *Victoria No. 17* the medical profession stood at the zenith of its power, enjoying a close consulting relationship with governments, high community standing and incomes, and uncritical press adulation.

But this is also the story of how a great profession became blind to its own faults and lost the whole plot. Awash with money and prestige, empowered by technology and drunk with its own influence it abused and argued with the powers that had elevated its pedestal. Internally it fought, divided and fragmented. Successive legislatures catalysed this self-destruction until by the end of the twentieth century both traditional general practice and the Australian Health system had been virtually destroyed.

The uneasy relationship between the state and medical practitioners reflects the long conflict between those who see any law that bears on the profession as a sinister umbrella to protect a privileged and exclusive minority against the rain of accountability and competition, and the more liberal minded who regard legislation as essential to protect the consumer. The medical profession itself, understandably, has always promoted the view that government registration and control of entry into what is one of the most exclusive occupations in the world, are solely for the benefit of the public. The South Australian parliament was never influenced by considerations of professional status, prestige or power when it passed key medical legislation in 1880, 1889 and 1919, but those laws particularly consolidated the medical profession's authority and ascendancy over health. When legislation was enacted to set up the University of

Adelaide medical school in 1885, this professional control was enormously enhanced because doctors trained those who would become colleagues and equals. The requirement of higher education for entry into medicine would be a key element in professionalisation. High fees kept the *hoi polloi* out and ensured that students from the leading Anglican private colleges would enjoy high occupancy of the medical school. The medical profession itself came to dominate medical education and job markets. It achieved great power, including the power to regulate absolutely entry into medicine and to control the numbers of graduates and post-graduate specialists. Herein is the source of the vexatious medical manpower and distribution problems and the endless damaging political disputes that would arise decades later.

Conflict between the medical profession and elected governments has usually been colourful. The consequences have never worked to the long-term advantage of doctors. Some of the confrontations have marked critical points in the profession's direction and influence and it has inevitably come off second best. Sometimes, as in the case of the Adelaide Hospital 'row' 1896-1901, when the BMA foolishly took on C.C. Kingston⁴ and deliberately destroyed the medical school and tried, but failed, to do the same to the Adelaide Hospital, they set back the cause of legislative reform twenty years and began the process of destructive internal division. On other occasions as in the confrontation with Chifley⁵ 1944-48 the profession's victories were essentially Pyrrhic and the real costs in terms of loss of professional independence and increased government control only came later.

The true golden years of the Australian medical profession were 1951-72 when the Menzies-Page⁶ health scheme brought practitioners hitherto unmatched guaranteed prosperity through fee-for-service re-imburement. Every body organ and part, and every

procedure had a price put on it as an incentive to its removal or carrying out. General practitioners could write their own incomes in the flourishing Australian medical Arcadia. It was the era when no newborn male child could get out of hospital with an intact foreskin unless the parents mounted an armed guard over it. Any woman over forty, particularly in the country, who retained her womb or gall bladder was regarded as a bizarre medical curiosity. The great irony was that this generous medical benefits scheme, so loved by the AMA, eventually destroyed by medical rapacity and abuse – particularly by the GP-surgeon who could 'do anything' - and which was such a monument to private enterprise, with its open-ended funding, would eventually bring the profession under greater surveillance and control. As health legislation became more complex and its administering bureaucracy larger, computers came into their own as a means of building elaborate data bases, and monitoring. By the late 1970s doctors would receive detailed and dissected printouts of their prescribing habits, procedures, and costs to the taxpayer. Many were shocked beyond belief. Doctors have always wanted government funding without accountability.

The AMA's final great success in 1970, when it succeeded in getting federal legislation to recognise specialisation and secure differential rebates, with the GP paid less for doing the same procedure, accelerated the process of irrevocable destruction of professional unity, a journey completed with the introduction of Medicare in 1975. But by then the behaviour of the medical profession had lost it all public respect and press sympathy.

The medical profession in South Australia developed along different paths to other states, and its social history is particularly dissimilar to the Victorian story. From

the very start the basic South Australian social framework aided the collective progress of doctors. The SA health system developed as a system of government established and managed hospitals. Later from the 1870s other institutions were founded on private philanthropy and public fund raising.⁷ Doctors were closely involved in the foundation and running of these places, and they gave their medical services in an honorary capacity. Doctors in SA had always enjoyed an elevated social standing, and were held in high regard by the state and public – even when they were alcoholics and drug addicts - certainly until the public brawling with the Whitlam⁸ federal government (1972-75.) South Australian geography and demography have also been important factors in the social and political ascent of doctors because the population – like the Australian population as a whole – is highly centralised and urbanised. This is a reason for current perceptions of a maldistribution of practitioners, and arguments about their oversupply or undersupply, depending on the colour of individual political viewpoints.

My story traverses 140 years, during which medical practice, like the society in which it existed, changed dramatically, and after Federation all change accelerated. Then instead of struggles against tuberculosis, hydatids, diphtheria, typhoid,⁹ smallpox, pertussis, measles, rubella, syphilis and influenza, the profession came to confront heart disease, cancer, an enormous volume of mental illness, physical injury, intoxication, addiction and poisoning. More recently technology driven achievements in the areas of fertility and reproduction, organ transplantation, genetic engineering, molecular science, euthanasia, neonatology and critical care have produced complex ethical dilemmas that baffle easy resolution.

Medicine in the past thirty years has not escaped being swept and buffeted by the extraordinary populist forces of the Save The World Generation – concerns with racism,

sexism, discrimination, sexual freedom and the aggressive environmental and ecological crusades which heralded the eighties and continue unabated. Along with all the crusading zeal there has run, paradoxically, an immense belief in individual rights and entitlements (invariably paid for and provided by someone else) but with no corresponding recognition of obligations or community responsibility. This has not made any easier the practice of medicine in the twenty first century. It is also an inescapable fact that the application of modern discrimination and equality legislation, the requirements of federal competition policies and other constitutional powers, along with curious social experiments in the selection of medical students, has materially damaged the profession and destroyed country medical services, and much else besides. Insight and accountability rarely accompany crusading zeal.

The citadel of medical power has been steadily eroded. There has been a loss of monopoly over medical knowledge, a process driven fiercely by the internet, along with a diminishing authority over patients. Bewildering and swift advances in medical technology, therapeutics, and politically driven change in the traditional systems for funding medicine all contribute to a slow process of deprofessionalisation. Non-medical forms of knowledge and expertise have challenged medical dominance, and government health policies have led to changes in traditional priorities and directions. For example, we have a broader, social definition of dying, and there has been a "de-medicalisation" of the management of childbirth, addiction, nutrition, sexually transmitted disease, mental illness, immunisation, women's health and other areas once the sole (and jealously guarded prerogative) of the family doctor. Various systems of 'alternative medicine' have wide appeal. The general practitioner in particular has found that he has had to face up to the need to re-define his or her professional purpose and direction within the whole health system.

Why should the practice of medicine be controlled?

South Australia was founded in 1836 but laws bearing on the practice of medicine go back many centuries. Sometime before 1948BC Hammurabai, King of Babylon drew up a code of laws relating to medical practice, and in 46BC Julius Caesar accorded physicians the full rights of Roman citizenship. In 1511 in England Henry VIII instigated the first medical *Act: 14 & 15 Hen. VIII c.5: Practice of Physic*. This made it an offence to practise unless the individual was a graduate of a university or had been licensed by a bishop. Even to this day the Archbishop of Canterbury can confer a doctorate of medicine, though it is highly unlikely the conferee would make it to the medical register. Seven years later in 1518 the king's physician, Thomas Linacre [c.1460-1524] obtained from him a Charter to establish a Company of Physicians, which in 1551 became the Royal College of Physicians of London. In 1540 Thomas Vicary [d.1561], surgeon to Henry VIII, obtained a further *Act* to unite the scattered guilds of barber-surgeons in England. A Faculty of Medicine had been established at Oxford in 1311. James I in 1617 granted a Charter to the Society of Apothecaries, which separated them from the grocers. Slowly the apothecaries split into two groups. One stuck to their traditional dispensing, the other combined pharmacy with medical practice. In 1812 the Quaker preacher Samuel Fothergill suggested the term *general practitioner* for the latter and it was widely adopted. An important *Apothecaries Act* 1815 gave control of the whole of medical practice into their hands and with great vision they imposed five years apprenticeship, compulsory lectures in anatomy, physiology and medicine, and six months hospital ward experience. The Royal College of Surgeons came to an agreement with them to raise the standard of their own diploma by following apothecary regulations. From this in time came the dual diplomas so common in early Australian medical registers of Member of the Royal College of Surgeons (MRCS) and Licentiate of

the Society of Apothecaries (LSA.) Three centuries after Henry VIII the British *Medical Act 1858* established the General Council of Medical Education and Registration, and began the process of transforming the medical trade into the medical profession.¹⁰

The year 1815 – when Wellington defeated Napoleon at Waterloo – also marks the establishment of the first private medical practice in Australia. Dr. William Bland [1789-1868] *MRCs* treated a private patient at Castle Hill, near Sydney, and then established himself in the capital, twenty-four years before legal registration in NSW was brought in by *Act 2 Victoria 22*. To Bland also, in 1841, goes the distinction of publishing Australia's first contribution to clinical medicine, his *Paper on the Present Epidemic of Scarletina*.

Why should the state endorse and regulate the practice of medicine? The proper control of the medical profession is as much a matter of concern for the public as it is for the profession itself because members of a profession have specialised knowledge and skills which the public may wish to use. The public therefore to be able to recognise the qualified and competent require access to a published list that must not only set out the proficient, but from which has been removed those unfit to practice.¹¹ Proper regulation of any learned profession can only be achieved by the scrupulous maintenance of a register of the trained, and whose right to practice has not been restricted by *caveat*. In SA licensing statutes have always been enacted for the benefit or protection of the patient. Such laws have inevitably increased the power, prestige, status, privileges and authority of practitioners. Both as individuals and organised groups their monopoly and autonomy has been enhanced, but the primary intention of parliament has been that the public should be enabled to distinguish between qualified and unqualified practitioners.

Legislation has been essential to enable this because the quack, unfettered by law or conscience has never sought to clarify his or her distinction from the legally qualified. The use of medical titles (especially 'doctor'); display of ornate parchments, the

spuriousness of which was directly proportional to the ornamentation; 'covering' of quacks by the legally qualified; published testimonials and public approbation of the unqualified by the socially prominent, have always blurred the distinction between the pretender and the person on the register. In the nineteenth century many charlatans and unscrupulous promoters of patent medicines availed themselves of the industry that provided diplomas and gold medals. A person seeking recognition could send his or her details, with a fee, and receive in return a handsome framed commendation and inscribed decoration testifying to brilliance and achievement. Quacks knew every trick in the book. One prosecuted in Victoria in 1894 for using the post-nominal *MB* after his name escaped conviction when he claimed that they stood for *medical botanist*. However an important reason for the difficulty parliament and profession encountered in suppressing irregular practitioners was that in many areas of medical and surgical practice throughout the nineteenth century, the trained and registered practitioner could offer no more in the way of actual therapeutic efficacy than the unregistered. There was also the question of cost. In country areas and metropolitan working class districts where often there was abject poverty of a kind now scarcely conceivable, professional fees were beyond most. While much unqualified practice involved the use of appalling techniques and outrageous claims, such as washing the throats of diphtheria sufferers with kerosene, or promising to cure poliomyelitis and blindness, some of the silliest treatments and theories were promoted by the medically qualified. Their therapeutic stock included arsenic, strychnine, mercury and turpentine, the latter administered to dissolve gallstones. Dugong oil was recommended for any chronic illness, while sufferers from rheumatic complaints could take the whale bath cure at Eden NSW. This involved stripping and remaining for a long time in the interior of a dead whale. Other registered enthusiasts advocated cold baths for typhoid fever, and set out to prove that tuberculosis was not contagious. Nor did their enthusiasm for purging and bleeding help mortality statistics. Some lay practitioners

with their herbs, diets and hand-holding could often have been much safer and more useful than the legally qualified with his arsenal of poisons that often ensured that if the disease did not kill, the treatment did.

The legally qualified, too, were quite capable of dishonest conduct. From its establishment in the 1880s as an important railway town, Peterborough had an unending problem in attracting and holding doctors (a situation unchanged for 130 years.) In about April 1889 Dr. Robert Wright arrived there. He was *LRCS (I) 1882, L&LMid, K&QCP (I)*, and would be registered in SA on 1 May 1889. He said he had come to Australia from the Cape and had worked at Rockhampton, and Sydney. Soon after his arrival he announced

That he had determined to start a Private Medical Club suited to all classes of the community. Full particulars regarding membership etc. may be had on personal application to Dr. Wright.

The local press praised the initiative and encouraged participation. For the sum of two guineas (\$4.40) per annum, payable quarterly in advance, Wright would provide medical attention and treatment for the member, his wife and children up to 15 years of age. Night visits would cost 2/- (20c) extra and there would be a mileage fee of 2/6d (25c.) On 3 May a brief and ominous announcement appeared in the *Petersburg Times* that Dr. Wright (who had stayed at Gall's Hotel) "keeps no books". By 17 May Dr. Wright had vanished and public meetings were held to decide what could be done. The medical club funds were unlikely to have been devoted to philanthropy, but Dr. Wright evaded justice and travelled widely, practising in NSW and Tasmania. There in 1891 at Hobart, he died of typhoid. It would appear that he has the distinction of having committed the first significant medical benefit fraud in SA. Some of his legally qualified contemporaries could also engage in the most outrageous deception, cunning and hypocrisy when advertising their services in 'private diseases', but they charged up-front.

So any consideration of why qualified doctors were obsessed with the need to establish themselves in a statutory enclosure embracing only those who had qualifications, and were eventually successful, is intriguingly coloured by the fact that the orthodox practitioners were just as capable of causing harm with their dangerous treatments and idiotic theories, and equally adept at fraudulent conduct, as the charlatan. There were a number of reasons why the holder of university or college licentiate qualifications worried about the activities of quacks. Principally they asked why should the years of training of the qualified doctor count for nothing when any charlatan could put up his plate and advertise for patients? Why should any lying unscrupulous fake make a living from pretending to cure cancer, deafness, syphilis, tuberculosis and many other common untreatable diseases? Lawmakers themselves for centuries had endeavoured to control the practice of medicine and prevent pretenders from exploiting the credulity of the public. Nearly 400 years before Linacre persuaded Henry VIII to licence the College of Physicians, Roger King of Sicily published in the *Vatican Assizes* of 1140 one of the earliest laws to prohibit the inexperienced from the practice of medicine. The first comprehensive medical regulation was enforced by the Visigoths in about 1300. For its part the state benefited from according legally qualified doctors statutory recognition, because they could then provide certain essential services for governments. In the beginning the legally qualified could assist coronial inquests and inquiries, provide for the safe custody and care of the insane (and arrange their liberation when medical evidence proved that they were not deranged) and ascertain and certify the cause of death. In later years the registered doctor would come to attest to births and stillbirths, validate claims to sickness, vouch for the capacity to hold a vehicle licence, and confirm entitlements to pensions and concessions. More importantly, they would be able to access exclusively the huge therapeutic armamentarium of the modern pharmaceutical industry. Statutory recognition gave doctors not only occupational closure and self-regulation, but increased

professional status, the direct legal authority to act, and the power to influence. It is also an indisputable fact that at no time did the unqualified ever attempt to organise themselves into a group, or seek legislative endorsement. As a significant proportion of them consisted of confidence tricksters and criminals, this is not surprising.

Public disquiet and early attacks on the unqualified in South Australia

Public disquiet in respect of unqualified practitioners in SA first arose in 1838 when the *South Australian Gazette and Colonial Register (SAGCR)* published an anonymous letter from "R.S.M." which pointed out the need to distinguish the legally constituted members of the profession from "quackish pretenders", and suggested the establishment of a medical board along the lines of the one in NSW. In that state on 13 June 1838 there came into effect *Act 1 Victoria No. 3* "To provide for the attendance and remuneration of medical witnesses at Coronial Inquests and Inquiries by Justices of the Peace". This *Act* was not the first Australian colonial legislation to use either the term *legally qualified medical practitioner*, (LQMP) or which led to the establishment of a medical board. That distinction goes to Tasmania, where on 27 November 1837, *1 Victoria No. 17* was enacted "...to regulate the practice of medicine in the Colony". The legislation created a Court of Examiners to determine who were legally qualified, and the Medical Council of Tasmania directly followed it. To be legally qualified the practitioner had to prove

...that he is a Doctor of Medicine of some University or a Physician Surgeon or Apothecary licensed and admitted as such by some College of Physicians and Surgeons or by the Society of Apothecaries of London or Dublin.

In NSW *2 Victoria No. 22* directed that after 1 January 1839 recognised medical qualifications would be

...a Doctor or Bachelor of Medicine of some University, or Physician or Surgeon licensed and admitted as such by some College of Physicians or Surgeons in Great Britain or Ireland, or a Member of the Company of Apothecaries of London...or a Medical Officer duly appointed and confirmed of Her Majesty's sea or land service.

The crusading *SAGCR* editor enthusiastically supported the idea of a medical board and offered some suggestions of his own.¹² Within a few days the regularly qualified doctors were taking steps to establish a board and "J.E.B." set out his views.¹³ This correspondent was most probably John Edward Bright *MRCGS*, who came to SA as Surgeon-superintendent of the *Navarino* in 1837, and by 1838 combined a medical and veterinary drug business as the 'Adelaide Dispensary'. Bright's letter reveals the mixture of altruism and self-interest that invariably characterises the medical crusader. He argued the public and government benefits of a board, but couldn't resist a shot at the competence of apothecaries, and ended with a veiled attack on female 'practitioners in obstetrics'. Thus the founding colonial medical gentry early demonstrated their effortless ability to lose sight of a beneficial objective which required a united approach and enmesh themselves in an internal brawl. It was an aptitude that would never be lost.

The problem was that those historic legislative developments mentioned in the Introduction had divided the infant profession into three belligerent sections – physician, surgeon and apothecary. The conjoint qualification *MRCGS LSA* had not yet been established and the three divisions still viewed each other with suspicion. University medical qualifications were still in the future. An apothecary had to give up membership of his Worshipful Company before he could associate with the surgeons, and the physician would not mix with either unless they surrendered any pre-existing membership. This wondrous snobbery survives (like the mutual detestation of doctors and midwives) but concealed in a more sophisticated form.

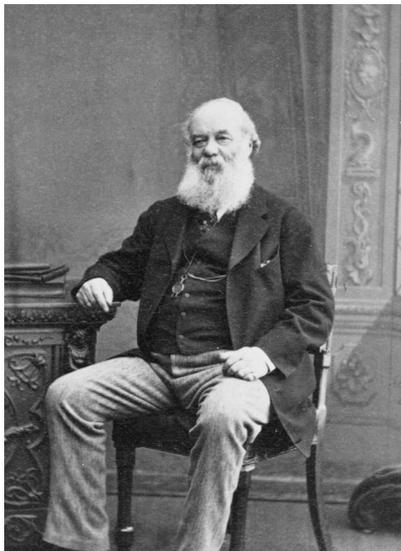
Bright, having made the bullet, soon found willing trigger men because at this



Thomas Young Cotter

time the colonial surgeon, Thomas Young Cotter [1805-1882] *L.S.A* was having an argument with the government over the Colonial Infirmary.¹⁴ He had become a pawn in the acrimonious public dispute between Governor Hindmarsh¹⁵ and his resident commissioner, James Hurtle Fisher. Their power wrangles seriously hindered stable administration. The ambitions of J.G. Nash *M.R.C.S*, who coveted Cotter's job, added to the plotting. Cotter's enemies

seized their chance and moved in for the kill. Another anonymous correspondent had a two way bet and accused him of not having any qualifications, or in any case lying about



James George Nash

them if he had. Then "Medicus" railed about quacks and apothecaries without taking much trouble to distinguish between them. When the flocculent settled out from this sewage Hindmarsh was recalled, Fisher emasculated, and Cotter dismissed and replaced by Nash, who was undoubtedly one of the malicious correspondents. Poor Cotter was no match for the self-indulgent narcissistic panjandrums who wanted to be Number One in their new province. He had what is

now called a *bad press* and had incurred official disapprobation for criticising government stinginess towards the sick and poor. He was probably the first medical civil servant to discover the virtue of silence and the unwisdom of public truthfulness. He left the capital for ever, practised at Mt. Barker, Queenstown, Port McDonnell, Penola, Robe and Angaston, finally settling at Port Augusta where, held in high esteem, he worked until his

death. He rests under a strikingly plain cross in the oldest part of the Carlton Rd. cemetery.¹⁶ Bright did not stay around for long, either. With several others, including George Johnston, surgeon of the *Henry Porcher*, he made extensive land purchases, holding large areas of Edwardstown and St. Marys, but soon became bankrupt and left for Victoria, subsequently going to New Zealand.

But the attempt to get a medical board and gain a distinct market advantage in a small colonial economy where there was not enough work to go around foundered not on the self-destructive arguments of the vexatious fools who could only unite to attack or destroy, but on the economic collapse of SA. The years 1838-1844 were beset with



Sir George Grey

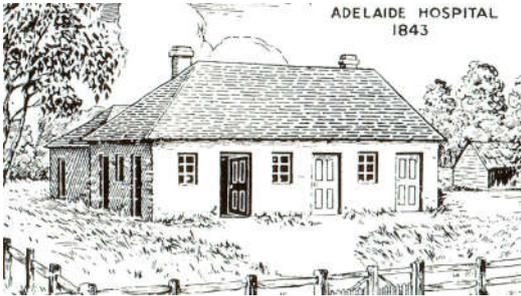
great difficulties for the infant province. Hindmarsh was succeeded by Gawler,¹⁷ whose misfortune was to inherit all his predecessor's troubles, compounded by increased immigration, unemployment and an empty Treasury.

There was a grave financial crisis when Gawler's Bills were dishonoured in London, SA became insolvent, and in 1841 he was recalled in disgrace, never to again hold

Imperial office. Once his successor Grey,¹⁸ who held

secure views of his own greatness, had finished painting himself as the saviour of fiscal responsibility and had denigrated Gawler as a profligate dunderhead, there were other minor administrative matters to attend to. It was from the associated legal necessities that finally, after four more years, the self-appointed, argumentative and mainly anonymous upholders of the purity of the provincial medical craft would receive the legislative respectability that they so earnestly craved.

The spiteful provincial exchanges and manoeuvring reflect the dawn of important changes that were irreversibly altering the practice of medicine in the British



Empire. The GP and the specialist began to drift apart following the British *Act* of 1815.

The division was accentuated after the 1840s when leading hospitals began to teach a

formal medical education and the "hospital

doctors" were able to expand their experience, knowledge and prestige because of the opportunities to acquire skills which were not generally available in the outside community. We can see the seeds of trouble in Australia that came 130 years later when earning power and status became pivotal to a materialistic society, and the split between GP and specialist became more traumatic and visible. It reached its apogee in 1970 when the federal Gorton government introduced differential rebates. But by then worldly arguments over financial reward had superseded 19th century questions of knowledge and skill superiority. Over more than one and a quarter centuries doctors had spent more time in their argumentative political bear pit than in constructive work. Nothing had changed.

A medical board

It has always been a source of self-satisfaction to successive generations of South Australians that their colony was founded free of the convict birth stains that stigmatised their eastern neighbours, until convict ancestry – like divorce in a later generation – became a status symbol. It should not be presumed from its uncontamination by a transported felony and their rum-soaked commissioned gaolers, that the embryo South Australian population of free settlers was a model of the human race. Quite apart from the destructively quarrelsome aspiring autocrats there were more than adequate samples of the inert, the lazy, the professional unemployed, the drunk, the chronically sick, the

destitute and the mad. It was the pressing necessity to deal with the latter that made George Grey suddenly realise that he needed a proper medical profession. On 15 August 1844 he signed *Ordinance 7 & 8 Vict. No. 10* "...to make provision for the safe custody of, and prevention of offences by, Persons dangerously insane, and for the care and maintenance of Persons of Unsound Mind." The urgent need for this legislation came about because in NSW there had been successful litigation for illegal confinement against the superintendent of the Tarban Creek asylum. The *Ordinance* enabled two Justices of the Peace, on the sworn evidence of any legally qualified medical practitioner called to their assistance, to commit any "...dangerous lunatic, or a dangerous idiot..." in direct custody or to a lunatic asylum. Another provision allowed for the liberation of persons proved by medical evidence not to be insane. Section VI of the *Ordinance* provided

...That no person shall, for the purposes of this *Ordinance*, be deemed a legally qualified medical practitioner, unless such person shall have obtained a certificate of his being a legally qualified medical practitioner according to the laws of the Province...

As in Tasmania and NSW, an *Ordinance* called for a legally qualified medical practitioner but no law set out the necessary qualifications to enable that recognition. Seventeen days later on 3 September Grey signed *Ordinance 7 & 8 Vict. 1844, No. 17* "...to define the Qualifications of Medical Practitioners in this Province for certain purposes."¹⁹ It was based on the pre-existing NSW legislation and it lasted without major alteration for thirty six years, when Section I was repealed. The balance of the *Ordinance* survived seventy-five years to final repeal in 1919: in a way a reflection of the conservative medical profession itself. The tentacles of UK medical reform legislation reached to the furthest colonies, and a dispatch from England in 1846 recommended that Lt. Governor Robe²⁰ legislate to give proper recognition to Apothecaries who, under the Imperial *Act* of 1815 (*supra*) had taken over the control of medicine. SA *Ordinance No. 1 of 1846* dutifully did this.

Ordinance 7 & 8 Vict. 1844, No. 17 had established a medical board and obliged persons desirous of being declared a LQMP to submit to the board for approval their diploma. The board would issue a certificate and a fee of one guinea (\$2.20) had to be paid. The members of the first board were Handasyde Duncan, Benjamin Kent, J.G. Nash, John Woodforde and William Wyatt. Nash was appointed president and promptly allocated himself number one on the register. Wyatt became secretary. Other Sections dealt with the remuneration of medical witnesses, *post mortem* examinations, and the requirement for the board to keep a register book of all the legally qualified and publish annually the names in the *Government Gazette*. This latter was not given proper effect and



William Wyatt

while the board did variously publish names and lists, there was no proper annual register published until 1890, and it was for many more years hopelessly out of date.

The requirement that only a doctor could certify the insane was the first occasion when the state demanded an important statutory document be attested by a LQMP.

The registration of births, deaths and marriages in SA had been required by *Ordinance 13 of 1842*, but a doctor did not

have to sign the document. Nor did one have to certify death when *Ordinance 3/1855-56* made mandatory certification of that irreversible event. However *Ordinance 22 of 1852* to regulate friendly societies required that the endorsement of a surgeon or coroner was necessary before any money could be paid on the death of a member.

Grey's legislation was a major landmark for the SA practitioners: it closed the profession against outsiders and gave them official recognition and protection. The first definite steps to professionalisation had been successfully undertaken, fourteen years ahead of their British contemporaries, who would have to continue waging a thirty year struggle until 1858 for an *Act* which would raise them from the lowly status of

tradesmen. Medicine after those legislative points became more socially exclusive. Over the following 150 years it would remain apart from, and largely untouched by the forces of egalitarianism that would buffet society. But the South Australian practitioners wanted more. They wanted legislation to completely suppress the unregistered and give them a monopoly. The battle for this would provide controversy and head-on collisions with parliament for many more years.



Handasyde Duncan

After passing *Ordinance 7 & 8 Vict. 1844*, and its 1846 amendment, difficulties arose because the medical board was restricted to the recognition only of persons holding UK qualifications "...or a regular Graduate of Medicine of some Foreign University...". But the licensing of medical practitioners after due examination was not the exclusive privilege of 'foreign' universities, any more than it was in the UK. Various attempts were made to urge on governments the need

for amendments to make the enactments less restrictive to persons from non-university institutions in Europe and America. These attempts inevitably became a battleground between supporters of the legally registered and their more liberal opponents who wanted the unregistered (and often the completely unqualified) left alone. The important fact is, however, that the provincial lunatics had unwittingly succeeded in South Australia where everyone else had failed. They gave the medical trade legal recognition and began the transformation into the medical profession.

Attacks on the unqualified become more organised

Around the time the 1844 *Ordinance* was being debated and scrutinised there was an unrepressed and occasionally sensational press campaign to stop unqualified persons from practising medicine. Unfortunately this crusade did not sit happily with the one to widen registrable qualifications. The latter advocates were opposed by the legally qualified who were suspicious of "foreign diplomas". These critics met open hostility from the parliamentary representatives of country districts where there was no hope of



John Woodforde

securing a LQMP. The dissenting parties would remain at loggerheads for nearly 75 years until an amending *Act* of 1919, and even then the problem would continue to fester for another 47 years until 1966. The present active medico-political debate on foreign graduates – now termed 'overseas trained doctors' (OTDs) is the continuation of an argument that began over 160 years ago, a good indication of the futility of resolution.

From 1851 the SA medical practitioners began to organise themselves into a medical association and from then on they became more systematic in their efforts to attack those outside the register. In 1854 there was a very public inquest into the death of George Handking who

...was attended in his illness by an unqualified medical practitioner, who mistook the nature of the disease, treated him in consequence incorrectly, and in all probability hastened his death.²¹

With the characteristic charming bluntness of the early colonial press, the editor continued,

Mr. Scammell, the medical practitioner to whom the unfortunate man entrusted his life, stated in his own evidence that he treated the man for rheumatism...a post mortem examination revealed the fact that the man died of an inflammation of the liver and kidneys caused by an internal abscess.

Luther Scammell [1826-1910] had opened a 'chemist shop' in 1845 and went on with Francis Hardey Faulding [1816-1868] to found a notable Adelaide commercial dynasty. He was unregistered and unqualified, and practised at Thebarton as a



Benjamin Archer Kent

surgeon/chemist/dentist. The *Register* pilloried him, and the LQMPs who conducted the *post mortem*, Charles Bayer²² and John Woodforde, cooperated, telling the coroner that while death would probably have occurred from the disease regardless of the treatment, Scammell's efforts had hastened it. A tasteless correspondence ensued. In its open condemnation of the hapless Scammell and "...other quacks who are carrying on their trade,

much to the risk of the public, and much to the injury of the respectable practitioners...", the *Register* conveniently overlooked that in many parts of the state entire districts depended on the unqualified or unregistered men who were the subject of so much vitriol. For example, three years before in 1851 at Strathalbyn, Robert Mitchell, an unregistered (and probably unqualified) practitioner, committed suicide by cutting his throat. While the poor wretch lay dying the services of John Rankine, a qualified but unregistered practitioner, were called, and he attended Mitchell in his dying moments.²³ Dr. Rankine [1801-64] was prominent in the Strathalbyn district, where his many business commitments precluded him from the practice of his profession. He was *MLC* 1854-57. The *Register* was most charitable towards the deceased and his attendant.

By the death of Mr. Mitchell the district is deprived of all medical attendance except that afforded gratuitously by the good natured kindness of Dr. Rankine, whose business calls him much from his home. Dr. Mitchell, though not an authorised practitioner, was the only person with any professional knowledge nearer than Mt. Barker.²⁴

So there was this dilemma: the registered and their supportive press attacked the 'unqualified', but had to acknowledge that necessity knows no law. Thus attempts to empower the registered confronted much ambivalence.

While the dust was settling on the Scammell misadventure there was some



Luther Scammell

discussion on the possibility of a *Bill* to amend the 1844 *Ordinance* "to protect the medical profession", but nothing came of it. The unregistered and the unqualified openly continued their work, particularly at inquests.

There was 'Dr.' Ledyard at Chain of Ponds in April 1854:

'Dr.' Barton at Marion in September: 'Dr.' Carmichael at

Kapunda in October: 'Dr.' Padman at Port Adelaide in November – all in the same year.

Nothing is known of Ledyard or Padman, but the unregistered William Carmichael [1818



Dr Richard Francis Burton

- 1873] MRCS 1842, was for many years at Kapunda and

Freeling, where he died. Dr. Barton was probably the qualified

but then unregistered Richard Francis Burton [c1810-1874]

who was medical officer to the destitute of the Marion district

from 1861, and chairman of the district council 1867-73. He

was a notable and popular member of his community.

Sometimes the unregistered attended and gave evidence with

the registered. Sometimes all practitioners at a hearing were

unregistered, and occasionally the unregistered passed

themselves off as legally qualified and got away with it. The legally qualified profession

was still unorganised, lacked an official publication (until 1881) and was subject to open

criticism that it was insular and reluctant to involve itself in popular causes or movements for the benefit of the public health and well being. It was even suggested that they "...will not combine for useful purpose until they obtain a medical monopoly."²⁵ Perhaps the public had the last word because in 1857 Scammell was elected to parliament as member for West Torrens. He held the seat for three years and in 1871 was elected to the first Unley Council and was mayor 1873-4.

Then in August 1856 there occurred another highly publicised death "...accelerated by the incapacity of the person officiating as medical practitioner."²⁶ A young man fell off a dray near Gawler and his legs were crushed. After some 'simple



Dr Charles Bayer

remedies' were tried, the unqualified local practitioner Oscar Stiasney was called. The patient subsequently died. Drs. Bayer and Woodforde, this time joined by another LQMP, the Salisbury coroner John Fisher, attacked Stiasney and induced the jury to return the ridiculous verdict that death had been hastened by the fact that he was not legally qualified. Woodforde even suggested that the victim's injuries "...were not such as

usually terminate fatally." The *Register* had a field day attacking the menace of unauthorised practitioners to public health and life. Stiasney later returned to Germany, gained the MD *Giessen* 1859, returned to SA in 1860 and was registered by the medical board in 1861. He left for Victoria the same year.

Notwithstanding these examples of the criticism which the legally qualified, aided by a press free to spread libellous statements, were able to visit on the unqualified, no legislative steps were taken to suppress them, although in 1858 a *Bill* with that object had been introduced into the Victorian parliament. That colony reflected the efforts that had been made in England since 1840 to enforce medical reforms, and which saw seventeen

medical *Bills* appear before the House of Commons before being abandoned. Successful passage of the *Medical Act 1858* finally recognised that "...it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified medical practitioners." This *Act* did not prohibit unqualified practice, but provided fines for any person who falsely represented himself or herself as a qualified practitioner.

No matter how much scorn and criticism could be showered on practitioners whose names were not on the register, there was not general public support for their suppression. In many country localities 160 years ago there was as much difficulty in obtaining and holding qualified practitioners as there is today. The problems of getting doctors to go bush are nothing new. Because of this, towns and whole areas came to depend on so-called quacks for their medical attention. Some of the long forgotten people who provided those services – unqualified or unregistered - were greatly respected, but it is difficult to find out anything about most of them because there are no known surviving records or documents, and even their burial sites are elusive. At Port Augusta in 1861 a public dinner and presentation was organised for the completely unqualified Mr. Hiram Mildred,

...who possesses perhaps as much medical knowledge as falls to the lot of most laymen [and who] has kindly and very efficiently supplied, whenever his assistance has been asked, the place of a professional doctor.²⁷

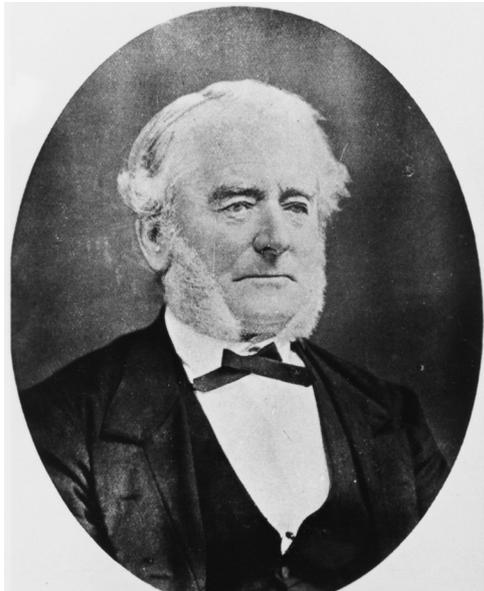
The consumer preferred the legally qualified but was quite happy to embrace the competent layman. Sometimes the heroic attendance of the laity in the face of refusal by the legally qualified did not assist the cause of further medical reform. In 1862 at Wilmington a young man had a leg broken by a horse.

A messenger was quickly despatched to Port Augusta for Dr. Reck, who it appears, refused to attend the patient...on the grounds that his legal fare had not been tendered to him...the above facts were made known to Mr. Alfred Jones...who at once proceeded to the spot, distant about 16 miles with splints etc. and after a deal of trouble succeeded in setting the poor fellow's leg to the best of his ability.²⁸

The local correspondent then wrote some caustic words about Dr. Reck (who was the first doctor to practice at Port Augusta) though one wonders if the facts are quite as reported, because Mr. Jones himself had furnished the details.²⁹ When it came to the actual legislative crunch the press was in two minds. It did not hesitate to savage anyone it thought was a swindling quack, and there were plenty of them, but it still believed the greater evil would be a statutory medical monopoly, protected by the government to the exclusion of other classes of the community. Only later when the University of Adelaide acquired a medical school and began producing its own graduates would this outlook begin to change. But in the years following the 1844 *Ordinance* the government had no enthusiasm for enhancing the monopoly of the legally qualified. Its own policies did not help the provision of medical services to country areas. Each year a modest sum would be placed on the Estimates to be apportioned out between the various districts at a rate of £1 (\$2) for every hundred of population. This resulted in striking inequalities, with certain regions receiving trifling sums quite inadequate for the medical care of the sick destitute. The government knew too, like everyone else, that the legally qualified medical profession was bitterly divided into those who considered themselves orthodox practitioners, and their rivals the homœopaths. The traditional doctors regarded the latter as the very worst form of quack, even though they could be found on the medical register! The fact was that unification of the medical profession did not promote orthodoxy, rather, rival methods of practice grew and flourished under the legislative umbrella because doctors were not compelled to conform to a single form of treatment. That the medical profession was internally divided aided parliamentary inertia.

On July 12, 1859, in the Legislative Council, Dr. Charles Davies, influenced by the British *Medical Act 1858*, and after learning that the government did not consider that any necessity existed for a *Bill* to further regulate the medical profession, moved that the

law officers of the Crown draft a *Bill* which would confine the practice of medicine to persons who had acquired professional knowledge. It required annual registration and would permit only the qualified to sue for medical charges.³⁰ The Hanson³¹ ministry opposed the idea and Davies decided to introduce a *Bill* in his own name. This he did on 26 July and Dr. C.G. Everard seconded his motion.³² Davies did not intend to prevent any person from calling in any adviser whom he or she thought proper, but by repealing the 1844 and 1846 *Ordinances* he proposed to define qualified medical men and establish



Dr Charles Davies

annual registration. On the day of the second reading he moved that his measure be discharged because of opinions that it was a money *Bill*. Such a *Bill* can only originate from a minister in the House of Assembly. Nothing more was heard of it.

In 1860 Mr. E.L. Grundy *MHA* Barossa,³³ asked if it was the intention of the Reynolds ministry,³⁴ which succeeded Hanson's, to regulate the qualifications of practitioners in

medicine and surgery.³⁵ This time the government saw virtue in the proposal but pressure of business prevented it from doing anything and Grundy did not get another opportunity to press the matter because he then lost his seat. At this time parliament had little breadth of interest in the medical profession even though it contained three doctors. In addition to Everard and Davies, David Wark [1807-62] *MD* had also been elected in 1857. All three owned extensive land holdings. Other members did little beyond pinpricking Dr. Handasyde Duncan, health officer at Port Adelaide, for allegedly engaging in private practice. Some worried that Protestant patients at the

Adelaide Hospital were not attended by Protestant nurses, and Roman Catholic patients by Roman Catholic nurses. Doctors' wider problems were not of great concern.

Dr. C.G. Everard and the first published *medical register*.

In August 1864 in the Legislative Council Dr. Charles Everard moved for the

tabling of "...a list of the legally qualified medical men practising in the Colony, with a description of their qualifications, and where obtained."³⁶ He wanted this because



Dr Charles George Everard

The only means the public had of knowing who were duly qualified was through the medium of the Almanac or the Gazette, but these returns did not give sufficient information. It did not say whether the practitioners were physicians or surgeons or apothecaries. Their residences and the schools at which they studied should also be stated. In England there was a Medical Council, which made out an annual list of the medical men in the United Kingdom... something of that sort in this colony would be advantageous.³⁷

It may have been that Everard was prompted by a tedious anonymous correspondence in the *Register* about unqualified practitioners, the assumption of false titles and false knowledge, and the need for due, legal qualifications. The government readily cooperated, and the *Return of duly qualified Medical Practitioners* was tabled on August 23, 1864.³⁸ In contrast with the abortive attempts to get dominant regulatory legislation, the provision of a *Return* posed no problems whatever because the document gave only information. It did not seek to proscribe the unregistered or protect and further empower the legally qualified. The *Return* (Appendix 4) is really the first South Australian medical register, and it contains 84 names. The population of the state

then was about 127,000 (excluding aboriginals.) This gives a ratio of one registered practitioner to 1509 persons. Some 85% of the population then lived outside of Adelaide, and it is reasonable to assume that proportionally the medical practitioners did too. The *Return* also confirms another aspect of mid-nineteenth century medical hierarchism: the profession comprised a clear trinity of physician, surgeon and general practitioner (apothecary.) Unlike their divine counterpart, they would never become mystically united in one, but the fact is that for all intent and purpose at this stage, they all were GPs, even if some entertained higher views of their status.

Everard's list did not attract publicity and his pioneering registration venture had little effect in persuading practitioners to strive for the respectability of legal qualification. The *Register* newspaper shows that in the twelve-month period October 1864 and October 1865, eight persons either advertised themselves as medical practitioners, or were referred to as such in articles, but none was, nor ever became registered in this state.³⁹ Then for a few years the medical waters remained calm, disturbed only in 1866 (made notable by the establishment of Goyder's Line) when Dr. R.W. Moore, colonial surgeon, dismissed the matron of the Adelaide Hospital and the profession staged a trial run for the disastrous confrontation with C.C. Kingston thirty years later. An extensive parliamentary debate led to a Select Committee to inquire into the hospital, and like most parliamentary investigations its findings and recommendations had little relevance to the precipitating events.⁴⁰ However it is notable for two reasons. First, it saw the first public airing of the possibility of using the Adelaide Hospital for medical teaching, though that had to wait nearly another twenty years. Second, it gave rise to the *Hospitals Act 1867*, which abolished the near thirty year dictatorship of the colonial surgeon and instituted a board dominated by the legally qualified – with the colonial surgeon chairing it. One despotism was simply replaced with another.

In July 1868 Dr. Charles Clark led a deputation to the chief secretary, Henry Ayers,⁴¹ "...to bring before him the question of introducing a *Bill* into parliament to amend the laws relating to the regulation and qualifications of medical practitioners in the colony."⁴² They produced a draft of their own *Bill* that provided for the establishment of a registering medical council; prohibited the use of certain titles by the unregistered; permitted registration under the 1858 Imperial *Act*; excluded the unregistered from public appointments; allowed the payment of fees for attending inquests and imposed penalties for forging certificates. Ayers was cautiously favourable, suggested some re-



Dr Robert Waters Moore

drafting, and that the medical cause would be helped by a petition from the general public. The hint was taken and in October 1869 a petition was presented to parliament from over 1800 persons "...praying for the introduction of a *Bill* to remedy the defects in the present law regulating medical practitioners."⁴³ In November a similar petition was presented from twenty-two medical practitioners – a

number that seems surprisingly small.⁴⁴ Nothing eventuated: parliament was pre-occupied with the Strangways reforming land *Act* and imminent construction of the Overland Telegraph.

One of the problems faced by both the medical profession and politicians of the nineteenth century who were sympathetic to reform was the bedevilment of SA politics by frequent changes of ministry because there was then no Party system – only factions. If a faction wanted to effect a legislative accomplishment, it had to get the support of another faction, or more. There was a lot of compromise and disappointment. The brevity of parliamentary office was inimical to any continuity of government policy and planning. Between the establishment of parliamentary government in 1856 to the Clark deputation, there had been seventeen changes of government in twelve years. The

shortest ministry lasted only nine days, the longest two years and 222 days. An empathic minister might well see the merit of statutory change for the benefit of profession and public, but on the odds he was unlikely to survive long enough to introduce a *Bill*. And it was by no means certain that his successor would readily embrace any inherited cause of action. The frequent and unpredictable swings of the factional political pendulum were a formidable obstacle to the crusaders for reform of the laws relating to medical practice (and much else.)

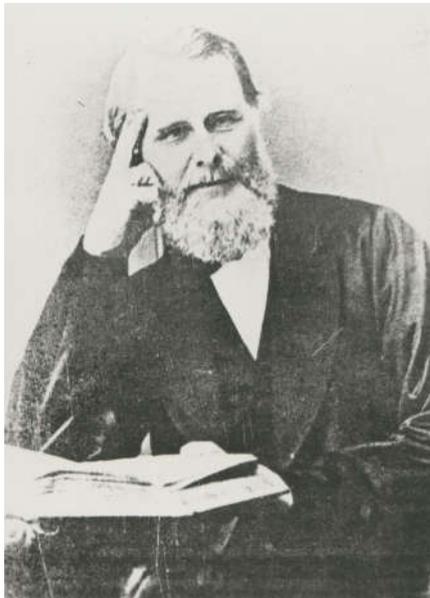
Sometime after he headed a brief ministry in 1868 attorney-general Strangways drafted a *Medical Bill*, but he lost office in May 1870.⁴⁵ He immediately formed a new cabinet but this survived a mere eighteen days, and his successor was John Hart.⁴⁶ Two months after this new administration assumed office the indefatigable Dr. Clark led another, much larger deputation to the latest attorney-general, R.C. Baker,⁴⁷ to urge resurrection of the Strangways *Bill*. Baker introduced it with minor alterations, in the Legislative Council on 27 July 1870 and it raised hell. It was received with quite violent hostility, criticised as "...a palpable infringement of the free acts of individuals". The medical profession was a "...self constituted oligarchy or clique". "...the *Bill* only provided for a medical monopoly". There was the "...impropriety of attempting to legislate for the special benefit of a particular class who arrogated to themselves such exclusive rights".⁴⁸ The *Bill* was unceremoniously thrown out and did not reach the House of Assembly. It would be another ten years before the wounded crusaders plucked up courage to seek restricted medical legislation, and nineteen years before an *Act* that would apply generally to the advantage of the profession.

The standing of the South Australian medical profession, and some difficulties of early practitioners.

The records left by generations of assiduous newspaper reporters of the medical activities and involvements of doctors in all parts of the state show that despite the opinion of politicians the medical profession in SA was held in high regard, in contrast to what Pensabene has demonstrated in Victoria.⁴⁹ There was in the nineteenth century a vigorous provincial press in SA – at some time in their history 67 country towns have had a newspaper - and it provides a window into medical life through the reports and obituaries.⁵⁰ The first publication of biographical information concerning early South Australian doctors was Cleland's paper of 1938.⁵¹ He obtained his names by the simple expedient of asking the medical board registrar to write them out for him. He could find no information on some and with a couple of notable exceptions, very little on the rest, and he perpetuated a number of inaccuracies. His material was not added to over the next sixty five years apart from documents deposited in the Mortlock Library by the late A.A. Lendon and opened after a judicious fifty year embargo, and the private papers of a few prominent figures. There is no biographical information on early SA practitioners, with the exception of basic data held by the SA Genealogical and Heraldry Society and Barwon Health's Australian Medical Pioneers Index. In relation to the large number of irregular practitioners – those who were never registered, or who had no qualifications to register – there is even less material, though we will later meet some notorious exceptions. The general paucity of information (even in cemeteries in the areas where they were known to be active) could only be enlarged into a useful source of material by long and expensive research in Australia and overseas. The SA medical board itself has no accurate records of the early registered practitioners. This makes it difficult to discuss in any authoritative way the social backgrounds of the majority of early SA doctors

whose origins were outside Australia. However, it is possible, from a review of all the sources of information which have enabled listing of the first 1000 legally qualified doctors in this state (Appendix 2) to make some conclusions. Overcrowding of the profession in the UK, a strong desire to improve themselves, perhaps with a spirit of adventure, and the family ravages of tuberculosis, seem to account for the presence here of the majority of whom anything is known. In this respect they were no different from most other emigrants to SA. None have left evidence that they came from well off families, though one gets the impression that some of the no-hopers might have been

black sheep encouraged to graze in distant pastures.



Dr Matthew Moorehouse

Some, perhaps acutely aware that starting a professional career in a new Province with a small population would take time, embarked on business enterprises or took up pastoral leases. Others like Charles Davies, Matthew Moorhouse, Horace Dean, David Wark, Allan Campbell and Sylvanus Magarey entered politics. The unregistered Luther Scammell, Charles Everard and John Rankine did so too

(though parliamentarians were not paid until 1877.) The brothers William and John Browne, John Forster, along with Moorhouse and Wark became pastoralists on a grand



Dr Christopher Rawson Penfold

scale. C.R. Penfold and A.C. Kelly established vineyards and wineries that became famous and survive today. Benjamin Kent brought brick making machinery with him. His land holdings quickly became extensive (Kent

Town bears his name) and he prospered to the point where he ended up in litigation with the notorious land shark Sir Robert Torrens, who managed to enter history as a worthy reformer. J.E. Bright, as mentioned, established a dispensary, and Dr.

Richard Burton (*supra*) became the pioneer landholder and farmer in Marion/Sturt. He brought capital from some years spent whaling. Samuel Myles became a successful farmer in the Morphett Vale area. Cotter, Nash, Everard, William Wyatt, Handasyde Duncan and Woodforde received emoluments from various government appointments. Could any have done so well if they had not migrated?

Ill health, either of their own or in their families, led to the migration of William Gosse, Leith Napier, Alexander Henry, F.W. Bailey, John Benson and Paul Guinnand.



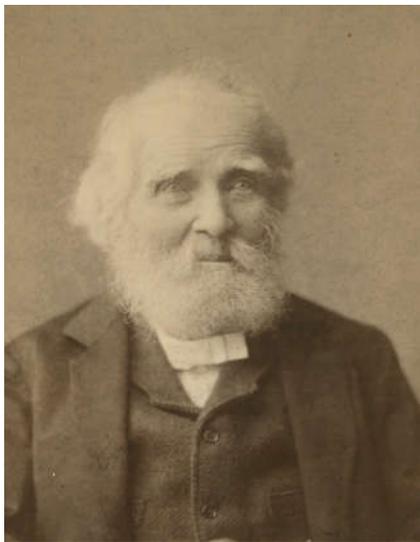
Dr John Benson

Richard Corr, William Durie, B.F. Frankis, W.J. Morier, A.P.E. O'Leary and J.G. Nash had naval/military backgrounds, though nothing is known of their families, and little about the first three. Horace Dean was a fugitive from justice and a scoundrel. Hampden Carr, Alex Henry, Thomas Britton, Richard Smales, Horace Nutt, Horatio Brown and Alexander Ferguson were alcoholics and/or drug addicts, on the balance of probability well before they arrived. Writing more than four decades after his own arrival in SA in 1883, the

waspish Lendon claimed that he had been told to go to Adelaide to get ahead because the medical practitioners were mostly drunken former ship's surgeons. His writings may often benefit from a cautious assessment but it is a fact that medical drunkenness was an occasional matter of press and parliamentary concern. In 1850 the *SA Register* contained a scathing article on "Another Drunken Ship's Doctor", referring to the surgeon on the *Stratheden*, J.M. Beynon. In 1855 when the *Nashbank* was wrecked off Moana, the ship's surgeon, Richard Smales was reported "...the worse for liquor." During debates on

medical legislation in 1889 one MP wanted "habitual intoxication" the subject of special medical board attention.⁵² It is a sad fact of colonial medical life that medical practitioners had an appalling death rate, 27 *per* 1000, or about twice that of the general population. Alcohol and narcotics made a substantial contribution to the figure.

There is a small select later number of the legally qualified about whom we know a great deal, including the first groups of graduates from the new Adelaide Medical School from 1889 on, who were all offspring of the prosperous. Verco, Cudmore, Fowler and Magarey came from commercial backgrounds, Newland and Stirling,



Dr George Mayo

sum in those days.

pastoral. The Chapples and Mead were children of the manse or school, while Mayo and the Bollens had roots in the medical profession. High fees protected the medical school from working class contamination. First, matriculation would require a private school education. Then the full cost of the five year course in the 1890s worked out at about £250 – a substantial

Much of the press material tells of conscientious and talented doctors who died young and greatly lamented. At Clare in 1870 Dr. C.H. Webb died at 52. He had been associated with the local benevolent lodges, was on the district council and at the time of his death had been mayor. That same year Dr. J.F. Knipe [1820-1870] died at Aldinga after serving the scattered but close-knit southern community for twenty years. Dr. Carl Bosch 43, died in 1875. He had practised at Hope Valley and Tea Tree Gully and was

given a huge funeral at West Terrace with songs from the *Liedertafel* and the German brass band in attendance. Dr. John Benson, 39, died at Norwood in 1877 and was accompanied to his last resting place by over 200 vehicles and hundreds of mourners and a public drinking fountain was erected in his memory.

The story was similar in what were more remote areas. In 1876 when Dr. Edward Wehl died at Mt. Gambier he was eulogised in the *Border Watch*. He had retired from practice in 1874 because of ill health and was presented at public farewell dinners with a



silver service and purse of gold sovereigns. His name – a main street in Mt. Gambier carries it - had been synonymous with the Southeast as a businessman, landowner, magistrate and district council chairman. Married to a sister of Baron Ferdinand von Mueller, Wehl was only 53 at his death and left twelve children. His last illness had been particularly

Dr Edward Wehl

distressing as he had been treated for heart failure, when he was heavily infested with hydatids. Bankruptcy and a forced move to Millicent had also clouded his last years. He rests in the cemetery there, with no recognition over the grave. At Kapunda in 1868 when Dr. George Tallis died, fifty carriages and horsemen accompanied the cortege to the Catholic cemetery, and the *Kapunda Herald* gave generous praise. Three years before he had left the town temporarily and was presented at a public dinner with a gold watch and chain, his departure causing so many expressions of regret that one listener remarked that he thought he was attending a national calamity. In 1872 the talented Dr. George Nott, a former mayor of Gawler and an important literary figure died, aged 52. For his funeral the Gawler shops closed and the masonic and friendly societies mustered in

strength. At Crystal Brook as late as 1893 public subscription erected a memorial fountain to Dr. J.T. Parkinson.

Most of the obituaries point to good standing, quite independent of the generally warm and positive nature of the published material. Of course there were exceptions because not all doctors were held in high esteem, or managed to meet positively the challenges of medical practice in the late 19th Century. Many personal tragedies are described, too, and stories abound of death from drink, drugs and brutal suicide. The instances following occurred in SA, but the picture is similar in all states and the lay and



Dr Francis Edward Goldsmith

medical press contain many records of the violent death of practitioners from narcotics and other dangerous substances, alcohol, acids and guns.

A Dr. Robinson, who for many years wandered about the Rhine, Talunga and Onkaparinga districts, with no certain place of abode, has after a hard life, met with death...he has, even when in his cups, marvellously lessened pain and battled with disease...of course, he was not in registered practice, so irregular were his habits.⁵³

He died at Mt. Pleasant in police custody. A month later Dr. Richard Smales who had remained in the Noarlunga area after the *Nashbawke* grounding, killed himself with poison when depressed. Heavy drinking accounted for thirty six year old Horace Nutt at Clare in 1876. He was unregistered and had practised in the area since 1868 as an assistant to the registered August Edward Davies. Such 'covering', though frowned upon by the elite, was quite common, especially in the bush. No doubt the death in 1870 of Dr. C.H. Webb provided the opportunity for Nutt. The unregistered D. Kennedy used chloroform to suicide at Glenelg in 1890, and the registered Dr. Edward Goldsmith took what might have been an accidental overdose of chlorodyne at Adelaide in 1876.

These and other exceptions notwithstanding, what is striking about most of the detailed accounts of deceased practitioners in the South Australian press is the consistency of the testimony as to the esteem and general high regard in which they were held, the genuine appreciation of their services to the community, and the widespread sense of loss felt at their death. Without exception the obituaries are not hagiographical and where it is called for, detail bluntly the personal habits and failings of the subject. The picture that emerges is of individual members of a profession who for the most part were loved and respected, even if the press acknowledged that some were eccentrics and notorious toppers. In that respect the profession has remained remarkably consistent. Nor did the obituaries deal only with the socially, politically or civically prominent: few practitioners escaped a report of their death. The consistent tone of over a century of these press writings indicates that in South Australia, in distinct contrast to the position in Victoria, the professional status and power of the doctor was high. Parliamentary criticism was harsher, but those judgements tended to be general rather than particular, and aimed more at the overall profession, which collectively was always suspected of having the basest motives for seeking statutory protection and increased power.

It was the standing and influence of the orthodox practitioners that enabled them eventually to suppress competition from homœopaths, naturopaths and others. Those alternative practitioners, in addition to having inadequate training, very limited skills, and persistent inability to demonstrate therapeutic success also failed, unlike the orthodox, to harness science to their cause. They also tended to be indiscriminately coupled by the press with the outright quacks, for instance when recounting the idiocies of the phrenologists, mesmerists, spiritualists, herbalists and other crack pots.

The manifestations of quite strong positive attachment to doctors were often more marked in the country than in the city, where communities were smaller and more closely knit. There the provision of medical attention was more appreciated and the recipient of the care more grateful for the service. There is often in the writings of provincial correspondents, a surprising recognition of the practitioners' financial difficulties and shared hardships. Medical bankruptcies did occur. In 1868 Dr. C.M. Mudie of Stockport was declared insolvent because of "income insufficient for support". In 1883 Dr. Abraham Carter of Yongala and Dr. E.A. Mahoney of Reynella were both reported insolvent. In 1886 because of land speculation Dr. Oscar Görger of Adelaide had to assign his estate. His assets were £1312, liabilities £86,795. Later he recouped his fortunes through the Broken Hill mines and again prospered. In 1888 Dr. C.F. Burton, then at Robe but formerly at Gumeracha became bankrupt and in 1894 Dr. William Gibb of Murray Bridge was declared insolvent.

The death of a country doctor usually devastated the local community. At



Dr Robert Gething

Wallaroo in 1877 when Dr. W.E. Jay died, more than 1000 attended the funeral, the procession being preceded by 180 members of various Friendly Societies. Dr. John Gosse, a nephew of William, died there in 1896, and again the papers testify to the universal distress caused by his passing. Equal testimony to the respect for doctors, their prestige and the high regard in which they were held is provided by the accounts of reactions to their departures from localities in which they practised. At a large civic function at Mt. Gambier in 1882 to mark his leaving the district, Dr. J. Jackson was farewelled in a packed Institute Hall and presented with a gold watch, chain, locket, an illuminated address and album. When Dr. William Markham left Port Augusta in 1887 the mayor gave a civic farewell and he was presented with an illuminated address. Dr.

Markham returned to Port Augusta and in 1896 left there for good. He was again publicly eulogised and given a further memento. When his death was reported a few months later the grief felt is reflected in the *Port Augusta Despatch*. The South Australian press contains more accounts of functions such as these in relation to medical practitioners than any other people. Farewells and presentations there certainly were to many classes of worthy citizens, but none equalled the civic display and munificence of the material gifts reserved for medical practitioners.

The SA press throughout all parts of the state contains many similar examples of esteem for legally qualified medical practitioners. Not once has any similar reference been found to an unqualified person. Appreciated they may have been but articles critical of their actions are more notable. An exception is a brief obituary of a homœopath, S. Kidner, who died in 1883, aged 75, at Hindmarsh. By way of contrast Dr. Robert Gething, who practised at Port Adelaide and died at Hahndorf aged 57 later that year was accorded a substantial encomium, and the Port Adelaide corporation paid tribute to him. His tomb in the Blakiston cemetery is elaborate. It is also notable that the frequent press reports advising of the desire of towns to attract a medical practitioner always make clear that a legally qualified person is sought. Nor is there any mention in the city or provincial press over more than one hundred years of unqualified practitioners (apart from George Bollen, *infra*) making any significant contribution to any facet of public life, which is so often a striking characteristic of the LQMP. The unregistered homœopaths and their fellow travellers have not, with some prominent exceptions whom we will meet later, left any important records that would allow scholarly evaluation of their historical contribution to our society.

South Australian literature was sparse in the 19th Century, and most of it, with the exception of Catherine Helen Spence [1825-1910] did not proceed to literary recognition, though in her day not many people read any of her appalling works. In local writings there are few references to the medical profession which are not presented in an evangelical setting, but where they do occur it can be seen that the practitioners were doing quite well when mixing with the upper classes, even if in a framework of severe disapprobation. Maud Jean Franc's⁵⁴ Dr. Moore in *Vermont Vale*,⁵⁵ was noted at a party:

The Doctor was in the middle of a merry group, not to restrain, but to promote the merriment. He was, in fact, working for Satan, and against the kingdom of God.

In 1877 Effie Stanley⁵⁶ wrote *The Wilmots: a South Australian Story*.⁵⁷ It was another maudlin temperance work but it painted a quite pleasant picture of Adelaide. By page 27 we meet Dr. Rufus, who had been called into consultation by Dr. Trueman.

Even as the clock finished striking a buggy dashes up, and a tall stout man, scarcely staying to throw the reins...marches up the broad gravel path. A powerful-looking man, in the prime of life, with warm overcoat and thick driving gloves, a man who carried authority with him, and who in a sick room was quite an autocrat, yet who could tenderly handle the weakly babe its mother was almost afraid to trust to those strong hands. A man who delighted in his profession for its own sake, rejoicing in a neatly-performed operation, and who from his own purse would sometimes supply the means for obtaining the nourishing food the sufferer was unable to procure.

Fortunately Dr. Rufus agreed to take the case and we are left in doubt as to his noble qualities:

...he seems a first-rate doctor, and Trueman thinks so too. I have often heard him spoken of, and always in term of respect and confidence; he seems a thorough gentleman.

Thus the overall South Australian record gives no substance to suggestions that the legally qualified were held in poor regard, but supports Gandevia's claim that the social status of the doctor in Australia was always high, especially in the 19th Century.⁵⁸ A

complicating factor in any discussion of status is that social standing, prestige and income varies according to location. The members of the profession who had rooms in Adelaide and North Adelaide drew their patients from the areas where there was ready and convenient access to doctors. Many of them became the first consultants and their number included Davies Thomas, A.A. Lendon, J.A.G. Hamilton, R.S. Rogers, H. Swift, J.C. Verco, E.W. Way and R.T. Wylde. Their large homes on main streets became landmarks that reflected their prosperity and social standing. Sir Joseph Verco and A.A. Lendon lived on opposite corners of the North Tce. end of Charles St. Adelaide, though during their decades as neighbours neither ever entered the home of the other. That fact would not surprise as each was a bastard in his own right. Later Lendon moved to Brougham Place North Adelaide, and his city residence became consultants' rooms. Dr. T.A. Hynes's home in Flinders St. was so large that it remains as substantial government offices. Edward Way, Davies Thomas, R.T. Wylde and the Hamiltons had large homes on the principal thoroughfares of North Adelaide. Charles Gosse (*Thorpe*) and Edward Stirling (*St. Vigeans*) built Victorian mansions surrounded by exotic gardens, in the Hills. In 1897 T.K. Hamilton built *Birralee*, an imposing sixteen room residence, on 53 acres at Belair. There was a vast gulf between these eminent practitioners and those who worked in the sparsely populated country areas. It is, however difficult to ascertain actual incomes because personal income tax was not imposed in South Australia until 1884, and by the commonwealth in 1915. Prior to WWI income tax was a minor burden (the rate was the equivalent of between one and half and three cents in the dollar) and many people escaped paying it. What is clear is that the living conditions and standards of the medical elite were worlds away from what the nearby working classes endured in their noisy, smelly, polluted tenements, where illness, injury and a high infant mortality were permanent companions in the struggle for existence.

The reasons for the different perceptions of the members of the medical profession in Victoria and South Australia lie deeper in those dissimilar societies. South Australia was a comparatively small community, built on agriculture and mining. It did not have the richness of argumentative, controversial and self-promoting medical personalities who enlivened Melbourne, such as Brownless and Beaney, nor the intellectuals like Neild, Tracy and Barrett. It was free of the frequent public medical brawls and vituperative publicity that often filled the Victorian newspapers. Its honorary hospital positions were not characterised by the touting, advertising and corruption reported in that state. Appointments to the Adelaide Hospital honorary staff were made by the board and not by a general body of subscribers from whom candidates had to brazenly solicit votes. This pernicious system resulted in the spectacularly entertaining, but scandalously unethical conduct of candidates that degraded the whole Victorian profession and brought it into disrepute. Occasionally the Adelaide system broke down, as in 1894 when A.A. Lendon, then lecturer on clinical medicine, was replaced, but overall it worked satisfactorily, and Lendon's problems were a mixture of party and medical politics and his unlikeable personality. The docile, well-ordered South Australian community did not welcome iconoclasts.

The press did not seize every opportunity to libel or caricature individual practitioners or the profession as a whole. When the SA papers reported, usually in gruesome completeness, accounts of the last hours of eminent persons attended in their terminal illness by many doctors, the general attitude was that the will of God had triumphed over the finest intention and attentions of the best possible men. Accounts of the deaths of Dr. Charles Gosse [1849-1885,] R.W. Moore [1819-1884,] Handasyde Duncan [1811-1878] and Dr. Wehl [1823-1876] contain not an iota of criticism of the medical attention, though the latter day reader with the benefit of hindsight can often

easily recognise the grossest incompetence. Another important difference between Victoria and South Australia is that sectarianism was far more rampant in the former colony (and even more so in NSW.) In SA religious prejudice was more evident in politics than medicine, and the Masonic craft attracted lawyers rather than doctors. One prominent Catholic doctor, J.M. Gunson [1825-1884] even married into Protestant wealth – the politically prominent dodgy land barons of the Morphett family, though the dynasties took the precaution to keep well separated vaults in the West Terrace Cemetery.

The general position of the medical profession 1836 – 1875: difficulties in obtaining medical practitioners for country districts.

Finding doctors for the country was a major pre-occupation. The *Border Watch* chronicled the dismal history of medical services at Penola. In 1871 Dr. Wilson (probably J.S.) had left and Dr. T.Y. Cotter (*supra*) transferred to the town from Port MacDonnell. Prior to them Dr. George Tallis (*supra*) was briefly in the area. In 1872 Dr. MacLachlan, who had just turned up from Goolwa, left for Kapunda and one month later he was replaced by Dr. Breton from Robe. Around 1874 Dr. H.C. Curtis came and went and in 1875 Dr. Creelman was reported to have taken up practice at Penola but he soon left for Kingston. Dr. Breton left in 1879 for Wallaroo and six months after his departure no replacement had arrived. Concern as to how the inhabitants would fare in the event of a serious accident was answered when a lad broke a leg. He was cared for by a veterinary surgeon. Finally in 1880 Dr. (Alex) Henry arrived, but not for long.

[He] having fallen into a state of debility and ill health as to necessitate his removal to the Mt. Gambier Hospital was sent there by Inspector Hunt...under the care of Police Constable Hunter. When he reached the hospital he was almost pulseless and despite all that could be done for him, he [died of] alcoholic poisoning.

He was just 33 years of age and unregistered. Kingston SE had lost its doctor for the same reason in 1874.

The body of Dr. Thomas Britton was found in the Maria Creek last night. He had been drinking heavily lately...and walked into the creek when intoxicated.

At the inquest the very practical verdict of "found drowned" was returned and all his effects were sold cheaply at public auction the following month.

Similar unhappy stories can be found in most of the provincial SA press. The *Border Watch* continued to report for another ten years on the impossibility of inducing doctors to stay at Penola, and Kingston and Robe were in a similar position. Mt. Gambier and Naracoorte seem to have managed because there was an assistant colonial surgeon at the former town. The inconvenient conditions of practice and the difficulties faced both by practitioners and population survive in unemotional reports in the newspapers. When in 1881 smallpox was suspected at Robe and there was no doctor in the locality, the Central Board of Health had to arrange by telegraph for a Mt Gambier practitioner to attend. There followed a delay when the latter sought expenses from the government greater than the offered twenty guineas (\$42.) On another occasion a telegram from Beachport sent via Robe to Mt. Gambier sought urgent help for a dangerously ill man. The SA Railways general traffic manager happened to be inspecting the latter station at the time and he immediately arranged for a special train to convey Dr. A.W. Powell to the patient. It left Mt. Gambier at 1.00am and arrived at Beachport at 2.30am.⁵⁹ From that place Powell was conveyed to Robe by relays of fresh horses and he reached his destination at 5.30am. The patient survived. Later, when the victim's family wanted further help Powell returned to Robe and stayed for a week.

The towns mentioned above seem to have had equal lack of success in attracting the unqualified, perhaps because of isolation and two earlier incidents. In 1865 "Dr."

Singleton had appeared at Mt. Gambier, a few months before the government appointed a medical officer to the district. He was unable to satisfy the medical board as to his qualifications and he left for Victoria in a glow of sympathetic publicity.⁶⁰ In 1869 "Dr." Berncastle, oculist and aurist etc. [sic] turned up and consulted widely until rumours spread and he too, took a quick and well-publicised leave. The newspaper reports suggested he was a quack. His pamphlet on the treatment of snakebite recommended a glass of pure brandy every fifteen minutes "...until cured or signs of intoxication begin to appear." That was then proof that a cure had been effected.⁶¹ Soon after "Dr." Venables, who stayed at Macs Hotel in 1872, offered specialist treatment for "skin and contagious diseases." He could be consulted personally or by letter, the fee for the latter being 10/6d (\$1.05.) He was not legally qualified and the nature of his advertisements suggests he had no qualifications that could be registered. It will be noticed that a necessary characteristic of most charlatans is that such persons "specialise" in the readily visible or easily accessible parts of the body. To ask patients to get undressed and to examine them more thoroughly had potential serious implications and risks, both civil and criminal.

In the Southern areas of Adelaide from O'Halloran Hill to Noarlunga, there was also a rapid turnover of doctors, though the reasons are different from those in the Southeast because in the former area they tended to die within a relatively brief time of their commencement of practice. A pioneer LQMP in the area was Robert Montgomery [c1806-1866] who practised in the Clarendon and Happy Valley areas.⁶² At the other end around Aldinga/Willunga two successors of Dr. Knipe (*supra*) were Robert McGowan and Henry Tripe. McGowan attended the wreck of the *Star of Greece* and later went to Port Germein, Mt. Barker and Mallala. Tripe, who died in 1878, had come to the area from Alberton in 1865. A famous medical man, Dr. A.C. Kelly [1811-1877] the founder of the notable *Tintara* winery, lived on his vineyards at Morphett Vale from about 1848,



Dr Alexander
Charles Kelly

but he does not seem to have actively practised. He was the author of *The Vine in Australia* (1861) and *Wine Growing in Australia* (1867) and was a competent artist. By 1876 he had fallen on hard times and Thomas Hardy and sons purchased his business. In the year of Montgomery's death, Dr. Samuel Myles also died. He had practised and farmed in the Morphett Vale area for many years and is buried in the O'Halloran Hill cemetery. In about 1864 Dr. L.J. Maurau commenced practice at Reynella, but died aged 52 in 1878. The tributes in the *Register* are carried over to his elaborate grave monument at O'Halloran Hill. That year, after service in the Royal Navy, Dr. W.J. Morier started consulting at Morphett Vale but he died, aged 40, in 1885. He had been connected with the Oddfellows, was a justice of the peace and district councillor. He was succeeded by Dr. Samuel Horneck but he, alas, died prematurely nine years later in 1895, aged 35, and lies with Morier in the Scotch cemetery, Morphett Vale. Only Myles has been remembered: a ward at the Noarlunga hospital bears his name, but with the antipodean reverence for titles he was inadvertently (but briefly) knighted by an enthusiastic administration, before the paintbrush removed his honour.

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Throughout these years parliament continued to defend the right of unqualified persons to practice. To parliament the terms 'unqualified' and 'unregistered' were usually synonymous. The word 'quack', however, implied something much worse than either, but the consumer could still consult them if desired. One reason for this attitude was recollection of the terrible hardship endured by the pioneer settlers in remote areas of this vast state, where there was no medical attention of any kind. In 1880 at Franklin Harbour, the wife and five children of Martin McCarthy were burned to death. There being no doctor, coroner or JP in the area, the husband had to convey the corpses in an open boat to Wallaroo in order to arrange for lawful burial. In 1850 when a bullock dray

overturned at Second Valley a breast-feeding woman was thrown out and severely injured. She lingered for hours without attention before dying, and the child succumbed later. Many of the local histories in SA contain similar horrible stories.

Sometimes an unqualified person has acquired a reputation for medical efficiency that has remained intact for decades and survived death. This was the case with the Rev. C.W. Morse. Charles William Morse [1831-1901] was educated at Queens College, Cambridge (BA 1851) and came to SA. He worked as a cook and store manager at Pewsey Vale before ordination, when he became minister in charge of a very large Anglican parish centred on Yankalilla. Local tradition has it, to this day, that Morse "...had knowledge of medicine as well as theology." In the east wall of Christ Church, Yankalilla, is a magnificent stained glass window by Powell of London, dedicated eight years after death to Morse's memory, and depicting St. Luke the physician. Very few of the qualified, much less the unqualified, attained such posthumous eminence, though Dr. R.J. DeN. Souter, a Yankalilla GP is commemorated nearby with a rose garden in the same town. Morse's services were utilised by Dr. Morgan O'Leary who practised at Victor Harbour from the 1880s. Also in the church is a window in memory of a much loved district nurse Amy Dorrington, who died in a road accident in 1934 when answering a call to a sick person. The ordained missionary George Taplin [1831–1879] who worked at Pt. McLeay with the Ngarrindjeri people, also acquired during his ministry a reputation as a competent medical practitioner. Later I will recount how the Far West was for many years served by some novel and eccentric unregistered men who are certainly remembered, but not memorialised.

The registered medical profession was not alone in being unable to claim a sympathetic ear for strengthening its "monopoly". In 1872 the veterinary surgeons petitioned parliament to prevent the employment of non-qualified persons in government positions, but they were not successful. From the government's point of

view it was difficult enough to get legally qualified medical personnel to go to inhospitable areas, without adding vets to the problem. In 1875 when they could not obtain a registered doctor for the Northern Territory goldfields, the government appointed a Mr. Keall who "...had no diploma". Two years later another unregistered man, E.C. Rix, accompanied as an assistant the Overland Telegraph party. He received one fifth of the bonus paid to his legally qualified superior, Dr. F.E. Renner. If the government gave the unregistered official jobs, how could it legislate to formalise their illegitimacy? The legally qualified never cottoned on to this.

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Dr Frederick Emil Renner

An unattractive account of the practice of medicine and surgery in the South Australia of the 1870s and 80s was given by Dr. Melville Jay in 1904, when recollecting his early years of work. His story is a reminder of the great changes that followed Virchow's 1858 publication on cellular pathology, and Pasteur's formulation of the germ theory of infectious disease in the 1860s, which led to the science of

bacteriology. Those two dates mark the start of scientific medicine. In Jay's student days surgical patients who did not die of sepsis usually succumbed to haemorrhage or pulmonary embolus, a condition neither recognised nor understood. Ligatures were usually kept and handed to the surgeon by the post-mortem room attendant, an early demonstration of recycling. Hand washing was rare and the skin of patients operated on was never washed. Surgeons wore frock coats, usually caked with blood and other body fluids and the more embedded the filth the greater the status of the wearer. Orthopaedic management was by crude rope and pulley systems. Appendicitis was not understood,

greatly feared and never subject to operation. Many surgeons still refused to use anaesthesia and patients were subject to the most barbaric procedures. Therapeutics was indiscriminate and one noted prescription contained twenty different extracts – one for each of the patient's symptoms. Any medicine that did not taste horrible was considered utterly useless. Over everything the depressing frequency of tuberculosis, hydatids and the ravages of childhood infectious diseases constantly reminded practitioners of their ineffectiveness.

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By the mid-1870s when the thirty years we have been considering ended, medicine in SA had taken the first step on the road to professionalisation with *Ordinance 17* of 1844, the origin and purpose of which was to enable the safe custody and proper care of the insane. The government conferred few powers and privileges on the registered practitioners. They could certify lunatics, receive a fee for doing a *post mortem*, and be paid 1/- (10c) *per* mile for journeying to the same, once the first ten miles had been travelled. Nevertheless, legally qualified medical practitioners had taken the first step to becoming a unified and self-governing profession because the *Ordinance* denied the unregistered those minor privileges, and a registering board was established. Registration of practitioners was divorced from class structure. In the rough, newly born Province, whether one was a physician, surgeon or apothecary was irrelevant in terms of being a 'gentleman' or a tradesman, because there was not enough work for every practitioner and each of them, whether they liked it or not, was a GP.

South Australia itself over those three decades experienced alternate bouts of strong growth and high optimism, then depression, failure and disappointment, but overall success was slowly achieved. In the years around *Ordinance 17* copper was discovered at Kapunda in 1842 and Burra in 1845. Until 1851 the Province enjoyed a solid prosperity from mining and property. The Gold Rush of that latter year saw a

population exodus of such magnitude first to NSW and then Victoria that by March 1852 SA had lost one third of its adult males. Mining was abandoned, there was insufficient labour to gather the harvest or maintain the pastoral industry and a disastrous speculative boom accompanied by inflated credit succeeded the years of plenty. Adelaide became a paralysed city, with commercial stagnation, retrenchment and a break down in law and order. Those desperate circumstances led to the brilliant concept of the *Bullion Act 1852* and Inspector Tolmer's famous gold escorts that brought gold dust from SA diggers on the Victorian fields, to the Adelaide Assay Office, where eventually ingots became the basis for a note issue by the banks. By late 1853 some normality had returned to the capital. Over the next eight years navigation was instituted on the River Murray, railways and telegraph lines were constructed and rich copper deposits were discovered around Wallaroo (1859) and Moonta (1861.) The constitutional landmark of responsible government was established in 1857.

The decade of the 1860s saw relatively good seasons but poor prices for wheat and copper, so those years were neither ones of plentifulness, nor marked by any particular outstanding event. It is true that in 1863 the vast Northern Territory was added to SA, an acquisition that lasted forty eight years to 1911, but that relationship was purely endoparasitic, and for the host state disastrous in the long term both economically and socially. The start of the 1870s was more auspicious with commencement of construction of the Overland Telegraph, and the first direct cable from London was received in 1872. In 1873 the first *Health Act* was passed, and a Central Board of Health established, and in 1874 the University of Adelaide was founded. By 1873 SA replaced Cornwall as the Empire's biggest copper producer.

The more cynical onlooker, had he survived those three decades of practice without dying or emigrating, could have been excused for thinking that for the medical profession not much had changed at all. The unqualified and unregistered had prospered

with little or no official interference or interest and fringe medicine flourished. Persons afflicted with nervous disorders, rheumatic pains and cramps could avail themselves of medical galvanism, and large supplies of homœopathic medicine in all forms and strengths could be bought from E.S. Wigg. Some may even have wondered if *Ordinance 17* had made any difference because both before and after that enactment there had been some extraordinary scandals involving imposters. The first involved "Dr." John Palmer Litchfield [1809-1869]. He was the son of a London surgeon, John Charles Litchfield and wishing to follow in his father's footsteps was appointed as a dresser to Sir Charles Bell at Middlesex Hospital. He did not complete his apprenticeship and worked as a journalist. Making the acquaintance of Robert Gouger, who would become South Australia's first colonial secretary, he decided to emigrate and arrived in 1839 on the *D'Auvergne*. He lost no time in advertising his commencement of practice as a consulting physician and soon after was appointed Inspector of Hospitals. He then quarrelled both with Governor Gawler and Gouger, and the former investigated his background and discovered that he had no qualifications beyond a purchased Heidelberg MD, and that the claimed MRCS, LSA and FLS were false. He was summarily dismissed and soon imprisoned for debt. On his release he returned to England and resumed journalism and medical forgery. In 1853 he emigrated to Boston and then Montreal, where he again passed himself off as a doctor and ingratiated himself into the highest government circles. He moved to Kingston, Ontario in 1854, where he established *Rockwood Villa*, a private asylum for the well off mentally ill. That same year the government set up Queens Medical School and appointed him Professor of midwifery, forensic and state medicine (=public health.) Some time later it was discovered that not only were all his certificates forged, three of his professorial colleagues were also totally unqualified. With great pragmatism the medical school coped with this embarrassing scandal by promptly

examining and passing the lot for the MD. Litchfield died with his reputation intact and he was genuinely mourned.

Horace Dean [1814-1887] was the second fake. He may have started life in Chicago as Horace Williams and by 1846 had participated in the Mexican war as a surgeon although he had no qualifications of any kind. In 1847 he killed an officer in a duel and fled to England. He forged a Doctor of Medicine parchment and travelled to Adelaide as surgeon on the *Augusta* in 1849. The medical board promptly registered him and he set up in practice at Angaston. In 1855 he passed himself off as Colonel Thomas Haskell, US Army, but a suspicious governor Sir Richard McDonnell⁶³ investigated and

found the claim false. In the meantime he had managed to



Dr John Rankine

fall out with G.F. Angas who soon discovered through American friends that he had no medical qualifications. A horrified medical board struck him off in 1857. He never looked back. Thereafter he had a quite astonishing career as MP, mayor and businessman in New South Wales, at one stage practising medicine in the Manning River district. One

wonders, on reading his story, if any other accomplished con men with forged (or no) diplomas got past the medical board to lurk in those old records. One who may well have was William Featherstonough, registered in SA in 1881. He went to Queensland in 1888 and was provisionally registered. The board demanded that he personally produce his diplomas, and when he couldn't, he was struck off in January 1889. He next turned up in NSW, where their medical board notoriously lax - registered him in 1891.

The interested observer of SA medical history may also remark on the absence of some intriguing names from the early registers. A few of these have already been mentioned, including Luther Scammell of Adelaide,⁶⁴ David Mahony of Gawler, W.R. Carmichael of Kapunda and John Rankine of Strathalbyn. Dr. Charles Everard has also

already been noticed. He was surgeon on the *Africaine* and because that vessel reached SA before the *Coromandel*, on which Cotter the appointed colonial surgeon travelled, Everard found himself holding that office for several months.⁶⁵ He delivered the first European infant in South Australia. He became a successful businessman and farmer, and involved himself widely in the general community. He was MLC 1857-69. His main estate is now the suburbs of Ashford, Keswick and Kurralta Pk. Dr. Edward Wright MD [c1788-1859] was medical officer to the Survey Department and arrived on Kangaroo Island as surgeon to the *Cygnets* in September 1836. He performed the first amputation in the colony, and practised his calling for many years. He too, had acquired a reputation as an alcoholic.

Hidden away in newspaper records are ephemeral references to many others, including Thomas Hawker of Clare, Mortimer Hayward of McLaren Vale, Buxton Forbes Laurie of Port Adelaide, Bernard McGuire of Riverton and Julius Pabst of Tanunda.⁶⁶ We can also note in passing some doctors whom through misfortune or death would never achieve entry on the register. In November 1836 Dr. Slater, an Irish surgeon, and a passenger with Everard on the *Africaine*, foolishly decided to take a walk in the Kangaroo Island bush with another passenger, Osborne, while the vessel was anchored near Cape Borda. Neither was ever seen again, and it has been rumoured that a disaffected companion murdered them. Some twenty-five years later Dr. W. Smith went for a walk in the bush in the Southeast and disappeared without trace. Two who reached Adelaide but died before *Ordinance 17* was signed were Richard Penny and James Benjamin Harvey *MRCVS*. Dr. Penny emigrated on the *Bracken Moor* in 1840 and seems to have spent the next four years vainly trying to improve his circumstances until his pathetic existence was relieved by his death from tuberculosis at Port Lincoln in 1844. Dr. Harvey in 1839 was appointed collector of customs, postmaster and port officer at

Port Lincoln. He had succeeded Dr. Lovell Byass as surgeon to the Kangaroo Island settlement in 1838. He was a corresponding member of the Royal Zoological Society of London. He unfortunately died a most unpleasant death from intestinal obstruction in 1843 and is buried on Boston Island in a grave that was not discovered until 1947. It is ironic that two doctors who touched Adelaide briefly have left accounts of their voyages on emigrant ships. R.G. Jameson, an Edinburgh graduate, claimed to have been surgeon superintendent of emigrants to SA. He came to Adelaide on the *Surrey* in 1838. He published *New Zealand, South Australia and New South Wales; A Record of Recent Travels in These Colonies* in London, 1841, and *Australia and Her Gold Regions* in New York, 1852. W.H. Leigh, ship's surgeon on the *South Australian* arrived at Kangaroo Island in April 1837 and may have spent about five months travelling around. He published in London in 1839 an account of his travels. He was critical of both the harsh life on board the vessels and the miserable conditions of life in the new province, believing that the new settlers had been misled by the South Australian Company. The surgeon on the *Buffalo*, James Jackson, neither lingered nor wrote.

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If the 1844 *Ordinance* raised the status and usefulness of the South Australian doctors whose qualifications would enable entry on the medical register, it made no difference to the activities of the unqualified or unregistered and it would be many decades before they would be successfully curtailed. The *Ordinance* had a very important shortcoming. In listing acceptable qualifications it omitted to recognise certain foreign diplomas and degrees. The status of those documents and their possessors would be the source of intra-professional argument and parliamentary dispute for a further one and a quarter centuries.

*

¹ Now the Peterborough Hotel.

² Reproduced in Appendix I.

³ From 1963 the Australian Medical Association (AMA.)

⁴ Rt. Hon. Charles Cameron Kingston [1850-1908] *PC QC DCL Oxon LL.D Adel.* Premier and Attorney-general 1893-1900.

⁵ Rt. Hon. Joseph Benedict Chifley [1885-1951] Prime Minister 1945-49.

⁶ Rt. Hon. Robert Gordon Menzies [1894-1978] Prime Minister 1939-41, 1949-66. Rt. Hon. Earle Christmas Grafton Page [1880-1961] Minister for Health 1937-39, 1949-56.

⁷ The principal institutions were –

St. Margarets Convalescent Home: 1872-74.

Adelaide Childrens Hospital: 1878.

Home for Incurables: 1878.

Estcourt House: 1894.

Kalyra TB Sanatorium: 1895

Minda Home for the Weak Minded and Epileptic: 1897.

⁸ Edward Gough Whitlam [1916 -] Prime Minister 1972-75.

⁹ Those four were the main 19th Century causes of mortality and morbidity.

¹⁰ F.F. Cartwright, *A History of Medicine*. Longmans, 1986.

¹¹ *Report of the Committee of Inquiry into the Regulation of the Medical Profession*. London HMSO 1975. Cmnd. 6018.

¹² *SAGCR* November 17, 1838, pp. 3, 4. It has not been possible to ascertain the identity of 'R.S.M.' The editor was George Stevenson [1799-1856] who expressed his strong opinions with fearless vigour and readily made dedicated enemies.

¹³ *Ib.*, December 1, 1838, p. 4.

¹⁴ Precursor of the (Royal) Adelaide Hospital.

¹⁵ Captain John Hindmarsh RN *KH* [1785-1860] Governor of SA 1836-38.

¹⁶ There are brief references in the *SA Register* January 20, 1882, p. 158, and the *Port Augusta Dispatch* January 25, 1887, p. 26.

¹⁷ Lieut-colonel George Gawler *KH* [1795-1869] Governor of SA 1838-41.

¹⁸ Sir George Grey [1812-1898] Governor of SA 1841-45.

¹⁹ This and other early legislative enactments are sometimes referred to as *Acts*. Strictly speaking, they are *Ordinances* because they are decrees of an executive government without elected members, established by the *South Australian Government Act* 1842. Until 21 February 1851 a Council consisting of the Governor and four official members passed legislative enactments. From that date *Ordinances* were passed by a Legislative Council consisting of the Governor with three official and four non-official members. The first fully representative elected SA parliament to which a Ministry was responsible met on 22 April 1857, a few months before the Province became of age.

²⁰ Frederick Holt Robe *CB* [1802-71] Lt. Governor of SA 1845-48. He succeeded Grey and preceded Sir Henry Edward Fox Young.

²¹ *SA Register*, February 21, 1854, editorial.

²² Details of the first 1000 registered medical practitioners will be found in Appendix 2.

²³ *SA Register*, July 18, 1851, p. 62. No personal or medical details are known about Mitchell. John Rankine [1801-1864] was LFP&S *Glas* 1825; MD *Glas* 1828 and best remembered as a successful pastoralist in the Strathalbyn district, and pioneer of Hindmarsh Island. Left SA in 1856 and died at Helensburgh, Scotland.

²⁴ The railway from Mt. Barker to Strathalbyn was not opened until 15/9/1884. The line from Strathalbyn to Goolwa had been opened on 23/2/1869.

²⁵ *SA Register*, March 10, 1856, p. 234.

²⁶ *Ib.* August 14, 1856, p. 154.

²⁷ *Ib.*, February 25, 1861, p. 192.

²⁸ *Ib.*, July 10, 1862, p. 35.

²⁹ This person is believed to be Alfred Jones MRCS 1837; LSA 1839; MD 1859, who was never registered in South Australia.

³⁰ *SAPD* July 5, 1859, col. 316; July 12, 1859, col. 359.

³¹ Sir Richard Davies Hanson [1805-1876] Attorney-General 1857-60; Chief Justice 1861-1876. First Chancellor of the University of Adelaide.

³² Dr. Charles George Everard [1794-1876] never registered. He was *MLC* The Province 1857-69. His son William was *MHA/MLC* 1865-1878.

³³ Edward Lindley Grundy [1795-1875] *MHA* Barossa 1860-62.

³⁴ Thomas Reynolds [c1818-1875]. His ministry lasted one year and eleven days 1860/61. He was drowned at Bowen, Q, in the *Gothenberg* disaster.

³⁵ *SAPD* August 3, 1860, col. 541.

³⁶ *Minutes of Proceedings of the Legislative Council*, August 9, 1864.

³⁷ *SA Register*, August 10, 1864, p. 143.

³⁸ *SAPP 156/1864: Legally Qualified Medical Practitioners*.

³⁹ Their names were Dr. Williamson; Dr. Goodwill; W.H. Pearce; W.K. Galway; A.N. Bewicke; Dr. Packard; Mr Kitching and Mr. Laurie. Williamson, Pearce and Kitching held qualifications that would have entitled them to registration had they sought it.

⁴⁰ *SAPD* September 24, 1867, col. 766 provides a summary.

⁴¹ Sir Henry Ayers *GCMG* [1821-1897] *MLC* 1857-1893. Sometime premier and holder of other ministerial offices. President of the Legislative Council 1881-1893. A person of importance in the political and commercial history of SA, whose admirers ignore his unscrupulous business practices and exploitation of cheap labour.

⁴² The members of the deputation in addition to Clark (Adelaide) were William Talbot Clindening (Port Elliot,) John Fisher (Salisbury,) John Sheppard O'Carroll (Adelaide) and William Home Popham (Gawler.)

⁴³ *Votes and Proceedings House of Assembly*, October 12, 1869.

⁴⁴ In the nineteenth century the petition was an important mechanism for attracting parliamentary attention. After WWII it became more and more an instrument of political opportunism.

⁴⁵ Henry Bull Templar Strangways [1832-1920]: *MHA* 1858-1871. He is justifiably remembered for the *Crown Lands Act* that bears his name.

⁴⁶ John Hart [1809-1873] *MHA* 1857-71: premier and treasurer 1870-71.

⁴⁷ Sir Richard Chaffey Baker [1841-1911]: prominent in state and federal politics 1868-1906. A wealthy businessman, pastoralist and barrister, the most colourful event in his life was being challenged to a duel in 1892 by his arch-enemy C.C. Kingston.

⁴⁸ *SAPD* July 27, August 2 and August 4, 1870.

⁴⁹ T.S. Pensabene, *The Rise of the Medical Practitioner in Victoria*. Research Monograph No. 2. Health Research Project, Canberra: ANU 1980.

⁵⁰ Obituaries originating from the press tend to be objective and useful: those from colleagues in journals invariably incline towards the panegyric and should be read with caution, even today.

⁵¹ J.B. Cleland, 'The first Fifty Two names in the Medical Register of South Australia', *MJA*, 29 October, 1938.

⁵² The writer has fond memories, as a student, of a Great Adelaide Surgeon with a reputation to die for, who could only operate with three nurses by his side; two to hold him up and one to guide his hand and tell him what he was cutting.

⁵³ *Australasian Medical Gazette*, May 2, 1871:May 5, 1871, p. 245.

⁵⁴ The pseudonym of Matilda Jane Congreve [1827-1886].

⁵⁵ *Vermont Vale; or, Home Pictures in Australia*. London, 1886.

⁵⁶ Miss Charlotte Tilney [c1837-1894].

⁵⁷ London, Elliot Stock, 1877.

⁵⁸ Bryan Gandevia, 'The Medico-Historical Significance of Young and Developing Countries, illustrated by the Australian Experience', in Edwin Clarke (ed.) *Modern Methods in the History of Medicine*. Athlone Press, 1971.

⁵⁹ The General Traffic Manager was Alan George Pendleton [1837-1916]. In 1895 he became Railways Commissioner. His brother was the Irish graduate Dr. R.W. Pendleton, of Port Augusta. The Mt. Gambier to Beachport railway was a totally isolated narrow gauge 1067mm line, built in 1879.

⁶⁰ He was probably John Singleton [1808-1890] LSA *Dublin MD Glas*, unregistered. A prominent Victorian practitioner.

⁶¹ He was probably Julius Berncastle [1819-1870] who claimed to be a London and Edinburgh medical graduate and who had practised in England, India and Tasmania. In 1865 he published a book on the defences of Sydney.

⁶² He had the misfortune to be buried in the old Happy Valley cemetery which was 'shifted' when the reservoir was built. It has not been possible to determine where the exhumed remains were taken.

⁶³ Sir Richard Graves McDonnell [1814-1881] Governor of SA 1855-62.

⁶⁴ His son, also Luther Scammell, was LSA Lond, but did not practice, devoting himself to Fauldings.

⁶⁵ Cotter had been appointed by the colonisation commissioners in December 1835.

⁶⁶ Thomas Drewitt Hawker and Julius Pabst had qualifications that would have been accepted for registration.

CHAPTER 2

Getting There by Degrees: 1875 – 1890

Quacks prosper

The fifteen years 1875 – 1890 would see medical practitioners finally overcome the engrained parliamentary suspicion of supporting legislation to the advantage of what had been perceived as a privileged, selfish group, and the *Medical Act Amendment Act 1889* was a material turning point in the enactment of laws governing medical practice. There were three main reasons for the change of attitude of legislators. First, the march of science and technology and the rise of institutions that promoted those teachings and concepts. Second, the legal battles surrounding registration of the homœopath George Bollen. Third, the establishment of the Adelaide Medical School in 1885. They do not make the whole story because success did not immediately arrive at the profession's meridian in solitary great strides. There were antecedent actions and ongoing minor dramas. The upward social mobility of doctors and their better organisation as a group, advances in transport and communication, the success of orthodox medicine in harnessing science to its cause, and even the occasional scandal contributed significantly. Last, in their struggle to leave the cave and become a unique, closed gentleman's professional occupation in the social stratosphere, doctors were deeply indebted to many long forgotten people who, in their often brief periods of political or legal prominence asked questions and raised points at issue, made their influential contemporaries think and slowly brought about changes of outlook. For it is a fact that most politicians have no other reason for their opinions than that they happen to be fashionable at the time.

The issue of certificates of the cause of death was an example of this stirring and is a reminder that much early legislation was concerned more with what the profession could do for the dead rather than the living. In 1875, the year of the first report of the

newly established Central Board of Health, questions were asked in parliament about the general validity of death certificates because many originated from individuals who themselves had no direct knowledge of the cause or circumstance of death. A *Return* showed that twenty four *per cent* of certificates were not completed by the legally qualified. Another question that same year sought clarification about legislation that prevented the unqualified from practicing medicine. There was none. The problem was that the 1844 and 1846 *Ordinances* merely defined qualifications and did not prohibit practice. This questioner, Mr. P.B. Coglin¹ two years later again raised the need for a re-written *Medical Act*, but a government busy building roads and railways and coping with an ill-fated love affair with the Northern Territory would not do anything. Sections of the press continued to call for legislative prohibitions against the unqualified and added to their argument the need to allow only the legally qualified to sign death certificates. There had arisen at this time in most colonies a degree of suspicion that the lax certification process had allowed crime to go undetected. Sometimes the legally qualified themselves took to the public press. When in 1880 a Mr. J.G.A. Ziehlke styled himself a surgeon, Dr. J.A.G. Hamilton heaped scorn on his pretensions.

...who is this self-styled surgeon. I find he was in business in Kapunda some years ago as a third-rate barber. Probably failing to make an honest living at his trade, he now has the audacity to impose himself on the public as a surgeon...the law at present places ignorant impostors like this man upon a par with qualified men.²

But Hamilton was careful to go on and draw a fine distinction between the illiterate quack and

[Those] many men of education and respectability who, in the outlying districts, failing the presence of a medical man, alleviate the suffering of humanity as far as they are able.

Ziehlke's history illustrates the difficulty of detecting and eliminating the totally

unqualified. Julius Gustav Adolph Ziehlke claimed to be a qualified practitioner. He was practising in Adelaide as a specialist in rheumatism and skin diseases in 1876 before going to Redhill in 1877 and Yankalilla in 1878, where he became insolvent. He was involved in a maternal death and went to Goolwa before Kapunda. He left that latter place and is next found at Reynella where in 1881 he was gazetted as public vaccinator. His appointment provoked a complaint from Dr. J.A. Creelman and it was revoked. It may be that Ziehlke had seen the opportunity created by the death at Reynella of Dr. L.J. Maurau in 1878 (*supra*.) For reasons that cannot be determined, but might relate to the arrival of the legally qualified Samuel Horneck at Morphett Vale in 1886, Ziehlke went to NSW and was registered there as MD *Berlin* 1865. At no stage did the medical board scrutinise his documents or claims. He practised openly at Scone, Cobar, Orange, Sydney and Junee but in 1887 went to Queensland, probably because at the time there were increasingly violent attacks being made on quacks in NSW. The Queensland medical board also registered him and he took up an appointment as medical officer to the Maytown Hospital on the Palmer River, Cape York Peninsula. However, the Queensland medical board, led with firmness and vigour by Joseph Bancroft, became suspicious, questioned his qualifications and pursued him for details of his course of study: remoteness from the capital was no protection. They were dissatisfied with his replies and took their queries to the German consul, who advised them that he was not only unqualified but totally uneducated. Before the board could deregister and prosecute him, he told them that he was returning with his family to Germany.

This was a lie as he sailed to Sydney and is variously recorded at Millthorpe, Canowindra and Annandale before again becoming bankrupt in 1893. He finally settled in Wellington NSW and there he died in 1915.³

He was by no means the only peripatetic, unscrupulous quack with pretensions to medical knowledge and skill, who was able to prey on the gullible and undiscerning throughout Australia – or on persons who simply had no choice. Such charlatans were aided by medical boards which lacked both power and will to sift them, crown law officers who would not back investigations and prosecutions, and the sheer size of the country, where the lack of transport and communication facilities abetted their enterprise and assisted undetection and inaction. On occasions when totally unqualified impostors were brought to account in the eastern states because of flagrant criminal activity such as abortion, fraud or manslaughter, it was discovered that their parchments had been altered – names changed, for example – often in a quite careless manner, yet medical boards who had examined the tampered documents had not detected the forgery. Some of the charlatans simply changed their name to that of the person on the stolen documents. In South Australia in 1895 one Marinus Friessbourg was found to have presented a stolen diploma from a Victorian practitioner and had substituted his name. He was prosecuted and gaoled for ten months. He was a serial offender and had been active in northern NSW and Victoria. Carl LeMang (*infra*) presented a certificate of medical competency, which was only detected as a forgery when it was noted that the head of the Imperial Eagle on the German State Seal was facing the wrong way. It was estimated that in 1893 there were 200 quacks active in NSW (one to three in proportion to the registered, which led to that state being known as the Paradise of Quacks) and between twenty and forty in SA, depending on your viewpoint. Only in Victoria did the medical board energetically weed them out. Other incidents eventually resulted in every Adelaide medical graduate when presented with his degree having his fingerprints impressed on the back of the certificate.⁴

Mr. Coglin MP, Field Marshall von Moltke and Dr. Fiege.

Patrick Boyce Coglin [1815-1892]

What Paddy Coglin and the press could not achieve, the Prussian Field Marshall von Moltke went some way to by winning the 1870-71 Franco-Prussian war. That conflict led to unification of the German Empire and the broom of Bismarckian reformation reorganised state institutions, including the medical profession. University qualifications now gave only an expensive title and no right to practice in any position recognised by the state. Instead the German

government itself set professional standards and compelled persons who wanted to

qualify as state practitioners to undertake a severe State Examination (*Staats. Exam.*)

German doctors, as noted, had come to SA from the earliest years of European

settlement and among the first sixty LQMPs in the state are the following graduates of

German universities.

Table 3: Medical graduates of German Universities among the first sixty LQMPs in South Australia.

Registered No. & year	Name	Degree and date.
22 – 1846	Ferdinand von SOMMER	MD <i>Jena</i> [nd]
30 – 1847	Charles John Fk. BAYER	MD <i>Erlangen</i> 1842
36 – 1848	Frederick Emil RENNER	MD <i>Jena</i> 1847
41 – 1849	William HILLEBRAND	MD <i>Berlin</i> 1844
48 – 1849	Richard William SCHMIDT	MD <i>Berlin</i> 1847
51 – 1849	J. Dietrich Ed. WEHL	MD <i>Hanover</i> 1848
58 – 1850	Anton SOTSLOWKY (or Sotolowsky)	MD <i>Vienna</i> 1847

Under Section 1 of the 1844 *Ordinance* the medical board had no difficulty declaring them to be legally qualified, but the holders of the *Staats. Exam.* on the other hand, could not be. So a situation existed where the holders of a superior qualification found themselves in a most invidious position. One who felt his position keenly and could not get legal recognition was Karl Fiege [1846-1918] who had taken the *Staats. Exam.* at Dresden in 1872 and had established a successful practice at Eudunda. He took his predicament to Mr. M.P.F. Basedow, *MHA* Barossa, who approached the Attorney-General W.H. Bunday to see what could be done.⁵ Bunday was sympathetic and agreed to introduce a *Bill* that would allow the medical board to recognise the *Staats. Exam.* When this news became known the now reorganised medical profession rejoiced that their day was upon them, obsession naturally discovering opportunities. They had just successfully turned themselves into the BMA (SA Branch) and had received in London formal recognition on 7 July 1880. They soon met to discuss Bunday's proposed *Medical Bill*, and how – for the benefit of the public, of course – it could include their long wish list of clauses to get rid of the unqualified, have a say in medical board elections, sign most death certificates and secure other privileges. Once again they put their foot right in it. Bunday realised that their demands would sink the entire *Bill*, and the belligerent parliamentary reaction quickly confirmed this. One angry MP demanded that the government forthwith remove all power from the medical board to reject any qualifications. As the debate wore on more open hostility was paraded to the legally qualified, who were accused of complaining too much and seeking legislation against the public interest and favourable to themselves. It was pointed out with asperity that just because the registered doctor had passed exams, it did not mean that he was a capable practitioner. Members would not countenance interference with homœopaths, or hindering the freedom of citizens to consult who they wished. They would not be party to seeing unqualified men ruined and there was open cynicism towards medical claims of knowledge and competence. Even

the *Advertiser* thought that the risk from quacks was not as great as the "...danger involved in the practically unrestricted vending of poisons." This was sound argument because then many dangerous substances could be bought from pharmacists and grocers, with few legal controls and restrictions. Arsenic, deadly acids and narcotics were readily available, bought in enormous quantities, and frequently used for suicide (and, no doubt, murder.) Most parliamentary rage was directed towards the BMA's desire that only the legally qualified sign death certificates where there was one within twelve miles (18k) of the death. This would have put parties severely affected by geographical dispersal and social isolation to considerable expense because SA is a state characterised by enormous physical distances and means of travel then were poor. At that time the railway system consisted only of isolated segments, the main south line to Victoria had not been built and to the north there was no continuous communication beyond Hallett (Map 1.) In the end Bunday realised that the measure was doomed and dropped every BMA instigated suggestion. The totally disembowelled *Bill*, containing only one significant clause to give medical respectability to Dr. Fiege and others in a similar position who had passed the *Staats. Exam* as a practising medical qualification enjoyed a speedy passage and was signed into law by Governor Jervois on 28 October 1880.⁶ The matter attracted no local newspaper comment, but early in 1881 the residents of Eudunda were notified in the *Kapunda Herald* that the newly registered and legally qualified Dr. Fiege was in attendance. He continued there in continuous practice until 1910.

The legally qualified had received another slap in the face and as we will see, it was not the last time that German medical graduates would be the origin of special legislation and sometimes controversial and bitter argument. The BMA members realised that they had shot themselves in the foot and while annoyed at their insensitive parliamentary disarticulation, showed the first signs of insight by acknowledging that they

were to blame. They remained tenacious of purpose. Astonishing events were unfolding that in time would see one of their most despised homœopathic adversaries

deliver them the crown they sought. For the 1880 *Act* was a time bomb that would explode in the government's face and destroy the medical board. No one seems to have noted that in drafting it the government had not bothered to consult that body.

Attitudes towards the legally qualified slowly begin to change.

It seems that out of the widely reported parliamentary commotion over the 1880 *Act*, the daily reports of which were printed almost *verbatim* in the press, that some influential individuals suddenly realised that there was a serious problem with medical registration. The *Register* noted that the medical board could issue certificates but could not take them away. Worse, the wording of the clause to recognise the *Staats. Exam.* also allowed recognition of certain American diplomas which, being purchasable, were notoriously worthless as certificates of competency. This was the rifted rock whose entrance led to a litigious Hell. The legally qualified soon recovered their composure and in November 1881 sent a deputation to yet another Chief Secretary, J.C. Bray⁷ seeking a fresh *Act* to make unqualified practice impossible. Perceived nuisances are always detected in proportion as they are expected, and so to the BMA (SA Branch) quacks were everywhere discovered, and if one accepts their arguments must have been multiplying with almost supernatural powers. But Bray, engaged in a bitter constitutional struggle over the influence of the Legislative Council, declined to do anything. He may even have reflected that all people driven by a fixed belief in the divine right of their cause can become trying.

In 1884 a *Medical Titles Bill* was proposed to control the terms by which unqualified persons referred to themselves. This was supported in the House of Assembly by a new member, Henry Grainger, a journalist and son of an English medical practitioner, who had worked in America.⁸ It would have prevented the unregistered from using medical titles to camouflage their lack of legal qualifications, a problem then common in every state and increasingly attracting parliamentary attention. One of the

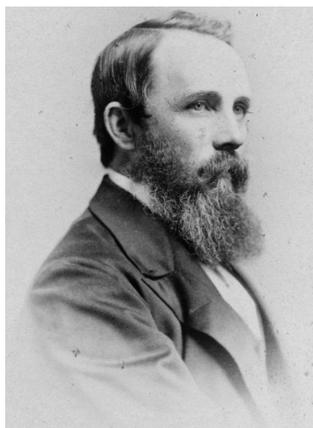
obstacles which the opponents of quackery had to overcome was that the history of irregular practice was littered with some famous charlatans who had been prominent through their attendance on the notable. England in the time of Queen Anne and the early Georges was especially prolific in acclaimed quacks, four of the most successful being Sir William Reed, Dr. Grant, Chevalier Taylor and "Spot" Ward. Reed was a failed tailor and Grant a tinker/preacher, and they derived their totally undeserved reputations from attendance on Anne [1665-1714], who was much troubled by eye illness. Both were immortalised in a contemporary epigram:

Her Majesty sure was in a surprise
Or else was very shortsighted,
When a tinker was sworn to look after her eyes
And the Mountebank Reed was knighted.

Chevalier Taylor, a licentious apothecary's assistant, was appointed oculist to George II, and Joshua "Spot" Ward, an unsuccessful dry-salter, became renowned in royal and literary circles in London for his antimony pills and faith healing. English emigrants to the colonies would have come well stocked with medical folklore.

The South Australian *Bill* attracted little attention and did not succeed. The next year, 1885, the BMA (SA Branch) appointed a committee of its members, which included the parliamentary representatives Stirling, Cockburn and Allan Campbell, to fully investigate the problem of quacks. It had become quite an obsession, and while the BMA was occasionally free of the militant religious fanaticism of the Sons of the Inquisition, it still conducted an enthusiastic Holy War against anyone who did not fit their template of righteousness, particularly homœopaths. Later that year the Branch became worried about the incompleteness of the *Medical Register* and explored ways by which details of qualifications and date of registration could be published. This caused a ruckus because

half the members starting carrying on about jealousy and discrimination, and the rest thought it was a waste of time. Eventually another deputation to the Attorney-General was organised to discuss the matter, but this time it was wisely resolved that they would not bring up anything else. It had sunk in that when too much was attempted, all was lost.



Dr Allan Campbell [1836-1898] A supporter of temperance and technology.

In 1888 an important and also unsuccessful *Bill* to establish a pharmacy board and enact stricter controls on the sale of poison was debated. It would have made mandatory the possession of qualifications and experience by pharmacists, who would have been registered, and the requirements were backed by punitive clauses. The interest of this proposed legislation was that it would have given the leaders of the pharmacy trade the very powers and privileges which were fixations of the medical practitioners. These included a closed and protected shop, an annual register, minimal qualifications, and disciplinary powers. Parliament was quite happy with these provisions and the *Bill* failed solely because it was lost in the last busy days of the Session. Increasing the powers and advantages of pharmacists did not involve excursions into emotive and controversial issues that arose when medical legislation was debated. There were no 'schools' of pharmacy; the chemist was a cheap alternative to the doctor and he was confined to his shop. He did not get involved in the issue of death certificates (except as the unwitting supplier of the poisoner's means,) needed no qualifications and so avoided altercation over the legitimacy of certificates. There were perceived obvious benefits to the consumer if he was organised and controlled, particularly from the question of accountability for responsible dispensing and selling of potent chemicals. Two years later the re-introduced *Bill* became law.

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Forces far deeper and more powerful than the organised medical practitioners and favourable press publicity were acting to change outlooks and expectations in respect of doctors. The attitude of parliament itself very slowly began to change from one of general suspicion and hostility to cautious acceptance and co-operation. There were occurring profound and fundamental changes to the basic structure of South Australian society. The University of Adelaide had been founded in 1874. Parliament would become proud of this institution and particularly so of its own medical graduates. Increased standards of free and secular education followed the *Education Act 1878*, which required compulsory attendances. Roseworthy Agricultural College was opened in 1883 and the School of Mines and Industries in 1889. Both became great organisations that produced graduates who would pursue distinguished careers in fields with benefits to the state and the wider Australian and international community.

Occurring over a much wider sphere throughout South Australia were important technological changes in transport and communications which altered us from an insular colony into a place that could not ignore the wider world and which resulted in broader minds and outlooks. Telegraph communication became global via the Overland Telegraph in 1872 and with Perth in 1877.⁹ This ended reliance on the English mails once a month. The first tramways began operating in 1878 (Sydney had beaten us in 1861) carrying passengers to Kensington and North Adelaide: interurban time and distance decreased. Adelaide changed from a "walking city" to a "public transport city" and the suburban rash developed and spread. The River Murray was bridged for the first time in 1879 and by 1887 passenger trains ran between Adelaide and Melbourne,¹⁰ the journey taking twenty hours thirty minutes.¹¹ The hardy could get from Adelaide to Brisbane by rail, in fact if they had the fortitude, from Hergott Springs (Marree) to that

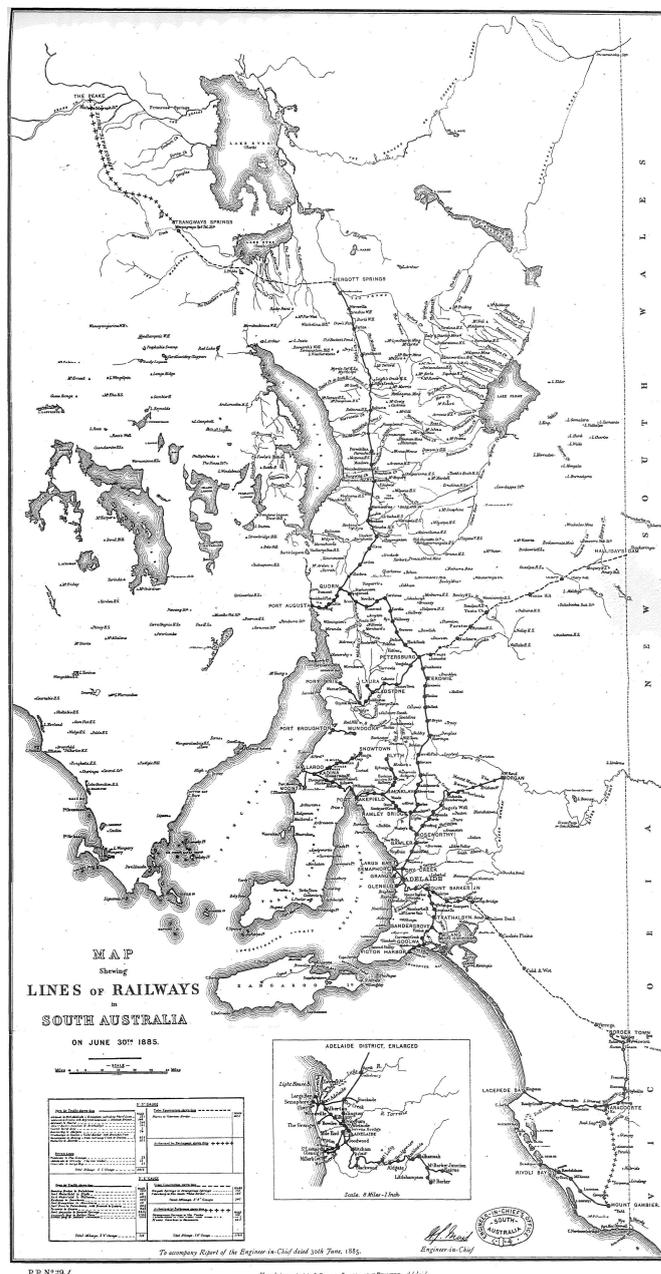
remote capital, an impressive 2227 miles (3584k.) The railway tracks had come a long way since the first three kilometre steam railway between Melbourne and Port Melbourne in 1854. By 1890 there were 15,000km of Australian railways, and they carried a staggering 97 million passengers.

The flaunting flag of progress
Is in the world unfurled,
The mighty Bush with iron rails
Is tethered to the world.¹²

Intercolonial time and distance began shrinking and importantly, the railways brought a uniform time to the continent. Hitherto each capital and every place determined its own time and between towns there were often marked discrepancies: Sydney, for example, was twenty five minutes ahead of Melbourne. Soon there was an enforced but essential standard time everywhere. The telephone arrived in 1881 and the main agitation for it had come from the medical profession, which comprised most of the early subscribers, closely followed by chemists. It would not be long, either, before complaints started about patients who telephoned for advice because they knew they were not expected to pay for it.

Of equal significance was the greater internal mobility that followed the post-1876 rapid and imaginative expansion of the SA railways to promote development. Along with this systematic unfolding of the transport system went encouragement of immigration and the development of Crown lands. In the last quarter of the 19th Century South Australia became governed more "...as a nation and less as a municipality.¹³" Until these transport advances most people never expected during their lives to travel further from their place of birth than they could walk or ride on a horse. By 1880 the local press had remarked that means of communication and intercourse had so vastly improved that all social habits and customs were becoming altered.

Transport and communication technology changed the social structure of South Australia along with the outlooks and expectations of people and the ways they thought and worked. One notes in the general tenor of newspaper reporting and in the parliamentary debates over fifty years the development of a broader and more cosmopolitan note. In the press, for instance, lengthy columns of padding with literary text disappear, and in parliament more and more allusions and references to events outside the state and overseas. All these changes dramatically altered medical practice, and perceptions of it. The process would continue with the advent of the motor car.¹⁴



Dr. George Bollen: The Medical Board meets its Waterloo.

The honourable intentions of the legislature of 1880 were, as is so often the case, frustrated by the parliamentary draftsman. Clause 12 of the Schedule of the *Medical Act 1880* set out the following requirement for registration:

Any qualification which would entitle the holder to practise in all branches of medicine in any foreign state, and also to hold medical Government appointments in such state.

This was a very significant difference from the 1844 *Ordinance* which required the medical board to actually approve the degree "...of some Foreign University which shall appear to the said Medical Board to be of sufficient credit and authority,...". The liberalised 1880 Statute asked only that the board ascertain the genuineness of diploma and identity of applicant. Perhaps by inadvertence the board was now no longer an examining body, but it had a judicial discretion to be exercised reasonably. When in 1882 the board felt that it should exercise this discretion and decide against an applicant for registration, George Bollen, it precipitated a crisis.



Dr George Bollen MD [1826-1892]. His legal battle to obtain registration destroyed the medical board.

Dr. George Bollen [1826-1892] was born at Brighton, Sussex, England and migrated to SA in 1854. He went to Mt. Barker where he remained for about twenty years, working as a cooper, district council clerk, surveyor and agent. He began to study medicine, particularly homœopathy, in his own time. In 1872, then forty six years of age, he went to Hahnemann

College, Chicago, and after due study and examination qualified to practice as a homœopathist.¹⁵ The degree awarded was Doctor of Medicine and Bollen also held a certificate from the State Board of Health of Illinois which entitled him to practise medicine in that state and hold medical government appointments, and to be granted a certificate to practise in all other states of the USA. He returned to SA and

set up a practice at Port Adelaide. It quickly became extensive and lucrative.

This was at the very time that the Jihad of the orthodox practitioners of the BMA (SA Branch) against homœopaths was at its apogee. Those former practitioners, sometimes known as *allopaths*, were just venturing via 'cell' and 'germ' theories along an uncertain path that would slowly change their empirical art into a complicated science. Homœopathy was a system of medicine founded about 1796 by Dr. Samuel Hahnemann [1755-1843] MD *Erlangen* who spent most of his life at Leipzig. Based on the principle of *similia similibus curantur*, "like cures like", it treated diseases by the administration in very small doses of drugs which would produce in a healthy person symptoms of the disease treated. It matters little now that homœopathy is largely an historical irrelevance, like herbalism, iridology, electromagnetism, elaiopathy, urine drinking and those many quaint modalities to which the most polite term we could now apply is 'alternative medicine'. In Australia in the middle of the 19th Century though it was regarded as a system of medical practice based on science and it had influential adherents. It also had virulent enemies. The editor of the *Australasian Medical Gazette* was one who exhausted all known terms of denunciation and contempt whenever he took up his pen to deal with "The Fraud of homœopathy".¹⁶ It was a 'pseudo-system', practised by dishonest arch-charlatans on dupes, "...knavery as a means of gain". When the *Melbourne Daily Telegraph* supported the 'Hahnemann heresy' the *Gazette* was stirred to greater vilification, announcing that what was folly had become pure roguery and a condemned irrational creed. With such uncompromising and vehement opponents reflecting the crusades of the BMA (SA Branch) the problems of Dr. Bollen can be appreciated. There was another unrecognised side of the homœopathic coin. The practitioner who treated his patient with infinitesimal amounts of chemical substances was, on the balance of probabilities, unlikely to do much harm. The orthodox doctor, as has been noted, with

his armamentarium of drugs that included mercury, lead, arsenic, strychnine, hydrocyanic acid and aconite, and his resort to vigorous venesection, purging and direct blood letting from internal organs such as the liver, had far more opportunities for therapeutic disaster. The orthodox also adhered to the view – still popular – that it is better to do something than nothing, and this often meant that the less a disease was understood the larger the number of treatments available. Hence at one stage there were seventy five different managements for diphtheria and ninety six for gonorrhoea.

In declining to recognise Bollen as a LQMP the board were not being tyrannical and oppressive, as they would be widely painted, but they made him a popular martyr and it would be many years before the public forgot him. Some members of parliament with long memories to match their terms of office, retained a mistrust and suspicion of the medical profession for decades and never allowed his case to be forgotten when medical questions arose. It is difficult to find out the precise year when Bollen returned to Australia, but by the late 1870s he had become an irritant to the BMA which in January 1880, urged on by Davies Thomas and Robert Gething, started a local agitation. In June 1881 Bollen offered to the medical board for registration the diploma of Doctor of Medicine of the Hahnemann College. Not without reason the board considered his qualification did not entitle him to be registered under the 1880 *Act* and they deferred action until further information could be obtained from the United States government. In August 1882 Bollen presented testimonials showing that the Hahnemann diploma was a legal qualification to practise medicine in the state of Illinois, but he was unable to produce the mandatory certificate of the Illinois Board of Health to make it a valid instrument. The medical board was once again able to adjourn his application and there the matter rested for five years. Bollen continued to practise openly and successfully at Port Adelaide, entered local government as a councillor and in 1882 became mayor. He preached in the Methodist Church (all the homœopaths and most of their leading

supporters were dissenters,) was a staunch Rechabite and involved himself in community organisations and charities. He was a widely respected, prominent and popular figure. He was typical of other homœopaths who found no difficulty in making a living. John Riccardo Stephens [1827-1912] was born at St. Agnes, Cornwall and came to SA around 1850. Unregistered, he practised at Burra and later Gumeracha for many years. One daughter married Sir Frederick Holder. Dr. Henry Wheeler, who was registered in 1862 and in partnership with Allan Campbell had been Honorary Physician London Homœopathic Hospital. He set up the Adelaide Homœopathic Dispensary and later went to Melbourne. Samuel Blackler had studied homœopathy in America and practised at Port Adelaide in the 1880s.



Dr Henry Wheeler [1833-1888]

In the meantime American qualifications had fallen into disrepute in Queensland and Victoria. In the former state in 1884 the medical board resolved to refuse to register American diplomas unless the holder had his professional knowledge certified to by an examination at either Sydney or Melbourne universities. In Victoria in 1883 a Congregational minister who held an American homœopathic MD – all Dissenting men of the cloth embraced homœopathy - attended a woman who died with embarrassing rapidity after his ministrations and the coroner's inquest enjoyed lurid publicity. The general reputation of American medical schools was not helped by the common knowledge that there were many colleges in the United States that granted diplomas without study or examination, or even the presence of the candidate.

Bollen and the medical board came to a final contest on a grand scale in 1887 when he produced legal and consular affidavits to prove that his qualifications would entitle him to practise in any state of the USA. The board dug in its heels and refused to

accept the documents as sufficient evidence that his doctorate complied with the requirements of the 1880 *Act*. A further affidavit was then produced from Hahnemann College and while this still did not impress the board, it convinced the Crown law officers that Bollen was entitled to be registered and they immediately abandoned the board.

The BMA had collective apoplexy and at a meeting on 31 May 1888 under the president, Dr. Davies Thomas, the matter was debated at length in the presence of The Eminent. Joseph Bancroft came from Brisbane, and Professor Harry Brooks Allen and Dr. George Adlington Syme from Melbourne. Now railways made intercolonial travel easy (but not necessarily convenient.) Give or take some changes of gauge and a train ferry over the Clarence River at Grafton, the leaders of the profession could meet and plan. The SA medical board itself was divided over the course it should follow. Some members believed they should resign rather than register. Cooler heads pointed out that they were appointed by the government to carry out the law whether they liked it or not, and if the worst happened, they should comply with the Statute, then resign.

Strongly supported by the BMA, the medical board went to law to defend their actions and reputations at their own cost. The result of *Bollen v. The Medical Board of South Australia* was a humiliating rebuff for the members. The plaintiff obtained a rule *nisi* for a *mandamus* commanding them to register him as legally qualified. On 15 August 1889 the Full Court in a judgement quite against the board made the rule absolute. The most formidable legal talent in the state, Josiah Symon and Paris Nesbit represented Bollen. Three days later the full medical board met, received the *mandamus*, registered Bollen and resigned, amid adverse comment.

The government became acutely aware that until it altered the wording of the 1880 *Act* it would be impossible to get another medical board, and seeing its chance the

BMA after paying the legal costs of the board members formed a committee to draw up yet another *Medical Act*. Once again one man had precipitated a frenzy of lobbying and parliamentary draftsmanship. One of the more bizarre consequences of the immolation of the medical board was that the registration of practitioners stopped and the medical superintendent and his staff at the Adelaide Hospital found themselves in an unregistered no man's land!

Bollen had enormous public sympathy and parliamentary support, while the organised medical profession did themselves great but undeserved harm because they were foolish enough to let it appear that they were persecuting a well known and successful figure. Various members of parliament gloated and rubbed salt into the BMA's wounds. If conducted under the 1844 *Ordinance*, the medical board's case against Bollen would have been unanswerable because it would not have been possible that a person who had received only twelve months training at an American college of dubious merit could be permitted to become a LQMP. But with the 1880 *Act* J.H. Symon *QC* demolished the board's objections and his reasoning was upheld unanimously by the Full Court. One of those concurring judges was W.H. Bunday, elevated to the Bench in 1884 from his private law practice, and in his judgement he made philosophical reference to the 1880 legislation for which he had been responsible as Attorney-General. He may have remembered the difficulties the then newly hatched BMA (SA Branch) had caused him and this is a reminder that lobby groups have to be careful that they do not make influential enemies. One of the severest parliamentary critics of the medical board in 1889 was Hon. C.C. Kingston *QC*, then member for West Adelaide, and whom we will meet five years later when the BMA very nearly destroyed everything including itself.

How could the organised medical profession have got it all so wrong? In South Australia, as noted, the conventional practitioners were not held in low esteem, but there certainly was a substantial body of public opinion that saw little, if any, difference

between the legally qualified and those whose ability to practise was not officially sanctioned. With Bollen the orthodox came off badly because they were politically naïve. Their tactics were disingenuous because of a lack of experience in dealing with courts and newspaper editors who appoint themselves as arbiters of the public good. Their biggest mistake was to prolong a malevolent dispute for over a decade and allow them to appear vindictive and selfish. Some of the doyens of the profession were elderly and in poor health and their better judgements may have been impaired. William Gosse died in 1883; R.W. Moore in 1884; William Wyatt in 1886; Charles Davies in 1888 and Henry Ayliffe in 1890. Bollen attracted support as a 'victim' of jealous adversaries – an embattled individual grappling with an incestuously knit and wealthy group. To this day such scenarios are the stuff of newspaper headlines, whether the facts are true or not. He also gained much public sympathy when his talented son, Fred, a LQMP (*MRCs* 1882) died in 1886 of consumption, aged only 26, and a daughter passed away the following year. Bollen the Dissenter also found himself up against the power and prejudice of the Established Church, sitting as the medical board.



Dr William Gosse [1812-1883]

result would be legislation that greatly strengthened the powers of the orthodox.

His successful attainment of registration devastated the legally qualified profession. In one blow he had attacked the very foundations of their advance to professional status – exclusivity on the basis of unassailable qualifications, endorsed by government and listed in a statutory register. He had threatened occupational closure and by backing him parliament had indicated that it did not see much merit in their claims to science or therapeutic efficiency. Paradoxically, the end

The Profession gets ahead by other means: upward mobility through social class and public involvement.

However low the opinions held within parliament about medical practitioners, or the indigestibility of the humble pie served up by the Supreme Court, socially and personally doctors were doing well. From the earliest times in SA medical practitioners built up formidable family, economic and political power bases by marriage among themselves and to the privileged classes. Dr. C.J.F. Bayer married in 1848 a daughter of Dr. Benjamin Kent. Dr. R.W. Moore married a daughter of William Hampton Dutton, of the pastoral dynasty whose extensive holdings included *Anlaby*. The Duttons were Spanish and had changed their surname from Mendes to assist their assimilation. William Gardner, a leading Adelaide surgeon, married R.W. Moore's daughter Louisa. A.A. Lendon married the daughter of established wealth, Lucy Rymill. Dr. Allan Campbell (*infra*) was the brother in law of the chief justice, Sir Samuel Way. Way's brother, Edward Willis Way, was a doctor.



Dr Edward Willis Way [1846-1901]. Brother of the chief justice and first lecturer in obstetrics and diseases of women.

Allan Campbell's brother, W.M. Campbell, was also a medical practitioner, and through their children both Campbells were related to the Downer and Rymill families. Dr. Sylvanus Magary (*infra*) was a member of a noted medical dynasty – his brother was one of the first four Adelaide graduates. They in turn were related to the Vercos. A.S. Paterson, medical officer to the Parkside Asylum, married a daughter of the surgeon George Mayo, who had married the widow of Colonel Light. Both Campbells and Magarey were prominent homœopaths who enjoyed the respectability of legal qualification and two of them were parliamentarians. Dr. Thomas Langhorne of Millicent married a daughter of George Glen, the squire of Mayurra. Dr. F.W. Popham of Gawler married the youngest

daughter of the surgeon W.T. Clindening. Dr. Robert Stewart of Hindmarsh married a daughter of the McFarlanes of Lake Alexandrina. Dr. H.H. Wigg married into the Melrose dynasty. The marriages, many of which produced children who in turn became doctors (Moore, Lendon, Mayo, Magarey, Popham, Wigg) resulted in enhanced wealth and influence as the tentacles of the medical profession spread. These well known professional men were active in innumerable social, political, charitable, educational and recreational organisations in the state. It is not difficult to believe that George Bollen himself had sympathetic connections in the highest places and that the leading wearers of the old homœopathic tie looked after his interests. The South Australian medical-medical and medical-political-pastoral and commercial unions can make a persuasive endorsement of the views of some prominent academic observers that the course of professionalisation of medicine was basically a search for higher social status.

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From the earliest times South Australian medical practitioners became involved with every form of social, cultural, religious, sporting and scientific group and organised body. Dr. William Wyatt in 1837 had been appointed honorary colonial naturalist and in 1838 was an original member of the Natural History Association of SA, and was on the committee of the SA Schools Society. Handasyde Duncan was an Anglican synod representative, Freemason, and one of the founders of St. Peters College, classical scholar and polemicist. In 1850 his *The Colony of South Australia* was published in London. T.Y. Cotter was honorary secretary of the Adelaide Mechanics Institute and at one stage edited the *South Australian Magazine*. John Woodforde and J.G. Nash were involved in the Natural History Association and the former was a pioneer environmentalist. Dr. George Nott was prominent in the social and literary life of Gawler and edited the *Bunyip*. The early medical practitioners had a striking diversity of intellectual interests. British working class organisations such as the various institutes – literary, arts, mechanics and railways –

were brought to and transplanted in Australia. They reflected the needs of ordinary people for social intercourse and intellectual stimulation in an age of increasing mechanical sophistication, with its concern for abstract questions about the role of science in the universal improvement of the human lot. Many of the pioneer medical practitioners were among the most educated and cultivated men of their time, who concerned themselves with diverse fields of scholarship, in particular theology, mechanics, astronomy, languages and music.

The doctors also had a public conscience. They had a genuine concern for the public health, urging in the 1870s improved sewage disposal and public water supply. Action to improve the health of the public, however, followed in its own good time, because the principals of the industrial firms responsible for most of the noxious smells and offensive discharges either sat in parliament where they could hinder and amend legislation, or were mayors and councillors of municipalities such as Hindmarsh, notorious for its tanneries, wool scouring and boiling-down works. There they could ensure that nothing was done even if required by Statute, public or professional coercion. Slowly things changed: the *Sewers Act* was assented to in 1878 and work on the installation of deep drainage proceeded steadily until by 1886 a completed scheme was working satisfactorily. Until then all sewage and other waste was disposed either into the Torrens or in the olive groves by the Adelaide gaol and there were recurrent typhoid epidemics. In 1882 in Adelaide the mortality was 27 *per* thousand, double the mortality of the whole colony, and five *per* thousand higher than the death rate in London.

From its first *Report* in 1875 the Central Board of Health, presided over by William Gosse, concerned itself with important questions of the suppression of noxious trades, pollution, drainage, sewage disposal, a pure water supply and other equally important but non-sanitary aspects of public health. It found many toes to tread on and acquired influential enemies. As the years passed, and particularly when under the active

guidance of Dr. H.T. Whittell, president 1883-1899, it crusaded, harangued, cajoled, ordered and prosecuted in its drive for the betterment of the public condition. Whittell, who in 1885 became first dean of the new faculty of medicine, found Adelaide littered with filthy unsanitary nuisances and the most disgustingly offensive living conditions. Under his guidance city and suburbs were progressively cleared up and country towns, for years the setting for the ravages of infectious disease epidemics, were made healthy, often in the face of apathy and the resentment of vested interests. A neglected figure of SA medical history, Whittell made an outstanding contribution to the improvement of the public health, the general betterment of living conditions and the human environment. It is no reflection on him that some of the most disgraceful slums existed in Adelaide up to the 1940s, when thirty nine *per cent* of the city's houses were still regarded as substandard.

Lastly we may note that in the 1880s the medical profession began teaching 'first aid' through the St. John Ambulance Association, and there was much enthusiasm for the establishment of classes. In 1888 Dr. Benjamin Poulton began instructing groups for the South Australian Railways and Dr. A.A. Hamilton for the police. That year there were 28 branches in the state, including one at North Adelaide for ladies, where none other than Dr. J.A. Cockburn *MP* gave lectures. The profession's involvement in ambulance service teaching continues to this day.

Parliament from time to time busied itself with enquiries or legislation into other medical matters. In 1884 a spate of complaints and allegations aired in the press led to a Commission to report on the Adelaide and Parkside lunatic asylums. The conclusion was that generally the management was satisfactory. There was far more excitement in April of that year when at Bordertown SA had its first outbreak of smallpox. A breakdown in the usual ship quarantine had allowed the disease into Melbourne from a female passenger on the P & O RMS *Rome*. Jesse Collins, a 22 year old epileptic vagrant was

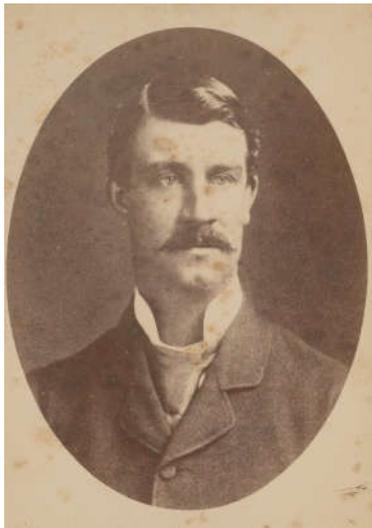
then infected and he brought it to Kingston SE on the SS *Claud Hamilton*. He tramped the 150 miles (241km) from Kingston to Bordertown along the railway line and on arrival at that latter town was very ill and delirious. The miserable wretch was promptly arrested by the police as a lunatic and locked in their station. As a result three more individuals caught the disease, and although many more thought they were infected or were suspected of being, all recovered. The Colton government was terrified.¹⁷ Dr. A.A. Lendon was sent to the town with extensive legislative and police powers to take complete charge of the affair. He found the situation a mixture of drama and comedy. Neither the local doctor Richard Penny – he had ceased active practice and was farming – nor assistant colonial surgeon Parker at Mt. Gambier had made a correct diagnosis or effected proper quarantine. Lendon handled the situation with ruthless efficiency and enforced stringent isolation of everyone involved. At one point in a desperate effort to reach her husband, a constable who Lendon had locked in his own station, his wife swam at night the flooded Tatiara Creek,¹⁸ and nearly undid all his work. The crisis was brought under control and the government enacted the *Public Health Act 316/1884* to increase the powers of boards of health to prevent the spread of serious infectious diseases. The emergency made Lendon and he never looked back.

Other medical legislation included the *Vaccination Act 1882*, which had strengthened the requirement for compulsory vaccination of children against smallpox, gave powers to the police and other authorised persons to make enquiries about compliance, and contained punitive clauses for the uncooperative. It had been inadvertently prophetic. The *Anatomy Act 317/1884* authorised anatomical examination of the human body as an essential prerequisite for the establishment of a medical school at Adelaide University. A *Degrees in Surgery Act 441/1888* enabled that university to confer

those awards, such a provision having been surprisingly overlooked in previous legislation. In 1890 parliament debated cremation and the *Cremation Act 1891* was the result. Such a method of disposal of the dead had long occupied a number of medical practitioners, including the Jewish Dr. R.T. Wylde. He had given public lectures on the *Dangers of Earth Burial* and with like minded people in 1890 had founded the Cremation Society. The Adelaide crematorium was the first in Australia, erected by that organisation in the West Terrace Cemetery and presented to the state government in 1903. Wylde, who died that year, was one who showed the way by using the new facility.¹⁹ The initial cremation had been a sheep, as a trial run. The first human corpse was that of a Hindu, and the first European cremation was that of Dr. Henry Miller Shand of Port Elliot, on 29-10-1903. In an act of gross civic vandalism the crematorium was demolished in 1969.²⁰

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In these years the public record contains many sad stories of the deaths of medical practitioners, most young and some prominent. In July 1885 Dr. Charles Gosse, son of William and specialising in ophthalmology, died, age 36, from complications



Dr Charles Gosse [1849-1885]

following amputation of a leg which had sustained a compound fractured ankle when his carriage had overturned three days before. His enormous cortege is a reminder of the popularity of Victorian funerals, in an era when there was little alternative entertainment. Funerals were often reported at length in the press, with lists of attendees, so the opportunity for publicity was not lost on politicians or professional men whose ethical rules

forbid advertising. A medical lectureship and an annual medal award commemorate Gosse. Dr. Frederick Bollen (*supra*) succumbed at age 26 to tuberculosis, a disease that also accounted for Dr. J.W. Flood (age 31,) T.H. Hawkins (age 43) and F.W. Bailey (age 31.) Addiction to alcohol and other drugs continued to be frequently reported. Dr. W.H. Dashwood of Blinman died at 45 of cirrhosis. Dr. Hugh Ferguson of Glenelg (55) of an accidental dose of hydrocyanic acid, taken when he was already doped with chloral. His inquest was a distressing public reflection on the widespread abuse of hypnotics by doctors, the inadequate and amateurish procedure at inquests, and the inability of medical witnesses to agree about anything. Ferguson had practised at Port Lincoln, Mt. Pleasant and Strathalbyn (where he was elected mayor in 1874) before going to Glenelg, and he had married into the Melrose family. The public disagreements at the inquest continued a tradition of medical squabbles that had begun more than forty years earlier when the medical board and some of its disgruntled enemies had brawled over a manslaughter trial involving the unregistered Dr. Edward Wright. The suicide of Dr. G.J. Jones, using chloroform, was precipitated by the proceedings of a *Commission of Inquiry* into a series of tragic cases of blindness at the Magill Industrial School where he was medical officer. There are many similar stories, and they appear in every Australian state.

Time's scythe also took some of the older and prominent doctors. At Kapunda in 1883 Dr. M.H.S. Blood died, aged 77.



Dr Matthew Henry Smythe Blood [1808-1883]. First mayor of Kapunda.

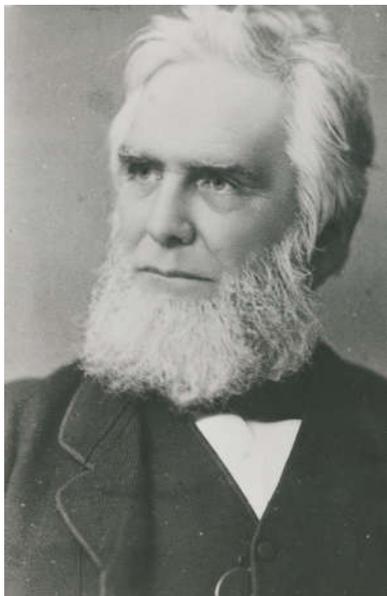
He had been the first mayor of Kapunda and had for more than thirty two years been an important and respected figure in that town. The venerable William Gosse died in July 1883, aged 70, a "...pioneer colonist, who had taken a prominent part in all our intellectual movements for the last third of a century...". Gosse had been involved in so many institutions and bodies, invariably at the head, that the wonder is that he found time to practice any

medicine at all, and the distant relative who suggested he was a thrusting social climber may have shown insight. But his extraordinary wide and generous contributions to medicine and the wider community cannot be easily denigrated. His funeral was accompanied by the usual ostentatious mourning. Dr. R.W. Moore, sometime colonial surgeon, president of the medical board, amateur botanist, book collector and enemy of George Bollen, died aged 64 in 1884. Names of the prominent sighted at the obsequies occupied twelve centimetres of column space. William Wyatt (*supra*) died, aged 81, in 1886. He had been at various times protector of aborigines, coroner, colonial magistrate, secretary to the medical board, chairman of the Adelaide Hospital, and inspector of schools. The uncharitable said that his school inspections consisted of patting aboriginal children on the head and distributing lollies. His land purchases and speculations enabled him to amass wealth and he founded the Wyatt Benevolent Institution. His only son had been murdered and he left no heir. Apart from his official positions he had been a founder of St. Peters College and a pillar of the Anglican Church. He was involved with the Botanic Garden, the Royal Society, the Society of Arts, and played the flute sufficiently well to appear in public concerts. Dr. Charles Davies died in 1888, aged 74. He had been a member of the Legislative Council in 1857 and had then taken his seat in the first session of the first SA parliament. He was official visitor to the Lunatic Asylum and member of the boards of the Adelaide Hospital and Botanic Garden. By about 1864 he had more or less relinquished a successful practice and pursued sheep farming at Mattawarangata in the far north. He was by no means the only doctor to find the company of animals far more congenial than patients.

Others died in their old age but were less prominent. Dr. John Creelman had practised at Kingston SE in the 1840s and then Quorn before coming to Adelaide. He died at St. Peters in 1889 and although in the state for more than fifty years, little is known of him. Dr. George Addison had worked at Mt. Gambier, Wilmington, Gawler,

Mitcham and Tanunda, where he died, aged 61 in 1889. Dr. Benjamin Frankis died in London in 1890, aged 84. He had come on four occasions to Australia as medical officer on different emigrant ships before settling at Adelaide in 1854 and practising in King William St. After twelve years he returned to England, but came back to Adelaide in 1868, leaving for good in 1870.

Sometimes obituaries were brutal. Dr. Horatio Brown dropped dead in Snowtown in 1890 when making a house call. An inquest was held the same day and Dr. Otto Wien Smith came from Clare to give evidence. He did not arrive until 5pm and understandably refused to give a cause of death without an autopsy. The inquest was postponed and about four hours later Dr. Smith provided a *post mortem* diagnosis that included the rider that death had been "...accelerated by the deceased's intemperate habits." The gruesome details were reported with the same relish as those of the impressive funeral next day in the Condowie cemetery where, alas, Dr. Brown rests in an unmarked grave.



Dr Horatio Thomas Whittell [1826-1899].
First Dean of the Faculty of Medicine.

The leaders of the profession in the 1870s through to the early 1890s were Charles Gosse, Edward Way, Davies Thomas, William Gardner, J.C. Verco and Edward Stirling. Gardner, a brilliant and original surgeon, went to Melbourne in 1892 and continued a distinguished career. He died at Naples aged 51, in 1897, probably of syphilis. Davies Thomas was a talented young man who combined practical experience with systematic research. His study of hydatids led to innovative new forms of treatment that were adopted throughout Australia. At the height of his intellectual powers, long dormant and awful sequelae of syphilis suddenly became evident and he died slowly and horribly, his illness documented in detail with relish by his

partner, Lendon, who hated him. Way was a man of great tact and outstanding clinical judgement. It was to him that many practitioners turned when they needed help with their own difficulties. Stirling and Verco will be discussed later.



Sir Edward Charles Stirling Kt CMG [1848-1919]. Like many of his contemporaries he looked always as if brushed and prepared for a dog show.

There was a succession of ten transient factional ministries in the period we are considering, and the Northern Territory now provided its own diversions as administrations grappled helplessly with the problems of developing their 'land full of opportunities'. For the doctors sent there it was anything but that. In 1869 Dr. J.S. Millner of Yankalilla was appointed Acting Government Resident, Special Magistrate, Medical Officer and Protector of Aborigines. His family and staff of forty four comprised about the entire white population.



Dr James Stokes Millner [1830-1875]. Drowned with his family in the *Gothenburg disaster*.

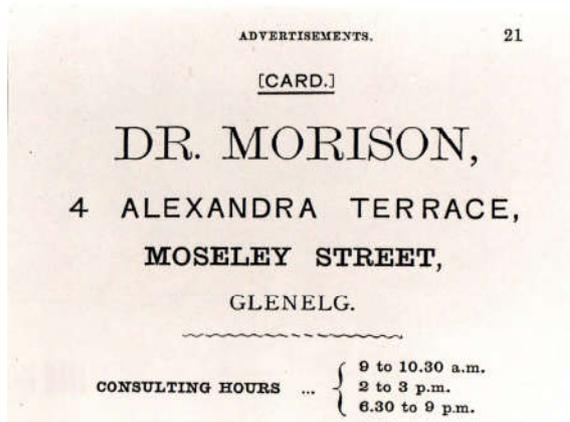
All the Millners drowned in the *Gothenburg* disaster of 1875. His successors probably wished they had never heard of the place. Dr. J.S. Wilson argued with the government over compensation and left. Dr. R.J. Morice was suspended when he suggested that the government supply legal representation for aborigines on trial for murder. When he persisted with the view that legal aid was a moral obligation the government solved the problem by dismissing him and abolishing the office of Protector. It was little wonder the government had to sanction the employment of the unregistered. Dr. Wilson left the Territory to work at Wilcannia and Wentworth NSW, and spent the last six years of his life travelling around the world, until he died in Sydney in 1893. Dr. Morice went to Quorn and then Tenterfield NSW.

Lawrence v. Dixon 1887: the civil courts uphold the internal ethics of medical practitioners, and the BMA consolidates its power.

Very rarely the legally qualified moulted a few feathers of their dignity. In 1880 Dr. F.W. Bailey accused Dr. Hartley Dixon of improperly obtaining his qualifications and was promptly sued. The BMA made enquiries and found that Dixon's credentials were genuine. What promised to be an entertaining court case was averted by Bailey's death, because it seems that Dixon might have been practising in SA for about a decade before he bothered getting registration. He went on to participate in a celebrated civil case. In 1888 he sold his practice to Dr. Alexander Lawrence and moved to Mannahill, then developing as an important township because of the discovery of gold and the new railway to Broken Hill, and at that former place he established a gold battery in 1888. Lawrence sued him for breach of agreement because Dixon had not personally introduced the new practitioner to his patients as he had promised. Lawrence won and was awarded £400 damages and costs. *Lawrence v. Dixon* was an important civil trial because it showed that the courts were prepared to back the internal rules of organised medical practitioners. This was as material a step on the road to becoming a profession as parliamentary empowerment.

At this time, too, the nascent BMA began flexing its muscles and asserting a strict disciplinary hold over its members. The first sacrifice was Dr. W.H. Gaze who was accused of repeating a private medical conversation relating to Hartley Dixon's writ and he was censured and expelled. He fled to New Zealand. The next victim was Dr. B.P. Morison whose expulsion followed when he placed an advertisement for his services in a Glenelg tourist-promotional publication. He accepted his ill fortune in the spirit of a man who knew that human beings can count on nothing and left to establish a practice at Grace Plains. Drs. J.W. Astles and S.W. Brierley only escaped drumming out by a public

recantation of their sins. Astles was suspected of what we would now call socialised medicine, and Brierley was caught practising with a quack.



The card which so outraged the BMA that they expelled Dr Morison for advertising.

All the banishments from Paradise and disciplinary action were notified in the *Australian Medical Gazette* and transmitted to the London BMA headquarters. Thus the influential in-bred clique of gentlemen who ran the infant SA Branch of the strongest trade union in the world were able to intimidate and bully anyone who posed as a threat to either their concept of how a LQMP should behave, or their determination to secure their calling in the first rank of the great professions. The BMA had been founded in 1832 in England as an organisation for the provincial medical hayseeds. In its first year it had 310 members and nearly fifty years later when the SA Branch was formed the number had grown to 9,202. Every week 10,000 copies of the *British Medical Journal* were printed – larger than any other medical journal in the world. It was a great and powerful organisation headed by the great and powerful. It wielded enormous influence and domination and reading its *proceedings* indicates it was thoroughly up itself. The elite of the profession constituted its governing council, sprinkled with baronets, Doctors of Civil Law and graduates generally with the most exclusive degrees. Its *ex cathedra* pronouncements on everything had the authority of Holy Writ. Few were prepared to defy the Omnipotent to Arms, even though at this time there seem to have been a lot of disgruntled doctors around – but have doctors ever been a happy lot? In 1889 a "medical

man" who "...had a considerable experience in the colonies" warned that the "good old days" in Australia were at an end. Competition, low fees and rampant quackery made it hard to earn a good living. Country life was "very rough" and obviously beyond the pale. Grumbling like this provided grist for medical editors in the 1890s and there were frequent lamentations about serious overcrowding of the profession and unethical conduct by advertising and touting. In between the dire warnings of abject poverty and distress awaiting emigrant doctors foolish enough to come to the Antipodes there even arose calls for ethics to be taught in Australian medical schools. Apart from the obvious attempts to protect their incomes by reducing competition through fear, these blusterings show that the problems of supply and maldistribution of doctors have been around for much longer than politicians suspect – more than 130 years, in fact. Nor has the Australian doctor ever ceased looking back nostalgically at the 'good old days', even though there never were such times, and certainly not for patients.

When occasion demanded the BMA united to support its favoured members and attack those it perceived as its enemies. The latter included anyone who didn't appreciate bungled treatment. In 1893 C.E. Sabine, a legal practitioner, sued Dr. T.K. Hamilton for unskilful and improper management. Even allowing for the astonishing enthusiasm of 19th Century practitioners for the liberal use of deadly drugs, Hamilton's approach seems imprudent. He attacked Sabine's illness with liberal doses of oral and injected strychnine, morphine, pilocarpine, sulphonyl and electricity (applied to the head.) The patient deteriorated into unemployable paralysis and sued Hamilton for negligence. The BMA (SA Branch) was outraged that any person would have the temerity and impertinence to question doctors and a star array of medical luminaries filed successively through the witness box to attest to the unassailable competence, correctness and skill of Hamilton. Sabine, who died five years later from the exemplary poisoning, was berated as an ungrateful trouble maker who was so wretchedly unappreciative of a consultant's services

that he refused to get better and had the astounding audacity to sue. At the point when the treatment totally crippled him, Hamilton accused Sabine of being hysterical and not sick at all. Davies Thomas was called in and promptly confirmed this new diagnosis (the only reason second opinions are ever sought.) Sabine lost the case. Soon after the local BMA devoted an entire meeting to a comprehensive denunciation of an ungrateful patient, ending with a unanimous vote of confidence in Hamilton's integrity and proficiency. The *Australasian Medical Gazette* repeated the nauseating twaddle and again attacked the plaintiff. Thus the local BMA was able to demonstrate both its aptitude to embrace self-regulation, and protect the reputations of even the most inept from public criticism. It was a talent they never lost. In Victoria and New South Wales it was a different story. There the medical press often resounded to accounts of distasteful litigation, professional misconduct, fraudulent misrepresentation and unscrupulous behaviour. Only when the SA profession deluded itself in the 1890s that it could castigate a government in the same peremptory fashion as it did Sabine, did it meet catastrophe.

Then there was the celebrated case of Dr. F.W.H. Popham of Gawler whose house calls in 1893 saw him named as co-respondent in the divorce case *Wear v. Wear*. On the most charitable view the evidence suggests that Popham was incautious. The BMA got behind him and called its most eminent practitioners to testify that the plaintiff and respondent were variously blackmailers, liars, epileptics and persons of mental and moral deterioration. Popham was cleared, but presumably used more discretion.

The Unregistered Rampant

As for the Great Unwashed, the unregistered, they remained pervasive and their names continually crop up all over the state. At Redhill in 1881 "Dr." Gerney [sic]

attended a death in the local hotel, and was assisted by the dubiously legally qualified William Featherstonhaugh from Koolunga. Gerney was Adalbert Victor Gerny [1851-1898] who is buried at Redhill in an untraceable grave, and his medical story is typical of the times. He came to SA in 1876 and his recorded occupations include agricultural labourer and doctor and for some time he was at Hahndorf. In 1881 he was gazetted as public vaccinator for Redhill, and the qualification MD *Berlin* was noted. In 1892 a LQMP who had commenced practice at Redhill complained to the Central Board of Health about Gerny's authority to vaccinate. Dr. H.T. Whittell refused to take any action as Gerny had performed his work conscientiously for over a decade, and had even survived committal in 1885 for manslaughter when a woman died in confinement. Nor would Whittell interfere with other appointments anywhere in the state of the unregistered as medical officers to that ubiquitous couple, the destitute poor and aborigines, or with their other legal duties. At One Tree Hill "Dr." J.F.F. Grace gave evidence at an inquest. In Nuriootpa "Dr." Moltz attended a fatal accident near Greenock. "Dr." Doepke gave evidence at a Macclesfield inquest, and at Teetulpa, near Yunta, where gold had been discovered in 1886, "Dr." Florance did similar duty. Doepke was Albert Doepke who passed some medical examinations in Berlin in the late 1860s but seems to have had no legally registrable qualifications. He was active throughout the state for more than fifteen years. Charles V.L. Florance had no medical qualifications but practised throughout the state from about 1876, holding public appointments. Despite the anguish of the BMA the government had no concern over the qualifications of its public officials. In 1894 Mounted Constable Michael Donergan was appointed public vaccinator at Fowlers Bay. The editor of the *Australasian Medical Gazette* had a fit and attacked the appointment under the sarcastic headline "Advance Australia!" It was quite lost on the writer that in so desolate and remote a place, no LQMP could ever have been found for the duties.

When the unqualified or unregistered got into trouble the attendant publicity was still as conspicuously unfavourable as it had been in the manner of Scammell's misfortune years earlier. At Krondorf in 1885 an inquest was held into the death of a farmer, Doppel, "...who died rather suddenly from want of proper medical treatment". Two LQMPs, C.A. Altmann and Henry Ayliffe had conducted a *post mortem* and pointed out that the unfortunate deceased had been treated by "...a person named F. Klostermann" for inflammation of the lungs, but the problem had been "a rupture". With proper treatment "...his life might have been saved". Though the inquisitors could hardly have been unbiased the jury were left in no doubt about the matter and added a rider to their verdict that no unqualified person should practice where there were qualified practitioners, and that Klostermann should be censured. Klostermann was a Tanunda baker who claimed on oath to be MD *Posen* and *Staats. Exam.* Berlin. He was neither and the BMA tried unsuccessfully to get him charged with perjury.

William Featherstonhaugh had applied for registration in Queensland in 1888 but his false representations as to his diplomas were exposed by the board who deregistered him in 1889. He then went to and practised in NSW and Victoria before turning up in SA where he had no trouble getting on the register. He had no qualifications.

There can be little doubt that such a press strengthened the hand of the legally qualified in their efforts to secure a legislative monopoly over sickness. The examination of extensive press records does not reveal any similar prejudicial coverage of the mistakes of the registered who, no doubt, continued to bury them unpublicised. Did they have a greater sway with newspaper editors? In NSW and Victoria, however, their misadventures were luridly publicised. It is a fact, too, that the medical profession's attachment at this time to chloroform as an anaesthetic killed far more patients than all the Australian quacks put together.²¹

The legally qualified endured the sufferings of Prometheus, though with less stoicism, and redoubled the attacks on their tormentors. In 1888 they formed another anti-quack organisation, *The Association of Registered Medical Practitioners of South Australia*. It was basically a sub-committee of the BMA (SA Branch,) attracted little publicity and met about five times a year to let off steam. Their most vigorous exercise was the prosecution of Talbot Bridgewater, a prominent charlatan, who we will meet later. Next year, 1889, at the Intercolonial Medical Congress in Melbourne, which attracted over 400 participants from all states and overseas, a unanimous motion was passed urging all Australian governments to pass laws to protect the public against the unqualified. One suspects that the legally qualified did not help their cause because while pursuing their obsession with quackery they continually aired their own vivid internal squabbles and hatreds through the medical and lay press. This lack of inner discipline attracted its own attention and led some to question why in Australia doctors had a defective grasp of the importance of medical ethics or basic good manners. It may be that the rich Australian convict and dissent origins and strong Irish heritage might provide reasons.

A Medical School for Adelaide

The origins and establishment of the Adelaide Medical School have been described with precision and humour by Donald Simpson.²² In 1881, seven years after the founding of the University of Adelaide, the question of a medical course was publicly debated. The University did not then have the necessary financial resources and only the munificent generosity of the Elder and Angas benefactions, enabling the creation respectively of Chairs in Anatomy and Chemistry, allowed the teaching in 1885 of the pre-clinical subjects of the medical course. Among the reasons advanced for establishing a medical school were first, the practical knowledge of particular diseases alleged to be peculiar to SouthAustralia;²³ second, that it would ensure money required for the training would remain in the colony and not go elsewhere. Finally, those persons of ability but without means, and others burdened by family obligations, could remain in the state. There was also some inter-colonial and Empire jealousy.

The appointment of E.C. Stirling to a newly created lectureship on human physiology was the commencement of the establishment of the school of medicine. Stirling was born with a gold spoon in his mouth. Education at St. Peters College, then Cambridge, fell on his plate and he was overseas for about twelve years before he returned to South Australia in 1875 to marry into the wealthy Gilbert pastoral family. With his wife he went back to England, finally returning for good in 1881. His brother John then was *MHA* Mt. Barker. E.C. was immediately appointed to the Council of the University of Adelaide and the honorary staff of the Adelaide Hospital. He quickly promoted the concept of a paid lectureship in Human Physiology and had himself appointed at the then substantial salary of £200 *per annum*. He was still a member of the Council, and the faculty of medicine in 1900, along with his brother, now in the Legislative Council and about to be anointed president, when his status was raised to

professor. Such blatant nepotism set a splendid precedent but attracted no comment. His apologists claimed that his appointment was a good one. It certainly saved the time and trouble of bothering to find out if there was anyone else better qualified. Stirling had a dream academic life. He appointed himself, had permanent tenure, all the time in the world to pursue dilettantism, the automatic acquisition of status without need for justification or assessment, and the Council allowed him to hand-pick his own students. He clogged the department for decades without criticism. He particularly enjoyed plundering aboriginal relics (in the interests of science, of course) and like many other anthropologists disguised his fascination with aboriginal pornography under a cloak of academia. Enjoying a good press, much on the written record would not be out of place in a *Life of the Saints*. He was also effectively able to have his son-in-law Thorburn Brailsford Robertson succeed him. The latter was a researcher of scintillating brilliance but having no medical qualifications, limited to the frog world. This was no problem as he intensely disliked teaching. Not a few of Stirling's successors and faculty members enjoyed longevity and the effortless ability to stagnate. From time to time clever young men from overseas who sought to further their careers in teaching and research found that the incestuous Adelaide medical school old boy network proved an impenetrable barrier to advancement and left. The crucifixion of vice-chancellor A.P. Rowe in the late 1940s showed what happened to anyone who tried to change things.²⁴

Stirling is said to have pioneered several types of surgery, but it is difficult to follow this up as there are few published accounts of his operations. Those that survive show that he was a careful and conscientious operator, very competent and clearly concerned for the welfare of his patients. He took no chances without every precaution being in place. A level headed man, his participation in the BMA (SA Branch) was marked by hard committee work, a readiness to compromise, a sense of fairness towards colleagues who had incurred disapprobation, and a belief that the importance of legal

obligations and duties overrode personal feelings. His calmness, sense of fair play and total opposition to discrimination stand out from the medical hot heads and troglodytes, and his genuine care for his patients is in mark contrast to some of his eminent contemporaries. T.K. Hamilton, for one, was quite happy to operate without anaesthetic on a male to remove a penile calculus because, as he told his audience, it was only a short operation. He kept the patient steady by tying him to the operating table. Ben Poulton went to his grave with his reputation of eminence equalled by his contemporaries' remembrance of his indifference to patient comfort.

The first medical school intake comprised seven students: F. Goldsmith; C.H.S. Hope; A.F. Joyce; A.F.A. Lynch; C. Magarey; A.M. Morgan and V.J.R. Robin. Only Goldsmith, Hope, Lynch and Magarey would comprise the first graduates. Joyce graduated from Melbourne 1889-90 and entered general practice at East Brighton. Robin went to the UK, qualified *LSA LRCP MRCS* and returned to practice at Mossmans, Queensland, while Morgan could not sit the first exam because he had not matriculated: he would become a distinguished practitioner.

At the time Stirling began his lectures the University Council contemplated that only the pre-clinical years would be taught at Adelaide and students would then do the clinical work in Melbourne, Sydney or overseas ("home".) Through the further generosity of Sir Thomas Elder and John Howard Angas, chairs were established to enable compliance with the curriculum requirements of the UK General Medical Council and so a Faculty of Medicine was established with Dr. Horatio Whittell as first Dean. The full medical course was instituted in 1887 and clinical teaching commenced. Negotiations between the Council and the board of the Adelaide Hospital for admission of medical students were completed in April 1887. The *Hospital Act Amendment Act 306/1884* already had given Council the right to elect one member of the board of management of the Adelaide Hospital, and the Adelaide Childrens Hospital had been affiliated for teaching

since 1885. Elder gave more money to finance the teaching staff, and while the cynical have suggested he was financing his elevation to *GCMG*, no one can dispute his extraordinary and widespread generosity to South Australia.

The question of whether women should be allowed to study medicine caused hardly a ripple once it had been decided that the possibility in the dissecting room of morally improper conduct was unlikely, and the first female medical student, Laura Margaret Fowler, enrolled in 1887 and graduated in 1891. She would marry Charles Hope, who was said to have had the personality of a hay bale, and they devoted their lives to missionary work.



Dr Laura Margaret Fowler KiH [1868-1952]. The first female Adelaide medical graduate.

The Adelaide feminine medical experience stood in marked contrast to Melbourne and Sydney. The Melbourne medical school, established in 1862, only admitted its first women in 1887. Sydney University, established in 1856, would not admit women until 1885.²⁵



Dr Charles Henry Standish Hope KiH [1861-1942]. Married Laura Fowler.

Those brave Melbourne women who wanted to study medicine had a vigorous champion in the editor of the *Australasian Medical Gazette*, J.M. Creed, who staunchly and wittily supported their entitlement to study without discrimination or disadvantage. After noting that it would be the male students who would be in the greatest danger he turned his acid pen on the councillors of the University who opposed their admission

to the faculty, singling out Ellery, the medically qualified Government Astronomer²⁶ for particular derision:

We regret that [Mr. Ellery] should have exhibited so little good sense in his remarks at the meeting, and can only hope that he will study the well-being of the University in matters medical, by ceasing to interest himself in sub-lunary affairs, and that instead he will stick to the stars, where he is so much at home.²⁷

All this Antipodean enlightenment occurred about a decade after the long established connection of scholarship, gender and religion had begun to come under threat at Oxford and Cambridge. The (English) *Clerical Disabilities Act 1870*, and abolition of the *Test Acts* in 1871 initiated the excision of academic life from the Anglican Church and bachelor male supremacy. At the same time there had occurred the first public challenge to the requirement for compulsory Greek, and pressures increased for the admission of women. In 1871 Henry Sidgwick had founded Newnham College for women where they could live in Cambridge while attending special lectures. There in 1881 women were allowed to take the Tripos but could not proceed to a degree, and only in 1921 were they allowed their full rights in the University.²⁸ In 1884 Oxford had passed Statutes to permit women to take examinations. In 1920 they were allowed to matriculate and take all degrees except theology.²⁹

When clinical teaching commenced in Adelaide the subjects and staff were:

Medicine and Therapeutics: John Davies Thomas (*supra*) and J.C. Verco, the latter taking the full load of the subject after 1889.

Surgery: William Gardner.

Ophthalmology: Marc Johnson Symons. Charles Gosse would almost certainly have held this appointment had he not been killed, as mentioned earlier.

Materia Medica: William Lennox Cleland.

Obstetrics and Gynaecology: Edward Willis Way.

Forensic Medicine: Alfred Austin Lendon.

Aural Surgery: William Anstey Giles.

Pathological Anatomy and Operative Surgery: Archibald Watson. On his retirement in 1919 the Chair was divided into anatomy (F. Wood Jones) and surgery (H.S. Newland.) There were no homœopaths or alternate practitioners on the staff.



Sir Joseph Cooke Verco Kt JP [1851-1933].
Very prominent, very important and very religious.

The Adelaide Medical School inherited British medicine and teaching, just as the University established before it had inherited the erudite foundations of British classic precepts. The University of Adelaide was moulded in the English likeness. Under the Queen's own hand in 1881 its degrees within her Dominions ranked as fully as if they had been conferred in any British or Irish University. Of the first six professors of classics, five were Cambridge Masters and one held the *D.Litt* Dublin. The first three professors of mathematics were Cambridge men, as were three of the first four professors of law. The first Chancellor, Sir Richard Davies Hanson, though not a graduate, was a native of Cambridgeshire. The Right Reverend Augustus Short, Bishop of Adelaide and first Vice-Chancellor, was a graduate of Oxford, and William Barlow, the first registrar, of Trinity College Dublin. The University Statutes directed that academic dress would be the same style as used at Cambridge. How well graduates of those citadels of Anglican religious orthodoxy and strongholds of classical learning – Oxford, Cambridge and Dublin – adapted to the practical egalitarian conditions of our Paradise of Dissent! All the first clinical teachers at the medical school had British qualifications and training.

The compulsory requirement that aspiring medical practitioners must be educated to a high standard in a clearly defined way

...was part of the movement elevating the status of all professions, ensuring that if the most interesting occupations were to be reserved for the most intelligent, and rewarded by the highest remuneration, they should involve the obligation of

an efficient and thorough education, rigid tests of admission, and adherence to a strict professional ethical code.³⁰

Introduction of a medical course called for an enormous amount of additional planning and negotiation. The passage of the *Anatomy Act 317/1884* with its complex requirements, has been mentioned. A medical classroom was required and this was built in 1902 on the north east corner of the Mitchell building. It remained in use until 1949 when the first Frome Road medical school was built. It was finally demolished for Barr Smith Library extensions in 1971. In the beginning Council adopted the abbreviated post-nominals MBChB and in 1902 changed to MBBS. In 1889 examination regulations for degrees of Master of Surgery (ChM, later MS) and Doctor of Medicine (MD) were approved. The first Adelaide MS was H.S. Newland (1902) and the first MD was Charles Hope. In 1890 the General Medical Council formally recognised the Adelaide course, and in 1891 the Royal Colleges of England and Edinburgh accepted its training for their Fellowships. The first SA graduate to acquire the FRCS *Eng* was J.A. Bonnin [1871-1944] in 1898. The first Adelaide MRCPs were R.L.T. Grant and G.A. Lendon (both 1921.) The first FRCS *Edin* was E.A. Guymer (1920) and the first FRCS *Irel* was S. O'Neill (1922.)

One faculty recommendation of 1891 that the University Council "...make it clear that the degree of Bachelor of Medicine did not entitle the holder to designate himself 'doctor'..." got short shrift. In 1889 when the first four medical practitioners graduated, the Adelaide Medical Students Society was founded, the oldest such organisation in the University, and still going strong. Thereafter until the political disaster of 1896 the medical school settled back to consolidate its achievements. For medical practitioners its foundation was a significant victory on the road to professionalisation and political acceptance because it brought about homogenisation based on selective recruitment of new entrants from appropriate social backgrounds and with suitable

preliminary education. The legislation that established it was a further closure of the profession against perceived usurpers, just as the 1844 *Ordinance* had been, but the medical school *Acts* were far more effective. Further, the practitioners-to-be would now be trained by their senior colleagues, evaluated by them, and to an extent be dependent on their teachers for their entire medical future. For the established doctors the medical school gave them the power to define professional competence, and it heralded the start of the ascent of the eminent consultant to his pinnacle of professional prestige. The honoraries in the teaching hospital were drawn from the leaders of the profession and eventually their pupils, as their social equals, would refer private patients to them. The public at large would come to understand that the hospital staff possessed the most up-to-date knowledge. For were they not the teachers of the profession?

From the start Adelaide graduates were polyvalent: they left the university with a dual degree and they were expected to be everything and do everything. Specialisation was virtually unknown and up to the turn of the 19th Century every doctor in South Australia was a general practitioner. One or two had a reputation for competence in certain areas. Had not Charles Gosse's life been cut tragically short in 1885 he would have been an eminent ophthalmologist and teacher. Dr. R.T. Wylde was reputed to 'be good' with eye complaints, as also Marc Symons, who may well have been the first officially recognised eye specialist in Adelaide. In 1894 the South Australian Railways decided that eyesight examinations were to be done only by a specialist, and he was paid five shillings (50c) for each examination – the employee having to contribute half this fee. But up to Federation, at the Adelaide Hospital, cases of all kinds were without discrimination placed in whatever bed happened to be available (though females went into separate rooms) and were treated by GPs.

There had been honorary surgeons and physicians since 1880, but the holders did not limit themselves to their field. J.C. Verco and Harry Swift, for instance, though

honorary physicians also held appointments as honorary dermatologists. A.A. Lendon was successively physician, lecturer in forensic medicine, lecturer in obstetrics, paediatrician and at times lecturer in surgery. W.A. Giles was an honorary surgeon but lectured in otology. The emerging specialists, like the GPs crossed clinical boundaries with accepted ease. This was not the case in Melbourne, where by the early 1880s sharp divisions were beginning between physicians and surgeons, but this was a characteristic of any blood sport like Victorian medical politics.



William Anstey Giles [1860-1944]. First lecturer in aural surgery.

By the start of the 1920s specialisation, receiving great impetus from the 1914-18 war, was well defined and the pale set. Soon the uncontrolled growth of medical knowledge would see the rigid subdivision of specialties by practitioners who made specific organs and diseases their particular interest and the gap between specialist and GP irreversibly widened until all they had in common was an initial medical degree. Barriers grew higher as training and experience diverged. It became more obvious when the Royal Australian College of Physicians was established in 1938 and other specialist colleges and associations then multiplied. Specialist training became longer and more intense and hospitals came to classify medical staff into specialist disciplines. Extraordinary technological advances in diagnosis and treatment saw specialised medicine concentrated in hospitals, where financial and political pressures placed the exotic toys needed for the new medicine. By the 1960s the GPs had been virtually driven out of the hospitals (except in the bush,) replaced by the cardiologists, neurologists, nephrologists and the super-specialists who exalted the rare and exotic.

The versatility of Verco, Lendon and their contemporaries reflects the generalist British medical training reorganised by the 1858 *Medical Act* which put medical education

and professional registration under the General Medical Council. It is true, too, that medicine – and management - was much simpler in their day. Their many-sided ability attracted little attention in their time: it was expected. This concept of the need for a medical graduate to show facility in all areas is the origin of the GP who, whether in the suburbs or the bush, 'did everything'. Such people were still around in the 1970s. Within it lay the intra-professional arguments that would start in the 1930s and accelerate after the Second World War when the GP ranks broke up into those who saw themselves as the true GP stereotype, and those who specialised. Serious professional disagreements irrevocably divided the profession and fatally weakened its political power.

Sir John Alexander Cockburn MD *MHA* and the *Medical Act Amendment Act 1889*.



Sir John Alexander Cockburn JP
KCMG [1850-1929]. Premier of SA
1889-1890.

(Sir) John Alexander Cockburn [1850-1929] MRCS

Eng 1874; MD *Lond* 1874; MD *Adel a.e.g.* was *MHA* 1884 -

1898, and as Chief Secretary formed a government in June

1889. Born in Scotland, he settled in SA in 1875 and

established himself in a successful general practice at

Jamestown where in 1878 he was elected the first mayor.³¹

In October 1889 he told parliament that he intended to alter

the 1880 *Act* to ensure that anyone who had received only

twelve months training could not practise as a doctor in SA. It was the government's sole

intention that a simple amendment would ensure no future Bollen would be able to be

registered. For all that, the end result of parliamentary deliberations was a brief *Act* that

was a significant milestone in the professionalisation and rise to power of the medical

practitioners. It contained important sections dealing with the certification of death,

mandatory years of study for a registrable degree, cancellation of practice certificates, and

it increased the powers of the medical board to examine witnesses. While it also

contained a clause to reflect parliament's determination that Dr. Bollen would be left

alone, the *Act* included for the first time the prerequisite for undertaking "...a regular

graded course of medical study of not less than four years duration...". Thus it was that a

homœopath whom it detested gave the medical board powers it had not itself been able

to acquire in forty five years, and secured for LQMPs statutory recognition of certain

functions and obligations which had proved impossible for them to obtain for decades.

And did not Adelaide now have its own medical school?

The foreshadowed *Bill* was introduced in the Upper House on 22 October 1889 and contained only three clauses. A medically qualified new member of the Legislative Council, Dr. S.J. Magarey, brother of Cromwell, one of the first Adelaide graduates, proposed a number of amendments. Sylvanus James Magarey [1850-1901] was a member of the Upper House 1888-97. President of the Temperance Alliance, he is remembered more for his appeals for the abolition of the liquor trade than for attempts at reform of medical *Acts*. However his efforts to overcome the imperfections of the 1844 and 1880 legislation and make the new *Act* reflect the enormous changes in medicine over the past forty five years were commendable. He called the new scientific medicine to the aid of his homily:

...the last 50 years had witnessed a vast change in the practice and knowledge of medicine...what with the gain to the community from the use of chloroform, ether, and other anaesthetics, the more thorough study of anatomy, the wonderful progress of the knowledge of physiology, the aid rendered by comparative anatomy and biology...the growth of the scientific knowledge of medicine had been enormous. Medicine had laid them all under contribution.³²

For Magarey it did not matter if a man was a homœopath or adherent of orthodox medicine, and he even claimed Bollen as a personal friend – not surprising as Magarey was a homœopath and Bollen a temperance advocate. But Magarey's amendments went further than just tightening registration requirements. He wanted to prevent unqualified persons from misrepresenting themselves as qualified, and control of the courtesy term 'doctor' dates from the 1889 *Act*. He sought better certification and hence statistics relating to deaths³³ and he wanted an annual published medical register. Last, he wanted to make the medical board more representative. Many of his ideas reflect the recommendations of the 1887 New South Wales *Report from the Select Committee on Law Respecting Practice of Medicine and Surgery*, and which was scathingly critical of both the registered profession and the unqualified in that state.

Most of Magarey's amendments had a good reception because the time was right, especially his suggestions relating to certification of death. The prevailing system of issuing death certificates was finally widely recognised as unsatisfactory because almost anyone could give one. In many instances the documents were merely burial orders that authorised interment, and unqualified persons had no difficulty getting certificates countersigned by a Justice of the Peace. There was concern that defective certification was allowing an erroneous morbidity database to be built up. The proposal that when a LQMP was convicted of a felony or misdemeanour he should be the subject of a medical board inquiry and lose his practice certificate was accepted, but parliament would not allow the board to make a judgement of infamous conduct. One MP wanted 'habitual intoxication' to be the subject of medical board discipline.

In three areas Magarey failed to sway parliament. They would not accept that only the legally qualified be entitled to recover charges in court for medical or surgical advice; that fees for expert medical witnesses be paid only to them, and that the medical board be expanded to nine members. An attempt by another member to have all holders of diplomas "...under the Homœopathic College of Medicine..." registered, did not pass. As far as parliament was concerned homœopathy in South Australia had now ceased to be a respectable branch of medicine: it was not taught at the Adelaide Medical School.

The *Bill* went to the House of Assembly on 12 November 1889, where Dr. Cockburn had responsibility for managing it and in committee it was amended after extensive discussion to reflect the feelings of that House. Nearly a decade after the 1880 *Bill* parliament was still suspicious of the motives of doctors who sought legislation which would make the profession 'exclusive'. While strongly opposed to the blatant quack and fraudulent misrepresentation of qualifications it would not for a moment countenance any legislation that would prevent unqualified persons of skill and

competence from practising, particularly as such individuals were still the mainstay of isolated areas and places of other than Anglo-Saxon cultural homogeneity in the state, and were invariably held in very high regard within the communities where they worked. In this respect it is notable that the three LQMPs in parliament, Cockburn, Magarey and Allan Campbell shared this outlook with their non-medically qualified colleagues. They differed from the views of the BMA, which was very *anti* the unqualified. Within the local BMA, too, there still was no love lost between the homœopaths and the orthodox practitioners. The parliamentary debaters made it clear they didn't give a hoot as to the particular school of practice doctors belonged and some jocular comments suggested they saw division within the profession as a joke. Parliament strongly supported civil entitlements and liberties and wanted no interference with the right of any person to select whom they would call when they were sick – qualified or unqualified, but they would not tolerate anyone pretending to be a qualified practitioner. They staunchly defended Dr. Bollen and the determination of several members to specifically ascertain that he would not be discriminated against or victimised is a striking feature of the debate on the 1889 *Bill*.

In some of its views the SA legislature was years ahead of its time. It would not tolerate retrospective legislation in relation to criminal conduct by practitioners, believing firmly that a man is entitled to a second chance in life. The view was also expressed that the medical board should not be composed entirely of doctors, a step that had to wait another ninety four years until a 1983 *Act* created a Tribunal. Parliament showed tolerance, moderation and preparedness to compromise. For its part, the local BMA acted honourably, though its dislike of Bollen was sometimes poorly camouflaged.

The *Medical Bill* attracted widespread attention in the press, which was generally, if at times somewhat ambivalently, supportive. The parliamentary debates were reported in full and editorial comment left readers in no doubt that the *Register* held in contempt

Cockburn the politician, though they conceded he was a good clinician. But the medical profession, after forty five years trying, were about to enjoy a legislative success and the *Medical Act Amendment Act 1889* was signed into law by the Earl of Kintore on 6 December that year.³⁴ One reason helping their victory might have been the impressive accomplishment of the BMA (SA Branch) in initiating and holding the first Australasian Medical Congress in Adelaide in 1887, as part of the Queen Victoria Jubilee Exhibition. This was an auspicious event and the more far-sighted saw it as the first step to the foundation of an Australasian Medical Association, so that the colonies could be independent of the BMA far away in England. Dr. Benjamin Poulton was the honorary secretary of the congress and J.C. Verco was president. It generated much excitement and activity. The NSW and Victorian Railways allowed attending doctors to travel at half fare and eventually 155 practitioners turned up, delegates coming from New Zealand and Fiji. The event lasted four days, and all the social and political eminences of Adelaide vied with each other to provide the most convivial hospitality. The social standing of the medical profession was secure.

The president of the Pharmaceutical Society of SA now supplied a printed list of all legally qualified medical practitioners to every chemist and doctor in the state, so that the public could know who was who. Alas, it did not take long for the defects of the new *Act* to become apparent. In a year the prosecution of a quack failed because the Supreme Court found that because he had never called himself "registered", but merely advertised that "Doctor Bridgewater was practising", it was up to the prosecution to prove that he did not have a diploma that allowed him to use that title. Cockburn had now lost office, and the new chief secretary Bray promised to immediately amend the new *Act*. He proved as unreliable as he and most of his predecessors had been in the past and did nothing.

The Adelaide Medical School also provided opportunities for the enterprising charlatan and one of the more notable completely evaded detection and prosecution. Edward Hoche [1862-1895] migrated to SA from Hamburg in 1886. He attended lectures at the medical school for a few months and then established himself as Dr. Hoche at Port Germein and Port Pirie. He married a local girl in 1892 and went first to Farina and then Birdsville, where his wife died of typhoid. He returned to Port Pirie with his three children and there in 1895 he died of influenza and an overdose of morphine. It appears the BMA (SA Branch) never recognised his imposition, though Ludwig Bruk the medical publisher was awake to it.

The importance of the 1889 Act. The state backs claims to self-regulation with legal force: the achievement of professional status.

The medical profession had now secured most of the things that were important to it. Penal controls were instituted over use of the title 'doctor'. An annual published *Medical Register* was established with Dr. George Bollen, reg. no. 427, MD *Hahnemann College*, a notable addition and with that first publication in 1890 there was a new medical board.³⁵ The issue of certificates of the cause of death was tightened. The medical board was given power to cancel or suspend certificates of practitioners convicted of any felony or misdemeanour, and its authority to examine witnesses was strengthened: the board now had judicial status. For the first time a LQMP had to show that he had pursued a course of study over four years and as we will see, this would be a difficult hurdle for American graduates. The 1889 Act was a significant milestone in the achievement of professional status and with it prestige, social importance and political power. Publication of an authoritative legal annual register gave LQMPs official recognition and a stamp of competence, and with it, standing in the community. The fact that the consumer may

never have heard of the document is irrelevant because it inevitably came about that only the registered practitioners would hold official positions: the public simply used the register at one remove.³⁶

Occupational closure via the register was also the first step in giving legally qualified doctors control over hospitals, the power to subjugate or limit nursing and other health services, and to exclude from the domain of orthodox medicine all the alternatives. Giving the medical board the warrant to cancel or suspend the right to practise was a momentous turning point in the achievement of self government because the route to professional status has always depended on the state backing claims to self-regulation with legal force. Further, this enhancement of legal capacity when married to the orthodox profession's passionate embrace of science enabled banishment of anyone outside the authenticated medical priesthood and accounts for the exile of the unfrocked homœopaths to an obscure wilderness.

What was to become accepted as orthodox medicine had been irretrievably bound to technology from the seventeenth century. Whether in the most elementary urine test or the most sophisticated nuclear resonance imaging scan, applied technology is the bond-stone. No aspect of medicine can escape it, with the possible exception of psychotherapy, where notions fundamental to all knowledge are no longer categorical or understood. The growth of science began in 1601 when a scientific academy was founded in Rome. The Royal Society, the most famous of all such institutions, was founded in 1660 and has published its *Philosophical Transactions* from 1665. The French *Academie des Sciences* was launched in 1666 under the patronage of Louis XIV. The first general model of the medical journals of our day and age was published in France in 1679 and an important feature was that it appeared in the vernacular and not as hitherto, Latin. Scientific societies, journals and advances in printing techniques, which made for

cheaper book production and the wider dissemination of knowledge, were crucial to the growth of medical influence.

If we seek a date to establish the birth of medical science, it must be 1761 when Giovanni Morgagni published *On the Sites and Causes of Diseases*, decisively deposed the centuries old doctrine of the humours and diverted medical interest to the structural changes in diseased organs. At the end of the eighteenth century Marie Bichat founded the science of histology and transferred attention to tissue, and in 1858 Rudolf Virchow introduced cellular theory. Now, these studies continue at the absolute molecular level. The discovery by Pasteur that putrefaction was a fermentation due to living organisms, had been anticipated in 1837 by Caignard-Latour, who showed that the yeast plant could split sugar into alcohol and carbon dioxide. It is with Pasteur however, that the astonishing revolution that took place in medicine in the middle of the nineteenth century is linked. In 1865, spurred on by his experiments, Joseph Lister discovered the principle that enabled him to prevent sepsis in wounds.³⁷ All these fundamental advances in the understanding of disease were only possible because of parallel technological accomplishments as exemplified by the application of optics to improving the microscope, Fresnel's catadioptric lens, and Helmholtz's invention in 1851 of the ophthalmoscope. Did science merely cement an influence that originated in the class and social standing of people who became doctors? Probably not, because science has no influence on the legislative basis of medical power or the origins, languages, social and cultural differences among medical practitioners. Nor can social standing or class influence alter the physical nature of things that were studied by the scientists, though it may have an impact on what gets studied. It is a fact though, that the industrial revolution and the spread of democracy provided the economic, social and political environment that enabled medicine to advance.

Science preceded the enhanced status of the medical profession. Sylvanus Magarey was not the only person to harangue parliament and public on the scientific triumphs of 'modern medicine'. Around the same time E.C. Stirling addressed a Melbourne medical congress on the influence of science on surgery, which was slowly changing from an art because it had become inseparable from physiology and biology. Science plighted its troth to medicine in the late eighteenth century, marriage was celebrated in the mid-nineteenth, and the new communication technology was the celebrant. The relationship endured. A major influence of science on Australian medicine dates from 1872 when the indefatigable Charles Todd completed the Overland Telegraph to Darwin and opened the continent to the world. The telegraph worked to the material advantage of the medical profession by allowing the rapid dissemination of their achievements to a public who, then as now, loved their illnesses and hungered for the magic bullet which would at best ensure immortality, or at the least offer a cure for the self-inflicted illnesses of lifestyle. By 1913 wireless telegraphy as a means of seeking and receiving medical advice had become popular knowledge, especially as ships were progressively fitted with it. Nurses at remote hospitals used the telegraph to obtain guidance, trading vessels sought help for sick crew members, and wealthy neurotics could cable their holidaying doctors for prescriptions.³⁸

While science, technology and favourable legislation resulted in the ultimate triumph of orthodox medicine over its competitors and auxiliaries, there were other simpler and more evident reasons for this. The public came to expect medical attention from properly trained and qualified practitioners, just as they came to expect that the teachers who taught their children would be adequately prepared and certificated for that purpose. When the adherents of orthodoxy had successfully harnessed scientific advances to the specific principles that governed the way in which they practised and demonstrated greater therapeutic efficacy, the alternative systems of medicine were

found wanting. In South Australia from the late 1880s its hitherto dedicated enemies regarded homœopathy as a dead issue, and the totally unqualified gradually became exiled. Increasing standards of education made it easier for consumers to objectively assess conflicting claims to therapeutic effectiveness and, in any case, parliament itself had given its stamp of approval to orthodoxy with the 1889 *Act*. Yet it remains an interesting fact that while the bizarre and irrational nature of much alternative medicine ensured its own demise once it was subjected to the harsh light of science, the only *major* unorthodox system of medicine to suffer defeat at the hands of orthodoxy was homœopathy. Partly this was because its adherents failed to prove convincingly that their microdose worked, but it seems to the detached observer that the homœopaths simply fell asleep while the orthodox were slowly infiltrating and taking over their hospitals. However chiropractic (and osteopathy) despite the most savage persecution by orthodox medicine, have survived and flourished. Their persistence in part reflects the very real fear held of medical and surgical treatments by many quite sensible people and that modern medicine in particular has sometimes lost sight of the Hippocratic principle of *First do no harm*.

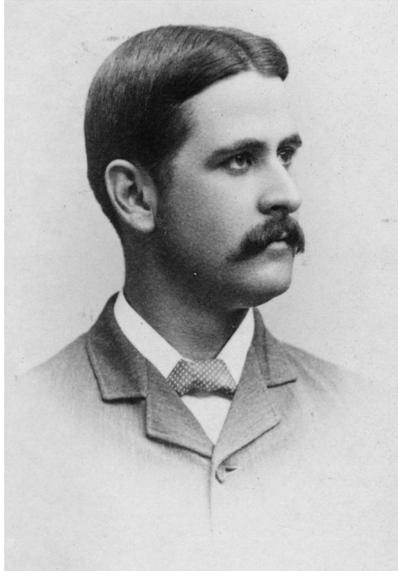


Dr Thomas Cawley [1837-1906]. He led the move to establish the BMA in SA.

The ramifications of science went far beyond its enormous influence on orthodox medical authority and it would come to affect the whole national and international scope and focus of medicine. When the *Australian Medical Gazette* was founded in Melbourne in 1869, it had proclaimed itself as a "...journal of medical science...". In 1888 Louis Pasteur's nephew came to

Australia to see if fowl cholera could be used to exterminate rabbits. In 1896 the first Australian text book on obstetrics was published. In 1899 pastoralists could read articles on anthrax inoculation and the differences between rival vaccines. In 1897 the Australian College of Dentistry was opened, affiliated with the Melbourne Dental Hospital, founded

two years earlier. Scientific methods were applied to the study of therapeutic substances, one instance being the analysis of mineral waters in 1888 with a view to determining clinical use. In 1895, demonstrating applied medical science, A.A. Lendon used bone marrow to cure pernicious anaemia (and was very lucky not to have run into immunological problems.)



Dr Alfred Austin Lendon [1856-1935]. An important, clever but unlovable leading light.

*

For more than 120 years the medical board has exercised its extensive powers with circumspection, fairness and compassion, carefully negotiating the thorny path between the need to safeguard the interests of the public, with a genuine desire to rehabilitate and assist practitioners who have transgressed its strict principles of conduct and behaviour. The 1889 *Act* is not only a landmark on the path to the achievement of professionalisation but it awarded doctors a legally enforceable monopoly which was to give them substantial power to influence government policy in every health field. The unqualified could still practise but life became more difficult for them and they passed into an unregistered and prosecuted oblivion. The fact that the University of Adelaide had established its own medical school in 1885 was an important influence on parliament when it debated the 1889 *Bill*. It was believed that its graduates would reduce South Australia's dependence on overseas, interstate and unqualified practitioners. Parliament, being very proud of 'their' medical school, insisted that all LQMPs would have to hold qualifications that took as long to get and would be as good as the ones that characterised the home grown product.

It is less clear if any of the participants in this story could have seen at the time the importance of the events. Certainly the leading actor did not. Three years after the

celebrated writ of *mandamus*, a foot constable in the early hours of the morning of 22 September 1892 found an unidentified dead male in Currie St., Adelaide. He was later identified as Dr. Bollen. The press (but not the medical press) accorded him handsome and widespread eulogies, testimony to his extensive fame. His three sons became doctors and the family involvement in medicine continues to this day.

*

¹ Patrick Boyce Coglein [1815-1892], born Ballymore, Ireland, died Brompton SA. *MHA* various electorates 1860-90. A colourful landowner and pastoralist whose urban developments were not always distinguished by scruple.

² *SA Register* January 12, 1880, p. 78.

³ Dr Ian Wilkey of Brisbane provided the biographical details of Zielhke.

⁴ On the writer's graduation the President of the medical board himself took great delight in carrying out the inking and printing of every graduate.

⁵ For Martin Peter Friedrich Basedow, see *ADB* 7, pp. 203-4. For Sir William Henry Bunday, see *ADB* 3, pp. 296-7.

⁶ *Medical Act 1880*; No. 193/1880. Sir William Francis Drummond Jervois [1821-1897] was governor of SA 1877-1882.

⁷ Sir John Cox Bray [1842-1894] *MHA* East Adelaide 1871-1892, premier and chief secretary 1881-1884. Subsequently Speaker then Agent-General in London, where he suffered a severe dementing illness which seems, from the available details, to have been syphilitic in origin.

⁸ Henry William Allendale Grainger [1848-1923] *MHA* Wallaroo 1884-85; 1890-1901.

⁹ Adelaide was linked with Melbourne in 1858 and Sydney in 1866, with a line that same year to Pt. Augusta.

¹⁰ Sydney and Melbourne had been linked in 1883 – an event attended by 75 politicians, something of a record.

¹¹ By 1925 this had improved to sixteen hours thirty minutes.

¹² Henry Lawson, *The Roaring Days*, 1889

¹³ The words are those of James Penn Boucaut [1831-1916], notable politician and judge, who formed ministries in 1866, 1875 and 1876. He was premier 1876-77. Most of his vision of a railway system to encourage primary production was given substance by his successor, John Colton [1823-1902].

¹⁴ The first doctor in SA to buy a motor car was G.G. Nicholls of Maitland, in 1906. Early city converts to the new mode of transport were J.C. Verco and J.M. Gunson. All had Oldsmobiles – claimed by D.A. Simpson to be the Porsches of the Edwardian era. Unfortunately all the early SA government registration details were destroyed by fire.

¹⁵ The Hahnemann Medical College, Philadelphia, continues as a leading centre for thoracic surgery.

¹⁶ *Australasian Medical Gazette* July 1884, p. 234.

¹⁷ Sir John Colton [1823-1902] MP for three periods 1862-1887. Premier 1876-77 and 1884-85.

¹⁸ Lendon's official Report is in *SAPP 94/1884: Re Smallpox at Bordertown*.

¹⁹ In 2004 the Adelaide City Council named Wylde Rd., off West Terrace, in his memory.

²⁰ The first authorised cremation in Australia took place on 11/12/1892 when a Chinese leper was cremated at Pt. Nepean, Victoria. Three tons of kerosene soaked wood were used.

²¹ Chloroform is CHCl₃. It was a popular general anaesthetic (and means of medical suicide) until its potent cardio-respiratory toxicity was recognised.

²² Simpson, Donald, 'The Adelaide medical school, 1885-1914: a study of Anglo-Australian synergies in medical education.' Unpublished MD thesis, University of Adelaide, 2000.

²³ I have not been able to ascertain details of these diseases!

²⁴ A.P. Rowe, *If the Gown Fits*. MUP 1960.

²⁵ Dagmar Berne [1866-1900] was the first woman to begin the study of medicine at an Australian University (Sydney.) She completed her studies in England and returned to practise in Macquarie St., but died (of tuberculosis) at Trundle, NSW, at the young age of 34. Australia's pioneer woman physician was Emma Constance Stone [1857-1903] MD *Toronto* 1888. She was born in Hobart and went first to the Womens Medical College Philadelphia and then Toronto. She settled in Melbourne in 1890 and practised until her premature death. She was the first female medical practitioner registered in Australia. Her sister, Emily Page Stone, MB *Melb* 1895 ChB *Melb* 1901, when riding her bike in 1911 was run over and killed by a lorry. The first woman to graduate and practice medicine in England was Elizabeth Garrett Anderson [1836-1917] in 1865: the first woman to obtain a medical qualification and practice in the USA was Elizabeth Blackwell [1821-1910] in 1849.

²⁶ Robert John Lewis Ellery [1827-1908] *CMG FRS MRCS Eng FRAstr.S.*

²⁷ *Australasian Medical Gazette*, August 1887, p. 285.

²⁸ These dramatic changes to tradition occurred after a Royal Commission investigated the universities, and the general British political climate was undergoing change. *Punch* immortalised the anxiety:

Come into the Tripos, Maud
For the dark old days have flown...
See! The slow old world moves on...
Will it faint in the light of lists outshone,

And girl Wrangler of 'Spoons' fight shy?

²⁹ What is not generally known is that through all these years Trinity College Dublin offered *ad eundem* degrees to anyone who had qualified for a degree at Oxford or Cambridge. So any woman who had passed the necessary examinations at either of those latter places could, on payment of the requisite fee, receive a Dublin degree.

³⁰ C. Newman, *The Evolution of Medical Education in the 19th Century*. OUP 1957, p. 126.

³¹ In the 1880s Jamestown was a very small mid-north township with few buildings and dirt streets. In the year of his inaugural mayoralty the railway had reached it from Port Pirie, and in 1887 would be carried on to the NSW border and the wealth of Broken Hill. Jamestown never forgot Cockburn. His name was given to the isolated railway stop bisected by the SA/NSW border, with the hotel on the NSW side to avoid less liberal SA licensing laws. In 1986 he was commemorated with a bust in the main street of Jamestown.

³² *S.A.P.D.* 5 November 1889.

³³ In 1885 in SA 3987 certificates of death were issued, 212 by persons with no recognisable medical qualifications.

³⁴ Sir Algernon Hawkins Thomond Keith-Falconer, Earl Kintore, was Governor of SA 1889-1895.

³⁵ The 1890 *Medical Register*, which is actually the second complete one published, if we count the *Return* of Dr. C.G. Everard, is in *SA Govt Gazette*, 26 June 1890, p. 1766. It contained 314 names. The new medical board comprised A.S. Paterson (president,) W.A. Giles (honorary secretary,) T.K Hamilton and C.E. Todd. Paterson was colonial surgeon and medical officer to the lunatic asylum. Giles was a brother of Dr. Henry O'Halloran Giles, whose family had landed wealth, social prominence and extensive connections. T.K. was one of five doctors with the name Hamilton practising in Adelaide. Four were brothers and the fifth as a lad had gone to the same school in Ireland as the others. Descendants still practice. Todd was the son of Sir Charles Todd, post-master general and government meteorologist. Sir Charles was the father-in-law of Sir William Henry Bragg.

³⁶ Referred to irreverently as the 'Stud Book', generally during the late 19th and early 20th Centuries it was hopelessly out of date and inaccurate. The board then had no staff to assist its administration.

³⁷ Joseph Lister, 1st Baron Lister of Lyme Regis [1827-1912], eminent professor of surgery at Edinburgh and later Kings College, London, and vigorous opponent of the admission of women to the BMA. In the 1930s an anonymous donor established an annual prize to the memory of Lord Lister, to be awarded to the

Adelaide medical undergraduate deemed most proficient in surgery. Perhaps it says something about the profession as a whole that his only wider permanent memorial is a commercial brand of mouthwash.

³⁸ The editor who recorded the last item noted that soon the only means of escape available for doctors from persistent patients would be suicide.

CHAPTER 3**The Thorny Path to the Consolidation of Power: 1891 - 1919****Introduction.**

The now well organised legally qualified medical practitioners, girded with an *Act* which in their not entirely disinterested view, clothed them with a thoroughly deserved raiment of righteousness, should have invested the twenty nine years between 1891 and 1919 consolidating their objectives of occupational closure and complete control of the practice of medicine. The tide was strongly flowing in their favour. They had successfully hitched their aspirations to the rapidly ascending star of science. Parliament had begun to specify the requirements of legal qualification for official government positions. Their social standing was high. The Adelaide medical school allowed selective recruitment, closed training and final acceptance into the medical freemasonry. They were almost an exclusive, closed priesthood.

Alas in 1896 the profession threw away every gift that had been handed it, as it were a trifle, and miffed at what it perceived as a slight, their arrogance and self-righteousness seduced them to confront an elected government with a show of self-assertive, defiant strength. They began a power struggle for control of the Adelaide Hospital and lost. Long years of penance followed until a new *Medical Act 1919* finally recognised professional sovereignty. Those years that we consider began with the successful attempt to register pharmaceutical chemists and establish a board of pharmacy (Ch. 2.) That board was completely autonomous and there was no provision for the appointment of any LQMP. The board was specifically prohibited from conducting any form of examination that would have produced medical practitioners. During the parliamentary debates – and as we will see on many later occasions – the ghost of Dr. George Bollen appeared and reminders of his registration fiasco discomfited the medical profession. One of the taunters was C.C. Kingston, who also tried unsuccessfully

to compel doctors to write their prescriptions in English and altogether abolish Latin, but he was over sixty years ahead of his time.¹ An interesting point is that while the medical board had no power to compel a qualified man to register himself, the pharmacy board could. In 1892 an unregistered but qualified medical practitioner could still make a good living provided he did not hold himself out to be legally qualified. The unregistered dispensing chemist was little better than a shopkeeper who could sell only patent medicines and veterinary supplies. If he referred to himself as a pharmaceutical or dispensing chemist or druggist, or even indirectly inferred that he was registered, heavy fines or imprisonment could be imposed.

Aspects of the process of the consolidation of professional standing and power.



Dr Marc Johnston Symons [c1854-1927]. Possibly Adelaide's first specialist ophthalmologist. In 1901 E.J. Woods built his residence/consulting rooms at 205 North Terrace. Miraculously they have survived the enthusiastic destruction of much of our heritage.

Throughout the years under consideration from time to time a number of seemingly unrelated matters rose, connected both directly and indirectly with the practice of medicine and which have relevance to the gradual consolidation of medical authority, although this was not always discernible at the time. Sometimes the incidents were merely of concern to doctors and never came to public attention. On other occasions they caused public controversy, disquiet and even an occasional panic. Taken singly often they appear to have little association or relevance overall to medical practice and the growth of medical influence and authority. Sometimes they are instalments of the long process of amending specific legislation to bring it into line with social changes, outlooks, attitudes, or advances in scientific knowledge. When these separate changes are considered together over a longer period, it can in many instances be seen that they form unnoticed but integral parts of the slow process of consolidation of professional standing and power. Four such matters will be discussed.

First, the fate of compulsory vaccination: second, the profession's awareness and acceptance of its superior social standing: third, attempts to prosecute the unqualified quack, and last, the formation of official and exclusive medical organisations other than the BMA.

Science keeps putting its foot in the orthodox medical door.



Wilhelm Conrad Röntgen [1845-1923] who in 1895 produced and detected Xrays. In 1901 he was awarded the first Nobel Prize in physics. Desiring his momentous discovery solely to benefit mankind, he refused to patent it.

Vaccination.

An incident in 1892 that involved smallpox illustrates an isolated matter of great political concern, which at the time appeared to have little long term significance for doctors, but turned out to be an important factor in the legislative process of the strengthening of professional power. When in 1854 in South Australia vaccination was made compulsory, the *Act* intended that the procedure would be under the control of qualified medical practitioners. Only after an 1872 *Act* could other 'suitable persons' legally vaccinate. By then it had become apparent that problems of distance and sparse population defeated any prospect of securing the legally qualified in large areas of the state. The organised profession was alarmed at the implications of the 1872 *Bill* and lobbied for it to be delayed until their wishes were known, but the government ignored them. Indeed, in drafting the *Bill* the government had made only perfunctory enquiries from colonial surgeon Paterson. Even the moderate Dr. R.T. Wyld, a man of generous public spirit, who presided over the vaccinators, was ignored when he wanted legal constraints to prevent "boot makers, coopers, farmers and others" conveying the impression that they were legally qualified so they could vaccinate and claim the 2/6d (25c) fee.

By 1877, of the 102 LQMPs in South Australia, seventy four were gazetted public vaccinators and scattered through most parts of the state were unregistered and totally

unqualified individuals who carried out the duties under the seal of public approval.

Their numbers included Foster Stedman, at Clare for many years and later Port Lincoln, and George Francis Moreton, ship's surgeon, who arrived Adelaide in 1845 and was at Gawler, Penwortham and Nailsworth. Both probably could have become legally qualified if they had wanted to. There were many who were unqualified and their number included J. Braddock, active around Clare and Wallaroo; Henry Louis Harris, who vaccinated around Mt. Barker and Meadows, and J.C.B. Muir at Tungkillo. These persons and many others like them were not regarded as quacks and there is nothing on the public record to indicate that they ever caused a problem in carrying out vaccinations. However the legally qualified were sufficiently organised to present obstacles to the obtaining of work as vaccinators by the unregistered, so that the latter were generally employed in inhospitable or remote parts. In areas where the population was concentrated, the legally qualified more or less held a government sanctioned monopoly.

To the chagrin of the BMA (SA Branch) ten years later the next *Vaccination Act 248/1882* not only confirmed the appointments of all persons acting as public vaccinators, whether qualified or not, but in respect of all future appointments did not specify any medical qualifications at all. That *Act* confirmed vaccination as compulsory, imposed severe penalties for non-compliance, embraced draconian powers of enquiry and coercion, and saw the creation of the first immunisation bureaucracy to keep a card index of every child born. Over the ensuing two decades, though, a strong current of public opinion arose in the British Empire against compulsory vaccination. In SA the compulsory facet had influential parliamentary enemies who eventually had passed in 1901 the *Vaccination Exemption Act*: this emasculated the 1882 legislation. In 1917 vaccination was made entirely voluntary.

The interest of this chain of legislative events lies in their illustrating how over some forty years the attitude of parliaments changed towards doctors. In 1917 Members

readily accepted the advice of "medical experts" and recognised that they had to be guided very largely by scientific knowledge and had to keep up with the latest discoveries of science. This attitude is in stark contrast to the ridicule and sarcasm noted in previous decades. In 1855 Governor MacDonnell through his colonial secretary treated Dr. Handasyde Duncan and colonial surgeon Nash as little better than government clerks who required guidance and correction in the performance of their vaccination and quarantine duties. As noted no useful advice was sought from colonial surgeon Paterson when the 1872 *Act* was drafted, and the profession in general and Dr. Wylde in particular were ignored when they proffered suggestions. But by the turn of the Century every critical parliamentary debater was enlisting the support of orthodox medical writings when they prepared ammunition to attack aspects of vaccination. For science was the new medical Godhead. Science was now the pedestal on which would be erected the New Medicine – concerned with the knowledge of those demonstrated facts which were being systematically discovered at a bewildering rate, and applied to a hitherto trial and error vocation. Science didn't only change medicine, it changed the world.

The theory and practice of medicine, ruffled in 1864 by Pasteur's development of



Gregor Mendel [1822-1884]. The Augustinian friar whose work between 1856 and 1863 led to his recognition as the founder of the science of genetics.

Germ Theory, from 1882 had been changed more dramatically by Koch's discovery of the tubercle bacillus and the demonstration that specific organisms caused characteristic diseases. Surgery advanced leaps and bounds after 1878 when Lister's 'antiseptic' techniques became generally accepted. The discovery by

Roentgen of Xrays in 1895, the uncovering of the four main blood groups in 1900, the isolation by the Curies of radium in 1902, the rediscovery of Mendelian genetics in 1905, and the synthesis of *Salvarsan* by Ehrlich and Hata in 1910, were regular and dramatic illustrations

of valuable scientific progress. Orthodox medicine hitched its star firmly to science and never looked back. All the discoveries and advances were quickly spread around the world by the wonder of the electric telegraph and Australian doctors were enthusiastic disciples and adopters. Some visited Pasteur and Koch and the other great discoverers and innovators and recorded their experiences in the same vein as those pilgrims who undergo an intense religious experience after journeying to the shrine of a saint. Others brought back Pasteur flasks, Koch's tuberculin extract, tiny fragments of radium, Listerian carbolic sprays, all accorded the veneration reserved for the holiest relics. In Sydney, from about 1875, the medical publisher and agent, Ludwig Bruk, could supply any kind of new instrument, appliance, device or therapeutic substance, ordered by cable and forwarded by earliest possible sea mail. It would be delivered around seventy days later.

Within months of Roentgen's discovery of Xrays, Professor W.H. Bragg,² brother-in-law of Dr. C.E. Todd, had made a primitive Xray apparatus and had taken radiographs of bones. He attended a meeting of the local BMA and gave a demonstration. When the amazing importance of Roentgen's discovery was dawning, no new word had been invented for it and the British medical press wrote of this incredible find that enabled *photographs* to be taken of the inside of the body. This utterly flabbergasted senior medical figures who, though becoming accustomed to daily scientific miracles, could not cope with the concept of 'internal photography'. By 1899, three years after Marconi first demonstrated the transmission of electromagnetic waves, Bragg and his father-in-law Charles Todd were making successful radio transmissions between West Terrace and Henley Beach.

Just as significant as the swift and bewildering march of pure science in effecting change was the passage in the UK and elsewhere of important social legislation which would bind the new medical enlightenment to human welfare. The British *Education*

(Provision of Meals) Act 1906 empowered local authorities to provide meals for needy children. An *Act* the following year required regular checking of school children by doctors. South Australia would introduce this in 1913. In 1907 the first organisation for world health was established at Paris. Old age pensions were introduced in the UK in 1908, and in 1910 Australia brought in the invalid pension. While society was becoming scientific it was also becoming more humane and much of the argument for new public services was based not solely on science but 'rationality' and national efficiency. These arguments would be applied in Australia in the 1950s to support federal government health and welfare initiatives. Legislation was materially aiding the growth of medical influence and authority. The old lay view that competition between the different medical factions was a good thing was being eroded and the esteem in which the registered conventional practitioner was held was increasing.



Marie Curie [1867-1934]. She isolated polonium and radium. The deadly effects of her discovery were not early recognised and she died from a blood dyscrasia.

As mentioned (Ch. 2) homoeopathy, chained to the rigid and uncompromising doctrine of Hahneman was left behind and entered an irreversible decline as orthodox medicine gained technological ascendancy. Its main rival was seen as an empiric pseudo-science unadaptable to the deluge of new discoveries that demonstrated the precise aetiology of disease. In South Australia homoeopathy had never been as influential as in Victoria where by 1869 its adherents had founded their own hospital, followed by another in the 1880s. The later succumbed

to the allopaths and by the 1930s it had become Prince Henry's (for orthodox treatment.)

In South Australia no legislation or crusades were needed to destroy homoeopathy, although the unfortunate early deaths of Allan Campbell (1898) and Sylvanus Magarey (1901) MLCs, did not help the cause. They were broad minded, tolerant and able men

whose civilised and humane behaviour never led them to use their public positions to harm opponents or advance their own interests.

The future of homoeopathy was insecure from the moment the practice of medicine began to change from the art of caring for the sick to the science of diagnosis, treatment and (sometimes) cure of disease, and surgery changed from ghastly destructive procedures of last resort to an elective, constructive science. Homoeopathy simply became irrelevant. In 1883 Dr. Oscar Görger moved a motion at the BMA (SA Branch) to the effect that any LQMP who met in consultation with a homoeopath would be either refused membership of The Elect, or drummed out if already sullyng their flock. There was a lively debate but no vote was taken because the general feeling was that homoeopathy was well on the way out. Allan Campbell's story sheds some light on the organised profession's uncompromising attitude. Born in 1836 at Glasgow, he had medical qualifications both from there and Edinburgh. Ill health brought him to SA in 1867 and he was registered that year. He gave his life selflessly to public service. He was a committee member of the Institution for the Blind, Deaf and Dumb; founder and chairman of the Adelaide Children's Hospital, and founder of the Trained Nurses Association. As a member of the Legislative Council 1878 – 1898 he was directly involved with the Central Board of Health, the Savings Bank, the Institute of Architects, the Public Library, Museum and Art Gallery, and the University of Adelaide. He had private associations with literary, religious and social organisations and he moved effortlessly across the wide range of his concerns. His parliamentary contributions reveal both the range and variety of his humanitarian interests and the scope and depth of his substantial learning. But all this was, in the eyes of the BMA hierarchy, negated by his embrace of homoeopathy, although in his case it was the pursuit of a thoughtful man who disliked interfering with nature and realised the serious shortcomings of orthodox medicine.

Two years before his death in 1898 he approached the BMA (SA Branch) to see if they would admit him to membership. Declining to do so they set in train an investigation to see if there was a UK regulation that would make him ineligible and he died before the matter was resolved. It was a disappointing end to a life that had given so much to the community in general and medicine in particular, but to the BMA all his accomplishments meant nothing.



Paul Ehrlich and Sahachiro Hata who in 1910 discovered Salvarsan, the first effective treatment for syphilis.

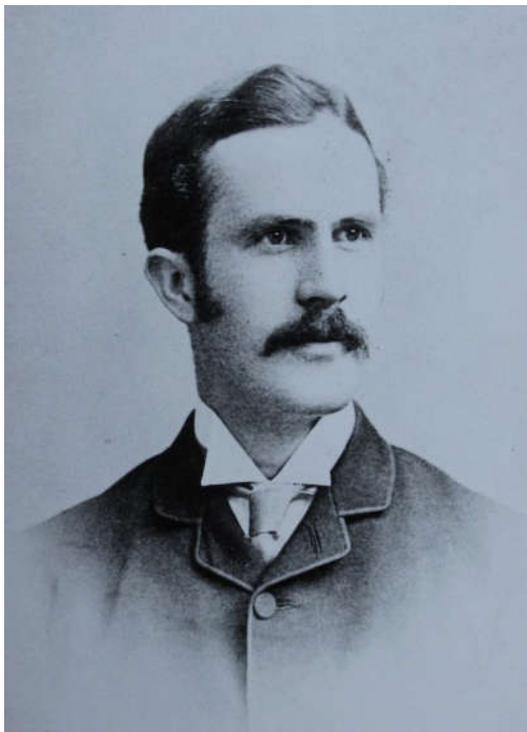
The dislike of homoeopathy extended to all states. In 1908 the Tasmanian medical board refused to register any homoeopathic qualification and their decision was upheld by the Supreme Court. For its part homoeopathy stagnated and had no literature of consequence. In vivid contrast to the regular and extensive publications of the orthodox through the BMA, homoeopathy has left only an infinitesimal and

obscure narrative. It is a matter for curious reflection that at the present day the descendants of homoeopathy, whether called herbal, alternative or complementary practitioners, have grown exponentially into a multi-billion dollar business. This is because of the widespread harm caused by modern drugs, whose use, imposed by ruthless market forces, is often indiscriminate and mechanisms of action rarely understood by doctors who are frequently inadequately trained and of debatable competence. When the modern epidemic of iatrogenic disease is seen accompanied by recurrent hospital misadventures, many have come to realise that for a significant number of people scientific medicine comes with a heavy price.

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As the 19th Century drew to a close with its enveloping scientific aura, and changing from a colonial to a national culture, distinguished particularly by increasing

literacy, so the old provincial medical profession itself was changing from the somewhat austere, uncultivated and unrefined individualists, into an organised group of more polished professional men (and a few women!) The entertaining and often distressing reports in the newspapers of medical drunkenness, improper and eccentric behaviour lessened and are rarely a matter of attention after the early years of the 1900s. There were a few notable exceptions: we will meet them later.



William Henry Bragg [1862-1942]. Professor of mathematics and physics, University of Adelaide. The son in law of Charles Todd who demonstrated Marconi's wireless telegraphy and Röntgen's Xrays to the local medical profession.

Quarantine problems.

After Bordertown (Ch. 2) there was another scare eight years later in 1892 when the vessel *Oroya* caused a quarantine furore. Richard Jagoe, the assistant health officer, who had no medical qualifications, had gone on board the vessel at Largs and had been given untrue answers by the captain and ship's doctor. Quarantine was enforced.³ When the government prosecuted and tried to recover costs it discovered to its intense embarrassment that under its own *Quarantine Act* assistant health officers had no legal standing and jeofail resulted. They promptly passed another *Act* to remedy the defect. The incident was something of a comedy of errors because the medically qualified health officer, Dr. J.T. Toll, was himself at the time under quarantine for having boarded an infected vessel. Jagoe had been gazetted under an 1850 *Act* that required the appointment only of LQMPs as health officers, so the master and surgeon of the *Oroya* were successfully able to question his authority. He had acted as assistant to Toll by unwritten agreement and the thirty five years since his appointment without dispute provides an interesting reflection on the lack of official interest in the qualifications of the holders of government appointments. This well-publicised affair was a salutary reminder that the legal recognition of professional qualifications could have implications hitherto unthought of.

Although smallpox because of its virulence and high mortality has always terrified governments and people, South Australia from its establishment had more frights than infections because of six key circumstances: its distance from places of outbreak in Europe, Asia and the Americas; the province was rarely a port of entry to Australia; the 1839 official commencement in SA of vaccination; the 1852 requirement for emigrants to be vaccinated before embarkation; the inauguration in 1853 of compulsory

vaccination, and our scattered population. In the 19th Century a natural quarantine occurred against the disease because to reach Australia from the nearest port in Asia took a longer period than the fourteen days incubation period of smallpox. The safeguard which isolation provided to this country was progressively eroded by technology – the steam turbine, then the internal combustion engine and finally aviation. Our sister eastern colonies were not as fortunate as we. New South Wales had epidemics of smallpox in 1877, 1878, 1881 and 1884, and between 1909 and 1923 there were outbreaks of the disease with a major epidemic in 1913. Victoria saw outbreaks in 1868, 1872, 1884 and 1921. The last case of smallpox to enter a South Australian port occurred in 1914 when an infected passenger on the *Runic* from South Africa landed at Port Adelaide, but an outbreak was prevented.

The alacrity with which the government introduced the *Quarantine Act 1892* in order to legitimise the standing of qualified medical practitioners is a revealing illustration of the dramatically changing attitudes towards the organised profession. They were no longer regarded as a power-hungry group of self-promoters intent on feathering their nest with exclusive legislation. Their important role in enabling the government to administer its own laws had been forcibly brought to attention.

The new scientific doctors: Dr. Verco's leprosy case.



Dr J.T. Toll [c1855-1900] an unwitting participant in the failed *Oroya* prosecution. He died at sea (of typhoid) when returning from the Boer War.

The intrusion of technology into medicine directly stimulated the interest of some doctors and the directions their lives took. A remarkable practitioner of scientific medicine was Thomas Borthwick [1860-1924], sometime medical officer of health for Kensington and Norwood and then health officer for the East Torrens county board of

health. In 1900 he was appointed medical officer of health for the City of Adelaide. He was a Fellow of the Royal Institute of Public Health and Fellow of the Society of Medical Officers of Health, London. He epitomised the new up-to-date scientific medical practitioner and he had his own laboratory, which he re-established at the Adelaide Children's Hospital in 1894 when he was appointed honorary bacteriologist there. He lectured on bacteriology at the University of Adelaide and examined for the Royal Sanitary Institute. He was an enthusiastic and influential promoter of fundamental public health safeguards and but for wider political and personality issues to be discussed later, would have become president of the Central Board of Health.

Dr. Helen Mary Mayo [1878-1967] was an even more interesting promoter of the science of medicine because in a shamefully patriarchal age she overcame the burden of gender to effectively pursue a distinguished academic and consulting career. She established valuable organisations to train mothers, set child care on a professional footing, and involved herself widely in both medical and general public life. Perhaps she is mainly remembered for her work in 1909 with Harriet Stirling⁴ to set up a small clinic in Adelaide to give advice to mothers. From this grew the Mothers and Babies Health Association. Their other initiative was to open in 1913 at St. Peters a small hospital for babies. This was taken over by the government in 1917 and moved to Woodville as *Mareeba*. For Mayo and Stirling the time was right for their resourcefulness because in the years before the First World War the Australian infant mortality rate was attracting critical attention, particularly when it was compared to the far better statistics of New Zealand. What is surprising about their personal crusades is that they pre-empted the social, educational and nationalistic federal campaigns which followed WWI, and which had as their main objectives better baby health. The genesis of these commonwealth leads lay in the realisation that during the war years 1914-18, the number of babies under twelve months who had died was almost equal to the number of soldiers lost. Maternal

and baby welfare consequently became caught up in the jingoistic concerns about declining birthrates and national decay, handed down by the articulate torch-bearers of the late 19th and early 20th Century to a new generation of crusading Fabians.

Not all the new scientific methods were embraced with enthusiasm. At the Adelaide Hospital Dr. Ramsay Smith's (*infra*) use of modern methods for diagnosing and



Richard Jagoe, the 'Sandhill Savage' who was told untruths by the *Oroya* captain.

treating infectious disease led to his judgement and clinical ability being publicly criticised by old and senior physicians. He confronted them publicly and refuted their criticisms with incontestable proof of the results of rigorously scientific practices and left them without a reply. One of the more dramatic illustrations of the triumph of scientific medicine over traditional clinical observation was an incident in 1898 when Ramsay Smith saved the government

from severe embarrassment when Joseph Verco, the doyen of the Adelaide Medical establishment bungled a diagnosis of leprosy. The patient was a Chinaman, Wah Lee, and when Verco was suspected of being less than frank about the existence of that terrifying illness, premier C.C. Kingston himself warned Verco of the penalties for failing to notify the condition. Verco quickly provided a certificate that Wah Lee had "...leprosy, in an early stage". The government then set about immediately deporting the patient, who promptly fled. He was found by the police, arrested, and towed by their launch in a boat to Torrens Island where, in winter, he was confined to a bare tent. His personal treatment was cruel and discriminatory. After a week Dr. Whittell, president of the Central Board of Health, who in the best tradition of medicine also held to the diagnosis of leprosy even though he had not seen the patient, obtained cabinet approval for Ramsay Smith and J.T. Toll to visit. Both agreed that far from leprosy Wah Lee had only

a minor burn where a traditional Chinese treatment had been applied. Amid great embarrassment he was released. Dr. Verco left no further remarks on the public record.

This incident is a superb illustration of the triumph of scientific medicine over pure clinical acumen. In fairness to Verco certain features were suggestive of leprosy. But Ramsay Smith swiftly established the correct diagnosis with the aid of 'modern' medicine. Specimens were taken from Wah Lee for culture and blood films and skin biopsies put under the microscope. The traditional rules and trained eye of the eminent physician graduate of 1875 were publicly discredited.

Science had made an impact and was here to stay. Now in between arguing about income tax, licensed hawkers and the impending commonwealth, Parliament pushed through a major *Health Bill* to greatly strengthen the powers of the Central Board of Health over every facet of the sanitary condition of the state – sewage, water, milk, food, disease, and even determining the fitness of dwellings for human habitation. Parliament was totally spellbound with the new scientific medicine and Members heard of the "...chemical and bacteriological laboratories", and about the "...most respected men in the profession..." who were into "...a part of a system known as preventative medicine...". Dr. Leith Napier (*infra*) and Ramsay Smith were publicly praised for their bacteriological work. The public also learned through the newspapers of the "little hobby which is bacteriology" of Horatio Whittell. He had met Koch and Pasteur, from whom his enthusiasm for that science arose, and he had at his home a complete laboratory which he placed at the disposal of the government. In two years, too, at Liverpool, England, the first Chair in Biochemistry would be established.

Science could crop up dramatically in unexpected places. In 1896 in Sydney in the Supreme Court Dr. G.H. McSwiney refused to kiss a Bible "...which had been kissed by all sorts and conditions of men and women." There was a sensation and an acrimonious exchange with Judge Simpson who accused doctors of harbouring fads and

talking nonsense. McSwinnery stood his ground and lectured Simpson on infectious disease germs and a brand new Bible was obtained. The ensuing publicity and criticism of Simpson resulted in the abolition of Bible kissing in courts.



Dr J.A.G. Hamilton [1855-1925] who was much worried about compulsory education destroying the pool of lower class labour.

Upward Mobility.

The Legally Qualified crawl higher up the social ladder.

We have noted how doctors consolidated their social standing by marriage, political and social activities, and even from the foundation of South Australia there are subtle indicators of their prestige. In 1837 when Governor Hindmarsh proclaimed Queen Victoria, Drs. Cotter, Wright, Wyatt and Woodforde were summonsed to be among the "...number of the Principal inhabitants..." assembled in front of Government House to witness the occasion. The *SA Gazette and Colonial Register* knew all about rank too, and in its columns ordinary women who gave birth were 'wives' or simply 'Mrs'. Parous spouses of medical practitioners were always 'ladies'. The medical board when gazetting the legally qualified always listed them as 'gentlemen'. Fifty years later some members of the profession had quite exalted views of themselves. When in 1891 the government dragged in over the dead bodies of the Legislative Council and medical practitioners an *Act* to provide for free education, some opposition boarded on the hysterical and Dr. J.A.G. Hamilton publicly complained that the lower classes were being educated so much beyond their station that before long it would be impossible for their betters to find anyone to clean their boots. This son of the Irish Protestant manse typified the ascendant Anglican Protestant origins of many of the colonial medical figures (and parliamentarians.) These obstinate non-conformist colonisers and founders had a healthy dislike of the entrenched privilege and patronage that characterised the social and ecclesiastical orders of the places from which they had migrated. Their own outlook on human existence accorded a higher priority to the virtue of self-dependence. They had no time for free education, free health, or free anything, particularly when provided by the state (or themselves.) They firmly believed that any kind of legislative generosity was pandering to weak sentiment and would undermine every noble quality of self-reliance, pride and independence that had made the British race great. To them all social reform

would bring nothing but financial disaster and administrative chaos. The South Australian social structure differed from the English model and fitted their conservative views because our own aspiring upper classes, having neither inherited money nor land or trading wealth would in England only have made it to the middle class. Medical practitioners with their education, common ethical and social ideals, and independent ability to make a living, fitted easily into the local view of the upper classes. There they have remained, along with their historic concepts.



Dr Thomas Borthwick [1860-1942] an important practitioner of the 'new' scientific medicine.

Hamilton was a recognised and typical leader of the organised medical profession and his views were representative of many of his contemporaries, although they were publicly repudiated by the inspector-general of schools, the English Protestant John Anderson Hartley [1844 -1896].

The absence of other public criticism of his remarks suggests that the medical leadership well before the turn of the Century had opinions of themselves as important persons of high social standing, and a similar attitude is evident in New South Wales. Concern with status has been a persistent thread in the history of medical practice. In 1911 the organised profession was concerned at what it saw as the studious disregard of its claims to recognition. The dearth of Imperial Honours bestowed on practitioners was lamented, and when recognition did come it was usually considered that the recipient had deserved a higher distinction than the one conferred. In 1963 the council of the Australian College of General Practitioners desired that its members wear academic dress at functions, and distributed an order form for the dress from the "official gown maker". They also busied themselves securing the epithet 'Royal' for their organisation. To this day the various medical organisations and colleges, whether Royal or not, devote much time to writing grovelling letters and soliciting

unctuous testimonials on behalf of their members who crave entry on the regular honours list. I will return later to the question of doctors' views of their social standing.



Dr Helen Mary Mayo [1878-1967] a distinguished consultant and participant in medical and public life.



Harriet Stirling: in 1909 with Dr Helen Mayo founded what became the Mothers and Babies Health Association.

Open warfare continues against the unqualified.

Armed with the *Medical Act 1889* the organised and legally qualified quickly went hunting for unqualified heads for their new legislative platter. Their first victim was Richard Royston Russell, a notorious quack active in Adelaide at the time and well known in the eastern states for his criminal activities. He claimed to be MD *Dublin* and came to grief only when he sued a client for failure to pay for medical attendance. The defendant to prove imposition produced the *Calendars* of that university and secured the verdict with compensation. Russell was forced to a composition with his creditors and was eventually arrested and gaoled for contempt of court. Their next effort was not so triumphant. All the legislation, which has been considered that had as its object the prohibition of false representation by the unqualified, had one fatal flaw and the 1889 *Act* was no exception. Quacks saw an opportunity to continue their imposturing because Clause 3 set out that anyone who had practised medicine or surgery in SA for five years would not be liable to any penalty simply because they used the title of doctor. In December 1890 Dr. T.W. Corbin as secretary of the Association of Registered Practitioners, and after the government had declined to act, laid an information against Talbot Bridgewater for falsely pretending to be a LQMP. Bridgewater lived at Marion St. Newtown, Sydney, and travelled extensively claiming to specialise in nervous disorders and it is clear that he did very well. The doctors engaged J.H. Symon *QC* to prosecute, a fact not without irony because it was he who had mangled the profession over George Bollen. Bridgewater was convicted and fined £25. He was a charlatan in the worst sense of the word, consulted at the Imperial Hotel, puffed his abilities with false testimonials and inserted large advertisements in newspapers, and even *The Register* attacked him.

There was however the indisputable reality that the loophole in the 1889 *Act* did not prohibit him from practising and, engaging C.C. Kingston, then in government and soon to be Chief Secretary, he took his conviction to appeal and it was overturned. The

government declined to amend the *Act* and the registered practitioners, faced with large legal costs had to appeal to Symon to reduce his fee, which he did. Thereafter their enthusiasm for legal adventures diminished and Bridgewater, despite much hostile press comment was able to continue his blatant imposition. The legal adventure also cemented the torrid mutual hatred between Symon and Kingston.

More exclusive medical organisations are formed.

Medical Defence



Dr Alexander Stewart Paterson [1833-1902]
sometime medical officer North Terrace
Lunatic Asylum and Colonial Surgeon.

The earliest known attempt in the British Empire to organise qualified doctors into a group to protect their interests against malicious attacks and quackery occurred in 1854 when the British Medical Association considered the matter, four years before the *Medical Act 1858*. Around this time in both England and Australia notable unsuccessful libel actions in respect of the imputation of improper professional conduct were brought. In *Clay v. Roberts* a

physician claimed defamation because he was alleged to have associated with homoeopaths, but the case failed. In *Beany v. Fitzgerald* it was held in Victoria that it was not defamatory to refer to a LQMP as an "advertising doctor". In 1858 in England the Medical Defence Union was formed, the first national defence organisation, and by 1870 the Medical Defence Alliance and the Medical Defence Association had also been established to safeguard the interests of the legally qualified. Medical politics, because of the unrelenting narcissism of the participants, have always been turbulent and the Medical Defence Union was so wracked by conflict that in 1892 a breakaway group commenced as the London and Counties Medical Protection Society. As the Medical

Protection Society it existed for over 100 years and continues today but in a different corporate form.



Dr A.A. Hamilton [1856-1914] whose successful suing for his mismanagement of a fracture led to the formation of the Medical Defence Association of South Australia.

In 1897 in South Australia Dr. Harry Swift raised the question of the need for such an organisation, and the Medical Defence Association of SA (MDASA) was formed on 21 December 1899. The catalyst was a case where Dr. A.A. Hamilton (brother of T.K. of the Sabine case, and J.A.G., the social commentator, both *supra*) was successfully sued for incompetent management of a fractured arm. To make matters worse not only was the plaintiff a lodge patient, but his counsel produced two recently expelled BMA (SA Branch) members to testify as to the defendant's incompetence. Swift was the first president of the MDASA, which survives to this day, though it now pursues its objectives in a commercial form dictated by federal legislation. In the first place doctors' concern with medical defence reflected their perception of the need for mutual protection against litigious persons, the defence of their qualifications, the suppression of quackery, and the less altruistic need to have some united mechanism to recover their fees. In SA not until 1919 could the legally qualified sue for the recovery of remuneration for professional services. These subjects make a recurring theme in the vast literature of British and Australian medical practice.

The Medical Benevolent Association of South Australia.

This organisation dates from 20 October 1881 when the South Australian Medical Society, an argumentative organisation which existed between 1872 and 1881 was wound up. The members transferred all their capital to three trustees to endow the new charitable body that would assist and support doctors and their dependants when through ill fortune or health the practitioner could no longer earn an income. The three

trustees, Drs. Clindenning, Paterson and Wylde were interesting people who provide another glimpse into the close knit Adelaide medical establishment. William Talbot Clindenning [1825 – 1899] practised at Port Elliot from at least 1854 before he sought registration and was then at Mt. Barker and Kapunda before settling in Adelaide. He was appointed to the Adelaide Hospital Board in 1870. Through the marriage of his eldest daughter to the pastoralist William Gilbert of Pewsey Vale he became grandfather of Dr. Henry Gilbert [1880 – 1947] who would in turn become a trustee and secretary of the Medical Benevolent Association. William Gilbert [1850 – 1922] was the youngest son of Joseph Gilbert [1800 – 1881], pioneer vigneron, pastoralist and landowner – the suburb of Gilberton stands on one of his Sections. A son of W.T. Clindenning, Frederick Talbot Driffield [1859 – 1959] also became a medical practitioner but left SA in 1889, probably because of the lurid publicity which surrounded his involvement as co-respondent in a sensational divorce case which entertained Adelaide.

The second trustee was Dr. A.S. Paterson [1833 – 1902] who through marriage



Charles Cameron Kingston
[1850-1908]. Premier of South
Australia 1893-1899; Member of
Federal Parliament 1901 – 1908.

became uncle to Dr. Helen Mayo (*supra*.) One of her brothers was George Elton Mayo [1880 – 1949] professor of industrial research, Harvard. Another was Sir Hebert Mayo [1885 – 1972] who became a Supreme Court Justice, and a third was Dr. John Christian Mayo [1891 – 1955] a prominent Adelaide

surgeon and radiotherapist. Her sister Mary Penelope Mayo [1889 – 1969] was a historian. They were a clever family whose

grandfather, Dr. George Mayo, had married Col. Light's mistress, Maria Gandy, after Light's death. The third trustee, Dr. R.T. Wylde, had already been discussed. In many different callings of Adelaide society the medical scions rambled wide and deep.

A Crisis – A Woman Graduates: fears for the future of civilisation.

Dr. Laura Fowler {1868 – 1952} the first woman to graduate in medicine from the University of Adelaide in 1891, and then 23 years of age, applied in December of that year for admission to membership of the BMA (SA Branch.) She could not be accepted because the Articles of Association would not permit the election of a woman. Her application was strongly supported by A.A. Lendon whose proposal that the Articles should be altered to allow the admission of women to membership was strongly supported by J.C. Verco. Alarm bells rang and the conservatives mobilised their composite gravitas and whiskers. Drs. T.K. Hamilton and Harry Swift succeeded with a motion that before anything was done a plebiscite should be held of the whole branch. At this time the question of allowing women in the BMA was also under discussion in NSW and Victoria, as well as India and South Africa and the misogynists were everywhere displaying their one track and narrow gauge Puffing Billy minds. The plebiscite was duly held and the SA membership was strongly in favour of the right of women to full membership. The reactionaries were now fired up and attempted unsuccessfully to stop Lendon conveying the figures to the parent BMA. Dr. R.K. Archer saw no point in the association pandering to a "...proportion of eccentric individuals."

I say eccentric advisedly, for I think a woman who has braved the horrors of the dissecting room and the disgusting necessities of the *post-mortem* table may, seeing they are so few, be justly termed eccentric.

The cave dwellers were horrified when at the annual general meeting of the BMA at Nottingham in 1892 the Sacred Articles were altered to permit the admission of women and seeing the imminent end of the world made a last ditch stand to keep Laura Fowler out. At the SA Branch meeting in October that year two medical practitioners were proposed for membership, Dr. James Maher a recently arrived Edinburgh graduate, and

Miss Fowler. Maher's admission was approved but Laura Fowler was rejected because Ben Poulton and Charles Todd, the more acidic members of the fraternity, managed to get a motion passed that before any woman could even get to the ballot stage the whole



Dr Thomas Kinley Hamilton [1853-1917]. President of the BMA 1895-96 and of the medical board 1899-1912.

question of their admission had to be submitted to a general meeting of the entire membership. That meeting was held in the following month, November, and a large attendance accepted the vigorous arguments of Lendon, Edward Way and E.C. Stirling in support of Miss Fowler and a by-law allowing acceptance of female membership was adopted. South Australia can take credit for the reform leading to the admission of medical women to the

BMA: by 1894 in the UK there were forty such members.

When Dr. Christina Goode, the second woman to seek full membership of the SA Branch applied in 1899 there was not a murmur, but by then, as we will see, the profession in pursuing its honourable tradition of savagery had managed to nail itself to its own cross and was having trouble getting down. But the South Australian attitude was now vastly broader than was the case in England where for some more years the appointment of a female house surgeon could result in the resignation of the entire male medical staff. On one occasion the reason proffered in explanation of their sudden exodus was their concern at the horrible effect catheterisation by a lady could have on a respectable man (but not, apparently, on an unrespectable one.) South Australia was also free of the more rabid prejudice and patronising superiority that can be found elsewhere when any involvement of women in medicine seemed to cause men to take total leave of their commonsense. Adela Knight [c1866 – 1891] in the 1880s was refused admission to any Australian medical school and went to London University and graduated MB in 1889. In the 1860s a woman doctor called Fergusson, with an MD University of Philadelphia, was not allowed to practise when she landed in Melbourne. As late as 1895

the president of the NSW branch of the BMA lectured his members on the smaller brain capacity of women and told them that if it were thought that women were as intelligent as men the human race would degenerate.

The matter of admission of women to the diplomas of the Royal Colleges of Surgeons and Physicians was not settled until 1908 when they were at last accepted as candidates. The colleges were stunned at what they saw as the basest ingratitude of the female practitioners. Expecting to be publicly thanked for their magnanimity in permitting women to compete with men on the same level of practice, they were thoroughly shocked to be told that the male dominated colleges were bastions of antiquated precedent and prejudice and had, with all the mute invulnerability of the hedgehog, held out as long as possible against change. While we may look back on these examples of chill, unyielding obstinacy with some amusement, the fact of the matter is that the blatant discrimination and supercilious patronage of the 19th and early 20th Centuries has merely been superseded by more camouflaged, better organised and more subtle forms. Women still earn lower salaries than men, rarely occupy policy-making positions in the profession, obtain fewer post-graduate qualifications and less frequently become specialists than their male colleagues.

Death by Attrition: The SA Medical Profession v. the Right Honourable Charles Cameron Kingston.

Any chance the doctors had of securing amending legislation to strengthen the power of the medical board to deal effectively with quacks evaporated completely in 1895 when the Downer government fell and the radical liberal Charles Cameron Kingston, Member for West Adelaide, formed a Ministry with Labor Party support. A point of overriding importance in any consideration of the subsequent six years disastrous relationship between government and BMA is that the Kingston

administration brought to SA an unusual and unprecedented long term of political stability. In the thirty years prior to his election there had been thirty one changes of government, so Kingston would head what was then the longest serving South Australian Ministry. His exceptional security of political tenure meant that he could ignore anybody that had the potential to cause trouble – like doctors. With this continuity of state administration went uninterrupted tenure of political office. Kingston remained as Attorney-general for six and a half years, and F.W. Holder was Treasurer for five. Such security of tenure of high office makes politicians impregnable.⁵

In any consideration of the "hospital row" there are four salient things that have to be remembered. First, the Kingston government was a government of hitherto unparalleled reform. It imposed high tariffs, land and income tax, extended the franchise to women, pioneered arbitration and conciliation as a means of preventing industrial



Sir Frederick William Holder [1850-1909] Treasurer in the Kingston government.

disputes, founded the State Bank of South Australia and even enforced Sunday closing of hotels. The work needed to accomplish all this is remarkable, particularly when it is remembered that Kingston was involved in the highest level of negotiations in Australia and London which led to the Commonwealth of Australia. Second, the administration held power at a time of severe economic depression and financial crisis. The Bank of South Australia had crashed in 1892, and in 1893 the great pastoral company Elder Smith made its first ever loss. Unemployment was rife and Kingston established settlements along the River Murray as a means of reducing the problem. The community had much wider and severer causes of concern than the playing out of a vindictive hospital squabble. Third, there is the interesting silence of the medical members of parliament. Dr. J.A. Cockburn held the portfolios of Minister of

Education and Agriculture 1893-1898 and then left to become Agent-General in London: he could hardly criticise his own government. Edward Stirling had not returned after his 1887 defeat. Alan Campbell and Sylvanus Magarey were away from the heat in the Legislative Council, and the parliamentary record indicates little personal involvement by either. The former died in 1898 and the latter in 1897, and chronic ill health may have contributed to their apparent disinterest. Campbell had left the board of the Adelaide Hospital in 1891, four years before the 'row' started, and throughout the dispute was busy as chairman of the Adelaide Children's Hospital. Neither he nor Magarey held appointments at the Adelaide Hospital. Last there is the complex personality of the Attorney-general himself who by 1898 had become the Right Honourable C.C. Kingston *PC QC DCL (Oxon) LLD (Adel) a.e.g.* and to the fury of his wife, had refused a knighthood. Three years before, in 1895, the new Privy Councillor and Oxford graduate had fought a personal enemy with a horsewhip in the centre of Adelaide, and in 1892 he had been arrested in Victoria Square when carrying a loaded pistol on his way to a duel with the Legislative Councillor R.C. Baker, whom he detested. There is no doubt that Kingston could be vindictive, argumentative, viciously offensive and vituperative, spiteful, obstinate and unscrupulous, and his medical opponents, suffering the vexing symptoms of moral self-pity, were too naive to cope with him. Kingston also had the benefit of a close personal friendship with Sir John Langdon Bonython, proprietor of *The Advertiser*.

More trouble, because of "...a couple of women...".

The Adelaide Hospital 'row' was precipitated by the appointment of Miss Hannah Gordon as a senior night sister. The sister of Kingston's Chief Secretary, Sir John Gordon, she was selected on the recommendation of the medical superintendent Dr. R.H. Perks, who for unknown reasons overlooked more senior nurses, though she

seems to have had more practical experience. A confrontation therefore developed between the staff who felt their just claims and qualifications had been ignored, and the hospital board. The ensuing distasteful and vehement arguments spilled into press and parliament, and by July 1895 a serious confrontation had arisen between the government and the board over the resolution of an impasse regarding what would be the most appropriate and fair way to handle the specific problems caused by two of the protesting nurses who had been dismissed for gross insubordination – Louisa Hawkins and Margaret Graham. The board felt that to reinstate them would be utterly destructive of discipline: the government directed that they be re-employed. The opposing forces



Margaret Graham [1860-1942]. A woman of considerable firmness of mind, high principles and great competence. Matron of the Adelaide Hospital 1898-1920.

mobilised and Dr. Perks, superintendent of nurses MacLeod, and the entire seventeen honorary staff took the side of the board. The government, utterly intransigent, rejected all attempts at compromise and reconciliation, and announced in August 1895 that it would dispense with the entire board of sixteen, including eight doctors, in February 1896. Kingston must have been supremely confident of his unyielding stance, because the elections, which returned him to government, were scheduled for the 25th April. Dr. Perks resigned in

September 1895 and Robina MacLeod and Annie Gordon followed in February 1896. In what now seems an act of great provocation in March 1896 Margaret Graham was appointed as a charge nurse and allotted a ward. The entire honorary staff resigned and left in April 1896 in a shower of sour grapes.

The medical profession resolutely nails itself to its own cross: the Adelaide medical school destroyed.

These actions did nothing to help the progress of amendment, and the full tide of disaffection surged freely. The government was utterly recalcitrant and cut off the annual grant to the medical school, which paid the lecturers. Clinical teaching ceased and the final year students who had the misfortune to become victims of the wretched disturbance had to complete their studies at the Adelaide Children's Hospital. After the graduation of H.S. Newland, Bronte Smeaton, Alan and Archibald Campbell, R. Hornabrook and J.L. Isbister, there were no more medical graduates for six years until 1902. Adelaide students wishing to study medicine had to go interstate or overseas. This lamentable diaspora of ability was an immense tragedy of loss to SA. Many of the students forced to leave this state would never return. They would enrich the communities where they made their new homes and lives, and leave us the poorer. They included some who would become the most eminent Australian and expatriate consultants, researchers and teachers.

What is clear is that the 'row' was the first open class conflict in SA between a crusading, reforming government, and a hidebound conservative group, who had no hope of winning. The organised medical profession was the great loser from these troubles. We can concede with Joseph Verco that the honorary staff had to show a united front, but when they cut off their collective nose to spite their face they dragged the university into the vicious dispute and reduced themselves to Kingston's level. He simply became more violent and uncompromising. In resigning the honorary staff destroyed the medical school. To them the vision, generous philanthropy, hard work and resourcefulness of the farsighted colonists who had founded it, meant nothing. Great damage was done within the medical profession itself because the government easily circumvented their precipitate actions and eventually triumphed. This caused great

division and the futile expenditure of energy in mutually destructive behaviour.

Legislative reform of the *Medical Act* was a prominent casualty, and this crying need for amending legislation was the anvil on which should have been hammered out the legitimate aspirations of doctors. Instead they wasted years publishing through press and pamphlet endless diatribes of self justification for their inexcusable conduct. The BMA (SA Branch) assiduously compiled cutting books that preserved all the tendentious claptrap and for decades, like the relics of a saint, they would be exhibited to the faithful. Most of the writing reflects no credit on the authors, has a purgative effect on the reader and merely prolonged an intemperate and debilitating controversy.

The public behaviour and writings of doctors at this time is a further illustration that fortified by legislation that had set up a medical school, controlled professional entry, gave them a closed shop and conferred certain exclusive rights, they had become acutely aware of their vertical mobility and importance. Much of the writing is self-righteous, self-congratulatory and condescending, and is a distasteful reminder of the contempt in which 'a couple of women' were held.

The Government ...have preferred to virtually dismiss a board of sixteen men who have for years given their services gratuitously...to lose the services of an excellent Medical Superintendent; to accept the resignation of the Superintendent of Nurses and her Lieutenant; and to get rid of the Honorary and Surgical staff...for What? To retain a couple of women in the Adelaide Hospital service...

As one writer pointed out, it is almost possible to hear the word 'mere'. The wells of medical lunacy needed no artificial irrigation. The BMA maintained its glaring double standards. It continued to persecute the lower ranks who transgressed its code of ethics, censoring and expelling. On the other hand they were quite happy to elect the aberrant Professor Archibald Watson to their presidency, even though he was unregistered and conducting public and private surgery. When he brazenly used the 'row' to secure for himself in the face of their total proscription the position of Honorary Surgeon at the

Adelaide Hospital, they excused his self-serving underhandedness with a masterly exercise in obfuscation. But the final spiritual castration of this ultra conservative, clannishly inbred and aggressively defensive group that fervently believed in their divine right to rule medicine without interference, was close upon them. To break the profession's back the Kingston cabinet brought Drs. Ramsay Smith and Leith Napier to SA, and the BMA was again able to display its indefatigable ability to string together regular blunders.

Dr Smith and Dr. Napier arrive.

As soon as the honorary staff departed in high dudgeon F.W. Holder telegraphed Thomas Playford,⁶ the SA Agent-General in London and directed him to find suitable replacements, and the positions were also advertised locally. Hard on the heels of



Dr William Ramsay Smith [1859-1937]. His name and career in SA recalls the words of St Luke: Behold, I give unto you power to tread on serpents and scorpions, and over all the power of the enemy: and nothing shall by any means hurt you.

Holder's cable instructions there followed from SA two anonymous cables to the British Medical Defence Union and the British Medical Journal seeking their support to prevent applications for the new positions. The author was probably T.K. Hamilton, then president of the BMA (SA Branch.) Despite this mischief two experienced and first class men were quickly obtained: Leith Napier and Ramsay Smith. Alexander Disney Leith Napier [1855-1926] MA MBChM *Aberdeen* 1875; MD *Aberdeen* 1878; MRCP *Lond*

1888, forty one years old at the time of his appointment, conducted a lucrative West End gynaecological practice which he was prepared to abandon because the health of his wife made necessary a change of climate. The new resident physician, William Ramsay Smith [1859-1937] MSc *Edin* 1888; MBChM *EdinI* 1892, thirty seven years old, had been headmaster at Invergordon Public School, Scotland, before studying science and

medicine at Edinburgh University. He was in general practice at Rhyl, Wales, when he obtained the Adelaide appointment.

Despite the efforts to terrorise doctors Holder ended up with thirty-three applicants. Napier and Smith sailed on the *Ophir* in June 1896 and on arrival in SA were ostracised by the local BMA and the following year expelled from the organisation. The government paid their legal costs. C.C. Kingston had them to lunch at Parliament House



Dr Alexander Disney Leith Napier
[1854-1926].

and the triumphant government heaped official appointments on them. By early September Leith Napier was assistant medical officer at the Asylum, had a government house, and was Surgeon-major to the military forces. Ramsay Smith had become medical officer to the gaol. The Adelaide Hospital in any case had been kept going using government medical officers and volunteers: now a very highly qualified and competent surgeon-gynaecologist and physician had been secured in its

service. Nor did the government have any trouble in replacing the hospital board that it had dismissed, or, in fact, in replacing replacements.

Napier and Smith were a festering sore to the local BMA which embarked on a campaign to drive them out with ridicule, embarrassment and humiliation. In the ensuing hostilities with a group that had cast itself in the role of greatly wronged martyrs, the two new arrivals showed that they were made of true Scottish grit and in the succeeding five years war they had the backing of the Kingston government and its successors. Leith Napier would be a lesser player, for after a fiery entry he was removed from the stage by a serious accident. On 16 January 1900 during training of the 2nd South Australian

contingent for the South African War, his horse stumbled and threw him, striking his head with its foot. His injuries were severe and initially were feared fatal, but after a long illness he recovered, though his general health was greatly impaired. The government took care of him, awarding compensation and transferring him to the retired list with all privileges. Ramsay Smith never looked back and remained in public life for another thirty years, a constant reminder to the BMA of their political ineptitude and impotence. To Kingston's political opponents Napier and Smith were simply a source of ammunition to



Dr Edward Kinmont [1869-1927]. At Port Lincoln for 18 years: owned the first motor car on the West Coast.

embarrass his government and the first shot was fired in July 1896 when an unsuccessful attempt was made in the House of Assembly by Robert Caldwell⁷ to implicate Napier in a sanitation and mortality scandal at the Chelsea Hospital for Women, London. In September that same year Napier and Dr. A.E.J. Russell, medical superintendent in succession to Perks, had a disagreement in an operating theatre. Napier – a large man – invited Russell outside and

indicated his fate if he ever criticised him again. In quick succession Russell fell out in 1897 with the hospital board and in 1898 with Ramsay Smith. He was then dismissed by Executive Council. Also in September that year the four house surgeons, Corbin, Moule, Bonnin and Letcher, made malicious criticisms of Napier and Smith, and were suspended. Corbin was dismissed and the others allowed to resign. It would appear that Archibald Watson had enlisted them to shore up his own personal vendetta against Leith Napier. This feud, enshrined in the Parliamentary Papers ended with the hospital board dismissing the eccentric buffoon Watson, who then induced the Legislative Council to appoint a Select Committee of Enquiry. It survived only long enough to acquire evidence

of the malevolent antipathy of the BMA and the readiness of its acolytes to tell lies, before the government shut it down.

The government keeps the Adelaide Hospital running.

All this turbulence again left vacancies at the Adelaide Hospital and once again the government had no difficulty filling them, and this time there was a complete absence of turmoil. Dr. Edward Kinmont had been in general practice at Gumeracha and Mannum before appointed as resident medical officer. After his term of office he went to Port Lincoln where in 1903 he did his rounds on a motor cycle, and in 1905 he bought the first motor vehicle on the West Coast, a De Dion. Greatly liked, he left Port Lincoln in 1915 to accept a number of government appointments, which he held to his death in 1927. The other two appointees were engaged in London. Dr. David Morrison became resident assistant physician. He resigned in less than a year to go into private practice, and although Ramsay Smith has been blamed, Morrison was lazy, argumentative, concerned with his status and not prepared to work as part of a team. The other new English medical immigrant was Dr. Bedlington Howell Morris [1868-1936] who had had a brilliant academic career and extensive hospital experience. He had worked in the Netherlands India Service and had served in the China War. He became resident assistant surgeon and went on to great eminence. At the expiration of his term in 1899, at a ceremony presided over by Leith Napier, he was presented with a clock, illuminated address and vases. He was then appointed medical officer to the Destitute Asylum, Gaols and Prisons Department, State Children's Department and Inebriates Home. In 1914 he became Inspector-General of Hospitals, and in 1922 chairman of the Adelaide Hospital Board. The Morris Hospital, Northfield, opened in 1931 for cancer and tuberculosis patients, was named in his honour. At the same time as Morrison and Morris took up their duties the government appointed two honorary physicians, Drs. Rogers and

Niesche. Richard Sanders Rogers [1861-1942] who had resigned from the BMA in 1893 became a significant scientific figure. A world expert on orchids, he received his DSc degree at the age of 74, fifty years after his first graduation. Frederick William Niesche [1857-1918] practised in Adelaide for many years. It is clear that throughout the hospital 'row' the government invariably secured the services of persons with unimpeachable academic and clinical credentials.

It seems that there was never any intention by the honorary or other staff that the hospital would be forced to shut down. The former in 1896 had offered their services to the government in case of emergency but was rebuffed by Kingston. At the same time there had been a meeting of government medical officers who had volunteered their services to the hospital and a roster had been drawn up to ensure that the work would be carried on without disruption. Those practitioners who would ensure continuity of patient care through all the imminent violent personal storms included Drs. J.T. Toll, C.E. Todd, W.L. Cleland, H.T. Whittell, W.T. Clindening, A.E. Shepherd, J.W. Astles and A.W. Hill.

Over the ensuing months many more doctors would give their services without controversy and they included L.W. Bickle, E.A. Johnson, H.C. Curtis and D. MacDonald. In due course the younger ones would become distinguished practitioners. The senior medical students at the hospital also gave commendable service and Leith Napier referred particularly to Bronte Smeaton, J.L. Isbister and H.S. Newland. An important reason explaining the government's ease in filling vacancies was the great division within the profession itself between the doctors in the hospital and those outside it. There was much prestige to be associated with the institution and many were eager to acquire that standing, and not a little envious when they could not. The 'row' also provided opportunities for the feminist cause: in 1898 the first female RMOs took up duty, Drs. H.E. Biffin from Sydney and E.M. Wood from Scotland. Not until 1905 could

female medical graduates in NSW gain a residency in a major Sydney hospital. Biffin and Wood were paid £100 *per annum* compared with Kinmont's £250. The two women left in August 1899 at the expiration of their contracts. Another two New Zealand females were appointed in 1901: C.H. Frost and J. Kinder, and others would follow. Every time



The Kingston Cabinet which stared down the BMA in 1896. Standing L to R: J.G. Jenkins, L. O'Loughlin, J.V. O'Loughlin. Sitting L to R: J.A. Cockburn, C.C. Kingston, F.W. Holder.

medical officers were appointed meeting after meeting of the BMA (SA Branch) resounded to howls of protest, calls for expulsion, requests for resignations, submission of resignations, withdrawal of resignations and general divisive argument. The unnumbered pages of their minute books bear witness to their fury and the utter failure of attempts to dress their

profound conservatism in a sufficiently radical uniform to do anything about it. By 1897 the unshakeable resolution of Smith and Napier had made the 'row' irrelevant and the government, keeping a straight face, could tell parliament that they were unaware of any hospital dispute.

It was no small help to the peace that in 1897 Kingston was fully occupied with proceedings of the National Australasian Convention and this had taken him away from the immediate battlefield. The BMA and its more fervent supporters also discovered some chinks in their armour of martyred righteousness and started to give up trying to present themselves as passable imitations of the wrath of God. There had been an embarrassing outbreak of typhoid at the Adelaide Hospital and a very public spat when Ramsay Smith drew attention to the insanitary condition of the place. Then the government published some lurid facts relating to deaths at private hospitals and the leaders of the profession suddenly went silent. Finally when Dr. H.H. Wigg, medical officer of health to the City of Unley, tried to blame three typhoid deaths in his council

area on treatment at the Adelaide Hospital, Ramsay Smith made him look foolish. There were calls in parliament for criminal charges to be brought against Wigg, who was subject to much public scorn.

In 1898 the government publicly demonstrated its confidence in Napier and Smith by renewing their contracts for five years, and in 1899 appointed the former to the medical board. A.S. Paterson immediately resigned in disgust with a tirade of abuse. That same year Ramsay Smith was appointed president of the central board of health and coroner. The BMA boiled and frothed but could do nothing.

The Boer War to the rescue

The Kingston government fell on 29 November 1899, adding to a number of fortunate coincidences that suggested the hospital dispute could be brought to an end. As mentioned Leith Napier had been seriously injured in a fall from a horse. The blustering Archibald Watson had gone to the South African War and would soon be followed by Ramsay Smith. Kingston himself was being feted in London while seeing the *Commonwealth of Australia Bill* through the Imperial Parliament. At the subsequent first federal election in 1901 he topped the poll for a House of Representatives seat. Another small piece of good luck that helped end the 'row' was the fact that a *Hospital Bill* which was being aggressively debated lapsed during the second reading. This was just as well as Kingston was to have been the next speaker. Much behind the scene negotiation resulted in the re-appointment of the honorary staff in March 1900 and the resumption of clinical teaching the following year. In medical circles there was great relief, but it is harder to tell if parliament or public had any interest. In 1900 the former was chiefly concerned with early closing, workmen's compensation and railways. The general public was pre-occupied with imminent federation, the Boer War and – really exciting – the inauguration of electric light in Adelaide.

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There was one very long-term result of the hospital quarrel: the medical profession lost control of the management of the Adelaide Hospital and never regained it. The earliest ancestor of that institution had been the Colonial Infirmary, 1837-41, managed by a board of four that included two medical practitioners, William Wyatt and James Nash. It was succeeded in 1841 by the first named Adelaide Hospital. This had thirty beds and was controlled by a board of six.⁸ Right from the very start in 1837 the SA government owned the buildings in which the sick and injured were publicly managed, and the colonial surgeon was expected to carry out the duties of the English parish surgeon, whose labours were governed by the notorious *Poor Laws*. In 1841 the government gave control of the hospital to the colonial surgeon, J.G.Nash: thus they vicariously presided over the establishment. A decisive say in the management of hospitals is an important aim of doctors, because being able to influence or direct financial, administrative and appointment policies is a key step to the achievement of executive dominance. Dr. George Syme, who would become a leader of the Victorian profession, recognised that hospital appointments were the central arena of struggles over medical status, wealth and power, and he put the position more bluntly.

...there is a good deal of cant about the noble generosity of the honorary staff in giving its highly skilled services to the suffering poor gratuitously. To men who desire to become and remain leaders of the profession, positions on the honorary staff of a clinical hospital are almost indispensable, and are accordingly keenly competed for and much coveted.

Attempts to erect a hospital to compete with the Adelaide failed. In 1850 Dr. C.J.F. Bayer, with the active support of the Provincial Grand Lodge of Freemasons, campaigned for the construction of a "German and British Hospital".⁹ The foundation stone was laid with much bibulous and verbose ceremony in 1851, but when completed the institution (in Carrington Street) struggled unsuccessfully against the staff and facilities of the government competitor for ten years to 1860. It then became a Church of

England girls orphanage, retaining that role until 1909. The problem was that the South Australian population could not support a private hospital, particularly one established at the start of the gold rushes, with the ensuing significant emigration.

The twenty six years 1841 – 67 were marked by recurrent acrimonious disputes between doctors and government over hospital management, and control by a non-medical board continued until that latter year when a new board of twelve was appointed, nine members being LQMPs. This happy situation lasted seventeen years to 1884 when Kingston, then Attorney-General in the Colton Ministry drove through an *Act* limiting the number of doctors on the board, and twelve years later as recounted he dissolved the entire board and appointed a new one without a single medical representative. The direct authority of the medical profession in management of what then was the only teaching hospital in the state was lost and never regained.

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In considering the history of the medical profession – or anything else – those people who stand out are the notable few who kept records, or about whom records were kept. So it is that Ramsay Smith and Leith Napier became legendary characters



Dr Bedlington Howell Morris [1868-1936]. Entered SA public service 1896 and became an eminent administrator.

because their story is enshrined in the public records.

They prospered and so did those doctors when worked with them during the hospital troubles. Their adversaries left little on the public record for us to remember them by, apart from their venomous hatred. A.A. Lendon's unpublished (and until recently, restricted) memoirs are particularly disparaging of Leith Napier who is accused both in those splenetic writings and some internal

medical board disputes of being an abortionist. It is hard

to say where the truth lies because Napier left no public documents and was never

charged with any offence. His son became Chief Justice of SA, and a grandson a QC.

Ramsay Smith became well known and his many achievements include a DSc from Adelaide for his anthropological writings.¹⁰ It seems that he achieved some sort of *rapprochement* with Archibald Watson

because they were happy to cooperate in some of their physiological and anthropological prying into the aboriginal race. These expeditions were characterised by a ruthless indifference to cultural sensitivities and included grave robbing, corpse mutilation and a callous disregard for personal feelings. One excursion involved the removal of the chest during a *post mortem* and its substitution with an umbrella so that the mourners would not suspect the dismembering. They collected skulls, brains, skeletal remains and even whole bodies for 'study'. Once an entire corpse was removed from a coffin and replaced with stones. Rumours of the activities caused some outrage and came to the attention of parliament. A Select Committee discovered some unpalatable facts. It concluded that the scientists were brilliant but wayward. There is no question that both could make themselves easy men to dislike.

In more recent times scholars investigating Ramsay Smith's published works on aboriginal legends and traditions have concluded persuasively that he plagiarised without acknowledgment much of his material from David Unaipon. As anthropologists enjoy an intimate, closed brotherhood, and Watson and Smith were well connected with the centres of European scholarship, it came about that many hacked aboriginal body parts found their way into museums around the world. This would create complex political and cultural problems for later, more empathic scholars and the anguished descendants of the helpless individuals who had been so callously desecrated in the name of a false and useless science.

Ramsay Smith was untouchable once the hospital dispute settled. As chairman of the Central Board of Health, permanent head of the Health Department, Principal

Medical Officer of the Citizen Military Forces and City Coroner, the medical profession was covered into that penetrating silence that masks the stark hatred of the defeated. His contemporaries passed their savage reminiscences of scabbery and betrayal from one generation of medical students to another. In my own student days in the 1960s Smith and Napier were still vivid figures to the older clinical teachers, who would recall their loathing over most morning teas.

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When teaching resumed at the medical school in 1902, the requirements for prospective students were set out in the University *Calendar*. They had to be over sixteen years of age, with at least a pass in the [then] senior public examination in English language and literature, Latin, mathematics and one additional language chosen from Greek, French, German or Italian. Five academic years of study were then required and the total fee for the course was £152.5s. Then, the average weekly South Australian wage was just over £2.

Very little disturbed the medical waters for about seven years after settlement of the dispute. In 1905 Charles Tucker *MHA* introduced a *Bill* to ban the sale and



The corner of North Tce and Charles St Adelaide. Residence of Dr A.A. Lendon on the left and Sir Joseph Verco on the right. Neither ever entered the other's house.

manufacture of cigarettes, but it lapsed: he was seventy-five years before his time.¹¹ Smoking was a popular medical pastime and in 1896 in Victoria the local

BMA had debated and approved a motion to permit smoking at their meetings. In these years and for many following to the 1950s, Adelaide was the only significant medical centre in the state, so dramas at the Adelaide Hospital or within the profession invariably made headlines in a community where usually very little happened. It was the only place

where the sick could obtain the entire specialised medical and nursing attendance they required. Because of this, mortality in the capital was much higher than it would otherwise have been. In 1900 the gross death rate in Adelaide was 20.44 *per* thousand. In the surrounding municipalities it averaged 10.75. While many of their seriously ill residents came to Adelaide to die, that fact cannot completely account for the difference.

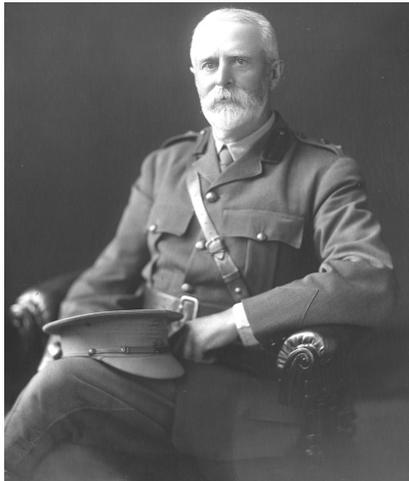
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Dr. Bollen returns from the Dead to Help Dentists.

South Australia was the last state to regulate dentistry and because conditions of practice and qualifications were already controlled elsewhere the unqualified and the incompetent gravitated there. In 1901 an attempt was made to legislate that dentists were qualified and competent. There was a 'grandfather' clause to allow practising dentists to continue without registration, but only the registered would be allowed to call himself or herself 'dentist' or by other titles implying professional qualifications. The ghost of George Bollen – now dead ten years – returned to remind Honourable Members of his own long struggles to obtain a *mandamus*, so the presented *Bill* removed from the proposed dental board the power to reject qualifications without appeal, but because of the emotion generated by the recollection of Bollen, the *Bill* was thrown out. It was re-introduced in 1902 when everyone had cooled down and was successfully enacted. The dental board consisted of two qualified dentists, two LQMPs and a layman, and the *Act* provided that no dentist could administer an anaesthetic except in the presence of a medical practitioner. Around this time a number of deaths had occurred during dental treatment when unqualified individuals had inducted anaesthesia and the lengthy parliamentary debate had been enlivened by gruesome anecdotes about the horrible fate of those with toothache who fell into the hands of the unqualified.

The *Dentists Act 1902* was the sort of legislation the doctors would have given their eye teeth for. Unfortunately parliament felt that by their behaviour towards George

Bollen and their subsequent confrontation with an elected government in the hospital 'row', that they had forfeited all claims to a sympathetic hearing. They were seen as motivated solely by self-interest. However, as was the situation with the *Medical Acts* the dental board were soon brought to grief by those curious and eccentric figures that lurked in the unqualified woods. One of the first crises the infant dental board faced was the problem of what to do with chemists who, for many years, had extracted teeth.



Dr Richard Sanders Rogers [1862-1942]. A notable practitioner involved in prominent civilian and army administration. He studied orchids as a hobby.

William Fisk JP [1871-1940] was a colourful identity who remains to this day a legendary Glenelg character and his chemist shop on the corner of Jetty Rd. and Durham St. was a landmark for over 100 years. At his pharmacy he conducted an unregistered medical practice with impunity because the medical board had no taste for duplicate martyrdom at the hands of another immensely popular figure, like Bollen, and who would later under controversial circumstances

become mayor and enter parliament. Fisk also carried on a popular dental practice. When in 1903 he applied for registration the board unwisely decided not to pursue active inertia and refused his application. Fisk immediately 'did a Bollen' and obtained a writ of *mandamus* that compelled them to register him. This they did and all the members immediately resigned. Not until 1931 was the board able to secure legislation that enabled them to effectively suppress unqualified practice.

The *Dental Act 1902* paved the way for the professional growth of dentistry. A university course leading to registration commenced in 1906 and the *BDS* was established in 1921. That year an independent faculty of dentistry was established and Sir Joseph Verco became the first dean. The Dental Hospital opened in 1923. In all these developments leading members of the medical profession played prominent and

supporting roles. While the dentists had been anxiously watching the slow progress of their *Bill* through parliament and for some years afterwards, the doctors remained very quiet. Then in 1908, perhaps as a reward for good behaviour, the government made a serious effort to change the *Medical Act* along lines which had long been sought. It had become a peculiar and irksome state of affairs that the lesser professions of pharmacy and dentistry had (on paper) all the powers they sought to control appellation and theoretically exclude the unqualified. The medical practitioners did not. They had only themselves to blame.

Long Years of Penance.

Good intentions: the *Medical and Surgery Bill 1909*.

After Kingston's fall in 1899 and transfer to federal politics in 1901 there was a period of state political instability until the Price Ministry 1905-9. It contained none of the old Kingston cabinet and after the departure of that dominating, argumentative figure there was a steady conservative drift. In 1905 the Labor caucus chairman, Thomas Price¹² formed an alliance with the Liberal A.H. Peake.¹³ The spirit of compromise appears to have been further abroad. In October 1906 a deputation representing the BMA (SA Branch) and the Medical Defence Association waited on the Chief Secretary, A.A. Kirkpatrick to explore the possibility of new medical legislation.¹⁴ By now, too, the medical profession had lost some of its most senior members who could recall and remind their successors of old political sins. Sylvanus Magarey and Edward Way died in 1901: Way's nephew A.J. Campbell and A.S. Paterson in 1902. They were followed into the grave by Drs. Morgan Thomas, whose great bequest enriched the Art Gallery, J.P. Phillips, then the oldest registered practitioner in SA, and Dr. R.T. Wylde. The deputation found the government receptive and with charming detachment their proposals were sent to the arch-enemy Ramsay Smith for a report. He advised cabinet

that changes to the existing *Act* could best be met with a new *Bill*, and he was asked to confer with the associations and draft one. He did: in later years they conveniently would overlook this.

The matters now of concern to the profession still included the perennial conundrums of eliminating the unqualified and the issue of death certificates and to them had been added the power to deal with illegal abortionists and the need to bring the medical register up to date. A ridiculous situation existed where the medical board could not legally remove the names of the deceased. When the Chief Secretary gave them approval in 1902 to list only active living practitioners the board had advertised in an attempt to get up to date details. There were only twenty replies – the deceased presumably did not participate – and the register continued in its traditional mess.

In the case of the abortionist there was an odd legal situation in that any person could lawfully induce abortion in a pregnant woman if the unborn child was dead. The onus of proving that the child was alive was on the prosecution. In the case of the unqualified the board fretted that even if it refused registration they could still practice. And they still faced difficulties with the registered because they could not effectively discipline them unless they had been convicted of an indictable offence.

The 1909 *Bill* attempted to rectify perceived legislative shortcomings with some drastic proposals which would have made medical practice a shielded monopoly. All unregistered activity was to be proscribed and the public would be legally prevented from consulting quacks. Every health occupation including midwives, nurses and masseurs were to have qualifications prescribed and enforced by registration bodies. Naturally these rather extreme recommendations proved contentious and once again Dr. George Bollen walked the parliamentary corridors. The first assault on the *Bill* took away from the medical board the powers of deregistration and restoration and gave them to the Supreme Court – where they remain. But parliament saw much of virtue in parts where

there was provision for a better classification of diseases that could be used to certify deaths, and a provision to rectify an anomaly which today seems astounding, but which allowed doctors to not notify suspicious deaths to the coroner. Another important proposal related to reciprocal recognition of qualifications. No degree granted in a foreign jurisdiction would be recognised in South Australia unless equal rights and advantages were extended to the holder of registrable British qualifications. The eventual enactment of this was to lead in the 1920s and 30s to some of the most spectacular litigation ever to engross Australian courts. Overall, the *Bill* was a monument to medical orthodoxy and would have endowed the profession with the original purity of complete medical dominance. It was a strange twist that such proposals, long the elusive dream of the legally qualified, should have Ramsay Smith as energetic midwife – the one individual



William Fisk JP [1871-1940]. A prominent Glenelg Pharmacist who in 1903 destroyed the Dental Board.

whom the BMA (SA Branch) most desired to consign to eternal damnation. Hitherto legislative innovations that advanced the security, status and economic well being of doctors had its origins in the activities of the unqualified: now they were joined by the excommunicated. The BMA had begun to understand the importance of friends and in 1910 at a special meeting of the Branch, Ramsay Smith was present by invitation and seated in a place of honour on the dais.

Unfortunately Thomas Price died in 1909 (of tuberculosis and diabetes) and Peake was not prepared on his own to support the *Bill*, and it lapsed. The political merry-go-round started again and fragmented governments of different party allegiances again began to follow on one another's heels.

One good lesson had been learned, however. In 1911 the Adelaide Hospital was threatened with a recurrence of the grave disturbance of the 1890s. A group of nurses complained that a sister Dunstan was rude and impossible to work with. When ordered to go on duty with her they refused and were suspended and dismissed for insubordination. A legal wrangle ensued but they were not reinstated. Neither the Labor government of John Verran¹⁵ nor his 1912 successor Peake had any intention of allowing a replay of the Kingston melodrama, and when Dunstan was kicked out in 1913 the official documents were never tabled and parliamentary debate was suppressed.

Another Attempt: The Medical Practitioners Bill 1913.

Peake, by now considering the claims of the profession to be legitimate, returned to the government benches in 1913 and introduced a new *Medical Practitioners Bill* drafted by A.A. Lendon using Ramsay Smith's material. It seems to have been a pattern that as soon as any medical reform proposal was rejected by parliament the quacks would become bolder and more assertive. The medical board was now having trouble dealing



Herbert Basedow *MP* [1881-1933] who held no registerable qualifications but whose registration was forced on the medical board in 1910 by the Verran government.

with unqualified persons calling themselves 'surgeon', fighting applications for registration by individuals with dubious foreign parchments, dealing with the unethical behaviour of the registered and, when there was time, getting into conflict with the Crown Solicitor and the Ministry.

The 1913 *Bill* was introduced in the Legislative

Council where it enjoyed a long debate and the views of a predominantly elderly generation of members soon to pass

from public life are curious reminders of that long Indian summer, before WWI swept away for ever the surviving vestiges of a serene Edwardian existence. The organised

medical profession still stunk because of the infamous 1896-1901 'strike'. There were fears that parliament would be favouring "...one of the mightiest unions in the Commonwealth..." and they would be creating a medical monopoly. Others worried presciently that the medical board would merely be a front for the BMA: in fact over the decades 1920-70 it was! But the greatest uneasiness stemmed from concern that the *Bill* proposed the wholesale prohibition of unregistered practice. Though it was earnestly



Carl Le Mang (a.k.a. Lork) whose serial impositions caused Australian medical boards and governments much anguish.

concerned that they did not come to harm, parliament still believed after more than sixty years of polemic that the subject was at liberty to consult any person they liked, because man's boundless credulity upon any aspect of medicine was too ingrained to be proscribed by legislation. The *Bill*, still in an effective form, passed the third reading in the Upper House but lapsed when it reached the Assembly. The outbreak of war meant a further six years would pass before any legislative opportunity would occur.

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The Medical Board Digs In.

Despite the medical board's usual resolute stand against registering persons with suspect qualifications there were occasional misadventures, one being Herbert Basedow [1881-1933.] He had extensive social and political connections and would enter parliament in 1927. Mystery surrounds his qualifications. University of Adelaide *Calendars* show a BSc 1910 but there is no clear evidence to indicate that he ever actually graduated there. In subsequent *Calendars* there is a PhD *Breslau* 1908: in the parliamentary record he claimed the MD *Gottigen* and a MCh, and in *Who's Who* 1927-28 a MA appears. In 1910 he applied for registration and because he had no legal entitlement to that privilege he

was rejected. Basedow held no medical qualifications from any Australian or British University, could not possibly have obtained any European accomplishment which would have met the requirements of the 1889 *Act*, and did not hold the *Staats Exam*. The Verran government leaned on the board and he was registered. Dr. C.E. Todd, board member and secretary resigned in disgust, and that was the last of it. Faced with another interventionist Labor government and scared out of their wits by the memory of C.C. Kingston, the board went to water.

Another German applicant had not been so successful. Carl August Herbert Le Mang, mentioned earlier, practised at Hahndorf in 1898 and claimed to hold the *Staats Exam*. He applied through a solicitor to the SA medical board for registration but Charles Todd was suspicious that his diploma was not genuine because it was printed on English paper without watermark and bore no reference that would have allowed authentication. Unfortunately the certificate was returned to Le Mang and no further steps were taken to check its validity.

He then went to Queensland and established himself as Dr. H. Le Mang MDNV



The official seal of the German Consulate. The eagle looks to its right. (Image for illustration purposes only)

[sic] at Marburg. There in October 1901 he signed a death certificate for Timotheus Hofter and the observant district registrar noticed that Le Mang was not on the list of registered medical practitioners and asked the registrar-general in Brisbane for guidance. It had come about that earlier in October Le Mang through solicitors had sent his diploma with a certified

translation to the Queensland medical board seeking registration.

Possibly sensing trouble, in November 1901 he requested the return of the documents as he was going to leave Queensland for SA, but the Queensland medical board refused his request. They had also from him a statutory declaration asserting that he was a LQMP. The board then took a keen interest in his diploma which purported to

show that in 1894 he had graduated in medicine at Halle with distinction, and they sent it to a respected Wickham Tce. consultant, Dr. Eugen Hirschfeld for examination. He advised on a fascinating collection of irregularities in the document, including inappropriate type faces, irregular titles, grammatical and orthographical errors, but most intriguing was the eagle in the Imperial German seal.

The seal of the Imperial German Government bore an eagle that looked to the right. The eagle on Le Mang's parchment looked to the left. In addition the raised edge



Le Mang's fake German seal obtained by the forcible impression on a coin. The eagle looks to its left. (Image for illustration purposes only)

of the seal had unusual embossing. With the assistance of the German consul it was found that a coin had been used to impress the seal. Determined to find out if Le Mang was an impostor the document started a long journey from the governor of Queensland through the Rt. Hon. Joseph

Chamberlain, Secretary of State for the Colonies, the Marquis of Lansdowne and His Majesty's Charge d'Affairs at Berlin, to the Imperial German Government. Its fraudulence was confirmed and the German authorities were outraged. They inquired if there was reciprocity in respect of the German and Queensland criminal legal system so that they could search for and prosecute Le Mang (they were unaware that he was in Australia.) He was still around in 1907: then the SA Dental Board refused to register him.

The Queensland medical board obtained Department of Justice consent to prosecute him but he fled to SA (the Marburg police had kept him under observation) and they lost interest in pursuing him. It seems that he was a far worse impostor than even these events suggest because there is evidence that he was in fact a person called Lork who had pursued a career as agent for a number of dubious enterprises in both

Victoria and NSW and had a reputation as a swindler. Around the same time as his fraudulent attempt to gain registration, the Queensland medical board was having trouble with another impersonator who sought registration as a legally qualified doctor named Doll. It was discovered that he was a totally unqualified person, von Stein, and that when Doll had died he had acquired his diploma and had falsely assumed his identity.¹⁶

American qualifications also worried the medical board. In 1907 the registration of Charles Thomas Abbott MD *Louisville* Kentucky who was working on the Far West Coast was debated and he did not make the register until 1913 (*infra*.) This did not stop him from practising and in 1910 he was gazetted as medical officer at Pine Creek. Abbott was an interesting fellow who in the 1880s had practised dentistry in NSW. He was the father of Sir Charles Abbott *MHA* and Supreme Court Justice. Two other Americans, Arthur L. Tackaberry and Alfred W. Summers remained unregistered, but the former was appointed by the SAR Commissioner to be railway medical officer at Oodnadatta. With



J.C.G. Juhrs [1839-1920] sometime mayor of Pt Adelaide. He had registerable qualifications but never bothered to obtain registration. He practised at Port Adelaide for many decades and his right to do so was vigorously defended in parliament.

his own *Act* the Commissioner was a law unto himself and the need for medical support along the vastness of the Great Northern Railway made the board's *imprimatur* irrelevant. It took forty hours to take a sick person by train from Oodnadatta to Port Augusta, with some forty stops *en route*, and the train ran once a fortnight. Who in those circumstances would have worried about legal qualifications? They could still be of no concern closer to Adelaide. At Port Adelaide in

1918 Dr. J.C.G. Juhrs [1839-1920] then 79 years old, had been in practice for thirty two years, had once been mayor, and had never been registered. He is a reminder that we must distinguish between the predatory manipulative quack and those competent and useful persons who simply were unregistered. The problem was that the public usually

could discern no difference and the medical board continued to encounter annoying reminders of its inability to prosecute charlatans.

Resurrection: The *Medical Act 1919*.

A.H. Peake formed his third ministry in 1917 and in 1919 a new *Medical Bill* was introduced in the Legislative Council. It was virtually identical to the 1913 *Bill* except that instead of the governor appointing the medical board that body would be selected by the Minister, the LQMPs and the Council of the University of Adelaide, and the members would now be paid. The *Bill* repealed the 1844, 1880 and 1889 *Acts* and replaced them with provisions "...more in keeping with the rise in standard of medical education in South Australia...". Those words were important. Medical education was becoming more sophisticated because of the impact of science which in turn rapidly enhanced the therapeutic capabilities of the orthodox.

Provisions for the registration of new practitioners were tightened and they were required to have studied at a medical school for five years, and if not a local graduate their course had to be of the same standard as at Adelaide and there had to be reciprocal recognition of qualifications. The *Bill* prevented the unregistered from suing for fees, holding public hospital or health officer appointments, or issuing death certificates, but in respect of the latter there was an exception for persons who had been in practice for five or more years. Whereas a certificate had not been required from a LQMP if the death occurred more than five miles from such a person, the spread of rail and road transport and more convenient means of travel brought it about that one now had to die twenty five miles from the legally qualified to escape his certification.

Registration could now be cancelled for infamous conduct, but only the Supreme Court could remove and restore names. Unregistered persons who advertised or held themselves out as qualified could be fined or imprisoned. Finally the *Bill* imposed annual

registration fees to provide for the board's remuneration. The parliamentary debate was temperate and uncontroversial, a marked change from the atmosphere of cynical distrust and aggressive abuse that had made previous legislative embarkations disastrous and painful interludes. Now there was pride in the Adelaide Medical School and the only main concern was that the legislation would not give doctors too much power through control of the medical board, and the Labour opposition secured an additional government nominee to prevent this. The profession still had not been forgiven for their confrontation with C.C. Kingston. Finally there was an astonishing determination by ordinary members to ensure that any new legislation would not victimise individuals. Thirty years after his death George Bollen still walked the corridors of North Terrace and parliament was reminded of his *cause celebre*. Those long dead and forgotten crusading practitioners who had taken on an elected government so many years before had no idea of the lasting damage they would inflict on their profession. The final great irony was that one practitioner whom members were so keen to protect was the Port Adelaide homoeopath J.C. Juhrs (*supra*.)

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The *Act* (No. 1372/1919) received the Royal Assent on 20 November 1919 and caused neither public nor medical ripple. A thirty year drought had broken and the organised medical profession had a major legislative victory. Two other vocations were not so lucky: a *Bill* to secure the better training and regulation of opticians lapsed, and a measure to register and control veterinary surgeons met a similar fate.

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¹ By the late 1960s the use of Latin on prescriptions had become uncommon, except among the more senior members of the profession. The decline of classical teaching in schools generally brought a further fall in its use and by the later 1970s it was rare to find it. Certain long established Latin abbreviations for

doses and directions, however, survive. Examples are *prn* (when necessary,) *bd* (twice a day,) and *nocte* (at bedtime.)

² [Sir] William Henry Bragg [1862-1942] MA *Cantab*, Professor of Pure and Applied Mathematics, University of Adelaide, 1886-1915. Nobel Prize for Physics 1915. Bragg's equipment was supplied by Luther Scammell, son of the Fauldings founder Scammell (*supra*) and a director of the prospering firm.

³ Richard Jagoe [1833-1899] was a Pt. Adelaide boat operator, auctioneer and shipping reporter, and had been assist. health officer since 1855. Known as the 'Sandhill Savage', a Semaphore street bears his name.

⁴ Harriet Adelaide Stirling [1878-1943], eldest of the five daughters of Professor E.C. Stirling.

⁵ A major biography of Kingston was published in 1997 (Miegunyah Press.) To this day his name is venerated in Western Adelaide and many stories – some apocryphal – passed from generation to generation do the rounds. His name (and Holder's) is commemorated in streets and buildings.

⁶ Thomas Playford [1827-1915] *MHA* various times 1886-1894. Agent-General 1894-1898. Senator for SA 1901-1906.

⁷ Robert Caldwell [1843-1909] *MHA* 1884-1902.

⁸ The Sydney Infirmary had been founded in 1797 for the care of government employees and convicts. The Melbourne Hospital was opened in 1838 and intended solely for convicts.

⁹ The medical profession from the start was prominent in the introduction to South Australia of Freemasonry. At the first Provincial Grand Lodge meeting in Adelaide on 29/3/1848, installed masters included J.G. Nash and B.A. Kent.

¹⁰ His entries in various *Who's Who* publications particularly that of 1935, indicate the extent and breadth of his intellectual virtuosity.

¹¹ Charles Tucker [1857-1928] *MHA* 1899-1906. Mayor of Port Adelaide 1890-1903, Mayor of Adelaide 1894-1898. An interesting person who in 1907 was gaoled for two years for the evasion of custom duties.

¹² Thomas Price [1852-1909] *MHA* 1893-1909. Premier 1905-09.

¹³ Archibald Henry Peake [1859-1920] *MHA* 1897-1920. Premier 1909-10; 1912-15; 1917-20.

¹⁴ Andrew Alexander Kirkpatrick [1848-1928] *MHA/MLC* various dates 1891-1918.

¹⁵ John Verran [1856-1932] *MHA* 1901-18. Known as Honest John, in 1910 he formed the first complete Labor government in the world.

¹⁶ The writer is indebted to the Queensland Medical Board and its officers, especially Mr. Michael Demy-Geroe, for providing the extensive material that led to an understanding of these criminal impositions.

CHAPTER 4

The Whole World Gained: 1920 – 1950

Introduction.

For the medical profession the thirty years 1919-49 were marked by a significant growth of influence, prestige and status. At the outbreak of WWII practitioners had reached an unassailable pinnacle of professional power. The principle factors that contributed to this were the *Medical Act 1919* and the relentless march of science and technology. Simultaneously the power of the BMA grew as it set about protecting the interests of its members, particularly those who enlisted in two world wars, actively worked to eliminate anyone it perceived as a quack, and conducted a decades long battle over remuneration with Lodges and Friendly Societies.

It changed its political colours like a chameleon, fighting any government proposal for national health schemes both before and during WWII, but supporting any actions that would enhance its widening powers of monopoly, as with the demonisation of refugee doctors. Individual doctors also played parts that significantly strengthened the profession's relationship to government and many had an extensive involvement in their local communities. There was continuous favourable press coverage of every aspect of medical life. All this helped the social ascendancy of the South Australian medical practitioner. By the time of the Second World War the Australian BMA was so powerful that it simply took control of medical manpower in each state, and every aspect of logistics and supply that related to the medical war effort.

Its carefully promoted relationship with government was severely strained only when the post-war Chifley government embarked on nationalisation experiments. Once the profession's mass paranoia subsided the close friendship reformed in the early years of

the Menzies leadership. Soon, in addition to the appeal of high status, important community standing and the ability to earn a livelihood, the 1953 medical benefits scheme guaranteed a very high income by fee for service. Then the doctor finally gained the whole world and sat, like a Hippocratic Satan, on a bad eminence of lucre.

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The new *Medical Act* 1919.

The 1919 *Act* was vastly different from all previous legislation. It was comparatively long and for its time, modern in form and legal structure. It did away with all former enactments including the hallowed 1844 *Ordinance*, which had survived seventy five years. It clearly defined the medical board, protected it from liability and empowered it to cancel registration for fraud, conviction for any felony or misdemeanour, and where a practitioner was "...deemed by the board to have been guilty of infamous conduct in any professional respect." The board still had to make an application to the Supreme Court for the actual removal, and that court could order restoration with automatic registration. The board could now compel attendance and demand the production of documents. Qualifications for registration were defined and reciprocity of recognition was required before acceptance was granted to any qualification issued "...in any country, not being part of the British Empire." Registration fees and certificates of practice were introduced.

Important Sections entitled registered practitioners to sue for professional fees, specified that they alone could hold appointments in public hospitals, as medical officers of health or as practitioners "...in any passenger or other vessel registered in the state and leaving any port therein." After twenty seven years the last administrative anomaly that had caused the *Oroya* prosecution to fail was rectified. Requirements for the issue of death certificates and orders for burial were tightened. The outcome was that the new

Act reinforced medicine as an exclusive and closed profession, with peer control, restricted entry and enhanced professional power.

The 1919 *Act* assumed its predecessor's reputation for longevity and fifty six years on in 1975 when a consolidation of statutes took place, there had been few amendments and the 1919 legislation had survived virtually intact. Sections 35 and 36 attempted to deal with unregistered persons holding themselves out as medical practitioners, and under those subdivisions for the next seventeen years the unregistered and unqualified fought to the bitter end, until judicial ruling, damning publicity, war, science and politics finally vanquished them.

The Old Order Changes.

A new generation of academic scientists and teachers.

The old order was now rapidly changing. In August 1919 the eminent English anatomist and teacher Frederic Wood Jones was appointed to succeed Archibald Watson as Professor of Anatomy.¹ He was a virtuoso scientist and prolific author of learned papers. The contrast with the memorable, eccentric Watson could not have been more striking. Benjamin Poulton retired after thirty one years as honorary surgeon at the Adelaide Hospital. He was a venerable figure who had been Dean of the Faculty of Medicine in 1893 and lecturer in surgery since 1889. He was followed into retirement in 1920 by J.A.G. Hamilton. Frank Hone was appointed to the medical board and Hugh Cairns, Rhodes Scholar in 1917, passed his FRCS. Howard Florey, who would become the greatest medical scientist of them all, was in his fourth year at the Adelaide Medical School and would become Rhodes Scholar in 1921.² J.B. Cleland, son of the revered W.L. Cleland, was appointed to a new chair in pathology. Many doctors returned from the excitement of active service to resume the drudgery of civilian life.

A new generation of academic and practical teachers was arriving, who reflected the embrace of science by medicine. They had matured in an atmosphere where their studies were concerned with clearly demonstrable established principles. The practice of medicine was becoming integrated with accurate and precise observation to establish causes and apply logic to treatment. The bedside was being superseded as the only place where cognisance and mastery of human illness could be acquired. This association of medicine with science, and the emphasis on pathogenic mechanisms and the biological view of health and illness, led to a de-emphasis of broader (and vaguer) conceptions about ‘causes’ and ‘treatment’. The Great War – as is the case with all wars – powerfully stimulated and advanced scientific medicine. Establishment of the Rhodes Scholarship in 1902 brought annually to Oxford from all parts of the world distinguished students from many fields of study. They came into contact with a wider community for their mutual benefit, the universality of learning and the exchange of ideas. The first twelve Rhodes scholars from Adelaide included five who were, or would be, medical students.³



Sir Thomas Elder GCMG [1818-1897]. A successful businessman whose generous endowments contributed materially to the establishment of the University of Adelaide.

No appointment better illustrated the prestige of the scientific method than that of Brailsford Robertson in 1919 as Professor of Physiology. Thorburn Brailsford Robertson [1884-1930] BSc *Adel* 1905; PhD *Univ. California*; DSc *Adel* 1908, had enjoyed a rapid and brilliant academic career. Born at Edinburgh, he came to Australia in 1902. After graduating in science in 1905 he became an assistant in physiology at the University of California and obtained his PhD. By 1910 he was Associate Professor of physiological chemistry and pharmacology and in 1917 was appointed professor. In 1918 he went to Toronto as Professor of Biochemistry and the next year as recounted in Ch. 2 returned as one of Adelaide’s most brilliant alumni, to succeed E.C. Stirling in the chair of physiology (and marry his daughter Jane). Robertson

was a pioneer in the extraction and clinical application of insulin. He was singularly dedicated to scientific enquiry and would allow nothing to divert him from his research. In 1930 he foolishly insisted on remaining at his bench after he contracted pneumonia, became hyperpyretic and died.

The ascent of science was made further apparent by the fact that Brailsford Robertson had no medical qualifications – he was the first member of the medical school teaching staff who was not a graduate of a medical school or college and his appointment is a significant milestone in the victorious march of pure science. The next two Professors of Physiology, C.J. Martin⁴ and Cedric Hicks⁵ were medically qualified but did not bother to register. Science had made the MBBS irrelevant for teaching purposes in the fundamental areas of medical study. The up and coming young men of the medical profession itself, H.K. Fry, William Ray and F.S. Hone had science degrees and distinguished scholarship. The universal rise of the medical school began to erode the numeric superiority of the conjoint diploma, with or without the LSA. Now the MBBS was coming to be seen as a primary qualification which led into general practice, academic medicine and research, or via the learned colleges to specialisation. In the UK the latter awarded memberships and fellowships of great prestige and earning power, and many Australian doctors sought the social and economic distinction conferred by European study and higher qualifications. Until some time after WWII, Adelaide newspapers carefully reported the awards of higher degrees and college diplomas to SA medical graduates: they were assured of a market when they returned. The establishment from the late 1920s of Australian branches of the Royal Colleges that trained for specialisation, strengthened and accelerated the marriage of science and medicine and the number of graduates increased who would desert generalisation and devote themselves to a particular disease or anatomical area.⁶ After WWII the pre-war steady trickle became a flood, with serious intra-professional and political consequences.

The change of the LQMP from barely respectable empiric to scientific practitioner is reflected widely through the twenties and thirties. Prior to WWI there were few truly scientific practitioners other than H.T. Whittell, Ramsey Smith and Thomas Borthwick. From the early twenties there appeared physicians whose clinical acumen was grounded in all the medical sciences and whose approach to medical practice and teaching was vastly different from that of their precursors. For the first time it is possible to distinguish a number of significant figures with specific interests in general and specialised medicine, pathology, public health and bacteriology.

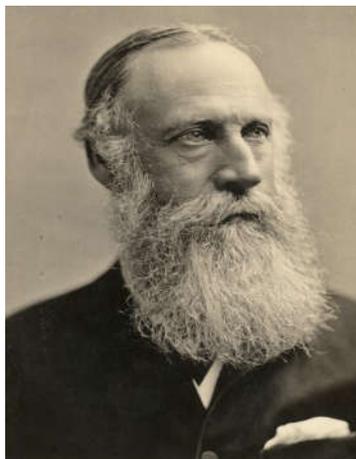
Douglas Barlow⁷ was educated at Gawler and Prince Alfred College, of which he was dux in 1910. He graduated MBBS in 1915, immediately enlisted and saw active service in France. When the war ended he undertook post-graduate work in England and studied pathology and allergy. On his return to Adelaide he was appointed honorary pathologist and bacteriologist at the Adelaide Childrens Hospital, honorary clinical pathologist at the Adelaide Hospital, and demonstrator in pathology at the University of Adelaide. From 1930 he was involved with the asthma clinics at both ACH and Adelaide Hospital. During WWII he established a private pathology service in SA and was a foundation member of the Australian Society of Allergists. Barlow was a man of means, and his laboratory was run more as a hobby than a business. The first 'proper' private pathology laboratory in SA was established by Eugene McLaughlin,⁸ a protégé of C.T.C. DeCrespigny, in about 1936. McLaughlin went to England in 1924 to study neurology and cardiology and he acquired the MRCP. He returned to Adelaide and became director of the department of pathology and bacteriology at the Adelaide Hospital and later secured an honorary appointment.

C.T.C. DeCrespigny came from Melbourne in 1909, aged 27, as medical superintendent of the Adelaide Hospital where he remained until entering private

practice as a physician in 1912. He enlisted in WWI and saw much active service in the Dardanelles and France. He remained in London after the war as a consulting physician for the AIF, and became MRCP. On his return to SA he became honorary physician at the Adelaide Hospital in 1918 and remained there until 1938, holding a similar appointment at the ACH until 1928. For various periods between 1912 and 1947 at the University of Adelaide he lectured on pathology, histology and medicine, and was Dean of the Faculty 1929-1947. He was the founder in Adelaide both of clinical pathology (1909) and the IMVS (1937.)⁹ As a teacher he insisted on a thorough understanding of the pathological basis of disease. Succeeding generations remember him better from the richness of apocryphal anecdote that he has left, for he was a formidable figure with a strong personality. At his death the *Advertiser* left readers in no doubt that he had been for many years the unapproached leader of the profession. He enjoyed outstanding intellectual gifts and his reputation as a brilliant physician was thoroughly deserved. As an individual it seems that few could penetrate to his spirit. Those who remember him acknowledge his clinical versatility and lustrous diagnostic skills, but they recall also his rudeness, insensitivity, arrogance and lechery. In the Adelaide of his day such an overwhelming personality soared effortlessly over all contemporaries, and in death he has always seemed much larger than in life.¹⁰

A.E. Platt¹¹ was neither born in SA nor registered there, but he is an important figure in South Australian medical education. After graduation from Sydney in 1927 he went as government medical officer to New Guinea where he developed an interest in tropical medicine. In 1933 he obtained his Diploma of Bacteriology at the London School of Hygiene, and in 1934 was awarded a Cambridge PhD. In 1935 he was appointed lecturer in charge of the department of bacteriology at the University of Adelaide, gained his MD in 1937 and was admitted a foundation FRACP in 1938. Platt held the view, which the University accepted, that bacteriology and biochemistry were subjects worthy of

specialised study by students of science as well as medicine. He is a significant figure in the liberation of scientific medical subjects into the eclectic research world. He left Adelaide in 1942 for a senior appointment in Sydney and there he unexpectedly and prematurely died in 1948.



John Howard Angas [1823-1904] whose munificent philanthropy allowed the University of Adelaide to establish a Chair of Chemistry.

Frank Beare graduated at Adelaide in 1917, enlisted and saw active service in Egypt and France. He spent 1920 as a RMO in England and then returned to SA. In 1930 he returned to England for post-graduate study (MRCP 1931; DPM 1932) and from 1932 practised in SA as a physician with a special interest in neurology, holding an honorary appointment at the Adelaide Hospital. Edmund Britten

Jones graduated MBBS *Adel* 1910 and was the 1912

Rhodes Scholar, studying physiology at Magdalen. After war service he returned to SA and entered general practice at Penola and then Henley Beach. He returned to England in 1926 to obtain his MRCP. Thereafter he was a distinguished Adelaide consultant and teacher. Guy Lendon, son of A.A. Lendon, graduated MBBS *Adel* in 1917, saw war service with the RAN and then undertook post-graduate training at the Radcliffe Infirmary, Oxford. He obtained his MRCP in 1922, and returning to Adelaide, established himself as a consultant physician. With his impeccable pedigree, his father's established practice and reputation, and his own great clinical ability, he became a leading member of the profession and a fine clinical teacher.

H.K. Fry graduated from Adelaide in 1905 with a BSc (Hons.) in physiology, qualified MBBS in 1908, was awarded the 1909 Rhodes scholarship, and proceeded to BSc and Diplomas in Anthropology and Public Health. He was awarded the DSO for his war service. When eventually he returned to Adelaide he quickly established himself as a

general physician of the broadest scope with an active involvement in medicine, pharmacology, psychiatry, public health and general scientific interests. He was medical officer of health for the City of Adelaide for over twenty years. The extensive partition of specialisation has made extinct such talented persons of varied learning.

William Ray had an outstanding academic and sporting record at St. Peters College and the University of Adelaide, where he graduated MBBS in 1907. That year he went to Oxford as Rhodes Scholar and qualified BSc (pathology) in 1909. After further post-graduate study in Oxford and London he returned to Adelaide in 1913 and took up specialised medical practice. He was associated with the establishment of radiology and electrocardiography and had extensive teaching and administrative obligations. However, the contemporary writings and recollections suggest Ray promised much more than he achieved.

Dr. Helen Mary Mayo [1878-1967] (*supra*) in 1902 was the second woman to graduate in medicine from the University of Adelaide, and the first woman to take the Adelaide MD. As an undergraduate she won both the Davies Thomas prize and the Everard Scholarship. In 1904 she worked in the Hospital for Sick Children, Great Ormond Street, London, and then went to do similar work in New Delhi. In 1906 she became honorary anaesthetist at the ACH, honorary physician for outpatients 1919-1926, and for in-patients 1926-1938. From 1911 to 1933 she was honorary clinical bacteriologist at the Adelaide Hospital, and from 1926 to 1934 she lectured at the medical school on medical diseases of children. In 1909, spurred on by pioneer work in England and New Zealand, a baby welfare centre was opened in Adelaide by a committee of philanthropic women, and Helen Mayo became honorary medical officer. Her long life was given to community service, and her significant personal achievements and public accomplishments were distinguished by great commonsense and modesty.¹²

These, then, were some of the people who were the leaders of the medical profession in the 1920s to beyond World War II. They had certain characteristics that distinguished them from the predecessors. First, they were scholars in their own right: second, all at some time studied in the UK: third, they were what we may appropriately, but in a self-contradictory way, term generalist specialists. None of surgical note have been included because of the essential difference between the physician and surgeon. While surgery has contributed some notable individuals to the medical galaxy – H.S. Newland and A.M. Cudmore readily come to mind – the fact that it is basically an art requiring manual dexterity, and craftsmanship based on sound anatomical and physiological knowledge; was practised in an exclusive, closed environment; and before significant specialisation around WWII involved much procedural work that was routine and predictable, meant that it was not part of dynamic scientific progress.

It would be difficult to chart the extent to which science has had an impact on every branch of medicine, but the benefits are everywhere evident and the material contribution to human wellbeing is incalculable. The betterment flowing from sanitation, particularly when applied in the area of water supply and sewage, the development of germ theory and the introduction of vaccination are unchallengeable. Later, quite apart from new drugs, other key exemplars of science benefiting medicine include –

Physiological research in anaesthesia, which led to all modern surgery.

The application of biochemistry to the analysis of body fluids.

The development of machines such as the electrocardiograph, electroencephalograph and electromyograph to aid clinical diagnosis.

The invention of new metals and polymers for orthopaedic and vascular material.

The arrival of the computer.

Advances in haematology and immunology which, in the case of the former abolished Rh iso-immunisation, and in the latter enabled transplant surgery to pass beyond the experimental stage.

The work by atomic physicists in developing machines for diagnostic imaging and radiotherapy.

The use of statistics in research.

The elucidation of the structure of DNA and broadening molecular research.

There are not many examples of prominent clinical research in South Australia. The accomplishments of Dr. Davies Thomas have been forgotten because of his sad early death and the passage of time. In 1914 Dr. Harry Swift published a paper which focussed on ‘pink disease’ in children,¹³ and in 1922 F.S. Hone determined the likely method of transmission of endemic typhus.¹⁴ On the wider scene, sulphonamides were introduced in 1935 and soon dramatically reduced maternal mortality. The discovery of penicillin by Alexander Fleming in 1928, was followed in 1941 by the first clinical use by Florey and Chain of “...a new drug...which is expected to be a landmark in medical history.”¹⁵ Gradually the great scientific tidal wave would sweep away mere bedside skill and replace it with a more impersonal medical practice based on the precise and systematic application of logical treatment to the immediate biological cause of disease.¹⁶ Technology impinged on the medical profession in other ways. In 1901 a Sydney doctor who had started to use a motor car, wrote of his experiences with the new means of transport. After a technical and economic exposition, he advised that a car was an especially good investment for a medical man because it doubled earning capacity.

The benefits of a private, Protestant schooling.

The Universities Commission began a scholarship scheme in 1943 and the availability of these commonwealth bursaries began to open medicine to wider classes of persons than had hitherto dominated the profession. Up until then the expense of five or six years of study had ensured that medicine was dominated by white Anglo-Saxon Celtic Protestant males, generally of marked conservatism. Between 1931 and 1939 on average thirty *per cent* of Adelaide medical graduates came from the Collegiate School of St. Peter and thirteen *per cent* from Prince Alfred College. Between 1950 and 1968 because of social and demographic change the percentage had reduced to 13.4 and 9.9 respectively. Between 1889 and 1992 the Adelaide Medical School produced 4,692 graduates: 487 (10.4%) came from Prince Alfred and 657 (14%) from Saints.¹⁷ This is both a remarkable monopoly by two schools and a picture of continuing exclusivity. Fees were a substantial barrier to inclusive access to medicine. In 1924 the cost of a medical education at Adelaide was £220, the weekly basic wage then was £4 5 0s and females received 54% of the male rate. The cost at Melbourne was £200 and at Sydney £300. By 1931 the Adelaide fee had increased to £317.

In 1924 women were also beginning to successfully assault the unique male enclave of the medical school.¹⁸ Between 1909 and 1915 females comprised six *per cent* of all medical graduates. Between 1916 and 1948 so few females embarked on the study of medicine at Adelaide that no statistics were kept of their numbers. From 1949 to 1959 they made up 12.6% of all Adelaide medical graduates, and by 1982 they were a much increased fifty *per cent*. Over the ensuing years they discovered that the 'glass ceiling' is not a peculiarity of the commercial world, and they did not make significant inroads into the higher echelons of academic or administrative medicine, either here or elsewhere in the western world. The prevailing domination of graduate ranks by women has had disastrous consequences

for medical productivity and is one important reason for the present misdistribution of working general practitioners, restricted availability of doctors and the blossoming of non-productive and generally useless academic departments, administrative bureaucracies and fringe specialities concerned with anything except working for a living in actual medical practice.



Thorburn Brailsford Robertson *PhD DSc* [1884-1930]. Son-in-law of Sir Edward Stirling who in 1919 he succeeded as professor of physiology.

For a decade after 1951 the Adelaide Medical School lost its way. The reasons include the commonwealth efforts to allow returned servicemen to access tertiary education and state and federal perceptions of ‘doctor shortages’, which always seemed around the next corner. Between 1918 and 1938 Adelaide produced 330 medical graduates, an average of 16.5 *per annum*. Between 1949 and 1970 there were 1512, an average of 75.6. Part of that increase was due to the shortened course of the war years. The situation in NSW

may be mentioned in comparison. The Faculty of Medicine at Sydney University produced 154 graduates each year from 1939 to 1943. Between 1944 and 1948 it turned out 150. In 1948 at Sydney there were 1921 enrolled medical students, The NSW doctor/patient ratio then was 1:1336, and in SA it was 1:670 (and in 1970 it was 1:455.)

There was intense competition at Adelaide for the available university places, which being awarded on academic merit, went to the cream of the year’s matriculants. Demand had grown because of the wider post-war availability of secondary and tertiary education. The former reflected the ‘baby boom’ and the latter was the outcome of the report of the Murray Committee, which had been set up by the Menzies government in 1956, to investigate ways in which universities might be reorganised through development, extension and co-ordination. In the early 1960s a quota was placed on admissions and this enhanced the medical course’s reputation as a place that only the brightest need

think about. Examination competition became fierce.¹⁹ But the system worked well and some of the brightest and most hard working practitioners, researchers and specialists came from the years when only the academic elite made the course. In time those noisy minorities that dislike any concept of achievement or difference were able to convince some universities to change the criteria on which medical school selection was based. The result has been a catastrophic decline in graduate quality, clinical acumen and commitment, and is another significant reason for the present medical workforce problems. The lowering of admission standards, efforts to favour individuals from lower socio-economic levels, and the gender, racial and personality sifting of applicants has seen some medical schools lose enormous talent to other institutions that recognise only academic merit. Generally, the architects of forced social change have been reluctant to see that their ludicrous experiments invariably result in fiasco.

THE GROWING POWER OF THE BRITISH MEDICAL ASSOCIATION.

Defending the Anglo-Saxons.

Surely we can emulate the dock-labourers and coal-miners, and stand shoulder to shoulder for our rights? If we are thoroughly combined and organised, we can dictate our own terms – and the demands of the profession have never been unjustifiable or unreasonable.²⁰

Until 1913 each Australian branch of the BMA dealt separately with the parent body in London, as well as with the various Australian government instrumentalities. In that year the federal committee of the BMA was established in Australia, and in 1914, coincident with the beginning of the Great War, the *Medical Journal of Australia* commenced publication. Dr. W.T. Hayward was a distinguished first president of the federal committee. Inauguration of the weekly *MJA* owes much to another notable South Australian, H.S. Newland, who first made that proposal at the November 1911 meeting of the SA Branch. The indefatigable F.S. Hone was the principal negotiant for SA, and

he became the first local director of the Australasian Medical Publishing Company, formed to produce the new journal. Both company and publication survive, a fact due in no small way to the calibre and integrity of the men who laid the foundations.

The BMA in South Australia – as in the continent as a whole - emerged from the First World War as a powerful medico-political body. It had grown steadily from thirty foundation members in 1880, to 400 by 1929, which then represented 87% of practising doctors. It was respected by the general public and state and federal governments, who consulted it in relation to medical subjects. The association played an important role in the self government of the profession, which generally readily acquiesced in the severe requirement of membership that their personal, social and ethical conduct as medical practitioners at all times remain within the very restrictive confines of its by-laws and rules. Though finely detailed and remaining unchanged in a world that has witnessed unprecedented social transformation and sweeping changes in public morals, outlooks and taste, the regulations have as their fundamental objective the maintenance of good professional manners and relationships. To the modern sceptic they reek of either breeches of the *Trades Practices Act*, or the perpetuation of elite monopolies designed for the protection of incomes. Nevertheless the rules of the BMA worked well for over ninety years until grave differences of political ideology, dramatically increasing numbers, changes in gender ratios and racial background, along with the accelerated fractionation into sub-specialties, splintered what had been a small secure inbred WASP profession into antagonistic groups. Generations that had no personal experience of severely reduced living standards during war or economic depression emerged from their new secondary schools into that great vortex of social change. To a more radical generation of doctors the AMA (as it was from 1963) did not seem to provide any important function. However the AMA continues to be recognised by governments of all persuasions and in the area of professional ethics it is the only official medical body to which governments

look for advice and guidance. Otherwise the two sides view each other with muted contempt.

Safeguarding the interests of members who enlisted.

Only a small contingent of South Australians went to the Second South African (“Boer”) War 1899-1902, and they included a few doctors – Ramsay Smith, R.S. Rogers, J.T. Toll,²¹ F.D. Jermyn, Archibald Watson, Rupert Hornabrook and A.J. Campbell.²² Neither the BMA nor the new commonwealth government interested itself in what we now call repatriation, but neither did any other country. The story was different after WWI. By 1915, out of the 250 members of BMA SA Branch, 140 were either serving abroad or engaged at home in wartime activities. In the First AIF, 417,000 Australians enlisted and of this number 332,000 embarked for overseas service, most of which was front line. Because of this Australian casualties were higher in proportion to their enlisted numbers than those of any other portion of the British forces. The first wounded arrived back in Australia in 1915 and the federal government was confronted with the need to “do something”. In each state “State War Councils” were formed, which in turn established “War Service Committees” in local government areas, financed from miscellaneous patriotic funds. By 1917 it was realised that central federal control of repatriation was required and the *Australian Soldiers Repatriation Act* was passed. Under the conscientious leadership of Senator E.D. Millen,²³ Minister of Repatriation 1917-23, the commonwealth tackled the complex process of returning service personnel to Australia.²⁴ Thus arose the Repatriation Department, now the Department of Veterans Affairs.

Enlistment of doctors in WWI was something of a shambles. Many areas were left without medical services, and despite the best of intentions, some practitioners who served overseas returned to find that their practices had been absorbed by colleagues who had remained behind. Some of their associates had tried very hard, at great personal

inconvenience, to prevent such difficulties. In 1914 Joseph Verco, then 63, returned to work as honorary physician at the Adelaide Hospital to replace enlisted staff and from 1915 to 1920 took over the responsibility of presidency of the local BMA. Dr. R.S. Rogers, 54, took on the organising of military hospitals and convalescent depots. Dr. W.L. Cleland, 70, came out of retirement to resume his old position as superintendent of the Parkside mental Hospital when M.H. Downey enlisted. Cleland died a few months later and his successor, J.C.R. Lind, also died soon after assuming office. Dr. E.A. Johnson took over from B.H. Morris, and Helen Mayo replaced Phoebe Chapple when she left for the war. Verco did everything that he could to safeguard the medical and financial interests of members who were overseas.

Table 4. Doctor-Patient ratios, 1911 – 1946, South Australia.

Year	Registered LQMPs	Population	Dr./Patient ratio
1911	299	419392	1:1403
1921	360	501742	1:1394
1936	477	589770	1:1236
1946	947	640418	1:676

Source: *SA Year Books*. (Population figures exclude aboriginals).

A perusal of Table 4. might suggest that this was not, during and after WWI a matter of great concern, because the doctor:patient ratio between 1911 and 1921 did not alter to the extent that suggested any threat to the incomes of GPs. The topic did not attract press debate, the BMA advertised the details of doctors returning from active service to their practices, and the published reminiscences of BMA presidents do not mention practice piracy or unethical conduct. The situation seems to have been less cordial in the eastern states where professional relationships were distinguished by much personal and

sectarian bitterness. Things changed in SA with WWII because between 1936 and 1946 the SA population grew eleven *per cent*, the number of registered doctors almost doubled, and the number of patients *per* practitioner nearly halved. The BMA – still dominated by GPs - was disturbed by these trends, because they saw their incomes threatened and they remained disquieted by some residual political ferment from the 1920s. First, a section of the SA Parliament in 1924 had tried to amend the *Medical Act* to register unqualified individuals. Second, in 1925 concerns arose about ‘overcrowding’ of the profession.



Sir Constantine Trent Champion de Crespigny *Kt DSO VD* [1882-1952] (left) and Dr. F.J. Douglas [1873-1964] at the latter's Victor Harbour residence.

Finally the Great Depression had reduced the capacity of people to pay for medical treatment and the income of some doctors declined. The stage was being set for some interesting scenarios in the 1940s.

National Health Schemes before WWII.

In Australia between the wars a National Hygiene philosophy flourished, driven by influential promoters who wished to see a federal, national and centralist policy committed especially to the philosophy of preventative medicine. To them it was a fundamental failure of the use of health resources that they were directed not to the prevention of sickness but solely for the treatment of the already ill. Their SA leader was F.S. Hone.²⁵ Many of the causes they championed were commendable and few could argue against their campaigns for dietary improvement, sanitation, slum clearance, national fitness and the need for increased fertility. They also had some nastier pre-occupations with eugenics, compulsory sterilisation and racism, but in embracing these

less endearing topics they were only reflecting their times. In 1936, for example, the SA Parliament passed a motion agreeing that the question of voluntary and compulsory sterilisation of the mentally and genetically impaired should be seriously debated.

The whole question of health reform was in the political air and the federal government, with Lloyd George's British National Health Scheme of 1912 as a catalyst, began to search for the best way it could assist the sick, injured, pregnant and destitute. A *Royal Commission on National Insurance* sat between September 1923 and October 1927 and brought down a comprehensive report showing how a national insurance scheme could be established, financed and administered to provide invalid, maternity, superannuation and other social allowances. It even stressed the importance of preventing illness and accidents. A separate *Royal Commission on Health* sat between January 1925 and January 1926, chaired by G.A. Syme and with the active involvement of F.S. Hone.²⁶ The recommendations included proposals for the containment of epidemics, management of venereal disease, uniform food and drug legislation, the welfare of mothers and children, the development of medical research and the importance of the relationship between public health activities and medical practitioners. A positive sequel to the Royal Commission was the establishment in 1926 of the Federal Health Council. Its first meeting was in Melbourne in January 1927 under the chairmanship of Ramsay Smith. In 1937 it gave place to the National Health and Medical Research Council.

Out of all this hard work, elegant scholarship and commonsense followed one of the most disastrous parliamentary misadventures since federation when the commonwealth government in 1938 introduced a *National Health and Pensions Insurance Bill*. No sooner had it received the Assent and the proclamation issued, than in 1939 all the decrees were annulled and the whole concept was dropped. It came to grief on bitter party divisions, trade union antagonism, sordid political opportunism and opposition from the BMA.

The full tide of medical disaffection surged around because the GP saw his income and independence under further attack. The leaders of the organised medical profession in SA joined enthusiastically with their colleagues in the eastern states and engaged in destructive and negative conduct to assist the political strangulation of the *Act* at birth. Another less well recognised outcome from the medical ambivalence and hostility was that the developing breach widened between GP and specialist, because the latter, though far fewer in number, would have been much less disadvantaged by the proposed legislation and would have found it very much to their profit.

There was one other accompanying side show in this factional circus. In 1938 the federal government established a Royal Commission chaired by George Dethridge, Chief Justice of the Commonwealth Court of Conciliation and Arbitration, into the remuneration of doctors. The commission collected a lot of evidence but neither concluded nor reported because on 25 November 1938 the Australian National Airways plane *Kyeema* crashed on Mt. Dandenong near Melbourne, killing all on board including L.S. Abrahams KC, legal counsel for the BMA.²⁷ Dethridge then died – presumably of natural causes – and the commission lapsed. It all seemed a bad omen and none of these events did anything for the collective calmness of mind of the BMA, already berserk at the thought of an attack on the Australian sacred cow of fee for service.

Refugee doctors.

In 1938 at the Evian Conference Australia agreed to take 15,000 political refugees.²⁸ They included many professional people. There would be much bitterness and personal tragedy when men and women, coming to Australia to escape the most horrible persecution and despotism of the death camps, slave factories and destruction of settled life, found that far from being welcomed they had arrived in a country where a conspiracy of trade unions, professional associations, medical boards and universities,

abetted by government vacillation, ensured that their integration into the Australian community was sabotaged. Racial and political oppression was replaced by a more genteel obstruction, masquerading in the robes of ‘concern for standards’, the need to avoid labour dilution, and that mainstay of hypocrites, ‘protection of the public’.

Both major Australian political parties supported the assimilation of refugees provided that existing standards of living would not be disturbed, labour conditions would not be disrupted, and the interests of the favoured British emigrant would be preserved.

Between 1947 and 1951 Australia took in more Displaced Persons²⁹ - 182,000 – than the whole of Europe itself.

The mainly Jewish³⁰ refugee doctors who arrived in Australia from about 1939 came to a country which was one of the most urbanised in the world and where most medical practitioners were in general practice. The doctor was a significant figure in the community and enjoyed an exceptionally high status because in the absence of an Antipodean aristocracy his education and income place him in the upper class. It is difficult to ascertain precisely the number of refugee medical practitioners who arrived in South Australia in the 1930s, but the writer estimates it to be about twenty five.³¹ Viewed as a threat to the preservation of financial status, security and social standing, they were generally most unpopular in a profession controlled by a ruthless trade union with a monopoly guaranteed by deliberate under-supply. The passage of time never brought acceptance.³²

As noted between 1919 and 1939 the Adelaide Medical School produced 315 graduates, an average of sixteen *per annum*. There was throughout the nineteen twenties and thirties a chronic shortage of general practitioners, persisting through to the late nineteen sixties. At the Adelaide and Children’s hospitals there were recurrent vacancies on the salaried medical staff and more than once English doctors – any alternative was

unthinkable – had to be imported to maintain levels. While South Australia did not see the grosser denunciations of the refugees that characterised their active adversaries in NSW, where the aggressive BMA was large and well organised, dislike and distrust flourished in the smaller and more closely knit South Australian profession.

In 1937 the Queensland government, in a rare display of tolerance, refused to alter its *Medical Act* to exclude foreign doctors, especially Jews who were fleeing the Reich. It had been criticised over the registration of three such practitioners.³³ The Queensland



Dr Douglas Lewis Barlow MC ED [1894-1950]. Established the first commercial pathology laboratory in Adelaide.

Minister of Health, Hanlon,³⁴ vigorously attacked the absurdity of using birth or race as a reason to prevent qualified persons from practising, but in a delightful illustration of how utterly irrelevant government views were to the BMA, while he was defending the refugees his own medical board – without his knowledge - was

meeting with the boards of every other state to see how they could prevent foreign doctors from practising. They

determined unanimously to ask all state governments to give them the power to refuse registration to aliens. This proposal found its way to the SA parliament but the Butler government was not interested until there was uniform Australian legislation.

By 1939, however, ‘alien medical practitioners’ were seen by the BMA SA Branch as a problem that justified legislation to restrict their right to registration. They induced the Playford government to bring in a *Bill* to prevent from practising any refugee with entitlement to registration in Great Britain. The BMA had three motives. First, there was concern that fifteen aliens had either been registered in the preceding twelve months, or were applying, and the Adelaide Medical School had produced only seventeen graduates. As the BMA was virtually the medical board it had no trouble accessing all the confidential information held by that body, and restricting the number of local graduates

was a deliberate policy of under-supply. Second, the BMA feared the aliens would take over the practices of doctors who left for the Second AIF. Finally, the aliens mainly held Italian degrees, though they themselves came from elsewhere in Europe, because Italian degrees were registrable in the UK. This enabled Germans and others, whose own countries did not recognise Australian degrees to circumvent the strict requirement of reciprocity.³⁵ For its part the government wished to have the cake and eat it, for registration would be circumscribed by the requirement that where there existed a shortage of either public service medical practitioners, or areas where ‘no Australian doctors’ were available, the government could proclaim districts and issue licences to practice. Victoria and NSW had enacted such legislation in 1938.

In both SA House of Parliament the *Bill* ran into astonishing opposition because the House of Assembly then consisted of a unique grouping of fifteen Independents, fifteen LCL and nine ALP.³⁶ The debates reveal widespread dislike, bordering on hatred and contempt, for the BMA as a selfish, opportunistic monopoly. The *Bill* was thrown out at the second reading and nothing more was heard of it. Nothing more needed to be heard because internment and the federal *National Security (Alien Doctors) Regulations* saved the BMA the bother, and the state election in 1941 removed most of the Independents and enabled the LCL to govern in its own right for another twenty four years. From time to time until the end of the war the matter of refugee doctors usurping the practices of serving members was raised, but the government always was able to avoid doing anything.

The outbreak of war in 1939 made life more difficult for the alien practitioners because the closet xenophobes and racists could then add suspicions of spying and sabotage to their irrational defensive armamentarium. In July 1940 Dr. L.J. Pellew advised William Fisk *MP* that the IMVS pathologist Dr. J.B. Thiersch³⁷ was an unnaturalised German and

pro-Nazi, and the medical profession feared him because his knowledge of bacteriology could be used to spread disease. Fisk urged his dismissal and internment. These malicious and untruthful allegations were made under absolute privilege. Thiersch was a competent teacher and researcher who was held in high regard by his students. He went to America in 1947 on study leave and finding the intellectual climate more congenial did not return to Australia.

Everything was loaded against the refugee doctors. The BMA cared only for its own members, provided they were uncontaminated by foreign medical teaching. Trade unions loathed the BMA as the representative body for a sinister cartel of exclusive hypocrites, but they still did not want dilution of union labour by unskilled immigrants. Each state had separate registration *Acts* and requirements. There was a general fear that any contamination of the registers with qualifications unacceptable to the respectability of British Empire medical practitioners might result in the UK general medical council declining to recognise antipodean registration. Worst of all the refugee doctors were caught up in the raucous politics of prominent medical and lay fanatics who thrived on anti-Semitism in all its rich forms. Their numbers included Dr. W.H. Fitchett³⁸ who for years promulgated his racist fixations in medical journals, and Eric Butler of the League of Rights, to whom in 1949 Sir Henry Newland, president of the BMA, sent a personal donation to help disseminate his denunciations.

The state and medical profession groped for an appropriate way to handle the refugee doctor 'problem'. The faculty of medicine established a special medical course that dispensed with matriculation and permitted refugee practitioners to take a qualifying three, instead of a six year course.³⁹ By June 1939 the university had so many applicants, especially from abroad, that the council considered establishing a quota. The dean of the faculty, DeCrespigny, opposed this and wanted the state to benefit by selectively taking

the best available people who presented. A limit on admission numbers was imposed but never specified, and in the ensuing public debate the role of the BMA which simply did not want any refugee doctors, was confused with that of the medical board, which merely enabled their registration. DeCrespigny's commonsense and foresight was completely ignored.

A complicating factor outside control of both BMA and governments had been the action of the Edinburgh Royal College of Physicians and Royal College of Surgeons, and the Glasgow Royal Faculty of Physicians and Surgeons in admitting refugee students on somewhat uncritical terms, thereby enabling them to acquire the diplomas of LRCP, LRCS *Edin* and LFP&S *Glas* (the 'Scottish Triple'). They then could automatically register in Great Britain and Australia.⁴⁰ In the UK the Home Office, alarmed at what was happening, decreed that UK entry permits would have validity for only twelve months. This was the cause of the increased migration to Australia. A further problem was the complexity of registration in Europe. The French conferred an MD but no right to practise: in Germany graduation led only to the *Staats. Exam.* European refugee doctors in Australia also had to overcome the almost insuperable barrier of reciprocity demanded by the 1919 *Act*.

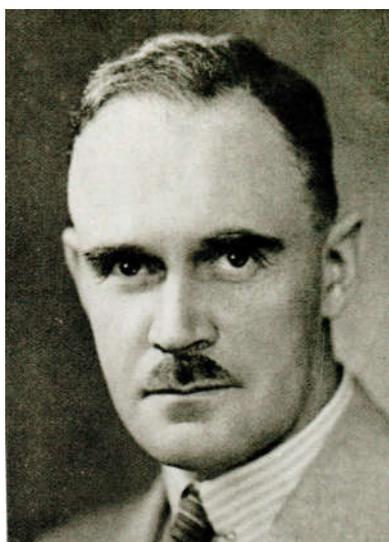
The difficulties faced by Dr. Alfred Simons MD *Bonn* are typical. He arrived in Australia in 1938 and had to work in Victoria at menial odd jobs – window washing and farm labouring. He was twice rejected for war service because of his alien status. He then came to SA because the medical course required him only to repeat the final three clinical years and not whole six as at Melbourne. He graduated in 1942 and went on to become a successful and popular general practitioner. There are other stories too, of the successful integration of refugee doctors, and they remind us that the state benefited from their citizenship and service. In 1939 Dr. Karl Posener MD *Berlin* was appointed lecturer in

the department of anatomy and histology.⁴¹ In that year the medical board had no problem in registering five other aliens.⁴² The first foreign graduate to complete the special MBBS course was Ernest Pflaum in 1941.⁴³ It seems that not many practitioners availed themselves of the opportunity. This may have been because of hostility of the BMA, the disorganisation of the medical course because of war, the shortage of teaching staff and serious discontinuity of tenured appointments. All this made for a very trying medical school environment. Later we will discuss an *Act* that made possible the registration of certain foreign graduates after the war and the obstacles encountered from 1947 when post-war refugee doctors came to Australia and all the BMA illogic was exhumed and paraded in a fresh shroud.

The Commonwealth Alien Doctors Board 1942

By late 1941 the federal government realised that it would be a good thing if suitable refugee doctors could be allowed to work where they were told and in February 1942 a Commonwealth Alien Doctors Board was created to licence refugees to practise. It was chaired by the federal Director-General of Health and in each state Examining Medical Committees were set up to sift applicants.⁴⁴ It appears that Australia wide, forty applicants were approved, and in South Australia only Drs. Sofie Simons and Eric Kolmer were able to run the gauntlet. The committee had power to compel licensees to practice in specific places, but almost immediately complaints arose in other states that doctors were drifting from country areas to the city and the federal health minister began waving a big stick. There was a High Court challenge to the defence power as a valid mechanism for controlling the admission of aliens to medical practice, but it failed, and the very next year, 1945, that court held that aliens could be conscripted, regardless of international law. They would have been justified in thinking that every arm of the state was against them.

At this very time there was a grave shortage of doctors, dentists and other university granted professions which guaranteed employment, and from this shortage flowed very important consequences. Because high fees deterred enrolments in medicine, from November 1942 the commonwealth paid fees and a means-tested living allowance to medical, dental, engineering, science, veterinary and agricultural students.⁴⁵ A Universities Commission that had been set up with professor R.C. Mills as chairman became permanent and continued the commonwealth university scholarships into peacetime.



Dr Henry Kenneth Fry DSO [1886-1959].
A distinguished Adelaide graduate and Rhodes Scholar.

Any consideration of the depressing story of ‘New Australian’ doctors and their struggles must also recognise some personal achievements. In 1956 Indulis Ritenis graduated from the University of Adelaide. A displaced Latvian, after WWII he studied medicine at Munich and Erlangen for two years before migrating to Queensland, where he worked as a nurse. He came to Adelaide, was accepted into medicine and paid his course by working night shift at a vehicle factory and as a casual gardener at weekends. He returned to Erlangen in 1958 and was awarded an MD. He came back to South Australia and later went to America. Another son of Latvian migrants was Vytautas Dainius, MBBS *Adel* 1952. Edda Kuusk, Nemira Surna and Thomas Mestrov, all post-war migrants, graduated in 1958, and Marijan Filipic in 1959. Vlasidlav Matousek came to SA as a Czech migrant and worked as a mortuary attendant and Xray technician to put himself through the medical course. He graduated in 1961 and became a notable SA radiologist. The parents of Dr. Emmanuel Vlahakis MBBS *Adel* 1962 had come from Greece, those of Dr. Natalie Glinka from Russia, and the parents of Dr. Roma Varoneckas from Lithuania. The term ‘migrant doctor’ was taking on a totally new meaning. Dr. Irene Zawiskowski, who graduated in 1963, came to

Australia after four years in a Russian prison camp. She was tragically killed in a vehicle accident a few months later.

The children of ‘alien doctors’ would also start to graduate from the Adelaide Medical School and one of the first was Arthur Simons, son of Alfred and Sophie Simons (*supra*). His contemporary graduates included Ernest and Marianne Urban, children of Dr. Freidrich Urban, who after his 1942 re-graduation practised at Tea Tree Gully and then on Prospect Road. Birute Kelly graduated in 1966: her father was Dr. Jonas Mikuzis MBBS *Kaunas* 1932, MBBS *Adel* 1954, and her mother Dr. Aldona Mikuzis MBBS *Adel* 1966. Since then other children of those controversial ‘refugee’ doctors have become medical practitioners and have achieved great distinction in their chosen specialties. Mention is also made of Dr. Henry Schudmak who graduated MD *Vienna* 1937. He served in the British Merchant Navy 1939-45 and was awarded the *MBE*. He settled in Adelaide and took the medical course, graduating in 1949 and for about twenty five years until his death was in general practice on the Anzac Highway at Plympton, where he was a very well known local figure.

Other war time controls on doctors can be dealt with briefly. In 1938 the Australian Central Medical Co-ordination Committee (CMCC) was formed to regulate medical practice and a Medical Equipment Co-ordination sub-committee managed drugs and supplies. To implement the central (Melbourne) CMCC policies, state committees were set up and the usual state-federal and civilian-military conflicts flourished. In 1941 the CMCC arranged for the conscription of all LQMPs up to age 60 into the citizen forces and this left substantial gaps in city and rural areas. Doctor-patient ratios widened and with the shortage of civilian practitioners, contract practice, salaried medical service and industrial schemes flourished and would carry their own pressures after the war. In 1942 the Civil Emergency Medical Service (CEMS) was established with power to direct any

practitioner to go anywhere in Australia and conduct practice. The BMA sensed the spectre of nationalisation and quickly took control of the CEMS, merely using it to protect the medical profession and keep refugee doctors firmly in their place. It was simply another illustration that the control of the medical profession in WWII was a casserole of old boy networks, arguments over state rights and personal ideological viewpoints, running battles between health bureaucrats, and the BMA's indiscriminate suspicion of every government initiative. When the war ended, the BMA had managed to ensure that any government proposal relating to health, no matter how trivial, would automatically be viewed as a threat to private practice.

Regulations Repealed and a new *Act*.

It turned out that it was because of two refugee doctors that the 1919 *Act* was amended in 1946. In May 1946 Statutory Rule 44 was gazetted under the *National Security (Alien Doctors) Regulations*. This required aliens holding a licence to accept ministerial directions as to where and how they could practise. Then, the commonwealth suddenly decided to repeal all the alien doctor regulations at the end of the same year and the states were notified that they had better do something to enable them to become registered. In NSW there were about fifteen such practitioners; in SA there were only two: Eric Kolmer and Sofie Simons.

Dr. Kolmer, a scrupulously polite, gentle man of slight build, was born in Germany and graduated MD *Koenigsberg*. He specialised in ENT and plastic surgery. He was a Christian, but his Jewish extraction was sufficient to force his emigration in 1934 to China. In 1939 when the Japanese occupied the north of that country he came to Australia. He and his wife were naturalised British subjects, and their daughter married an Australian. His attempts to join the AIF were unsuccessful and in 1942 he received a licence from the alien doctors board. He then spent two and half years as RMO at

Parkside Mental Hospital and acted as deputy superintendent at the Enfield Receiving Home. His work was of considerable value and the Playford government was anxious to keep his services at a time when there was considerable difficulty in staffing government medical institutions, so they determined to amend the *Medical Act* to enable his registration. The legislation was supported by the BMA because he would not be a threat to private incomes.

Dr. Sofie Simons MD *Bonn* (1927) came to SA in 1940 and she and her husband were naturalised British subjects. Dr. Alfred Simons, as a ‘foreign graduate’, as mentioned, obtained his MBBS *Adel* in 1942, and so escaped much of the unfairness and injustice which was the lot of others. Sofie Simons was licensed under the *Alien Doctors Regulations* in August 1942. She then worked with C.C. Jungfer’s Hills childrens survey, and later went into general practice with her husband at Ardrossan, where she was very highly regarded.

The course of the *Medical Practitioners Act Amendment Bill* was not smooth. It had to run the gauntlet of continuing suspicion of aliens, reminders that in the past other holders of foreign degrees were not acceptable for special parliamentary consideration, fears that ‘alien practitioners’ in adjoining states would pour into SA, and prejudice towards Sofie Simons because she was a woman. Further argument related to the possible lowering of University of Adelaide standards, and the debates show much pre-judgement, mud-raking and personal animosity. The *Bill* finally passed the third reading on 4 December 1946 and the result was amendment of Section 19 (1) (d) of the 1919 legislation that enabled Kolmer and Simons to become LQMPs in their own right. They thoroughly deserved this outcome, but they were lucky: only for them did LCL majorities in both Houses secure justice.

THE ELIMINATION OF QUACKS.

The slow progress of litigation.

After WWI the BMA crusade intensified against the unregistered, the unregistrable and the unqualified. The principal battles were fought in the Far West Coast and the Barossa, each location being the scene of a *cause célèbre*. The 1891 Bridgewater case, which



Francis Leonard Harden [d.1947]. Unqualified and unregistered he managed to practise medicine and surgery for years in Australia and other countries.

has been discussed, established that merely advertising or assuming the title of “doctor” was not falsely pretending to be a LQMP.⁴⁶ The 1889 *Act* enabled any duly qualified man to advertise and practice as a medical practitioner without being registered. The 1919 *Act* had attempted to grapple with this difficulty. The first serious challenge arose in 1926 when a naturopath H.W. Nairn affixed to a building where he

‘treated’ spinal troubles a brass plate giving himself the title of “Dr.” In SA he was neither legally qualified nor registered, although he claimed to be legally qualified in America. Sir George Murray, Chief Justice, declared that he had held himself out as a doctor of medicine and he was accordingly within the purview of the *Act*. Nairn, defended by Villeneuve Smith *KC* appealed to the Full Court, which also found against him. Maybe he never had a hope because his case came before Justice Thomas Slaney Poole who was the brother of Dr. F.S. Poole of Alberton, and Justice John Mellis Napier, son of the celebrated A.D. Leith Napier.

That same year the crown prosecutor was not so successful with a complaint against a person called Drew for unlawfully holding himself out as a medical practitioner, by the exhibition of signs advising that he cured nerve and kidney problems. As Drew had not held himself out as a medical practitioner but merely showed himself to be a vendor of nostrums, the action failed. An unusual case in 1927 involved a female quack, Mrs. Carl

Olsen who advertised that she could cure tuberculosis. Her defence was that she did not examine patients but could tell what was wrong by looking at them; that she charged nothing for her services, but only for the medicines and advertisements, and that she was not a doctor but a specialist in tuberculosis. The Supreme Court found against her. In 1931 H.E. Kugelman was convicted of holding himself out as a medical practitioner. Kugelman lived in Lygon St., Carlton Vic., and was more active in that state. He styled himself as “Professor of Natural Science and Organic Medication” and claimed fabulous diagnostic and treatment skills – but only if the fee of twenty shillings was produced. His appeals both to the Supreme Court and the Full Court were dismissed.

In 1942 one Lewis was convicted of holding himself out as a medical practitioner. A company, Cavendish Laboratories, for which he was Adelaide manager, had been established in Melbourne by R.V. Storer, advertising a remedy for prostate trouble and a free medical advisory service. Although Lewis had denied that he was a qualified doctor, he had claimed that he could diagnose and treat a specific complaint. Cavendish Laboratories was convicted of aiding and abetting Lewis in the commission of the offence, because specimens were sent to Storer in Melbourne, and all appeals were dismissed. This particular case is interesting because it is the first occasion in which a company managed by an unqualified and unregistered person had been involved in an attempt to provide medical treatment at arms length through an agent.

In 1944 “professor” Stanley Mayo set himself up at 116 Gawler Place and widely advertised his availability as a practitioner of “Indian Science and Massage” for the cure or relief of ‘nervous disorders’, which he could accomplish while you waited, for ten shillings, with no payment unless a cure was effected. He was charged with holding out and convicted. He then appealed to the Supreme Court, conducted his own case, and won. The Crown then took the matter to the Full Court, the conviction was restored and

Mayo disappeared. The Full Bench included Napier, now Chief Justice, and Herbert Mayo, great grandson of Dr. George Mayo and brother of Drs. Helen and John Mayo. It was hard in SA for the unregistered to elude the surrogate tentacles of the legally qualified profession.

Of the last three cases to be considered, one involved an incongruous tragi-comedy, one a sensational epic political and social drama, and the last recounts the story of the most stunningly successful totally unqualified and irregular practitioner of them all, who defied the medical and legal professions to the end and whose name and fame have entered into South Australian folklore.

Comedy and Tragedy: Drs. Abbott, Harden, von Roenne and the Denial Bay Farmers Medical Board.

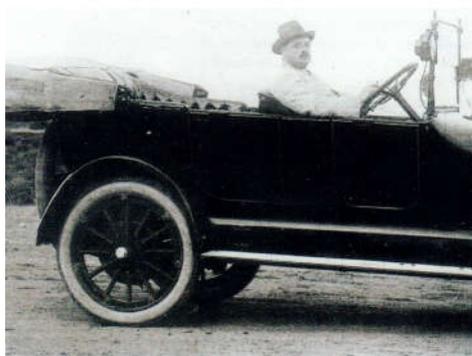
The difficulties of providing medical services in inhospitable areas of SA are no where better illustrated than on the Far West Coast. The counties of Moule and Bonython lie isolated 800km from the capital. The principal town is Ceduna/Thevenard, and Denial Bay is an outpost. To the west the nearest town is Penong, and to the south-east Streaky Bay is 90kms away. Around 1906 a Denial Bay Farmers Medical Board was established to secure a doctor by means of a guaranteed salary raised through public subscription. A doctor was soon obtained, but the board's troubles were just beginning.

The first practitioner to arrive was Dr. Siegwart Bruehl MDChD *Halle* 1881. He was quickly replaced by Dr. Percival Boyd 1907/08, who immediately fell out with the board and left. Dr. Charles Abbott (*supra*) and his wife, former matron of the Wagga Wagga hospital followed in 1908. At that time Abbott was registered in Victoria and NSW but could not be recognised in SA because the length of his American medical course did not comply with the conditions of the 1889 *Act*. In his case, and that of others who followed, there was the ridiculous situation whereby governments of the day could express

satisfaction that “medical services” were provided in inhospitable locations, but could refuse to contribute financial subsidies on the grounds that the practitioners were unregistered.

Dr. Abbott prospered: he began a local newspaper and became a Justice of the Peace. The board provided a Ford motor vehicle and it became a source of perpetual argument, some shrewd subscribers refusing to pay mileage for a *board* vehicle, and others pin-pricked about private use of the car. In 1910 Abbott resigned in disgust and went to Pine Creek NT, leaving the Far West in chaos. Dr. A.E. Weidenbach came briefly as locum, then Dr. T.J. Hennessy, quickly followed by the unregistered Dr. Redmond, the registered Dr. R. McLennan and then Dr. John A. Kerr. In 1911 Dr. Abbott returned to resume both practice and the wretched arguments over the car. He was formally registered in 1913 and after more disagreements which only ended when a bloody-minded public meeting voted to sell the vehicle, he left. The basic problem was that he sometimes had to travel 800 miles *per* week and there was no provision for paying running costs. His annual salary was £400 and the farmers considered that the best solution was for him to buy the car and run it for free. So the community again successfully cut its throat. In rapid and disastrous succession there followed Dr. R.H. Tait, Dr. R.R. Frost and Dr. W.J.A. Walker. Local folklore holds that most of the practitioners were discarded alcoholics and a line of graves in the Thevenard cemetery is still known as “Doctors Row”.⁴⁷ Then in 1915 after Dr. G.P. O’Day of Ceduna was severely injured in a motor bike accident, the unregistered Dr. P. von Roenne arrived at Denial Bay and served the area well until 1919, when he went to Ceduna and stayed until 1926. As late as 1994 he was remembered with affection by the older residents, and he was probably qualified. He left for Sydney and his position at Denial Bay was taken by the unregistered “Dr.” F.L. Harden MD, who was to become the chief player in a number of parliamentary and legal scenes which will now be discussed.

Francis Leonard Harden claimed to be, but was not, a 1906 graduate of Cooper Medical College, California, and on that basis had been registered in 1912 by a not very alert NSW medical board. He had served in WWI as medical officer on troop transports and had been honourably discharged in 1915 with excellent references. He had returned to Sydney and practised until 1918 when the medical board had begun an investigation into his qualifications. They discovered that he had never attended either Cooper or its successor the Stanford University Medical School and struck his name off. Harden fled to Fiji, where he remained until in 1919 he went to Thargomindah in Queensland before



The unregistered (but probably qualified) Dr. P. von Roenne at Ceduna.

his arrival at Denial Bay in 1920. He was energetic, enthusiastic and hardworking, of marked competence, and quickly became highly regarded. He was instrumental in building the Denial Bay Coast Memorial Hospital, a doctor's residence, and he obtained a resident nurse for

the hospital. For four years he served the dyspeptic Farmers Medical Board in exemplary fashion: then disaster struck.

On 8 July 1923 two aborigines from the Koonibba Lutheran Mission came to Harden's home, the woman claiming that her spouse, Dick Wombat, had threatened to kill her baby. Harden took a gun when he saw Dick Wombat in his garden and fired six shots at him, two of which inflicted superficial wounds. The Lutheran Church was outraged and Harden was eventually brought to trial on a charge of wilful wounding with intent to murder. Among witnesses were pastors Hoff and Wiebusch, and Dr. von Roenne who had attended the wounded Wombat. Harden conducted his own defence with great skill, was convicted merely of common assault, and placed on a bond. The evidence shows that he had no love for either aborigines (neither did the community – up to 1938 they could not be admitted to the Ceduna hospital) or the 'German Church'

as he disdainfully referred to it. He returned to Denial Bay and practised amid great community sectarian and racist turmoil until January 1925 when his services were dispensed with and the hospital closed. Never again did any medical person, registered or otherwise, establish himself at Denial Bay. Penong, and then Ceduna/Thevenard became the focus of health care, which was revolutionised in 1938 by the Bush Church Aid Flying Medical Service, inaugurated with a DeHaviland Fox Moth single engine bi-plane.

In turn the accounts of the pioneer efforts to establish medical practices and hospitals at Penong and Ceduna reflect the troublesome theatrics that distinguished Denial Bay. The story of the Bush Church Aid 'flying doctor' is altogether different. The first such practitioners were Drs. Roy and Freda Gibson (*née* Ehmcke) who gave the best years of their lives to medical work in the Far West. Their pilot was the brilliantly skilled Alan Chadwick *MBE* who flew the service without accident for thirty years. Roy Gibson died tragically in 1948, aged 42, of snake bite and his wife carried the work on her own. Later she was succeeded by an equally indomitable woman, Merna Mueller.

For 'Dr.' Harden, however, worse was to come. Before he left the Far West for Adelaide an attempt was made on his behalf by the Labor MP Stanley Whitford⁴⁸ to amend the *Medical Practitioners Act* so that any man who had served in the Commonwealth or Imperial Army or Navy, or armed transport service as medical officer or with the rank of surgeon, should be registered, provided that such service had extended for a period of not less than twelve months and had been terminated by honourable discharge. It was hoped that the proposed legislation would assist not only Harden but also von Roenne and a third unregistered person, Edward Clark, who had commenced his medical studies at Edinburgh but finished them in America. He had come to SA in 1922 and had worked at Parkside as a temporary clinical assistant before being sent to Enfield as a clerk. Initially there was some support for Whitford because parliament appreciated the efforts

of the unregistered and unqualified who went to desolate undeveloped areas and wished to leave them alone. The problem with giving them registration was the wider and more long term legal and social consequences of tampering with *Acts* which had empire reciprocity. The suburban activities of the more blatant quacks also troubled the government, because at this time there had not only been prosecutions against some of the individuals who have been mentioned above, but two others had attracted ruinous publicity. One Hickson had claimed to perform miracle cures but had suddenly found it advisable to depart for London, and 'Dr.' Yum Low, a prominent eye and pile specialist who ventured into cancer cures was sued by an irate client and the subsequent award of damages terminated his healing career.⁴⁹ Unfortunately for Harden his case was irrevocably damaged by the realisation that he had provided his parliamentary supporters with false information, and that in the first place he had secured registration in NSW by fraud. Notwithstanding this, the government made it clear that they had no intention of taking any action against him. Whitford's proposed amendment was defeated by three votes. Harden then embarked on a foolish course of action.

He advertised himself in newspapers as "Dr. Francis L. Harden, D.Sc., Biologist", and purported to specialise in the diagnosis of social diseases, bladder and skin problems, and that he could also offer painless childbirth. In 1926 he was prosecuted for holding himself out as a doctor but the magistrate dismissed the police complaint. The Crown Solicitor took the matter on appeal to the Supreme Court where Sir George Murray found against Harden.

He then went to the Northern Territory and practised for some months before going to China. Around this time he claimed to be a Lieut. Colonel in the Chinese National Army. It is very hard to sort fact from fiction in his life and when in his seventies he

served in naval ships in WWII. In 1947 he died when crossing the Pacific as surgeon to the *City of Canberra*.⁵⁰



Dr F.J.E. Juttner [1870-1938] of Tanunda: prominent in the BMA's campaign against Dr J.H. Becker.

Dr. Johannes Heinrich Becker MD MS *Marbug: Landeskreisleiter*. The Nazi Party in Australia.⁵¹

The foregoing difficulties with the unregistered were resolved fairly quickly, given the pace at which the legal system moves. The next major confrontation between the BMA, the government and an unregistered alien was commenced in 1930 and continued right up to the start of WWII. It is a story of political intrigue, real and imaginary Nazi conspiracies, a chronicle of every kind of human failing, and much sadness. Johannes Heinrich Becker [1898-1961] was born in Thuringia, Germany and won the Iron Cross for bravery in WWI at Verdun and Ypres. In 1924 he graduated in medicine from the University of Marburg, Prussia, spent a year in a Ruhr hospital, another as a ship's doctor, and then migrated to South Australia in 1927. There were probably two main reasons for this. The medical profession in Weimar Germany was overcrowded, and an admirer of Hitler, in 1925 he had been arrested for making a Nazi salute in a public place.

He went to Tanunda in October of that year: he spoke no English but soon acquired remarkable fluency. Initially he had hoped to work for an acquaintance, and had approached the medical board for registration. He had been quite unaware of the difficulties of obtaining registration in SA and in 1930 his application for naturalisation was also rejected because of an inadequate period of residence. In 1932 he married and there were two children. In 1933 he began to organise secret meetings in Melbourne at which Nazi propaganda was distributed and in 1934 he visited Germany and joined the Nazi Party. He was originally *Landesvertrauensmann* (National Confidential Adviser) and then *Landeskreisleiter* (National District Leader). He rose quickly to hold important Nazi Party positions of State Trustee for Australia and then State Leader for the South Pacific. His political activities were extensive and made him an object of much attention from the Australian security services, which busied themselves compiling dossiers that now make a

chilling read of bitterness, conflict and prejudice. In 1936 he appears to have been dismissed from the Nazi Party following conflicts with the German Consul-General in Sydney, Rudolf Asmis, but clarification of these events is hindered by the alleged disappearance and destruction of Australian Archive Secret Service Files.

At Tanunda, with a fylfot attached to the front numberplate of his car, to the great irritation of the BMA (SA Branch) and its local members, Becker ran a busy and successful medical practice. For he could never be registered: Marburg had no reciprocal recognition arrangements with any Australian institution. His twelve years of active practice mark the third and last great confrontation between the unregistered and those who appeared in the *Government Gazette*. In a way he is the logical successor to George Bollen, Karl Fiege and Herbert Basedow but the critical difference is that whereas they achieved registration, Becker did not. His case, along with his subsequent cruel fate, marks the point where parliamentary tolerance of the irregular ceased for ever. The other major distinguishing feature of Becker's prolonged legal battles was that initially (1929-32) they were fought in spectacular fashion through every level of the civil jurisdiction and those adventures in litigation are immortalised in the various Australian Law Reports. Later (1934-36) they were contested summarily and on appeal.

There was in Australia between 1919 and 1950 a vigorous and uninhibited newspaper known as *Smith's Weekly*, and it was a highly censorious observer of the medical profession. Apart from losing no opportunity to confront and embarrass the legally qualified, it was utterly pitiless in its unmasking of quackery and on many occasions it ensured that unscrupulous charlatans got the exposure and contempt which they deserved. When, however, they took on Becker, they made an embarrassing and very expensive error of judgement. On 29 June 1929 *Smith's Weekly*, accompanied by a large poster that read: "Sudden Death. Tanunda's Alien Healer. Does He Use Atopan?"

published a highly defamatory account that Becker was a “German quack”, and had prescribed a dangerous drug which had caused the death of two persons.⁵² All the unpalatable details had been given to the Packer press by F.J.E. Juttner, a disgruntled Tanunda LQMP. He threw in for good measure details of Becker’s lack of registration, his ostracism by other practitioners and their refusal to administer his anaesthetics. This had not deterred Becker from performing operations. Becker sued the newspaper for defamation.

Preliminary skirmishing established that he freely and openly advertised himself as Dr. J.H. Becker MD MS (Marburg) and carried on a comprehensive and very lucrative medical practice, prescribing and charging fees. Also clearly established was that *Smith’s Weekly* had been peculiarly stupid. The case occupied thirteen days before Sir George Murray CJ, who found in Becker’s favour on all points and awarded him £5000 40s damages, plus all costs. This was an unimaginably huge sum of money when the minimum weekly male wage was £3 15s. Murray’s judgement was intolerable to the BMA. He found that the 1919 *Act* did not make unlawful the practice by anyone of medicine and surgery; that Becker was not a quack and that his conduct was not holding-out. *Smith’s* then appealed to the High Court and the case came before Judges Rich, Starke, Dixon, Evatt and McTiernan in 1932. Villeneuve Smith and a young Robert Menzies *KC* appeared for the appellant. The appeal was dismissed but Becker’s damages were halved.⁵³

Between 1927 and 1932 Becker committed repeated offences against the 1919 *Act* by openly holding himself out as legally qualified. He advertised blatantly and used secret codes to write prescriptions. He widely used atropin which by 1922 was suspected of causing serious illness. Evidence was given that seven patients whom he had attended had died, and burial had taken place without autopsy or inquest. As an unregistered

practitioner Becker could not sign death certificates and he was obliged to report deaths to the police and procure from a magistrate a coronial burial order. This he was able to do expeditiously and with a good deal of privacy.

In 1933 Becker applied to the Supreme Court for a *mandamus* directing the medical board to register him. This it rightly refused to do because his qualifications did not entitle him to English registration and Germany regarded SA graduates as unqualified. The matter was further complicated when the Nazis came to power because they restricted the *Staats. Exam.* to German nationals. The Full Court refused to intervene. Becker lacked the high political and family connections of Bollen and Basedow. He continued to practise but on legal advice ceased to use signs and stationery carrying any inference that he was legally qualified. He described himself as an unregistered practitioner and permitted himself to be addressed as “doctor”. He thrived because the publicity made him well known and his legal victories gave him status. In 1935 he was convicted of holding himself out as a LQMP and the Supreme Court dismissed his appeal. His subsequent application for special leave to appeal this decision was refused by the High Court.

He remained in open practice at Julius St. Tanunda until September 1939 when the problems of his blatant disregard of the *Medical Act* and his Nazi activities were solved by his arrest and internment at Loveday. He spent the entire war there and early in 1945 was transferred to Tatura, Victoria. His request for naturalisation was refused and in 1946 Mr. Justice Simpson⁵⁴ ordered his deportation to Germany. As a result of representations from his wife in June 1946 he was released from Tatura before departure under the strictest conditions of parole. Representations on his behalf for mercy were to no avail and on 12 November 1947 he was given five days notice of deportation. On 20 November he absconded and orders were issued for his arrest. There followed one of

the most publicised and dramatic manhunts that Australian newspapers could ever dream of. Commonwealth security police descended on Tanunda but Becker had flown to Melbourne. The next day, now promoted to a “...prominent pre-war Nazi leader in Australia” he was reported to be in Sydney, and the R.S.L. ranted about him. He was still at large on 25 November when HMAS *Kanimbla* sailed from Melbourne with 400 German and Italian deportees. By then he had become the R.S.L.’s Australian Public Enemy No. 1 and that organisation bubbled with incoherent rage. Just before midnight on 26 November 1947 Becker was recaptured when found as a stowaway on the US tanker *Cedar Breaks* while it was off Watsons Bay, Sydney. He was flown to Perth via Parafield and finally deported on 30 December 1947 to Germany on the US *General Heitzelman*. He arrived there in February 1948 and in December that year was exonerated by a ‘denazification’ tribunal, some six months after the R.S.L. had made it plain that as



Dr Johannes Heinrich Becker MD
Marburg [1898-1961]

democracy’s watchdog it would make sure that he would never come back.

The rest of his story is brief and sad. In May 1953 his marriage was dissolved and his wife re-married. Becker made pathetic, unsuccessful attempts to communicate with his family and tried hard to re-establish himself in medical practice in Germany. He died, unnoticed and largely forgotten, at Bremen in 1961. His old adversary,

Dr. Rudolf Asmis, was unluckier: he fell into the hands of Soviet authorities in 1945 and vanished in Siberia, where he ‘died’ a few months later.

Becker’s interest to the long struggle of the legally qualified and registered to suppress the qualified that could not satisfy the *Medical Act*, as well as the totally unqualified, is over-shadowed by the more dramatic pyrotechnics of his Nazi associations and activities.

He had the misfortune to be born at the wrong time for there is no doubt that he was a competent and highly respected practitioner. It was his very success which agitated his BMA opponents. Neither Franz Juttner nor the BMA (SA Branch) attacked him because of concern for practice standards, ethics or ‘the good of the public’, but because Becker represented a serious commercial threat. It was a repetition of the George Bollen case. The SA government took only the most half hearted action against him because anything more would have entailed great political risk. Sir Richard Butler’s LCL government 1933-38 held office in difficult times and his own party lacked cohesion and direction. The Barossa was represented by the LCL and Dr. Herbert Basedow himself had actually won the seat as an Independent in 1933, but had died before parliament sat. Butler was too astute a politician to endanger his shaky parliamentary leadership by taking on the influential German conservative vote.

Then there is the important fact that despite the disabilities inflicted by lack of formal registration Becker had no problem in surmounting them. We have mentioned the seven deaths in unusual circumstances, distinguished by neither autopsy nor inquest, and the burial orders that materialised without question. It is clear that he had significant cooperation and perhaps collusion, to help him. Even war, the oblivion and humiliation of internment and the subsequent sensational proceedings prior to deportation did not lessen the regard of his Tanunda supporters. He remains a notable modern illustration of the irrelevance of registration as a factor in determining the acceptance of a competent practitioner, of the persistence up to the Second World War of government non-intervention in such cases, and of the impotence of legislation to curb the unregistered. Only the extreme measure of banishment to a political prison and subsequent deportation brought his career to an end and the reasons were quite unrelated to the question of illegally making a living from medicine.

World War II and the subsequent explosion and application of scientific knowledge to medicine and surgery, better public education, the increasing complexity of the civil law in respect of negligence and malpractice, and the growth of Australian medical schools, would finally put the unregistered to rest. Indeed, we have seen that state and federal governments up to 1946 were perfectly happy to utilise the unregistered Kolmer and Simons to fill their most miserable and unattractive government medical positions (particularly because they were not contaminated by politically incorrect sentiments or likely to be a threat to the products of the British medical school industry, who as the BMA controlled the Australian military medical hierarchy.) In fact there were qualified but unregistered people who practised openly for years without social controversy or litigation of any kind. One such was John Juhrs whom we have mentioned. He died at Hutt St. Adelaide in 1920. He was born in Zealand, Denmark, in 1838, graduated from Gottingen, Prussia, came to Brisbane in 1869 and practised successively at Port Curtis, Blackall, Townsville and Charters Towers, then Benalla (Victoria) and Nimagee (NSW). He returned to Queensland and practised at Toowoomba and Goondiwindi. In 1885 he came to Port Adelaide and stayed until 1918. He was on the Port Adelaide council and was mayor 1901-3. He was never registered and his obituary recalls a life of hard medical work and public esteem. Mention has also been made of John Ricardo Stephens: he held American qualifications and, unregistered, practised at Gumeracha between 1892 and 1912. One of his daughters married Sir Frederick Holder, and this relationship might throw some light on the Kingston government's studied contempt for the legally qualified. Registration was important to the profession because it brought a closed shop, protection from competition and great financial and commercial advantages, but to the public it remained little more than a means of allowing the curious to determine whether persons practising medicine had legally recognised credentials.

Until the 1940s the only material use of registration made by the state government was to use the absence of an entry in the register as an excuse to not pay an annual subsidy to a country hospital board. Only with the advent of the pharmaceutical benefit scheme in 1951 and the direct involvement of the federal government in paying doctors for professional attendance from 1953 did registration become a significant administrative tool to enable determination of entitlement to payment. The recognition of specialties from 1969, with the introduction of differential rebates in favour of the more highly qualified, increased the use to which a registration number could be put by a central commonwealth administration. Similarly the state registers were the base for the 1975 universal health scheme, *Medibank*, its successor *Medicare* and later vocational registration.

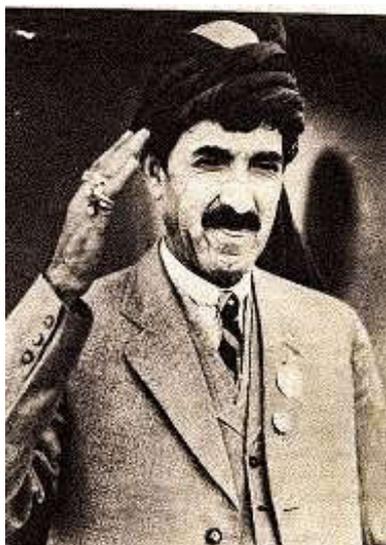
There is a much wider perspective to be applied to any consideration of the position of Harden, von Roenne and Becker. Throughout the twenties and thirties there was a strong current of concern over the shortage of doctors in country districts and the resultant hardship for the local population. When in 1919 Dr. A.O. Boer died at Streaky Bay from post-influenzal complications, the unregistered von Roenne attended during his illness and operated. During a long journey of inspection along the Murray in 1920 Lady Weigall, wife of the SA governor, in between the ministrations of her maid and footman, expressed concern with the plight of the wives of irrigation settlers in obtaining proper medical and nursing attention. At Hawker in 1923 medical services were provided by the unregistered and uncontroversial Dr. Kirstner. In 1928 Minnipa pleaded for “a doctor” because assistance had to come from either Streaky Bay or Elliston, sixty and eighty miles distant respectively. In 1930 when Alice Springs was left without medical attention, a doctor had to be flown from Adelaide to a septicaemic emergency. The only other source of help was Hawker, with a fortnightly train service of legendary unpredictability, or Darwin – 1500 miles to the north. These problems persisted to the late 1950s. The BMA was quite content to tolerate the under-supply of LQMPs and

along with the medical board which they dominated from 1896 to 1974 were determined to pursue such of the unregistered as the *Act* allowed them, regardless of community need for medical services. The board always had difficulties with the crown law officers in either obtaining advice or support to prosecute. This probably reflects community acceptance of the unorthodox, or the active determination of influential and articulate politicians to protect them.

The Most Successful Quack of All – Hanji Mahomet Allum.

The best illustration in more recent times of this situation is provided by one of the most interesting and esteemed quacks of them all, Hanji Mahomet Allum. He was also the last of the popular herbalists and healers who survived the might of the BMA.

Mahomet Allum [c1857–1964] by the 1950s was the best known unqualified, unregistered, eccentric and unorthodox practitioner in Adelaide.⁵⁵ For more than thirty



Mahomet Allum [1858-1964]. "Humanity's Benefactor": a most successful Adelaide quack.

five years the self-styled 'God's Messenger' dispensed his herb mixtures and advice from Victoria Square and later Anzac Highway, Kurralta Park – a fact not without irony as the property had once been part of Everard's farm. Allum had a strong belief in the universal curative properties of purgatives and faith. Much of his teaching was commonsense, some, like his campaign against immunisation, quite irrational, and a lot more was no doubt good for the wholesale department of Fauldings.

By 1935 the BMA had had enough and he was prosecuted for holding out. He was convicted and fined, and from that moment never looked back. He published an astonishing libel on the magistrate who convicted him and ended up in the Supreme Court where he was acquitted. His character witnesses included the Attorney-General,

Commissioner of Police and many prominent citizens, and he was defended in parliament. Never again did the medical profession take him on, nor would the BMA accept his offer to establish a scholarship for natural healing. Unlike the other adherents of heterodox treatment theories he survived WWII and beyond and continued to dispense advice and specifics right to the end. At his death in 1964 his funeral cortege was over one and half kilometres long. He left no followers.

Harden, von Roenne, Becker and Mahomet Allum mark the close of the long era when the unqualified could practice openly, hold the respect and affection of the community, and fail to attract the interest of the government. After their disappearance even remote areas would have a LQMP or nothing and here we must mention the role of the Presbyterian minister John Flynn[1880-1951] who at Cloncurry in 1928, founded the Flying Doctor Service as the Australian Inland Mission Aerial Medical Service. This eliminated the dependence of remote regions on marginal practitioners and accelerated the passing of those colourful people. History has been less kind to the memory of Robert Mitchell who founded the AIM at the Smith of Dunesk mission, Beltana, in 1894, and paved the way for Flynn. Tribute must also be paid to the vital contribution of the modest Alfred Hermann Traeger [1895–1980] who in 1929 developed the pedal wireless. All the transitions that have been considered are both affected and effected by such technological innovation. Those factors sometimes seem extraneous, but the rate at which they diffuse into society and are adapted is vitally important to any consideration of the dissemination of scientific advances for human benefit.

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In England by 1930 the BMA had given up hope of eliminating completely unqualified practice through legislation. Homœopathy had been attacked and condemned as far back as 1851, but in contrast to the Australian outlook the English had come to accept that

once a man had obtained a registrable qualification he was entitled to hold his own opinion on therapeutics. Homœopathy was no longer stigmatised as quackery. The Australian profession was not inclined to this soft line, compromise or charitable tolerance where anything other than the strict orthodox doctrine of medical practice was concerned. The difference in attitude is remarkable, and is perhaps due to the small antipodean population, its unique geographical distribution, the fierce competition for the available patient pool, the Australian intolerance of non-conformity, and the vigorous revilement of the medical press.

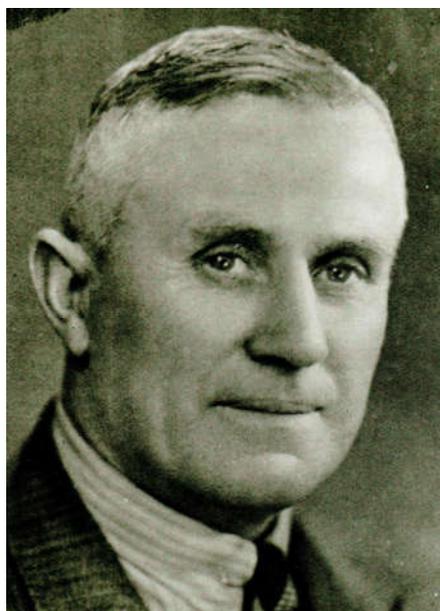
Other Groups Seek Professionalisation through Legislation.

Between the two World Wars other groups sought the respectability, status, protection and exclusiveness of legislation that would enable them to achieve full professionalisation. The stimulus for the registration of nurses was the difficulty in obtaining staff for country hospitals because the necessary training could only be done in the large city institutions. Vocational nursing in Australia was pioneered by two nuns who were nurses of the Sisters of Charity, and who came to Sydney in 1853 with the catholic vicar-general of NSW – W.B. Ullathorne. In 1868 Lucy Osburn, trained by Florence Nightingale, was brought out with five nurses to Sydney by Henry Parkes to take charge of nursing at the Sydney Infirmary. In 1920 a South Australian *Nurses Registration Bill* proposed that country hospitals would be approved as training schools and preference would be given to trained staff where there were vacancies to be filled in government institutions. It established a board of seven – one to be nominated by the BMA – to administer the *Act*. In many respects the *Bill* resembled the 1919 *Medical Act*, with its reciprocal recognition of qualifications, and power to deregister and restore, and it became the *Nurses Registration Act 1920*. Twenty five years later in 1945 the weekly wage of a trained nurse was 17/6d when the minimum SA adult female weekly wage rate in all

industry groups was 67/2d. This seems to be a unique occasion when all the benefits of government recognition did not confer great financial advantages on those given legal protection from competition. Nurses were victims of the long conspiracy of class and gender that subordinated their role to medicine. But the new nursing legislation itself worked well. Nursing as a satisfying and rewarding career thrived and there was never a shortage of hospital staff whether in the capital or the bush. All this would unhappily be destroyed in the '70s when adverse changes in human relationships and community morality were actively encouraged by the Whitlam and Dunstan governments and the feminists were able to seize control of nurse training and shove it from the hospitals to the universities. The end result has been disaster as many individuals attracted to nursing have been discouraged by the university culture. The new hierarchies in the tertiary nursing pyramid have devoted their energies to the search for higher status rather than care for patients. To a perpetual problem of nursing staff shortages has been added a growing reluctance by the tertiary qualified, glorying in the most wonderful titles, to actually do any useful work in the wards. The result has been a manpower and care standards calamity. It is also a sad fact of the modern age that state and federal government administrative requirements have brought changed ward priorities. The need to fill in endless forms, compile and shuffle useless data and record in case notes vast amounts of irrelevant trivia is now far more important than actual patient care. Inevitably a huge and useless bureaucracy has grown up to supervise the incessant quill pushing.

Also in 1920 an *Opticians Bill* was introduced to stop any person practising optometry without adequate training and examination. It prevented opticians from treating diseases of the eye or administering eye drops, and it became the *Opticians Act 1920*. Initially it caused hardship to individuals in the country where pharmaceutical chemists had long doubled as opticians, and who found that they were not eligible for registration. A peaceful South Australian settlement in respect of the relationship between

ophthalmology and optometry is in marked contrast to the Victorian experience, which was characterised by long years of hostility and opposition, parliamentary tussles and intra-professional disagreements. In Victoria optometrists achieved legal recognition in 1935 despite the vigorous and unpleasant opposition of OPSM, an ophthalmologist's business organisation that had been established to secure commercial supremacy in the lucrative optometric prescription trade. A South Australian doctor had an association with the struggle of the Australian College of Optometry to obtain an ophthalmologist to teach students, and thereby raise standards. The well organised Victorian ophthalmologists had refused to cooperate but in 1943 Dr. Rupert Naylor, a Collins St. specialist, took on the responsibility. He had graduated from Adelaide in 1924 and had practised at Penong and then Wudinna. He obtained his DOMS *Lond* in 1940 and then returned to Australia. The determined attempts by the Victorian medical practitioners to use any means in their power to restrict the market advantages of optometrists is a



Reginald Gordon Shorthose [1881-1967]. A fine gymnast and athlete who as a 'physical culture instructor' had no need for registration as a physiotherapist.

further illustration that in the two neighbouring states there were remarkable differences in outlook, approach and inter-professional tolerance.

Physiotherapists had a longer struggle. In 1923 the Barwell government brought in a *Masseurs Bill* to ensure that only qualified persons could be allowed to practise massage. At the time there was much concern that tuberculosis, which presented and masqueraded in many guises, was being treated with massage. A key part of the *Bill* was that no person

could act as a masseur unless under the direction of a LQMP and it was on this that it floundered. Parliament was not prepared to allow the medical profession to control masseurs and the *Bill* got short shrift. Twenty two years later the Playford government in

1945 introduced a *Physiotherapists Bill* to register and set out their qualifications.

Movement for such legislation that would give a substantial market advantage to a closed calling came from the Australian Physiotherapy Association whose members had been through a university course and would accept referrals only from doctors. Partial support came from the rival Associated Practitioners in Physiotherapy, whose members had experience but no qualifications, and who feared that attempts were being made to remove them. The *Bill's* provisions were becoming familiar: it provided for deregistration, machinery to deal with misconduct and holding out. Sports trainers, whose skills centre on dexterity with a bucket of recycled water and a wet towel, were exempted from its provisions, and all need for referrals by a LQMP were removed. Much debate centred on parliamentary fascination with the use of electricity in Physiotherapy treatment because some MPs believed that the incineration or electrocution of clients was an ever-present possibility. There was also much concern that the Rev. A.D. McCutcheon of the Port Adelaide Central Methodist Mission would not be able to continue his highly regarded free physiotherapy clinic, which no doubt greatly assisted the acquisition of dissenting neophytes. The government felt sure that all the problems had been solved when the *Bill* became the *Physiotherapists Act*.

Trouble soon arose. The first victim of the new *Act* was none other than the Rev. McCutcheon, whose nurses were refused registration because they were salaried and not receiving 'fee or reward.' As in the case of the Opticians Board the Physiotherapy Board was accused of harsh and rigid administration, and the usual cries arose from pharmacists who were forced to choose between one occupation and another. Far more interesting were the complaints from the completely unqualified who for years had practised under various subterfuges such as "physical culture instructors." One of the most prominent and highly regarded from the 1920s and for many years on was Reg. Shorthose, who at 41 Currie St. Adelaide, enhanced his simple exercise training with 'lectures' on personal

hygiene, breathing exercises, ballroom dancing and jiu jitsu &c. Inability to obtain any form of registration never handicapped his enterprise or led anyone to question the impressive diplomas on his walls. A contemporary was Will T. Duggan, who promoted 'psycho-physical culture' at Globe Chambers, Victoria Square. Shorthose and Duggan typified the unlettered, successful entrepreneur who had nothing to gain from formal registration or anything. Both were well known and sought-after, particularly by those who were dissatisfied with orthodox medical treatment. Their management of various physical disabilities (real or imagined) involved exercise, diet, swimming, sunlight exposure, massage and much commonsense. Both had an enviable reputation for helping children in an era when the ravages of poliomyelitis brought much disability and community distress. Their advocacy of sensible life style rules preceded by many years medical promotion of preventive medicine, or the logical but highly unpopular view that people should take some responsibility for their own health.

One group who received no satisfaction at all were members of the Chiropractic Health Society of South Australia. They could apply for registration and if successful they metamorphosed into physiotherapists, but this was the last thing they wanted. It was recognised that they were left in a void and that the physiotherapists had "...the blessing of the British Medical Association, while others have its curse chasing them around the country..."⁵⁶ The government would have been happy to introduce legislation to register chiropractors and osteopaths because not a few MPs believed that the *Physiotherapists Act* had more in it for the medical profession than the patient. However for chiropractors their greatest stumbling block was that parliament would have to recognise qualifications of American colleges run for commercial purposes, and whose standards were hard to determine, quite apart from giving respectability to what some allege survives as the basest form of pretentious and contemptible charlatanism.

DOCTORS AND THEIR RELATIONSHIP TO GOVERNMENT.

From the start of World War I doctors began to enjoy a closer relationship with government. That war did no damage to the medical profession. It was the spur to dominion specialisation and after hostilities doctors remained in the UK to obtain experience and qualifications. Many had distinguished themselves in the field and returned with decorations and other distinctions. The war helped propel medical practitioners as a class along that path to their eventual impregnable privileged position with enhanced autonomy and social dominance. Medicine, like society as a whole, remained male dominated and women remained subordinate and rarely acknowledged, no matter how significant and valuable their individual contributions. There was a belated tribute to Laura Hope after her death when the *Advertiser* noted that she had been the first woman to graduate in medicine in SA. That newspaper was more accurate than the sesquicentenary history of the SA medical board which ignored her existence and incorrectly recorded Helen Mayo as the first registered female graduate. Worse, the SA medical board repeated the error in a later newsletter.⁵⁷

Soon after WWI the government began handing honorary commissions to LQMPs to inquire on its behalf into many aspects of health and there are records of at least twenty six such inquiries between 1919 and 1937. Dr. L.J. Pellew visited Japan in 1920 and reported on public health in that country. In 1923, thirty nine years after the Bordertown smallpox incident, A.A. Lendon travelled widely to inquire into the management of mental institutions. In 1926 Dr. V.R. Delaney investigated dermatological treatment in the UK and North America. Sometimes specific investigations were made into areas that reflect the growing importance of specialisation which had been given a great stimulus by the First World War. In 1923 Dr. H.F. Shorney, a noted eye specialist and clinical teacher

reported on British and European ophthalmology. The following year Dr. J.B. Dawson was sent to investigate modern approaches to running ante-natal and maternal clinics, and Dr. T.G. Wilson was asked to report on the use of radium in gynaecology. Both the latter went on to eminence and knighthoods. In 1934 Wilson was entrusted with an enquiry into child mortality and the organisation of maternity hospitals. In 1928 the leading ENT specialist E.A. Matison reviewed the British treatment of deafness in children of school going age.⁵⁸ One report with very accurate predictions was that of Douglas Barlow who in 1929 studied overseas advances in medical diagnosis and treatment, and told the government of the increasing importance of x-rays and blood tests. High technology was making an early entry into the Adelaide Hospital: in 1927 E.F. Gartrell was put in charge of an ECG machine; in 1929 J.S. Verco became honorary deep x-ray therapist and H.A. McCoy honorary radium therapist. From these modest beginnings technology began the unhindered march that would see it eventually



Sir Cedric Stanton Hicks [1892-1976]. Professor of physiology and pharmacology UofA 1927-57.

dominate every aspect of medical care in hospitals. As this applied technology – the commodity form of knowledge – became more complex and esoteric, the medical profession would subdivide into closed specialised fragments so that the end result would be the total exclusion of the generalist from all metropolitan teaching hospitals. This did not happen in the country because specialists are generally highly allergic to extra-metropolitan practice, and in the bush hospital the local GP remains clinically supreme. Over the years the custom developed that specialists regularly visited remote centres and provided a consulting and operating service, usually with the local GP giving the anaesthetic or assisting.

Some of the inter-war surveys reflect growing government concern with industrial health and safety. In 1925, the year the South Australian *Royal Commission on Plumbism*

reported, Dr. Oliver Leitch, a Port Pirie general practitioner, was given an appointment to inquire in the UK into the incidence of lead poisoning and its prevention.⁵⁹ In 1928 the leading ophthalmologist Michael Schneider was commissioned to report on the effect of industrial occupations on eyesight. All this activity reflects a growing government concern with, and desire to be involved in, the areas of public health and industrial medicine. With the exception of dentistry (in 1930 the dentist E.J. Millhouse was asked to study dental education,) no other profession or organised group was asked to undertake work of this kind. The growing influence and power of medicine is apparent with this increasing government recognition. It is also an indication of how medicine was becoming internationalised, with teaching advances and clinical techniques flowing readily around the world as communications became more sophisticated.

Other subjects investigated on behalf of government included TB (1922, 1927 and 1932,) internal diseases, genito-urinary illness, diseases of women and advances in medical examinations and ambulances. Finally in 1936 Dr. R.G. Burnard was granted an honorary commission to inquire into and report upon contract medical practice and national insurance in Great Britain. All these reports were treated exactly the same as those dealing with every other briefly fashionable subject of parliamentary interest: after enthusiastic acceptance and assurance of action they were filed in the depths of the parliamentary library and forgotten.

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A South Australian Institute of Hygiene and Bacteriology was formed in 1898 and in 1900 the first society of medical officers of health was formed and called the South Australian Branch of the Incorporated Society of Medical Officers of Health. The headquarters of the parent society was in London and it warmly welcomed its colonial offspring, the first to be formed in Australia. The first president of the branch was

Thomas Borthwick, health officer to the city of Adelaide and at the first meeting there were twenty one members on the books. They devoted themselves to a review of a recent panic over a possible outbreak of bubonic plague in SA and vented much veiled criticism of Ramsay Smith, whose multiple appointments had given rise to much anger and jealousy. However when they were able to rise above that picayune nonsense they did much valuable work to encourage the new science of bacteriology.

The most significant South Australian involvement in public health was the role of F.S. Hone in the 1925/6 *Royal Commission on Health* (*supra*) but other practitioners played small but material parts in efforts to promote better health. These lesser lights ranged from the polemic Dr. E.M. Steven of Broken Hill, who publicly disputed the medical basis for awarding compensation to miners who suffered from the notorious pulmonary diseases traditionally associated with their dangerous work,⁶⁰ to the ultra-respectable Cedric Stanton Hicks, who arrived in Adelaide in 1926 to take up the first chair of human physiology and pharmacology. From that position, which he clogged for thirty one years, he spread his ideas about proper human nutrition and much else.⁶¹

There were others who made worthwhile contributions to the better health and understanding of illness. Helen Mayo worked tirelessly for infant welfare, H.K. Fry lectured on the 'feeble minded', and Dr. Ruth Gault as honorary medical officer to the committee for combating infantile paralysis, lectured and organised fund-raising. They were continuing a firm tradition of worthy service. The District Nursing Society had as one of its founders in 1897 Dr. Allan Campbell, who had also been one of the leaders for the establishment of the Adelaide Children's Hospital. The Red Cross in SA originated from the WWI efforts of Dr. R. Brummitt and Lady Marie Galway (*nee* Blennerhasset, widow of Baron d'Erlanger,) the intellectually formidable and energetic South Australian governor's wife.

Sometimes the enthusiasm of the eminent got them into trouble. In 1922 the Adelaide graduate Raphael Cilento, already on his way up, spoke on his research work relating to the possibility of maintaining a white Australia. Although Cilento was putting the case for developing a white population fit to manage the harsh northern tropical environment, rather than the more fashionable racist dogma, the contemporary press, other writers and his detractors, even after his death, would use those views without qualification to belittle his memory. It provides proof that the more extreme debates on eugenics and related topics reflected adversely on all followers of the 'hygienic' line of study, regardless of the perspective or reasonableness of their own views.

All the above indicates that governments were becoming seriously concerned about the welfare of their constituents, even if they were slow to act, but there was a notable step forward in 1925 when the school health services were expanded and a dental clinic established. Dr. Gertrude Halley, a remarkable and largely unremembered woman, was appointed principal medical officer.⁶² The final crown of respectability on all these endeavours was conferred in 1939 by the BMA when it decided to award grants and scholarships to encourage scientific research in practical medical problems. All this did no harm to the reputation and influence of the medical profession, but neither did it bring much good, because public health positions were of low status, salaried, often part-time, and generally did not attract the clever and ambitious who sought status and financial reward.

In 1925, too, questions were raised about the "...overcrowding of the learned professions..." and it was noted that

...as each fresh batch of graduates issues from the University, its absorption in the life of the community excites renewed wonder. How can room be made for so many young lawyers and budding doctors? And yet, so far as may be observed, there is no unemployment in the legal or medical professions and some of the recently established practitioners appear to be far removed from indigence.⁶³

This is a matter to which we will return later, but it was probably the first time it had been noted that illness expands to provide employment for the available practitioners.

THE BMA AND THE CONSTITUTIONAL STRUGGLES WITH J.B. CHIFLEY.

Between 1933 and 1949 Sir Henry Newland was federal president of the BMA and an important participant in the politico-medical conflicts of those years. The Menzies-Fadden federal government was defeated in 1941 and the Curtin government took over. Labor began its term quietly enough until the Japanese attack on Pearl Harbour in December provided an opportunity for what many saw as the abuse of National Security Regulations, and the large powers generally conferred on any government by war, to further socialist ends. In May 1942 a uniform taxation scheme deprived the states of their taxation powers in favour of a commonwealth monopoly, and the legislation survived a High Court challenge by South Australia's Playford government. The *National Welfare Act* 1943 embodied plans for future social reform. The Joint Committee on Social Security produced eight reports, two of them dealing at length with a national health scheme. Those reports led to modern concepts of social security. In August 1943 federal Labor won a land slide and gained outright majorities in both Houses. John Curtin died in July 1945 and after a brief interval was succeeded by J.B. Chifley. The war was quickly ending and the transition to peace required much legislation and a confident Labor administration with control of both Houses undertook some socialist ventures. Most of these found acceptance and became enshrined in Australian social services: the commonwealth office of education and tertiary scholarships; the Australian National University; unemployment and sickness benefits, for example. It might have been thought that the government could get away with anything but there was the problem of the Australian Constitution and the High Court. The latter as the authoritative interpreter

of the Constitution had found from about 1920 in the *Engineers Case* that it had no problem at all in exercising judicial review when it overruled elected governments and parliaments. Despite the problems ahead, the Chifley government saw no difficulties with its health policy and in 1945 passed the *Pharmaceutical Benefits Act* that enabled doctors to prescribe specific medicines for patients, free of charge. There was uproar and an immediate constitutional disaster orchestrated by the Victorian branch of the BMA which rushed to the High Court. The result was the celebrated *Pharmaceutical Benefits Case* 1945 which declared the *Act* invalid because it was legislation with respect to medical and pharmaceutical services and therefore outside any federal power to make laws or initiate executive or judicial action.⁶⁴ This decision was the worst possible nightmare scenario that the Labor government could have dreamed of because the High Court confirmed its inalienable power to determine what the commonwealth government could do. The *Pharmaceutical Benefits Case* is also a wonderful illustration of the legal quagmire that has always bedevilled state and federal relations. The Victorian Attorney-General Ian Macfarlan, picked up the cudgels on behalf of the BMA because an opportunity



Senator Nicholas McKenna [1895-1974]. Minister of Health and Social Services 1946-49. His attempts to intimidate Australian doctors with draconian regulations resulted in the failure of the Chifley government's universal health scheme and contributed to the defeat of the ALP in 1949.

presented for a state to attack federal powers. The Australian Constitution was framed at a time when the advances in medicine and surgery which would require commonwealth intervention could not have been foreseen. After the advent of uniform taxation the resultant substantial separation of the responsibility for collecting public finance, and the obligation to spend it, further complicated the general poisonous atmosphere of distrust. The convoluted, illogical and unwieldy division of responsibilities between the three

levels of government, federal, state and local, has been at the root of the causes of

difficulty or failure to achieve cooperation between the commonwealth and the states, and has perpetuated to this day the shortcomings in the Australian health system.

At the 1946 elections Labor was easily re-elected and that year the states carried a referendum for a *Constitution Alteration (Social Services) Bill* that allowed the commonwealth to legislate for, among other things, pharmaceutical benefits, provided there could be no civil conscription of the medical profession. This condition had been inserted into the referendum proposal at the insistence of the BMA, and it proved to be the Trojan horse which brought about the spectacular destruction of Chifley's second attempt to introduce a free medical scheme. This had been undertaken with the *Pharmaceutical Benefits Act 1947*, which was conceived in the belief that the social services referendum had bestowed constitutional validity on such legislation. In 1949 the High Court held that compulsory use of commonwealth prescription forms was 'civil conscription', and the *Act* was invalidated.⁶⁵ To this very day LQMPs are not compelled to use commonwealth prescription forms, but such is the change of social and political circumstances that the commonwealth now provides them free of charge (and at enormous expense) to every doctor and hospital in Australia, and practitioners regard their entitlement to the free forms as an absolute right.

Most of the violent opposition to Labor's plans came from the larger and more powerful NSW and Victorian BMA and resistance had firmed by August 1945 when a circular was sent to members asking them to pledge themselves not to cooperate with the plan until it had been altered and approved by the BMA. At the same time a notice was distributed for the waiting room:

Why I, Your Doctor, Will Not Take Part In The 'Free Medicine Plan'.

1. The Act limits "free medicine" to those preparations contained in a list ("the Commonwealth Pharmaceutical Formulary") drawn up by the government, and that

no set list can meet the prescribing needs in my practice. In other words I must be at liberty to prescribe the mixture *I* think best for your particular complaint and *not the mixture the government thinks adequate.*

2. The government refuses to accept a doctor's prescription written on his own prescription forms as entitling a patient to free medicine, but insists that all prescriptions be written in duplicate on a government form. I refuse to carry out this procedure for these reasons:

(a) It is entirely unnecessary.

(b) It would require me to spend a considerable part of my valuable time performing clerical work which could be done by others.

(c) It would immediately bring me under government control and I am not prepared to run the risk of being fined £50 or sent to gaol for three months for some so-called "offence" against the Act or for the regulations under it.

I HAVE NO OBJECTION TO THE GOVERNMENT PAYING THE CHEMIST FOR DISPENSING ANY PRESCRIPTION I MIGHT GIVE YOU – THAT IS, SUPPLYING YOU WITH "FREE MEDICINE".

At best it was an illogical and hypocritical document, and a good example of the absurd nonsense that the BMA was capable of when defending its monopoly. But the Labor government was silly to try and drag compliance with severe penalties for the most trivial lapses – just using a government form as a piece of notepaper attracted the maximum fine. All it did was outrage and unite the medical profession to an extent beyond the wildest dreams of the BMA which was able to make its attack on the legislation a virtuoso exercise in demolition. It openly carried on a carefully constructed façade of genuine attempts to cooperate with the government and its federal council always made it clear that there would really be no trouble securing the full cooperation of doctors. All that was needed was for the government to accept all its conditions, including that all drugs in the *British Pharmacopoeia* in any combination be provided free and that private prescription forms could be used. Behind the scenes it worked hard to make absolutely sure that any legislation would fail because doctors were terrified of nationalisation. Their worst suspicions were confirmed in the last days of the 1948 session when, still controlling the Senate, the Chifley government passed

the *National Health Service Bill*. Senator McKenna, the Minister for Health and Social Services immediately indicated that his government was going to introduce a complete medical service for all Australia, with the abolition of private practice and fee-for-service, and without any further consultation or cooperation with the BMA.⁶⁶ The latter promptly went ballistic and mobilised for a long battle, immediately started an 'Independent Fund' to fight every inch of the way, and the printing presses got very busy attacking the Labor government. Their two main publications set out all their own answers to Australian medical problems and made any Labor health scheme quite unnecessary.⁶⁷ Some measure of their determination can be gauged by their choice of allies: members suddenly discovered in their BMA mail reprints from *The Century*, the newspaper of the radical J.T. Lang,⁶⁸ and would find out later that the expert guidance of the Bank Employees Committee had been called on. That group was still savouring its victory over Chifley's *Banking Act* 1945, and the *Bank Nationalisation Act* 1947, both of which were emasculated by the High Court and Privy Council.

It was at this stage of the prolonged disputes with Labor that Sir Henry Newland decided that he had had enough, and he retired from membership of the BMA federal council. He was a remarkably alert and active 76, had joined the predecessor of that body in 1921, became president in 1930, and thus terminated a busy 28 year association with the highest level of medical politics. He had been a distinguished, devoted and energetic leader during the difficult years of war and parliamentary battles and thoroughly deserved the honours and recognition that he received.⁶⁹

Very few practitioners were prepared to participate in the pioneer pharmaceutical benefits scheme which had received Assent in June 1947, and most doctors complied with BMA suggestion that they return all the documentation back to the federal health department. Two practitioners who welcomed the plan were Alan Finger MBBS *Melb*

1934, and Hedley McMeekin MBBS *Melb* 1940. The latter became staff anaesthetist at the Broken Hill hospital. Alan Finger had been medical superintendent of the Northfield Infectious Diseases Hospital 1936-47, and was later appointed a clinical assistant in dermatology both at the RAH and QEH. He became a well known and popular person and as a member of the Communist Party regularly and unsuccessfully contested elections on their behalf. In July 1948 with McMeekin he wrote a letter to the *Medical Journey of Australia* that made a careful analysis and constructive criticism of the actual operation of the scheme. They made it clear that it was of value to patient and doctor, the formulary was adequate and clerical requirements minimal. It is something of a tribute to the *MJA* that views were published so diametrically opposite to those being officially disseminated. The letter corroborates the writer's belief, after considering the *Act*, formulary and regulations, that the Labor PBS was sensible and practicable. It was basically the foolishness of McKenna in relying on harsh penalties to enforce compliance that ensured its failure.

The fall of the Labor government in December 1949 brought all the unhappy business to an end. The BMA contributed to that defeat with a vigorous campaign to raise the spectre of nationalisation, but the Chifley government fell on three main grounds: it refused to abandon petrol rationing; it would not accept child endowment for the first child, and it had obstinately pursued a politically suicidal plan to nationalise banking.

Chifley's Liberal-Country Party successors in 1951 brought in a free medicine scheme that differed little from Labor intentions and they would also very effectively establish the Reserve Bank as a central bank to control the Australian banking industry. Thus it was that two of the most conservative sections of society, medicine and banking, saw any ALP proposal for change as the camel of socialism and strained

against it. The same designs from an administration of the right became a gnat and were easily swallowed. The BMA saw nothing incongruous in this. It had wonderful organising ability and its power made it easy to get its own way even when there was a disquieting level of dissent within its own ranks. Along with this went extraordinary powers of rationalisation and an effortless skill in blatantly sabotaging health initiatives of elected governments, while simultaneously creating the impression in the mind of



Dr Robert Henry Pulleine [1869-1935].
Prominent eye, ear, nose and throat consultant who was also a noted botanist and naturalist.

the general public that it was actually doing all that it could to cooperate with them. When engaged in the most desperate frenzy of political destruction it was able to persuade most onlookers that it was crusading in the public interest and it retained a good press. It would be another twenty five years before that relationship was destroyed.

Medical Practitioners and the Wider Community.

In the years between the wars when Adelaide was a place where trams went past “...rows of delicatessen and lolly shops along an interminable street through suburbs that looked as if they had been flattened by a giant’s saucepan...”,⁷⁰ the social activities of the medical profession were extensive and well publicised. This reflected the degree to which, as a body, they had become integrated into the cultural and psychological fabric of the wider community structure that characterised the insular and provincial South Australian capital of those years.

Mention has been made that from the earliest times practitioners had taken a close interest in cultural movements and organisations, in their personal intellectual pilgrimages in the new socially and meteorologically inhospitable climate. Their

number included naturalists, musicians, classical scholars and vigneron. Mention has been made of those pioneer practitioners who embarked on business enterprises, took up pastoral leases or entered politics

The brothers William and John Browne (Moorook, Booboorowie and Buckland Park), John Forster (Streaky Bay), Matthew Moorhouse (Melrose), and David Wark (Encounter Bay and Cookes Plains), were pastoralists, the Brownes on a grand scale. W.J. Browne (*MHA* 1860-62), Wark (*MHA* 1857-62) and Moorhouse (*MHA* 1860-62) were members of parliament, as were three significant unregistered practitioners, Luther Scammell (*MHA* 1857-60), C.G. Everard (*MLC* 1857-69) and John Rankine (*MLC* 1854-57).⁷¹ Charles Davies (*MLC* 1857-65) and Horace Dean (*MHA* 1857, unseated,) also secured election to parliament. In later years they would be followed by Allan Campbell (*MLC* 1878-98), Sylvanus Magarey (*MLC* 1888-97) and E.C. Stirling (*MHA* 1884-87). We have already discussed Dean, Scammell, Everard and Rankine. Davies worked huge tracts at Mattawarrangula, near Kanyaka, and Moonarie in the Gawler Ranges. The unregistered Dr. James McKechnie [c1810-1869] pioneered at *Wangaraleednie* the pastoral development of Franklin Harbour (Cowell). Campbell, Magarey and Stirling were city men.

Other early practitioners were notable. Dr. C.R. Penfold [1811-70] was the first SA wine growing doctor. Edward Davey [1806-85] was interested in the practical application of electricity and invented the electric relay, the basis until the transistor, of all communication and signalling technology. He was elected an Honorary Member of the Royal Society of Electrical Engineers as recognition of his importance in the practical development of the telegraph.

The intellectual accomplishments of some of the earliest doctors are continued throughout the 19th century and certainly into the first forty years of the 20th. A small number of singularly clever practitioners flourished who not only attained professional eminence but became recognised experts in the individual scientific intellectual pursuits that comprised their heterogeneous scholarship. Perhaps they were driven because they had inherited the absence of any sense of identity with this alien country that characterised their forbears, but they were still anxious to learn about it. The people who came to Australia to form the ‘New Britannia in the Antipodes’ were heirs to, and inheritors of the European enthusiasm and reverence for the great philosophers and naturalists like Newton, Linnaeus and Darwin, whose findings and speculations electrified intellectual society and made understandable much that was incomprehensible. Mention has been made of the authors and anthropologists Ramsay Smith and Basedow. Others included the conchologist J.C. Verco, ornithologist A.M. Morgan, naturalists R.H. Pulleine and J.B. Cleland, the poet C.H.J. Souter (“Dr. Nil”) and historian J.H.L. Cumpston. They were the clear intellectuals of the profession. They are largely forgotten for time is cruel to all who have a formal interest in the esoteric.

There was apparent within the medical profession, perhaps arising from the complex of identity, hereditary and cultural conventions of the predominant Anglo-Saxons and Celt immigrants, a well-established tradition of intellectual and practical involvement in a wider society outside the circumscribed pale of medicine. It may reflect Vignoli’s writings on the universality of knowledge and the theories of scientific social psychology of Lamprecht, or more fundamentally, simply the need to earn a living or find a substitute for religion with which to fill the long night hours. The increase in the population of SA brought a flourishing and influential central and

provincial press and this brought the extra-curricular activities of doctors before the wider public.

Within the profession there were many others whose involvement in the wider spectrum of society gave them an identity which did no harm to medicine's steady social and economic ascent. Those that are now named are a restricted illustrative sample. Of the ways open to a practitioner to serve the community or indulge his recreation, three avenues seem to have predominated: local government, horse racing, and sport generally. The community involvement of Dr. W.H. Russell [1880-1930] is an example. He spent fifteen years at Yorketown and interested himself in civic life and was mayor for a few years. His other interests extended to the Southern Yorke Peninsula Agricultural Society, the Jockey Club, Liberal union, of which he was a vice-president, the Show Society and the School Committee, of which he was chairman. He was involved with the Soldiers Memorial Park, Local Repatriation Committee, Southern Yorke Peninsula Football Association, Golf Club and other organisations. His professional duties required him to cover the large area between Cape Spencer and Stansbury. He was one of the founders and first presidents of the SA Country Hospitals Association. He was very popular and when he left Yorketown in 1926, over 600 people farewelled him at a function in the town hall, where he was presented with an illuminated address and each member of his family given a valuable present.

A similar picture recurs throughout the state. Drs. C.H. Chancellor (Gladstone), J.C.G. Juhrs (Port Adelaide, *supra*), W.B. Aitken (Jamestown), R. Brummitt (Burra), O.W. Smith (Clare), C.L. Clarke (Peterborough),⁷² H.E. Dunstone (St. Peters), and C.E.C. Wilson (Kadina), all were elected to municipal councils and served as mayor. Others such as A.H. Bennett (Enfield) and F.J. Mathwin (Snowtown), while declining public office involved themselves indirectly in municipal affairs. Dr. Bennett owned a

large property on the North East Rd. at Manningham, where he kept an impressive stud. When he sold it for urban sub-division in 1926, he bequeathed a portion of it as a community reserve. This remains, surrounded by streets associated with his connections, and a memorial fountain under which are placed his ashes and those of his wife. He was a successful ENT surgeon and active member of the Adelaide Racing Club. Other well known medical men whose addiction to the turf was noted in the press included J.A.G. Hamilton, E.E.S. Coombe, A.R. McMillan, F.W. Noble, A.F. Lynch, Milo Sprod, C.N. McQuarie and H.S. Covernton. Other doctors like A.O. Boer (Streaky Bay), S.L. Dawkins (Mt. Lofty), J.I. Sangster and H.C. Carden (Kadina), are recalled for their deep involvement in church affairs. Quite a few found in the army an outlet for their extra-curricular energies.

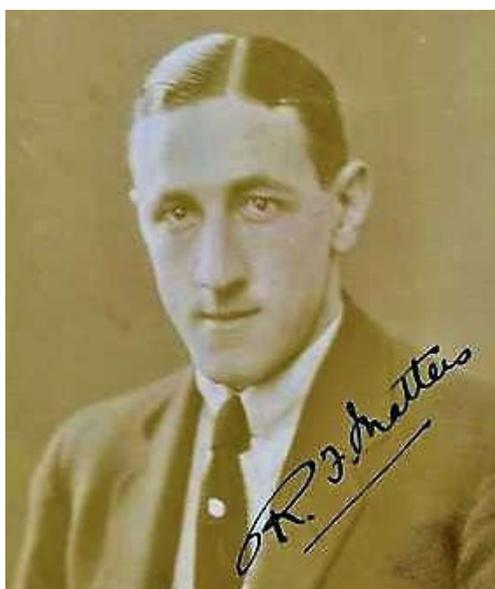
Certain medical practitioners directed their lively intellects and imaginations to serving the wider community. Drs. Charles Duguid, F. Lucas Benham and J.H.G. Drummond were notable philanthropists. Dr. Duguid devoted much of his long life, usually in the face of hostility, indifference or ignorance, to the plight of the aborigines. The Duguid lecture, inaugurated in 1994 by the University of South Australia and Flinders University was an overdue commemoration of his undaunted spirit and tranquillity. Others such as Charles and Laura Hope, Ethel Ambrose, Beryl Bowering, Silas Mead, Christina Krakowsky, Ronald Trudinger and H.C. Robjohns, gave many years of their lives as missionaries in the Sudan and Bengal. They all make an impressive though disparate group who provoke some thoughtful meditation on the Adelaide of the inter-war years. Were their broad and varied contributions to society part of a more notable public spiritedness than one perceives after the 1950s? A glance at the list of benefactors in the old *Calendars* of the University of Adelaide, suggests that the eminent felt an obligation to promote the flame of learning. Many well known

people, and others of humble and generally unknown origins, made altruistic commitments to an institution of which they clearly were proud, even if they themselves were not a part of it. Perhaps the medical profession reflected this passionate sense of community obligation, which would lapse when urban society became more hostile. In those past decades, too, governments intruded very little on tertiary and medical lives. Federal policies of active intervention from the 1980s would extinguish University academic and spiritual life. The best illustration of this is the University of Adelaide's contemptuous abolition of the endowed Hughes Chair of Classics. – an action unthinkable to earlier generations – to divert funding. As for the medical profession, it has been systematically divided and crushed with a legion of imposed regulatory absurdities.

Between the wars travel overseas to obtain registrable post-graduate qualifications was still comparatively rare, and as mentioned those doctors who made the journey received on their return flattering attention from the press which would have been of incomparable advertising value to members of a profession then strictly prohibited from publicising any sort of professional achievement. On many occasions even their departure from the state was noted, as in 1921 when Dr. A.H. Faulkner of Mt. Gambier left for England to specialise in surgery, and in 1928 when Michael Schneider went to America to study ophthalmology. Faulkner remained in London, but Schneider returned to become the leading South Australian eye consultant, pioneer of corneal transplants, and a multi-millionaire whose assets included vast tracts of grazing/farm land in the "ninety mile desert" counties which flourished after the CSIRO rectified soil trace element deficiencies. He had also enormous holdings in the north of SA, the Kimberleys in WA and in the Northern Territory. His political

influence was such that in the 1950s when the old Post-Master General's department was introducing STD telephony, work on a new trunk line to his Coonalpyn properties took precedence over providing exchange installations in the metropolitan area.

The press dutifully recorded Dr. H.A. McCoy's DMRE Cambridge, research at the London Hospital and return home via Europe and America. In the same year readers learnt that C.I. Streich and E.F. Gartrell had acquired the MRCP, and R.F. Matters the FRCS *Eng*. The awards of the FRCS to Gilbert Jose in 1925, the post-graduate achievements of A.R. Southwood (1925), the 1926 conferring of the FRCS *Edin* on B.H. Swift, the spectacular dermatological accomplishments of W.C.T. Upton (1926), the granting of the FRCS *Eng* to A.F. Hobbs (1929), all received due press coverage and this custom continued up to the 1960s. It ceased when newspaper reporting styles changed, and later when the trickle of specialist qualification seekers became a flood, and when the profession began to blot its copy book.



Sir Reginald Francis Matters *Kt VRD RFD* [1892-1975].
Leading Adelaide obstetrician and gynaecologist.

Practitioners of the Inter-War Years.

From the years of World War I there were associated with the Adelaide Medical School men whose academic distinction, and exemplification of the highest principles of their profession, brought them honour and made their names household words. A number of women medical graduates would also effect significant personal accomplishments, but because a patriarchal society practised both open and covert gender discrimination, they never became as well known as they deserved. H.W.B. Cairns [1896-1952], Rhodes Scholar 1918, and H.W. Florey [1898-1968], Rhodes Scholar 1922, have been noted, along with earlier medical Rhodes Scholars, W.R. Reynell (1907),⁷³ W. Ray (1908), and H.K. Fry (1910). In 1913 as mentioned previously Edmund Britten Jones [1888-1953] was selected. Walter Rupert Reynell [1885-1948] was an electrical engineering student when chosen as Rhodes for 1906. He went to Balliol, took his science degree and then turned to medicine. He qualified MRCS LRCP in 1912, MB *Oxon* 1913 (and later DM), FRCP 1934, and became an eminent neuropsychiatrist.⁷⁴ That he left SA and did not return lessened local interest in a remarkable person. Britten Jones returned to SA and until his death was an eminent consulting physician. A.W. Morey, who was selected as Rhodes Scholar in 1915, was killed in action in 1918. The 1919 scholar was L.C.E. Lindon. He became a distinguished Adelaide neurosurgeon, was a council member of the Royal Australian College of Surgeons, and president of the SA Branch of the BMA 1934-35. He served in both world wars and was knighted in 1964. Howard L. Rayner (1916) and Myles Formby (1925) remained in England. Both became eminent consultants. D.J.R. Sumner (1923) after six years in London returned to general practice at Glenside, and F.L. Thyer (1924) after obtaining his BA and BSc at Oxford, returned in 1927 to practise for many years at Kadina. He was interviewed by the *Register* on his return and

remarked, perhaps ruefully, that at a time when there was public discussion to the effect that Rhodes Scholars were failures, "...too much was expected from them, for after all, they were only the same as the other undergraduates...". The 1931 scholar, B.G. Maegraith had a glittering post-graduate career which was littered with prizes and distinctions. He became Professor of Tropical Medicine at Liverpool. The last of the pre-WWII Rhodes was J.J. Pritchard (1933) who entered Magdalen College. He continued his distinguished medical academic career at Oxford and became Professor of Anatomy at Queens University Belfast. Apart from these exceptional men, there have been others who have left SA after their early education, achieved eminence and have been forgotten. One such was Cecil John Davenport who, late in the 19th Century, after Prince Alfred College went to London and studied at St. Barts. He became FRCS and then went to China for the London Missionary Society, remaining there until his death, when he was in charge of the Shantung Rd. teaching hospital at Shanghai. His son Robert Cecil Davenport [1893-1961] was an eminent London consultant ophthalmic surgeon.

After Pritchard there was a gap of seventeen years before the next medical holder of the Rhodes – A.D. Jose (1949). In the twenty six years 1907 – 1933 the medical school provided thirteen Rhodes Scholars: in the thirty six years 1933 – 1969 it contributed five. It is not easy to say if this is due to alterations in the medical curriculum and/or standards, reflects changes in the policy for awarding the scholarships, or is a result of the proliferation of departments in an expanded university which has often responded to fads, fashion and federal funding with Mickey Mouse parchment courses. In the thirty four years up to 1937, 200 Rhodes Scholars came from Australia out of a total of 2018, and the scholarly performance of the South

Australians overshadowed the other states. South Australia, too, sent most of the medical scholars.

Two other notable Adelaide graduates were R.J. and J.M. Last. Raymond Jack Last [1903-1995] MBBS *Adel* 1924 FRCS *Eng* 1950 FRACS 1980, was in general practice at Booleroo Centre* for thirteen years 1926-38. After service in WWII in 1947 he became Professor of Applied Anatomy and Warden of the Royal College of Surgeons, England, holding the position until retirement in 1970. He was then appointed Professor of Anatomy at the University of California, and held that post until 1986. He was the author/editor of a number of notable text books. His son, John Murray Last MBBS *Adel* 1949 MD *Adel* 1968 in 1964 was appointed Assistant Professor of Epidemiology, Vermont USA, and in 1969 took that chair at Ottawa. He had spent six years 1954-59 in general practice at Western Clinic, a group of GPs on the Henley Beach Rd. at Torrensville, near Adelaide. That clinic was probably the first suburban group general practice in South Australia.

The population of SA in 1921 was 495,000: by 1941 it was 606,000. This population was concentrated in Adelaide, but country towns were a significant factor in the social framework as shown by the extensive and healthy provincial press (and hotels), and the number of country GPs. As has been suggested, medical practitioners occupied a socially prominent position and the BMA was an eminent organisation. It was a stratified society where every person knew his or her place and was careful to keep it. Medical women were respected curiosities, and support for the assimilation of aborigines was just beginning, but they were not treated with the gross inhumanity of earlier times. It was the closed nature of this agricultural and intermarried community that gave medical practitioners their aura, and made them so fascinating for the press.

* A small town in the Upper North between Gladstone and Wilmington.

It explains the public pre-occupation with the eminent like DeCrespigny, and the general captivation with success and the specific course that some careers took. As a clinician, the latter ruled through the 1920s to the 50s, beginning with the years of the long misleading peace which ended in a war that would see an explosion of technological knowledge. There is a contrast between DeCrespigny who, ‘summoned’ to an urgent case in 1929, immediately chartered an aeroplane, flew to Sydney, operated and flew back, and the ordinary GP who worked in the obscurity of his suburban street, making a living from his Lodge list.⁷⁵ It is probably true, though, that many of DeCrespigny’s contemporaries remembered him more for the vividness of his notorious motoring misadventures. As a driver he had little patience and less competence and on one spectacular occasion his vehicle ended up inside a tobacconist shop on the King William Rd./Rundle St. corner.

The effortless display of eminence along with the obvious trappings of success which the specialist elite showed either on the racecourse, in land holdings, philanthropy or just simple probate, points to the crevasse that had been established between generalist and specialist. This would in time widen into a chasm that would echo with brawling over fees, incomes, hospital access, procedural closure and the many other antagonisms that have characterised intra-professional strife over the past forty years. There is irony in that during the period which marked the last significant confrontation between the qualified and unqualified, with complete victory to the former, the medical profession would then turn its destructive energy on itself, with devastating political consequences.

While the years under review do not produce any evidence of poverty amongst doctors, life for many GPs was not easy. Enough has been written elsewhere on the social effects and consequences of the Great Depression, and we will touch only

briefly on the medical side. Medical practitioners who attended the unemployed and destitute were in 1926 paid £6 *per annum* to treat all ‘public’ patients, and by 1932 this had risen to £15. As some doctors in the poorer suburbs were treating large numbers of people on public relief, and had to supply medicine at a shilling a bottle, there were complaints about low remuneration, and many were sent to the Adelaide and Port Adelaide Casualty Hospitals for attention. Sometimes there appear very frank accounts of general practice, written in the days before every patient generated a fee and guaranteed income.

...the practitioner whose chief objective is remuneration for the service he renders, often gives but poor value for the money paid...only a few can emancipate themselves from general practice...some of his daily work would be soul-killing...he may find much of his work irksome...there are many uninteresting tasks to be performed...his life is composed of a succession of dull tasks which tire and depress.⁷⁶

The medical profession was also growing at a rate somewhat greater than the population. What can we discover about these people?

Table 5: Medical Practitioners in Australian States 1914 and 1924.

Year	SA	NSW	Vic.	Qu.	WA	Tas.	Total
1914	286	1359	1352	359	238	118	3712
1924	388*	1815	1481	461	214	142	4502

This is an increase in doctors of 24% over the decade, for an increase in population of 22.5%. Most of the increase is after 1918.

* 232 were in the metropolitan and outer metropolitan area, and 156 in the country.

Table 6: Medical Graduates, Australian Universities, 1914 – 1923.

Year	Adelaide	Melbourne	Sydney	Total
1914	15	77	104	196
1915	13	53	107	173
1916	7	55	90	152
1917	15	67	44	126
1918	13	57	73	143
1919	15	39	28	82
1920	8	64	81	153
1921	11	74	88	173
1922	16	106	112	234
1923	15	107	157	279

The general practitioner depended for his livelihood on the number of persons in his neighbourhood, the presence or absence of competition, his own personal qualities, and whether or not the area was affected by illness. If he did not commence by squatting in a growing area he could possibly purchase a practice, and the price was usually the last twelve months income. Generally he lived in a substantial house, centrally located, on a busy road, and often on a corner. Many examples of these homes survive today in older suburbs, some having been used as ‘rooms’ for decades, while others over time have met different fates, but, interestingly, all are remembered as “the doctor’s house.” Part of the residence was retained for professional work (and taxation purposes.) His motor vehicle cost between £199 for a Ford Universal Touring or ‘runabout’, and £450 for an Overland sedan. He could expect to pay £3300 to set himself up, which can be taken as

an average income, and face an annual expenditure of £235. In 1935 the minimal male weekly wage was £4 12.8d. There were 445 practitioners on the *Register*, and there were 50 ‘recognised’ hospitals in the state, in which were treated 26,114 patients, and the nurses board, eight years after its creation, had 1565 general nurses on its books. These figures can be compared with those of 1975 when *Medibank* arrived. The population of the state had not quite doubled to 1,257,300; the average weekly male wage was \$115.13; medical practitioners numbered 3767, up more than eight times; six times more patients were treated (168,832) and nurses had increased more than nine times to 13,863.

*

In addition to the illustrious practitioners who have been discussed, in the years between and immediately after the World Wars a number of other medical practitioners achieved eminence and attracted wide press publicity. In some respects their prominence is a function of the ready visibility of the distinguished alumnus from a medical school with a small output in a state where there was considerable pre-occupation with



Sir Leonard Charles Edward Lindon *Kt* [1896-1978]. Noted Adelaide neurosurgeon.

professional status. The people to be mentioned distinguished themselves in a number of fields, and had an agreeable impact on the public perception of the Adelaide Medical School. Their penetrating and versatile minds enabled the profession of medicine to bathe vicariously in their notability and the prestige and status of medicine was enhanced. Florey was not the only graduate to leave Adelaide and never return. Sir Aubrey

Lewis MBBS *Adel* 1923, MD *Adel* 1931, FRCP *Lond*

1938, LLD DSc, after a year’s residence in the Adelaide Hospital, went to America and England, and became Professor of Psychiatry at the university of London. On the grave of his parents in the Jewish section of the West Terrace Cemetery, their eminent son is

mentioned. James Hugo Gray MBBS *Adel* was the youngest person to be appointed a Professor of Anatomy in England, and held the chair at St. Marys Medical School: he died prematurely in 1941. Professor Frank John Fenner MBBS *Adel* 1938, MD *Adel* 1942 DTM FRACP FRS FAA held the chair of microbiology at ANU and was head of the John Curtin School of Medicine and Research. His father was Dr. Charles Fenner, sometime director of education in SA, and a noted author. Harold Mitchell Rees MBBS *Adel* 1924, FRCOG 1966, was a Port Pirie GP for ten years before going to London where he specialised in gynaecology and established himself in Harley St. He attended a number of royal births. Dr. Melville Birks, who died in 1924, was a pioneer in industrial health and preventative medicine, and his work on behalf of the Broken Hill miners over the years that he spent as medical superintendent of the hospital, attracted overseas interest.

There is a repeated pattern with a number of distinguished graduates from each generation. After the Second World War much prestige was brought to the Adelaide Medical School by William Ross Adey [1922-2004] MBBS *Adel* 1943, MD *Adel* 1949, who in 1957 would be appointed Professor of Anatomy and Physiology at the University of California. He had a brilliant international reputation in biophysics and cell biology and some of his discoveries of the health effects of electromagnetic fields on human behaviour seem to have been suppressed at the highest levels of government and industry. His father, too, had been director of education in SA. Professor Donald Brook Cheek [1924-1990] MBBS *Adel* 1947 MD *Adel* 1953 DSc *Cincinnati*[1955] FRACP 1977 DipABPed *USA* 1955, had a distinguished international career in paediatric research and in 1967 became Professor of Paediatrics at Johns Hopkins, Baltimore. He was famous for his work on human growth and the prevention of disease in infants, and pseudohypoaldosteronism is known as Cheek's Disease. Professor Frank Rees Magarey [1912-1983] MBBS *Adel* 1935 MD *Adel* 1941 MRCP FRCPath FRACS MCPA, after war

service, lectured at the Welsh National School of Medicine and then became Professor of Pathology at the University of Sydney. Cecil John Hackett [1905-1995] MBBS *Adel* 1927 MD *Adel* 1935 FRCP devoted his life to research in anthropology, medicine and leadership of WHO public health programmes. Dr. Michael Gleeson Taylor [1926-2006] MBBS *Adel* 1951 MD *Adel* 1955 PhD DSc FRACP in 1961 was appointed Professor of Physiology at Sydney University and held the chair until 1991. He applied his exceptional talent for mathematics to the problems of harmonic analysis of cardiovascular haemodynamics. Dr. Robert Porter BMedSc *Adel* 1954, was selected Rhodes Scholar that year, and became MA BM BCh DM *Oxon*. In 1967 he was appointed Professor of Physiology at Monash and from 1980-89 he was Professor of Medical Research at the ANU. His special field was the determination of the brain's control of muscle movement.

Dr. Charles Swan [1912-1951], who participated in one of Australia's most important discoveries, that rubella during pregnancy causes serious congenital defects in babies, is remembered by few, probably because of his early death. Charles Spencer Swan MBBS *Adel* 1935 MD *Adel* 1941 DOMS DSc worked on polio for his MD and then in association with the Sydney ophthalmologist Norman Gregg, investigated heart, eye and ear defects which seemed to be related to a South Australian rubella epidemic in the 1940s. They proved the link between the virus and the devastating organ damage that occurred to babies of infected mothers.⁷⁷ Their important discovery had world significance. Dr. Swan died after a vehicle accident in 1962, aged 51. He is remembered as a patient clinical teacher who could camouflage exasperation with thick-headed medical students. His OPD room had a view of the foothills: if stuck with a reluctant acolyte he would gaze through the window and mutter the verse from Psalm 121: "I will lift up mine eyes unto the hills from whence cometh my help."

The Doctor and the Lodges.

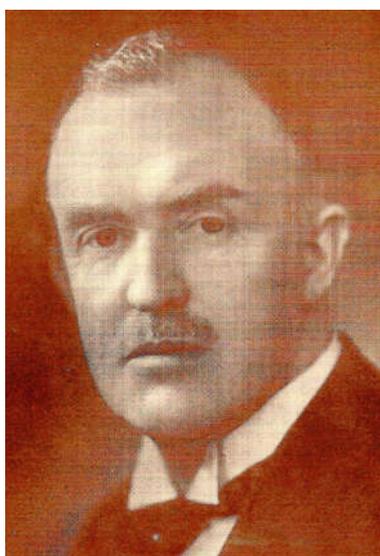
The practitioners income that did not come from private fees was derived from friendly society lodge practice and the very nature of the arrangement ensured that it would not always be satisfactory to doctor or patient. The Australian doctors came to a relationship with the lodges already poisoned by a long history of acrimony that had begun in England with the *Poor Law Act (Amendment)* 1832. Then the guardians appointed under the *Act* had tried to force contract practice on the profession. The societies were mutual organisations which paid sickness, hospital and miscellaneous other benefits to members. Doctors detested them for three main reasons. First, they were a form of charitable relief coming out of their own pocket. Second, practitioners knew that if their discounted services were not acceptable, the patient could easily go elsewhere. Finally, the larger and better organised societies were intermediaries between the doctor and patient and were virtually his employers. In SA they were administered by the Chief Secretary through the Public Actuary under the *Friendly Societies Act*.⁷⁸ Between 1916 and the advent of universal health insurance in 1975 their membership varied from between 51,000 to 80,000, and in 1930 it stood at 76,363, or 13% of the state population. The service was carried out at a fee considerably lower than the private lists, and all the formal agreements into which the lodge doctor entered contained an income limit. Agreements could be terminated by either party on three months notice. On examining a person for his or her acceptability to receive lodge medical benefits the doctor was paid 2/6d (25c). For medical attention he was paid 3/6d (35c) *per member per* quarter. A copy of a South Australian lodge agreement is reproduced in appendix 5. The document shows clearly the rigidity and discriminatory practices of the lodges, and that once the agreement was signed, the medical practitioner was bound by a stern set of obligations. It is little wonder that the long history of the relationship between lodges and the BMA was

characterised by rancorous conflict, ill feeling and mutual distrust. That the venomous bitterness of the arguments in the eastern states was not exhibited in SA is most likely because the South Australian lodge payment rates were significantly higher than elsewhere, from 10/- to 15/- more for each family. The difficulty of attracting doctors to country areas might also have played a part in toning down the general arguments about lodge practice in this state and one sometimes comes across towns having trouble securing lodge practitioners and having to offer substantial retainers. On the other hand where there were a number of practitioners in an area the lodges called tenders, and would have been unlikely to have accepted the highest.

The principal lodge *v.* doctor battleground was in NSW, and hardly an issue of the *Australasian Medical Gazette* and its successor failed to carry an article or letter on the subject, under the headline “The Battle of the Clubs”, which did not express the profession’s aggressive contempt for their adversaries. Any doctor who cooperated with a lodge on the official black file was placed on the BMA’s ‘ostracised list’, and woe betides any member who met him in consultation. However it is obvious that the profession was seriously split on the lodge question, because some members were quite happy to accept lodge appointments and the inevitable ostracism because making a decent living made the black list – never short of names – somewhat irrelevant. The Friendly Societies did not take the BMA gauntlets lying down. They were well organised, united and resolute: the BMA looked for war and got it. The acrimonious and long disputes were only occasionally enlivened by light relief. When in 1902 an English newspaper reported that the Australian Natives Association, which had just been registered as a friendly society, and which was a particular object of scorn to the BMA, was composed of 20,000 aboriginals, there was local apoplexy. No one saw the joke.

The only serious argument in South Australia involving lodge practice occurred in 1911 when the United Friendly Societies’ Dispensaries, formed by the union of a

number of lodges, announced that they were going to establish dispensaries in the metropolitan area and certain country towns. The BMA did its sums and calculated that practitioners would lose £12 19s on every hundred members.* Despite a prolonged argument the dispensaries were established and their great success has seen them survive and flourish to this day as the National Pharmacies. The lodges themselves continued in large numbers until the 1953 Page health scheme and finally lost their major role in the provision of health service arrangements with the arrival of *Medibank* in 1975. Some minor ones continue to serve closed communities, and the largest have survived and prospered by diversification into retirement homes and investment entities.



Dr Charles Duguid *OBE* [1884-1986].
Outstanding aboriginal rights activist.

There is another interesting side to lodge practice. The surgical procedures which the lodge medical officer was required to perform free of charge were plainly set out, and it was made clear that the administration of general anaesthetics and performance of other surgical operations were subject 'to private arrangements between the member and the medical officer.' Herein, it may be postulated, lies the origin of the Australian medical profession's long history of indulgence in either unnecessary or too frequent surgery because where there is a financial incentive to carry out a procedure, it is likely that it will be done. In 1893 at the Sydney Central Police Court, Dr. W.A. West of Glebe sued a lodge member for five guineas (\$10.50) for circumcising his child. The court upheld the plaintiff's claim and awarded him his fee and costs. From that date no Australian foreskin was safe. In the United Kingdom certain kinds of elective surgery grew in popularity when the *Medical Act* 1858 allowed doctors to charge fees. It is a fact of some notoriety that a number of

* In decimal currency this represents about 13c *per* member.

remunerative surgical procedures enjoy a greater popularity in Australia than elsewhere, and there are interesting variations between states. Once the Page fee-for-service scheme was established and firmly entrenched in the non-negotiable political economies of Australian health care, there were a number of outcomes, which included dramatic increases in elective and discretionary procedures, and a large escalation in hospital admissions. The medical benefits payment schedule became a blank cheque book that enabled doctors to write their own income. From the earliest stages the thoughtful practitioner carefully studied each edition to determine how best to maximise earnings. Certain procedures, for example, paid better if the GP attended them as an assistant rather than do the actual operation. So another doctor – GP or specialist – would be invited to carry out the procedure and the patient’s doctor would assist. The government effectively paid double for the same operation. By the late 1990s farming the medical benefits book had been brought to an art form by the corporates and entrepreneurs who have easily formed an unholy alliance. The former have skilfully designed practice models to make the last cent from every possible procedure and investigation that could be performed, short of exsanguination or rendering the patient luminous with radiation. The latter have selectively targeted items that provide the richest pickings for the least effort. By the new millennium it is easy to conclude that the cost to the commonwealth of inappropriate, unnecessary or blatantly fraudulent imposition is costing more than any legitimate medical attendance or procedure.

If the medical practitioner did not enter private practice, he had limited alternative opportunities. There were few openings in industry because occupational health was in its infancy, and stipendiary hospital appointments were more or less limited to that of medical superintendent, salary in 1924, £700 p.a., and senior and junior resident medical officers, who were paid £100 p.a. In this period – 300 years after the publication of *De Motu Cordis* (1628) – the honorary system was in full bloom, and the

honorary medical officer, who occupied the respected and distinguished apex of the medical class pyramid, obtained his appointment on the basis of knowledge and experience. In every respect the honoraries *were* the hospital, right up to their replacement by salaried specialists in 1971, and they had controlled just about every aspect of clinical medical education, final graduation and registration, up to the mid-1960s. Their spirits can rest in peace because they left a fine legacy of generations of medical practitioners who were distinguished by their clinical acumen and commonsense thanks to their being taught with such exemplary care, sympathy and understanding.

THE DOCTOR AND THE HOSPITAL.

The Public Hospital.

The hallowed honorary system was showing strains brought on by the social difficulties of the Depression and the avalanche of science that was engulfing medical practice. In the 1920s and 30s public hospitals were supported by state government subsidies and voluntary contributions and were still shadowed by a charitable stigma. From the earliest days persons admitted to hospitals were the ‘sick poor’. As medical diagnosis and treatment became the domain of the technological team with complex institutionalised facilities, and a need arose for continuous observation and care, it became very expensive and far beyond the realm of persons who had hitherto jealously defended their pretensions to middle class standing. More and more demands were made on the honorary system by persons who, while not indigent, simply could not afford to pay for increasingly sophisticated treatment. This was a source of vexatious resentment to the BMA in all Australian states and the honorary staff were understandably aggrieved

at being forced to give gratuitous attention to the “not poor.” The profession believed that they were being imposed upon and the Queensland branch put the position clearly:

...the question of admission for treatment...at any hospital supported by public subscription, shall be based on necessity. That necessity may arise from poverty, emergency, inability, though possessed of means, to get qualified treatment otherwise.

Here the BMA was repeating the refrain of the Tudor citizen of London who wrote of the purpose of St. Bartholomews to admit

They that be at such mischief
That for their living can do no labour
And have no friends to do them succour:
...
But not every unsick stubborn knave
For then we should over many have.

The BMA feared that a surfeit of stubborn knaves was imposing on their free service, and they would come to look on any in or out-patient suspected to have means, as a freebooter prepared to shamelessly parasitise facilities intended for the destitute. That outlook went back to the 1880s and this concern of doctors to claim a certain level of remuneration for themselves became unexpectedly fused with the burgeoning generalist/specialist battle. For within a few years the march of diagnostic technology and increased sophistication of treatment, together with the rapid proliferation of specialisation and vested health technologies, would lead to the complete exclusion of the general practitioner from major teaching hospitals, the entry of the commonwealth into the area of bed subsidisation, and the end of the wearisome accusations of abuse of free treatment privileges by the ‘affluent.’ Along with this went abolition of the honorary system, and its replacement by visiting salaried specialists, usually with lucrative rights of private practice.

Social outlooks changed, too, particularly after World War II, which broke down numerous class and social barriers, and changed the attitude of many people towards

economic, social and political problems. Exclusion of the GP was effected by the demand for a higher qualification before the aspiring appointee could get his or her foot in the public hospital door. The usual path to an honorary appointment had been initial acceptance as an assistant in the out-patient department. Time, death, retirement and good behaviour could eventually bring the coveted elevation. Once a post-graduate qualification was demanded for entrée, the gates were closed to the GP. In 1923 the Tasmanian government replaced the honorary staff at the Hobart General Hospital with a salaried staff, and incurred the universal opprobrium of the BMA, who, desirous of having their cake and eating it, black banned all appointments. In 1935 the Queensland government dispensed with honorary staff at the Brisbane General Hospital and replaced them with permanent paid staff. This caused much soul-searching in SA because honorary work was financially damaging to some specialists, particularly physicians. By 1962 the medical staff society of the Royal Adelaide Hospital gave consideration to abolition of the honorary system but events moved slowly and patience became strained. In 1969 the honorary medical staff indicated that they might not seek re-appointment in 1970 and this brought matters to a head. The government and AMA reached agreement on the manner in which the honorary system would be abolished and replaced by 'visiting' medical officers on triennial contracts at sessional rates. The theocratic honorary system came to an end in January 1971. The new visiting, remunerated specialists never looked back. The state paid them until the commonwealth took over responsibility for public hospital finance after the arrival of *Medibank* and thereafter the federal government footed the bill. By 1994 the average annual payment to each visiting doctor was \$130,000. In other words they were paid more for work formerly done in an honorary capacity, than the average Australian GP could gross annually in private practice.

The Country Hospital.

The position of the South Australian country hospital was, and remains significantly different. In most country hospitals the local medical practitioner/s were appointed as visiting medical officers and had rights of private practice: in rare cases honorary appointments were made. Where a town had a number of practitioners, one would be recognised as senior in position and status and might sit on the board and/or hold a specific title, but for the others there would be no restrictions on the rights of practice, though there were – and remain – instances where either boards or matrons would not allow certain doctors to set foot in ‘their’ hospital.⁷⁹ A country hospital appointment was a valuable commodity which the vendor of a practice might be able, with the consent of the hospital board, to offer with his practice. In some of the smaller rural areas the emoluments from the hospital appointment could mean the difference between earning a good living or not.

The establishment of many country hospitals in SA is the story of community



Dr James Hugo Gray [1909-1941]. An Adelaide graduate who was the youngest person to hold appointment as Chair of Anatomy at St Mary's Hospital Medical School, London.

agitation, political expediency, drama (often of the histrionic variety,) inter-town rivalry, self-interest, altruism, all mixed in various proportions, and is too long a tale to be discussed here. Many local rural histories give accounts of the provision of hospitals, and one of the best can be found in Faull's story of the Far West Coast, mentioned above.⁸⁰ His narrative of the construction of the Denial Bay, Penong and Ceduna hospitals with the eventual survival and flourishing only of the latter, sets out the emotional, financial, geographical and often irrational

aspects of the setting-up of hospitals. To this day rural communities served by hospitals have a striking and passionate attachment to their institution. Governments of all political persuasions have made sure that their financial contributions to the 'local

hospital' are properly recognised.⁸¹ From Mount Gambier in the SE, to Murat Bay in the Far West, Orroroo and Hawker in the Far North – wherever – no hospital has escaped the recurrent laying of foundation stones and the external walls bear witness to successive visits by ministerial dignitaries with trowels, while the interiors are often a wonderful and incomparable maze, a tribute to the local builder who has done his best to make a silk purse structure out of a sow's ear grant.

Country hospitals have always been run by boards composed in the main of prominent local luminaries, with little or no knowledge of modern hospital administration but very jealous of the hospital's standing and of the need to ensure adherence to their correct interpretation of what constituted proper medical service. There were, over the years until the 1960s, surprisingly few collisions between lay boards and their doctors.⁸² Most practitioners found that the easiest way to keep the peace was to attend conscientiously to professional duties and to make sure to recognise board members in the main street.

Whether considering the Adelaide Hospital or a minor rural one, the fact is that the medical and hospital world of the nineteen twenties through to the fifties was a simple one. In 1943 the government decided to establish pathology laboratories at the Port Lincoln, Mt. Gambier, Wallaroo, Port Augusta and Barmera hospitals. The cost of setting up each unit was £50 and the annual running cost £1000. In 1930 the daily bed cost at Adelaide was \$1.07c (the cost in 1994 of laundering one bed sheet), and the cost for each out-patient was 9c (the unit cost in 1994 of laundering one pillow case.) By 1974 the daily bed cost was \$95.41 and for an outpatient, \$28.41. After *Medibank* the rises became astonishing and by 1978 the daily bed cost was \$170.44. Even allowing for the change in the value of money these rises are striking and hint at the funding crises that would bedevil medicine over the ensuing decades. Between the Wars the Hospitals

Department was run by an inspector-general with a stenographer and a couple of clerks: huge bureaucracies, commissions and boards were forty years away, along with their attachment to acronyms, titular complexity and uncontrolled clerical proliferation. The Chief Secretary himself took a paternalistic interest in every single country hospital and carefully counted the pennies. Minute books from all over the state show just how closely senior ministers of the Crown concerned themselves with what would now be regarded as utter trivia. For many years (1939-1965) an influential ‘Chief’ was Sir Alexander Lyell McEwin [1897-1988] *MLC* 1934-1975. His roots were in the highly conservative and prosperous mid-north Blyth farming community and his handling of important portfolios reflected austere Presbyterian paternalistic social values. His scrupulously fair but minutely strict financial control had much in common with the obsession with detail which characterises small local government bodies, of which he also was a member. Each year, provided they could not get out of it, the government paid each hospital a subsidy – at one Far North hospital in 1923 it was £112. Under the *Rating for Hospital Purposes Act* local government areas served by a hospital (the boards worked out boundaries between them) were also levied with an annual running charge. Twenty five years after the opening of that same northern hospital, the board could proudly report in 1944 that its daily average was eight patients at a (daily) cost *per* patient of 17/3d, and that the year had ended with a credit balance of £101. In addition to patient fees and subsidies, income was received from benefactors, local branches of the Country Womens Association, and the indomitable Ladies Auxiliary. The Chief Secretary and the inspector-general of hospitals had come and personally inspected the premises and had praised the board for the good condition in which they found everything, especially the paintwork and the wooden buildings. They regretted that the government could not justify the cost of an “electric cardiograph”. There were no complaints or protests and the auxiliary resolved to raise the necessary £100. Similarly at Port Lincoln in the early

1920s it was decided to get “an X-Ray plant.” Weekly dances were organised to raise money, the government gave a subsidy and in 1925 the equipment was installed. The overall view is of a cosy, paternalistic state of affairs which would not change until the Playford government lost office in 1965. What could now be regarded as parsimony was quite widespread because there was a general suspicion of technological change. In 1937, for example, the railways medical officer arranged a demonstration of an “Electric-Cardiograph Machine” before the commissioner, C.B. Anderson and his senior officers. Although the exercise was most successful, Anderson “...decided expense not justified and instead department to deal direct with specialist when such reports desired.” In the bush one can still find claims of penury: in 1996 during a winter locum way up north the writer was told he could not have an electric blanket as neither the capital expense nor the on-going power costs had been budgeted for (though a phone call to the board chairman quickly produced the blanket).

Where there was no public hospital one usually found a private hospital-*cum*-nursing home, either owned by the local doctor or a nursing sister and an example of this is provided in the Willunga district. From the 1850s that area was served by a succession of practitioners, and we have mentioned one of the pioneers Dr. J.F. Knipe [c1820-1870]. A long staying and greatly respected practitioner was Arthur Haines. He was registered in 1907 and after a brief locum at Naracoorte settled at Willunga in 1908 in the practice vacated by Dr. John Evans. He remained there for thirty three years until his death in 1941. He was a true generalist and his surgical and obstetric patients were managed at a nursing home run by a Mrs. Pethick on the Aldinga-Willunga road. The home ceased to be so used when the McLaren Vale hospital was opened after WWII. Dr. Haines delivered hundreds of babies and not one of them died or suffered a birth injury. Some country hospitals began in private homes managed by women with nursing experience – such was the case at Orroroo before the government hospital opened

in 1920. In 1922 at Kyancutta a cottage hospital was established by R. Bedford and staffed by his wife, a registered nurse, and at Minnipa in 1942 there was a similar arrangement attended by the wife of the local Minister, Sr. Morris. They were strongly supported by the Wudinna GP, Dr. M.A. Trudinger [1903-65], who remains a somewhat legendary and greatly loved figure on the West Coast. In the metropolitan area many private hospitals flourished throughout the suburbs, some survive to this day, though much altered, but many have disappeared. The first building erected as a private hospital in Adelaide was Hutt St., in 1899, the founder being Miss Banks, former matron of the Adelaide Hospital, who in 1894 had been brought to SA under contract to the government, and who had survived the early years of the 'row'. Some institutions had dubious beginnings, such as the "John Scholz Hospital Limited" at St. Peters, set up in 1924. This was viewed with disapprobation by the BMA which publicly displayed concern about the commercial interests of members, but had to tread carefully as the most eminent had their fingers in many remunerative and unethical medical pies, OPSM being a notorious instance. And there was Ru Rua private hospital which had been started by a medical syndicate in 1909. In 1928 it became a limited company, the shareholders all being medical practitioners.

The *Nurses Registration Act* 1920 ended the nurse-operated hospitals because only nurses with formal training could be registered and hence employed. The *Act* had particularly unfortunate consequences for midwives because it also required them to be registered. For both nurses and midwives who had practised for five years, one year's grace was allowed in which they could register but there were many failures to comply with this, particularly among women who had much experience of midwifery but no formal training. Though commendable, the new legislation brought much hardship because childbirth was an area of public health where the government had long had little interest. The Adelaide Hospital would not accept confinements but to train medical

students pregnant women could enter themselves on an external outpatient register if they lived within a two kilometre radius and they would be delivered at home by a medical student. For the metropolitan indigent there was the dreadfully named Destitute Asylum, used until the opening of the Queen's Home (The Queen Victoria Hospital) in 1902. In the country the public hospitals initially had no provision for maternity patients at all, and so there grew up the small private nursing homes, conducted by the unqualified but experienced and resourceful, and who would inevitably become the unregistered. There simply was nothing else for the woman who could not afford medical attendance. Various local history booklets about rural areas recount stories of the practical and sensible 'grannies' who delivered the local children, with or without (usually) the doctor. Their days were numbered after the 1920 *Act*. The police diligently enforced the requirements of that legislation. Lying-in homes used by the poorer women were forced to close and midwives, irrespective of age and experience, were harassed so that by 1935 there were few private midwives left. Within fifteen years of gazettal, the licensing requirements had subordinated midwifery to the medical profession. In SA there was little open conflict between the medical profession and midwives but one argument surviving on the public record occurred in 1922 when the Port Lincoln GP D.M. Steele reported to the Nurses Board two unregistered women practising midwifery. In 1930 the board itself investigated a suburban maternity home in a working class area where the owner could not afford a qualified nurse. Incomplete government files have not allowed the matters to be followed up. The Port Lincoln incidents caused a local uproar because the women concerned operated the town's two maternity homes and appear to have been entitled to registration. The local press took great care about what it printed but it appears that Dr. Steele was determined to close both places. As there had been a government hospital at Port Lincoln since 1911 (and an unsuccessful attempt to establish *Boston House* as a private hospital in 1919) and the obstetrics would have been

under his care, his motives may not have been completely altruistic. Eventually as is always the case in country towns the district council, local police and inspector-general of hospitals all became involved and the local MPs were ineffectively pressured to seek a special *Act* to solve the problem.

An Overview of the BMA 1920 – 1950.

The BMA SA Branch ruled the profession with a severely paternalistic benevolence and it rarely attracted adverse press attention. It did not emerge from its self-imposed obscurity until about 1945 when the federal Labor government really began to frighten it. Behind the scenes it had wielded great influence. When Dr. B.H. Morris retired from the public service, Dr. L.W. Jeffries was appointed by the government to succeed him as inspector-general of hospitals, and the selection was publicly praised by an interesting collection of highly conservative establishmentarians including DeCrespigny, A. Grenfell Price, R.J. Rudall *MP* and H.S. Newland, who made it clear that the appointee had their official blessing. A few months later when Morris died, the quartet was silent. Morris, it may be recalled, was one of the ‘strike-breakers’ brought out by the Kingston government forty years earlier. Late in 1936 the government decided to amalgamate all state hospitals under Jeffries as director-general of medical services and again it was made clear that the BMA had been lobbying for just this administrative change.

Ironically the only cogent criticism of the BMA in Australia came from the parent body or from within its own ranks. In 1935 at the BMA congress in Melbourne Dr. H. Guy Dain, then deputy chairman of the representative body of the BMA, criticised the high fees charged for private medical services in Australia and advocated a national health insurance scheme which “must come.” His audience was profoundly disturbed and there was a spirited debate to prove that Australian doctors had to charge a

higher fee (10/6d) for a consultation compared with 2/6d in the UK, because they were accustomed to doing more of their work either for free or at a reduced rate to lodge members and they had to pick up on the round-a-bouts what they lost on the swings. No one caught on to the fact that the lodges were so numerous because doctor's charges put medical attention out of the reach of many who needed it.

The real beginning of the decline in the power and influence of the BMA occurred in the 1920s when the growth of specialism saw the various new dedicated interest groups in the medical profession establish bodies to cater for and represent their particular areas of expertise. The proposal to found Colleges and Associations with an implied exclusiveness, quite early aroused fears that the role of the BMA as one body to speak for the profession with one voice, would be materially injured. The (Royal) Australasian College of Surgeons was founded in 1926 and from the start had a somewhat traumatic political existence outside of the BMA. Other specialist associations were less ambitious in their initiatory rites and began as sections within the BMA: Obstetrics and Gynaecology in NSW in 1925; Paediatrics in Victoria; Ophthalmology in Victoria in 1938; Psychiatry in NSW in 1924; Radiology in NSW in 1926. The anaesthetists copied the surgeons and in 1934 formed a society which remained defiantly outside the BMA.

The BMA itself, still dominated by the general practitioner, saw clearly the problems likely to occur if its single authoritative voice was diluted by division and in 1934 set up a committee to inquire into the formation of special associations, and particularly to see how they could be kept within its ambit. All these fears proved prescient and gradually the learned colleges came to ignore the BMA, spoke on behalf of their own elites and negotiated direct with governments. This they did with such spectacular success that by the late 1960s the specialist organisations had so raised their

incomes and privileges *vis-à-vis* the general practitioner that the BMA (now the AMA) was destroyed as a comprehensive representative organisation, and the last vestiges of professional unity with it. Other wider external and internal political developments throughout the 1920s and 30s would in time make their own contribution to the attenuation of BMA power, though few saw it at the time. They include the formation of the commonwealth department of health in 1921, and the BMA's own growing problems of power sharing between state branches and the organisation's own federal council. A long standing area of vigorous disagreement within the BMA had been the conflict between those who held the organisation should primarily devote itself to scientific and ethical matters, and their opponents who felt it should be a crusading political assembly. They would never be reconciled. From the 1950s the BMA had to face other diverse and isolated controls which included the schedule of medical benefits, medical services committees of inquiry, state health commissions, and the increasing powers of medical boards, which it had come to dominate less. All these bodies exercised statutory powers that had never been enjoyed by the BMA.

In 1941 a sub-committee of the NH&MRC prepared a plan for a national salaried medical service and J.H.L. Cumpston, chairman of the Council, submitted it to the parliamentary committee on social security. The main proposal was that all medical treatment would be free. The ensuing tumult and shouting has been documented by Gillespie.⁸³ Little of the controversy reached the Adelaide press, and it would be a few years before the BMA declared war on the Chifley government.

In some respects the early Australian experience with universal health insurance mirrors that of America. Between 1935 and 1947 the US federal government sponsored a comprehensive medical care program for low income farmers and immigrant workers, under the auspices of the Farm Security Administration (FSA). Despite the strong

opposition of the American Medical Association, at the local level many American physicians participated in the program's group repayment plans, and many FSA leaders saw the scheme as a model upon which national health insurance might advance. However, after WWII the FSA program declined because doctor's incomes improved, the rural population declined, and traditional ideological objections to government intervention in medical care resurfaced. The resemblance to the complex Australian doctrinal, political and economic milieu that surrounded health care reform, is striking.

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Almost twenty five years have been considered in this chapter and they were witness to momentous world and Australian events. Legislation continued to strengthen the powers of the LQMP even though few politicians who happily passed the 1919 *Act*



Dr Lewis Wibmer Jeffries *DSO OBE*
[1884-1971].

could see that they had underpinned the ascendancy of scientific medicine and status. The practice of medicine itself was becoming concerned with accurate and precise observation to establish causes and apply logic to treatment. The bedside manner would no longer be transcendent. This ineluctable marriage of medicine with science produced an emphasis on specific pathogenic mechanisms and a biological view of health and illness. There was a concomitant de-emphasis of broader and vaguer views about 'causes' and treatment, and the dehumanising of medicine began. If X-rays, blood tests and applied technology could provide both the nature of the illness and the cure, the person who possesses the disease can become an irritating irrelevance. Most people, though, would rather be cured by a competent technician, however impersonal or rude, than killed by their own doctor, no matter how sympathetic. The concentration on biology and technology narrowed the

medical vision, and distracted attention and interest from many of the determinants of health and illness.

The rapid embrace of technology by medicine after the Edwardian age was catalysed by commercial considerations. The practitioner who wanted a market advantage, financial benefit and prosperity, specialised. Specialisation was only possible because of the application of technological advances to create the new scientific medicine. Technology is the base on which the modern doctor's social status, economic security and political power is built.

The increasing sophistication of medicine based on the precise and systematic application of the logarithmic growth of technical knowledge, was another factor which, with the new 1919 *Act*, enabled the suppression of the qualified but unregistered, as well as the blatant charlatan. Just as the unregistered could practise successfully and with community acceptance, it cannot be denied that the unscrupulous quack was also able to attract clients and make a living. It is obvious that many people – as today – had little confidence in orthodox medicine, no matter how much it harnessed science to its cause.

The change of the LQMP from the barely respectable empiric of the 1870s to the scientific practitioner from the end of WWI was accompanied by his relentless progress to an unassailable pinnacle of professional power. This was assisted by the formation of the principal Australasian Royal Colleges between 1927 and 1938, the establishment in SA of the IMVS, the recognition of the importance of medical research, and the careers of a number of Adelaide graduates whose personal attributes and accomplishments reflected credit on the profession. The press, by always highlighting the professional achievements and community involvement of doctors, provided wide and flattering publicity to the medical profession generally. Governments came to recognise their potential for professional input, directly or indirectly, into health policy, and numerous

commissions were issued to them in order to obtain reports on developments in many different public health areas. Crucial federal initiatives were the 1925 *Royal Commission on Health* and the establishment of the commonwealth department.

The medical profession at the end of the Second World War was a united, politically strong pressure group, still dominated by conservative white Anglo-Saxon-Celtic Protestant males. Its great power resided within its own well-organised and disciplined BMA, and was exercised on its own behalf. In the main it was unquestioned and unchallenged, and its internal critics were politely ignored. It safeguarded the interests of its members and had no trouble co-operating with conservative governments. Like most of the community it merely wore the values of its time. It did not recognise the claims and aspirations of women or aborigines and had no interest in the social problems of alcohol, gambling, the road toll or tobacco. Under the guise of protecting its members from unfair competition and the public from low standards it was callous and indifferent to refugee doctors. Except in relation to tuberculosis it was singularly apathetic towards public health and prevention of disease. Here again it only reflected the outlooks and feelings of the wider population, which in SA had retained many nineteenth century values.

The profession was a thoroughly self-confident body, assured of the righteousness of its cause, and with a masterly grasp of the politically expedient stratagem. It could quite happily sell the truth to serve the hour, and for it there never would be any sacrifice to the shibboleth of reduced government expenditure. The prolonged and agonising duels with Chifley saw it use every measure that art, cunning and fraud could devise, but this was done in such a masterly fashion that its public image, far from being tainted, appeared as that of an altruistic organisation glowing in the

golden light of social responsibility. It had always believed its own propaganda. In 1929 John Corbin had written that for fifty years the BMA SA Branch had been

...zealous in their efforts to advance the affairs...and to promote all matters of medical teaching and research that would ultimately give better service to the public and indirectly advance the affairs of this State generally. I think we can justly say that there is no good movement for the benefit of the community or the individual that has not had the support of the medical profession.

In 1948 Shryock and in 1960 Sigerist remarked in their publications on the remarkably high status of the medical practitioner in Australia and both considered that medical status was a function of basic attitudes of society to sickness and health. Another factor may be that the isolating remoteness of Australia until transport and communication technology made huge distances irrelevant, brought about a significant dependence on the medical practitioner, and this may have been an important origin of this high standing in Australia.

It would be another twenty five years before medicine would permanently blot its public relations copybook. The medical profession emerged from the Second World War as strongly as it had from the First, and just as ready to embrace the great leaps in applied technology which followed that conflict.⁸⁴ It had established itself as a profession of high status and with significant community standing, and its practitioners had no trouble earning a living. Within a few years that living would be guaranteed by the government and the medical profession would virtually direct federal health policy for two decades.

As St. Teresa of Avila said, "Beware of having your prayers answered." There would come a time in 1972 when the profession would fall most palpably into political disfavour, and all its great victories would be seriously threatened.

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¹ Frederic Wood Jones [1879-1954]. Did not register. BSc Lond. 1903; MBBS Lond. 1904; MRCS Eng LRCPLond 1905; DSc Lond. 1910; FRS 1925; FRCS 1930; FRACS 1935; FZS.

² Florey was Adelaide's most notable son and during his distinguished life had many honours and awards conferred on him. The Adelaide medical establishment has never been keen to record his contempt for the standard of his teaching and some of his teachers. In SA he never had other than a brief provisional registration (no. 1079, 15/12/1921.)

³ Walter Rupert Reynell [1885-1948]; William Ray [1883-1953]; Henry Kenneth Fry [1886-1959]; Edmund Britten Jones [1888-1953]; Allen Warren Morey [1893-1918].

⁴ (Sir) Charles James Martin *CMG* DSc Lond. FRCP FRS. Professor 1931-33.

⁵ (Sir) Cedric Stanton Hicks MSc NZ PhD Cantab. MD FRIC. Professor 1926-57.

⁶ The Royal Australian College of Surgeons was established in Victoria in 1926, and the Royal Australian College of Physicians in the same state in 1938. The Royal College of Obstetricians and Gynaecologists was founded in London in 1929 and set up in Australia in 1947.

⁷ Douglas Lewis Barlow [1893-1950] *MC ED* MBBS Adel 1915; MD Adel 1922; FRACP 1938.

⁸ Eugene McLaughlin MBBS Adel 1922 MRCP Lond 1927.

⁹ In 1910 the state government centralised bacteriological and pathological work in one laboratory under the Adelaide Hospital board. DeCrespigny was on the committee that superintended the scheme and was the first director. In 1928 Eugene McLaughlin became deputy director of the SA Government Laboratory of Pathology and Bacteriology, and in 1934, director.

¹⁰ He had two distinguished half-brothers. Group Captain Claude Montgomery Champion DeCrespigny, Air Ministry, Whitehall, and Air Vice-Marshal Hugh Vivian Champion DeCrespigny, who after a distinguished career in military aviation, took up farming in the Transvaal. His son, Dr. Richard Geoffrey Champion DeCrespigny [1908-1966] was a prominent Adelaide paediatrician.

¹¹ Albert Edward Platt [1901-1948], unregistered. MBBS Syd 1927; DTM&H Syd 1931; DipBact Lond 1933; PhD Cantab 1934; MD Adel 1937; FRACP 1938.

¹² Of two other notable contemporary women, Phyllis Cilento (nee McGlew) left SA to follow her distinguished husband, but she was a consequential medical figure in her own right. Rosamund Agnes Benham, MBBS 1902, a radical intellectual, never registered in SA. An earlier contemporary of Helen Mayo, Dr. Gertrude Ella Mead [1867-1919] was forced by the hospital dispute to complete her training in Melbourne, where she graduated MBBS in 1897. In 1901 she was the third woman doctor to register in

Western Australia, and in her subsequent professional life, terminated by premature death from mitral valve disease, she was actively engaged in many diverse nursing, ambulance and community projects.

¹³ This condition, characterised by extreme and persistent misery, helplessness, restlessness and irritability, with distinctive coloured changes in the hands and feet, had been known in Australia since 1890, and had been described in Europe in 1903. Swift's paper brought it recognition as a distinct clinical entity. It was found to be caused by mercury, then used extensively in teething powders, lotions and ointments. In Australia the condition is known as *Swift's disease*, in Europe *Feer's disease*. Other synonyms include acrodynia, pink disease and erythroderma.

¹⁴ This is a rickettsial disease of rats, transmitted by a vector, the rat louse or flea. Hone was correct about the concept of vector transmission, but he postulated the wrong agent.

¹⁵ One of the great press understatements of the Century. It was for her work on, and description of the first extensive clinical trials of penicillin, that obtained for Mary Florey (*nee* Reed) in 1950 the Adelaide MD.

¹⁶ As a medical student, one of my teachers always referred to the patient as "the preparation". To him there was nothing to distinguish laboratory from clinical medicine.

¹⁷ It is difficult to accurately determine the number of Adelaide medical graduates because of differences between *Calendars*, imperfect primary records, *Handbooks* and historical compilations. The figures here ignore *ad eundem* degrees and the 'hospital dispute'. Totals vary between 4692 and 4722.

¹⁸ Research in this area is hampered by incomplete records in both medical school and university.

¹⁹ The writer received his medical education – basic and post-graduate – absolutely free, because of the generous commonwealth scholarships that became available after the Murray Report.

²⁰ *Australasian Medical Gazette*, December 20, 1900, p. 528.

²¹ He died at sea in 1900 when returning from the front, where he had been infected with typhoid.

²² Surgeon-Captain Campbell died on active service. The first graduate of the University of Adelaide who died on active service was William Fleming Hopkins, BA *Adel* MBChB *Melb*. He died 27 March 1900 at Naauwpoort, of fever (most likely typhoid.) A tablet in the Elder Hall commemorates him as an alumnus.

²³ Hon. Edward Davis Millen [1862-1923] MLA NSW 1894-1898; MLC NSW 1899-1901; Senator 1901-1923.

²⁴ This was not all a tale of returning conquering heroes. There were many cases of invalidity because of venereal disease, and discharge because of criminal and other offences. There were so many unhappy consequences of unsuitable marriages contracted overseas that the Imperial Parliament passed the

Matrimonial Causes (Dominion Troops) Act to enable expatriates to sue for divorce in British courts. The difficulty of punishing extensive bigamy remained for many years an unremoveable thorn in the side of the Repatriation Department.

²⁵ The other figures were: Dr. John Elkington [1871-1955], *floruit* 1903-c1925 as a public health administrator. Professor Harvey Sutton [1882-1963], first Professor of Preventative Medicine, School of Public Health and Tropical Medicine, 1930. Sir George Syme [1859-1929], chairman, 1924 *Royal Commission on Health*.

²⁶ A biography of Hone by Dr. Neville Hicks is in *ADB* 9, pp. 357-8.

²⁷ The Douglas DC2 *Kyeema* was on a flight from Adelaide to Melbourne. The pilot made a twenty mile error judgement as to his position, but being confident, did not use his range path or direction finding equipment.

²⁸ Evian is a fashionable resort on Lake Geneva.

²⁹ A Displaced Person is someone who is homeless outside their own home country. A refugee is a person who is homeless within their own country.

³⁰ Jewish persecution became official Nazi policy in 1933.

³¹ Name changes, transients and incomplete official records hinder such research.

³² When Dr. Henry Schudmak MD *Vienna* died in 1976, his widow told the writer (then mayor of West Torrens) that even though he had practised as a GP for over twenty five years he had never been made to feel welcome by his peers. A similar story came from the widow of Dr. C.J. Helman MD *Milan*. Both practitioners were successful and prosperous because they had language skills which made them logical choices for the waves of post-war European refugees who wanted medical attention. There is no doubt that jealousy and anti-Semitism accounted for WASP attitudes.

³³ Moritz Meyer, K. Aaron and M. Michael. Meyer had already been involved in litigation with the Victorian government over its refusal to register him. He and Aaron were registered in SA in 1937.

³⁴ Hon. Edward Michael Hanlon *MLA* [1887-1952]. Premier of Queensland 1946-52.

³⁵ The only South Australian practitioners in this category were Giacoma Goldberger, MD *Padua* 1931: Sansome Siegfried Kinsbrunner MD *Florence* 1932: Paul Kinsbrunner MD *Bologna* 1935: Jancai Brody LRCP&S *Edin* LRFP&S *Glas* 1939: Carl Joel Helman MD *Milan* 1936.

³⁶ They had certainly been elected as Independents, but they proved to be anything but that once they took their seats, and most proved to be simply conservatives in disguise.

³⁷ Johannes Bernhard Thiersch MD *Frieburg* 1935, MD *Adel* 1938, was registered on 11/1/1940.

³⁸ William Henry Fitchett, MBBS *Melb* 1918, was a radiologist and editor of *The General Practitioner of Australia and New Zealand*.

³⁹ In NSW all foreign doctors had to take the final three year exams but only if their country of origin offered full reciprocity to Australian graduates. In Victoria the full six year course had to be taken.

⁴⁰ In SA Jancai Brody, Herman Kaufman, Elija Levy, Joachim Lewin, Moritz Meyer and Paul Rosenbaum all held the Scottish triple and appear to have come to Australia under these circumstances. As far as can be ascertained the first post-WWI European graduate to be registered in SA was Szaja Baumatz, MD *Sienna*, registered in 1938.

⁴¹ He died in 1946, aged 49. He was granted the MBBS *Adel* a.e.g., as was Franz Joseph Lippay, MD *Vienna*, DSc, sometime reader in human physiology and pharmacology, 1939-62.

⁴² Jancai Brody LRCP LRCS *Edin* LRFPS *Glas*: Carl Joel Helman MD *Milan*: Giacomina Goldberger MD *Padua*: Paul Kinsbrunner MD *Bologna*: Sansome Siegfried Kinsbrunner MD *Florence*.

⁴³ Subsequent such graduations were Ferdinand Bauer, Alfred Simons, Karl Berthold Winter, Ernest Guthanauer, Mendel Rosenberg, Eva Texler, Karl Maria Texler, Ferdinand Tippelt, Freidrich Urban, Jacob Zimmel and Paul Schalzki.

⁴⁴ The committees were to be chaired by the professor of medical jurisprudence (if there was one), and the members were to be the professors of medicine, surgery and obstetrics. In SA there was no professor of medicine until the appointment of H.N. Robson in 1953. The first professor of surgery (R.P. Jepson) and the first professor of obstetrics and gynaecology (L.W. Cox) were not appointed until 1958. Until then the entire control of clinical medical teaching lay in the hands of the hospital honorary staff.

⁴⁵ It varied between £104 and £143 p.a. and was not a loan.

⁴⁶ *Corbin v. Bridgewater* (1891) 24 SALR 122.

⁴⁷ There is such an area in the cemetery but none of the graves has a marker and the District Council records offer no enlightenment.

⁴⁸ Stanley R. Whitford [1878-1959] MHA 1921 – 27; MLC 1929 – 41. Whitford had no middle name but liked to affect the 'R'.

⁴⁹ Lum Yow is interred in the West Terrace cemetery in a large plot surmounted by an ostentatious column.

⁵⁰ I am indebted to Dr. Ian Wilkey of Queensland for the details of Harden's life.

⁵¹ Becker's story has been told in detail by Gary Gumpl and Richard Kleinig in *The Hitler Club*, Brolga, Melbourne, 2007.

⁵² Atopon is phenyl-quinolin-carboxylic acid. Its use, initially for gout, originated in Germany in 1908 and like many other therapeutic substances it became fashionable for different illnesses before it was decided that it was dangerous and useless. In this respect it is no different from innumerable modern drugs.

Becker's two deceased patients were Arthur Graetz and Elizabeth Schuster.

⁵³ *Becker v. Smith's Newspapers Limited and Another* (No. 1) (1929) SASR 1. *Becker v. Smith's Newspapers Limited and Another* (No. 2) (1931) SASR 137. *Becker v. Smith's Newspapers Limited and Another* (No. 3) (1931) SASR 335. *Smith's Newspapers Limited and Another v. Becker* (1932) 47 CLR 279.

⁵⁴ William Ballantyne Simpson [1894-1966] *ED LLB*, Judge of the ACT Supreme Court.

⁵⁵ *ADB* 7, p. 47.

Madeleine Brunato, *Mahomet Allum*: Investigator Press, 1972.

ABC: *Personalities remembered*. Transcripts of radio talks, Mortlock Library.

⁵⁶ *SAPD* House of Assembly 1946, p. 1393.

⁵⁷ *Advertiser* 26 September 1952, p. 11. Another early woman graduate from Adelaide, Constance Cooper (Mrs. Arthur Newberry), has an obituary in the *Advertiser* 21 February 1964, p. 23. In 1960 when the twenty nine year old Alice Wood, a trained nurse, topped the medical course, she made page 1, along with a photograph (*Ib.* 10 December 1960). Dr. Helen Mayo was accorded a generous tribute when she died in 1967 (*Ib.* 16 November 1967, p. 3).

⁵⁸ Matison was a German Jew who was registered in 1914 (*MD Illinois*), and who had changed his name from Mitzenmacher.

⁵⁹ The current problems, eighty years later, with lead toxicity at Port Pirie might offer confirmation of the view that all Royal Commissions and government inquiries are exercises in time and money wasting.

⁶⁰ Steven [1866-1924] was an Edinburgh graduate who practised at Mt. Lofty, Booleroo Centre, Millicent, Tumby Bay and Streaky Bay before settling in Broken Hill where he installed an x-ray plant to further his interest in pneumoconiosis and related diseases. He fought hard for the miners.

⁶¹ Hicks brought with him colonies of cancer and goitre rats, as a backdrop to his first press interview, which included his opinion that Germany would soon embrace a monarchy. He was one of Dr. J.H. Becker's strongest supporters.

⁶² Ida Gertrude Margaret Halley [1867-1939] MBBS *Melb* 1896. The other staff comprised Drs. Mavis Grant, Mary Puckey, Edith Clement and Henry Pellew.

⁶³ *SA Register* 27 July 1925, p. 354. It was noted that there were 4773 medical practitioners in the commonwealth, and 394 in SA, giving a doctor:patient ratio of 1:1347.

⁶⁴ The dedicated can find the cited cases as: (1) *Amalgamated Society of Engineers v. Adelaide Steamship Company Limited*. (1920) 28 CLR 129. (2) *Attorney-General (Victoria) (at relation Dale and others) v. Commonwealth*. 71 CLR 237. The Chifley government's innocence can be studied in: Department of Health, *The Health Policy of the Australian Government*. Sydney, 1944.

⁶⁵ *British Medical Association v. Commonwealth*. 79 CLR 201.

⁶⁶ Hon. Nicholas Edward McKenna [1895-1974] AICA LLB; Senator for Tasmania.

⁶⁷ BMA, *A National Health Service*, Sydney, 1949. Ib.: *The Socialised Medicine Bedside Book*, Sydney, 1949.

⁶⁸ John Thomas Lang [1876-1975] is probably best remembered as the premier of NSW who was dismissed from office in 1932 by Governor Game.

⁶⁹ A biographical note is in *ADB* 11, pp. 8-9. He was succeeded as federal president by Dr. T.E. Victor Hurley *CB CMG MD FRCS*.

⁷⁰ W.K. Hancock, *Country and Calling*. Faber 1954, p. 115. The eminent historian, Professor of History at the University of Adelaide 1926-33, intensely disliked Adelaide.

⁷¹ John Rankine [1801-1864] LFP&S *Glas* 1824, never registered in SA. He returned to Scotland in 1856 and took up Homoeopathy. He died at Helensburgh, Scotland.

⁷² Cyril Lowther Clarke was the son of the Most Rev. Henry Lowther Clarke, sometime Archbishop of Melbourne. When returning drunk from a Peterborough race meeting in September 1922 he lost control of his car and had a spectacular accident in the main street, subsequently dying of his injuries. A young lad, Frank Cave, was also killed. In those days there were no police inquiries or inquests into such misadventures and Clarke's criminal stupidity is lost in local church and hospital memorial fittings.

⁷³ A son of the famous Southern Vales vigneron. There is a small memorial to him in the O'Halloran Hill Anglican church cemetery.

⁷⁴ Probably only Robert Porter (1954) equalled this achievement for a South Australian Rhodes Scholar.

⁷⁵ This adventure is detailed in *SA Register-News Pictorial* 13 May 1929. The charter was provided by the Commercial Aviation Company. DeCrespigny's obituary is in *Advertiser* 28 October 1952. An oil painting by Ivor Hele in the IMVS splendidly captures his personality.

⁷⁶ *Medical Journal of Australia*, 25 October 1924. One suspects that the author was F.S. Hone.

⁷⁷ Rubella infection causes eye, ear and heart defects, microcephaly, mental retardation, thrombocytic purpura and hepatosplenomegaly.

⁷⁸ The Independent Order of Oddfellows in 1836 at Sydney was the first affiliated benefit society to open in Australia. In SA it appears that Manchester Unity was the first such organisation and it was active by 1844.

⁷⁹ Instances known to the writer include cases where the local GP was an alcoholic; where he was less than clinically competent; where there had been a sexual relationship with a board member, and where an overseas-trained doctor had no understanding of basic facts of Australian life.

⁸⁰ Many fascinating SA amateur local histories were published in the early 1950s as a contribution to a Country Womens Association competition. They are very much a mixed bag but an exceptional example is Daisy Fry's *The Story of Keith* 1953. Printed for the "Back to Keith" and Hospital Building Committee, it is something of a minor rural classic. It gives an unconsciously touching account of the persistent and voluntary efforts to solve the local hospital and medical difficulties. Unfortunately, they continue to this day.

⁸¹ The principal country hospitals and dates of opening are as follows:

Hospital	Opening	Remarks
Burra	1849	Private hospital: a government hospital was built in 1877.
Mount Gambier	1869	The original motion for construction was moved by Adam Lindsay Gordon.
Port Lincoln	1870	Private hospital: a government hospital opened in 1911, was added to over the years and a new hospital built in 1964.
Port Augusta	1875	Initially was a casualty hospital.
Kapunda	Late 1870s	Private Hospital established by Dr. J.A.G. Hamilton.
Jamestown	1882	

Broken Hill	1887	In NSW but its history is inseparable from SA. 1887 was the year the railway from Port Pirie reached the NSW border at Cockburn.
Port Pirie	1891	First country hospital to send nurses to Adelaide for registration examinations.
Victor Harbour	1908	Private hospital.
Elliston	1910	
Kangaroo Island	1910	Nurse West opened cottage hospital at Hog Bay.
Cowell	1911	
Gawler	1911	
Streaky Bay	1912	
Renmark	1915	
Denial Bay	1921	Built by the community (led by 'Dr.' F.L. Harden) without any government support
Kyancutta	1922	Cottage Hospital established by R. and E. Bedford.
Peterborough	1922	Soldiers memorial.
Clare	1924	A private hospital had been established in the 1870s.
Kimba	1928	
Wudinna	1929	Central Eyre Peninsula Hospital.

⁸² At Peterborough in 1961 there was a confrontation when a Terowie practitioner was excluded from admitting privileges, but this had more to do with the Peterborough doctors' fear of competition than collisions with the board. More serious disputes occurred in 1959 at Freeling, 1963 on Kangaroo Island, Whyalla 1966-68 and at Mannum in 1968.

⁸³ James A Gillespie, *The Price of Health*. CUP 1991.

⁸⁴ As examples, in 1940 blood transfusion became a routine procedure after experience with the management of air raid casualties. In 1941 at the Radcliffe Infirmary Oxford penicillin was first used clinically. In 1943 in the UK mobile units were first used for mass radiography, and in 1944 in New Jersey USA, S. Waksman isolated streptomycin.

CHAPTER 5

Paradise Thought to be Lost: 1950 - 1975

Introduction

Politically these years began on 10 December 1949 when Chifley Labor lost the federal election to the Menzies Liberal and Country Party coalition (LCP). The latter would hold office for twenty three years until 1972.¹ Those years were marked by unprecedented and unmatched guaranteed prosperity for the medical profession. In 1951 the Pensioner Medical Service began, and in 1952 the federal government introduced charges for public ward hospital patients, along with a hospital benefits scheme that paid a basic allowance to all hospital patients and an additional amount to those who were privately insured. The following year, 1953, the Page medical benefits scheme started. Persons who contributed to an approved medical benefits organisation received a specified commonwealth reimbursement (“benefit”) for a proportion of their medical bills. The most significant part of the scheme was that it protected the independence of doctors, because the patient was supposed to pay first and claim benefit later. It effectively guaranteed medical incomes and its principles lasted despite some tampering until the Whitlam government’s 1975 universal health scheme. Doctors, too, could now foster the delusion that even though the taxpayer paid their bills, they were completely independent private practitioners. The Page scheme initially looked after the interests of the patients it was directed at – those who were classed as “private patients”, and not covered by the pensioner or repatriation medical services. The latter group signed vouchers for their GP attendances and paid no moiety. If they required specialist treatment they were referred to the OPD clinics of public hospitals. There they would be subjected to a means test to make sure that they were truly indigent and therefore worthy

of “free treatment”. Patients, often quite ill, would be interrogated by clerks at the entrance to casualty and out-patient departments as to their private means and asked to produce all manner of personal documents to back up their answers. Great was the resentment among the honorary staff when they had to treat someone “who could afford



Joseph Benedict Chifley [1885-1951]. A tolerant man of great vision whose attempts to introduce a commonwealth health scheme were sabotaged by the BMA and a hostile press.

to go private.” Patients admitted to the wards would be induced to take out immediate private insurance – there were in those days no waiting periods – whereupon they would be immediately transferred to a private side room to enjoy their new status, and to be mulcted of their last penny. There were scores of private health insurance funds, ranging from the very large such as Mutual (MHA) and National Health Service (NHSA), down to very small organisations funded by private companies. Many were simply Friendly Societies resurrected in a new guise. MHA had its origins in the BMA (SA Branch), which quickly saw the Page scheme as a licence to print money, and provided the principal directors, led by Sir Henry Newland, then in his eighties. At the start there was wide coverage of non-pensioner patients, but for the person who did not take out insurance, and was unlucky enough to miss out on the Pensioner Medical Scheme, there was no alternative to the public hospital lottery. In time abuses by the funds and medical greed would leave over twenty *per cent* of the population without private cover and uncontrolled escalating costs would bring major reviews and drastic changes in the late 1960s. But the surviving funds would become so wealthy and politically powerful that no government would ever take them on.

The important 1953 legislation is the point where for the first time, apart from war, that commonwealth enactments became more important than state legislation in their impact on the medical profession and the practise of medicine. Hitherto our main

concern has been with state laws: with responsibility for massive taxpayer expenditure to medical practitioners and other areas of health care, the commonwealth government became the great central orb of power, and the role of the states was virtually limited to registration requirements and hospital running costs. From the mid 1970s the latter would become predominantly a federal responsibility, because the expense of maintaining hospitals in an era of high technology rapidly grew beyond the financial capacity of the states. However the more federal involvement increased, the more the intra-government disputes and altercations grew over funding. Australia, in continuing to embrace fee-for service, took the opposite path to the UK which had introduced nationalised medicine in 1948.

Between 1950 and 1975 the practice of medicine witnessed great changes of far wider dimension than any previously discussed and which took place against a completely different socio-economic background from anything that the pre-war population could recall. Government views on public health underwent some novel alteration, general practice declined and specialisation flourished. This came about because of the greater financial rewards of specialisation, in turn dependent on dynamic technological advances, and the continued population centralisation. General practitioners would eventually raise their own profile and reverse the disparaging tides of change by founding their own Australian College, which by the 1980s had become a major medico-political force to rival the AMA, and would take an equal footing with the specialist colleges. Along with these consequential developments ran as continuous threads the themes already discussed in previous chapters, sometimes muted, sometimes stridently accentuated – the role of women; the attitude of the press, which changed from general adulation to hostile criticism; arguments about medical manpower, “foreign” doctors, and the rural crisis. The medical profession became hopelessly politically fragmented and weakened.

The impressive rise of the doctor between 1950 and 1973 must be viewed in the overall context of an Australian society which was released from wartime controls and rationing into an era of economic deregulation and free enterprise. This was associated with unique social circumstances, particularly the return of ex-service persons, and a successful immigration policy that spectacularly stimulated commerce and industry. Wheat farmers entered an era of prosperity in 1948 when stabilisation of their industry gave a government-guaranteed price, and from 1951 woolgrowers enjoyed great affluence when the USA bought in the free market.² By 1959 the Australian population reached 10,000,000, and hire-purchase (little heard of in pre-war years) boomed and with it the Australian love of credit. The overheated Australian economy was brought to heel dramatically in 1960 when sudden credit restrictions and sales tax increases initiated a severe recession but the overall prosperity ensured a quick recovery. In those years unemployment was trivial, industry prospered, great public works were undertaken and all Australian cities expanded into large, ugly, over-doctored urban conglomerates. The rural population and its doctors declined, and country towns decayed. The medical profession did very well regardless, because the government gave them a guaranteed price for their produce, even though the wealth they created did not add to the gross national product, but benefited their own plenty. The years from 1960 to 1975 especially saw the medical profession flourish in the prosperous Australian medical Arcadia, under fee for service and private practice publicly underwritten.

The peculiarities of the intense technological experience during those fifteen years continued to enhance the public image of the doctor and mostly the profession was seen to act as midwife to its own brilliant progeny. In 1960 open heart surgery was carried out in Adelaide for the first time,³ and that year for his work with Peter Medawar on acquired immunological tolerance, Macfarlane Burnett of Melbourne shared the Nobel Prize for medicine. At the same time a new pharmaceutical benefit scheme gave

practitioners access to a very comprehensive range of prescription drugs which could be dispensed free to pensioners and at a cost of five shillings to other patients. It is surely one of the most interesting paradoxes of the long Menzies LCL government 1949 – 1966 (and those of his ineffectual successors 1966 – 1972) that they were not only able to present themselves as the saviours of Australia from socialism and the horrors of nationalisation, yet they could not only effect the iron control of banks and airlines, but build in Canberra the largest centralised health bureaucracy in the commonwealth. The LCL could also match Labor in the welfare field with its *Social Services Bill* 1963, which increased existing pensions and made them available to many who were previously ineligible (much to the annoyance of doctors.) It also superintended the multiplication of universities, teacher training colleges, institutes of technology and colleges of advanced education. However it did not go as far as Whitlam in 1974 when all tertiary fees were abolished.

A possible reason for the success of the LCL in adopting and expanding social policies usually regarded as Labor initiated and driven, might be because that latter party had been less than wholehearted in its own approach to classic welfare schemes even prior to the First World War. Then, despite the example set in the UK by Lloyd George, Australian Labor did not embrace either his social insurance philosophy or direction. We have mentioned (Ch. 4) the 1923 *Royal Commission on National Insurance*, which preceded by three years the British *Royal Commission on National Health Insurance*. The Bruce-Page government in 1928 as noted brought down a *National Insurance Bill* but this legislation did not get past the introductory stage. There is much irony in Page haranguing federal parliament in 1928 on the evils of the Labor revenue-funded old age and invalid pension scheme, introduced by the third Deakin ministry in 1908, and disparaging the concept as a form of poor-house or soup kitchen charity, and twelve years later happily introducing

a revenue-funded medical and pharmaceutical welfare scheme that enriched those two professions beyond their wildest speculations.

In 1943 J.B. Chifley, then federal treasurer, announced that unemployment and sickness benefits would be introduced. There was a long delay and payment of the promised benefits did not begin until 1945. Labor was subjected to much criticism because memories were revived of a pension scandal in 1943 when the Curtin government had attempted to reduce pension rates, but had quickly dropped the idea in



Robert Gordon Menzies [1894-1978]. Prime Minister 1939-1941: 1949-1966. He presided over extraordinary Australian economic growth.

the face of widespread outrage. Many felt that the overall welfare policies of the Curtin-Chifley government had betrayed the Australian people, and when seen in this light it is easier to understand the wide appeal of the Menzies government.

For medicine, only the realisation in 1961 of the horror of thalidomide detracted from the overall perception of wondrous medical and social progress.

Significant changes in patterns of illness and outlook

slowly occurred. In 1961 the Bedford Park sanatorium was closed. Originally a farm, it was compulsorily acquired by the commonwealth in 1918 to treat repatriated soldiers with pulmonary tuberculosis and in 1921 its services became available to civilians as well and an Englishman of the old school, Dr. Charles Henry Ramsbottom MBChB MD *Manc MRCP Lond* was appointed medical officer. The last medical superintendent was Dr. R.D. Carman. In 1961 the 370 acre site was transferred to the University of Adelaide for the construction of what would become in 1966 the Flinders University. In 1968 the Morris Hospital, Northfield,⁴ ceased its role in tuberculosis care and received instead the spinal victims of the motor vehicle accident epidemic which now filled the place of the vanquished common infectious diseases. The accident casualties had a far higher

morbidity, mortality and social cost. Mechanical heart valves appeared in 1963 and in 1968 at Sydney's St. Vincent Hospital, the first (and unsuccessful) Australian heart transplant was carried out by Dr. H.M.J. Windsor, and by 1970 coronary by-pass surgery was established.

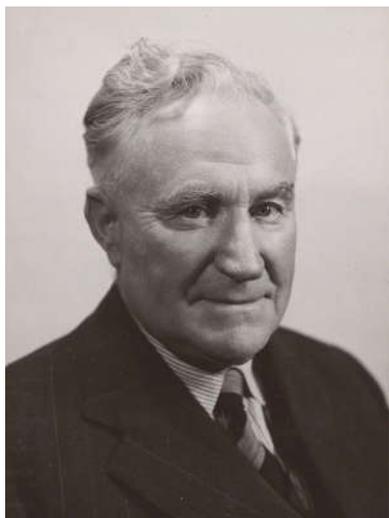
Doctors and governments interested themselves in large scale ventures in preventative medicine. In 1966 the profession first strongly supported the use of margarine in preference to butter. In 1961 cigarette advertisements had been banned on radio and TV during children's viewing time and a total ban came in 1976. Community medicine became public and often vigorously controversial and divisive. By 1962 the oral contraceptive pill had become widely used and the birth rate was falling, along with deaths, hospital admissions and criminal prosecutions from the consequences of illegal abortions. Abortion itself was legalised in the UK in 1967 and in 1970 in SA. This has brought condemnation from some sincere groups, but has seen the end of the recurrent press reports of police action against 'back yard operators' whose illegal operations were invariably described in strange euphemistic terms. As well gynaecological wards of public hospitals were no longer sprinkled with the pathetic figures of young women with mutilated and perforated uteri, septicaemia and the long term tragedy of pelvic inflammatory disease and infertility.

The seventies saw Australia change from a country dependent on primary production when its oil and mineral wealth was unlocked. A commercial oil field was established at Moonie, Queensland in 1961; bauxite was mined at Weipa in 1963 and iron ore was exported from the Pilbara in 1966. Society endured the substantial and complex direct involvement in the Vietnam War from 1965. There was excitement and confusion with the arrival of decimal currency (1966); Celsius temperatures (1972) and metric weights and measures (1973). In 1963 the CSIRO had established a computing research section, and the vast restructuring of the clerical workforce may perhaps have begun. For

the medical profession, all the interesting social and economic events were outweighed by the election in 1972 of the Whitlam ALP federal government – the first Labor administration in twenty three years. In a welter of reform many Australian institutions and much legislation were turned upside down. Doctors received the greatest shock of all: on 6 August 1974 a unique joint sitting of both Houses of federal parliament passed six *Bills*, one of which established, after the most violent and destructive AMA opposition, a new national medical and hospital benefit scheme known as *Medibank*. This provided all Australians with free medical treatment at the point of service, along with standard ward accommodation in public hospitals. It was an enormous and intractable undertaking, but stunningly successful. Its acceptance by the consumer has been such that, apart from some early and clumsy tampering in the late 1970s, even the most conservative of governments have feared to seriously modify or destroy it. Four months after the official introduction of *Medibank* on 1 July 1975 the Governor-General dismissed the Whitlam government from office. To a crushed and now irrevocably divided medical profession his term of office was never more than a disastrous and painful interlude, but the climate of medical practice had been altered for ever and the ‘good old days’ would never return.

Australia follows the UK clinically, but not politically.

Australian medicine from the beginning was British medicine. The first Australian doctors were mainly from UK training institutions or universities and the young antipodean universities modelled their medical schools on those establishments and generally slavishly followed them. There was reciprocity of registration with the



Earle Christmas Grafton Page [1880-1961].
Federal member for Cowper NSW 1919-
1961 and Minister of Health 1949-1956.
The architect of post-World War II health
policy.

General Medical Council. The Second World War made fundamental changes to the practice of medicine in the UK, but those changes, which excited great professional and political interest, never found their way to Australia. In 1942 the BMA (UK) at its annual representative meeting outlined the first plan for a free medical service for the whole community and this initiated widespread debate. That same year Sir William Beveridge brought down his *Report on Social Insurance and Allied Services*. By the end of February 1943 the British government and

the medical profession had committed themselves to the principles of a National Health Service. In June that year there was a major confrontation between the BMA (UK) and the British government over the prospect of a comprehensive health service employing salaried GPs.

In Australia the first venture of the Chifley Labor government into the health minefield since failure of the *National Health and Pensions Insurance Act* in 1939 had been passage in March 1944 of the first *Pharmaceutical Benefits Act*.⁵ As discussed this was invalidated by the High Court in 1945, and from that event dates the Australian profession's socialisation paranoia. In 1945 the Chifley government had also passed the *Hospital Benefits Act* to allow the commonwealth to pay each state six shillings per patient per day, and this had aroused little medical opposition.⁶ That year in Britain the Attlee

Labor government came to power with Aneurin Bevan as Minister of Health. The following year, 1946, in Australia, the *Constitution Alteration (Social Services) 1946 Referendum No. 81/1946* succeeded and allowed the commonwealth to legislate for maternity allowances, widow's pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services (but not civil conscription), student benefits and family allowances. That referendum is the principle footing on which all subsequent federal health powers have been erected and enlarged.

In March 1944 in the UK Bevan had published a *White Paper* (embodied as a *Bill*) setting out his intentions for a national health service. This finally received Royal Assent in November 1946 and the appointed day for implementation of a free medical service was designated 5 July 1948. Nationalisation had been introduced in the UK because Bevan without scruple deeply divided GP and specialist. The consultant now discovered that he or she would be paid for work previously done for nothing, could engage in private practice, receive expenses, holidays and study leave. The GP on the other hand received a basic salary and capitation fee, had the area of practice controlled and practices were no longer saleable. The medical profession had been divided by clever political tactics and the doctors' opposition collapsed. There followed the immigration from the UK to Australia (and elsewhere) of many medical practitioners who would have nothing to do with Bevan's NHS.⁷

In Australia, in the meantime, the second *Pharmaceutical Benefits Act* was passed in 1947 and went into operation in 1948. The Australian BMA, terrified by the UK political proceedings, refused to cooperate (Ch.4). They had the advantage of forewarning and the climate of fear, fanned by the local BMA, provided a strong and united front to take on the government. Events in Great Britain convinced the Australian BMA that the antipodean socialists were going to emulate their British comrades and nationalise medicine by using a prescription formulary instead of a *White Paper*, and the battle was

fought on both sides with energy, vitality and passion, for each camp believed passionately in the righteousness of its cause. In April 1948 the federal BMA requested members to return government prescription forms and the *Formulary* to branch offices and to continue to use private or lodge prescription books. The majority did just that and the “free medicine” scheme collapsed. There the Chifley government’s disenchanting adventures into pharmaceutical benefits ended, even though the enabling *Act* itself had not been struck down by the judicature. Only clause 7A which required the use of an official government prescription form, and thereby was held to imply civil conscription, had been found obnoxious.

The fanatical opposition of the organised medical profession and their great fury of destructive activity made a strange mixture of impressive acuteness and confused phantasy, and recalls the dreadful show-down with C.C. Kingston half a century earlier. Unlike Kingston, Chifley was the loser, but not for long, as all his work was completed by conservative successors. Another reason why the organised medical profession was able to take on a popular federal government was because the time was right. They were aided by that government’s concurrent embarrassing misadventures with the aviation, banking and wheat industries. The *Banking Act 1945* contained a Section which prohibited private trading banks from accepting the accounts of states and their agencies. On challenge, the High Court invalidated the Section. An exasperated Chifley then determined to nationalise the banks and the *Banking Act 1947* placed the whole Australian banking system under the control of the Commonwealth Bank. It produced an incredible uproar and furious opposition was generated by the private trading banks which, like the medical profession, used every measure that art, cunning and public relations could suggest. In 1948 the High Court held that legislation invalid and when the commonwealth went on appeal to the Privy Council, their Lordships upheld the

constitutional unsoundness of the *Act*. It was the excitement generated by these proceedings, more than anything else that led to Chifley's loss of office in 1949.

His government had a similar and much publicised disaster with attempts to nationalise airlines through the *Australian National Airlines Act 1945*, and amendments to regulations under the *Air Navigation Act 1920 – 1936*. Again the High Court declared parts of the *Act* and the amended regulations *ultra vires*, and for good measure refused leave to appeal to the Privy Council. The fact was that the general Australian political, social and judicial climate at this time was quite inimical to any kind of change. In the 1970s it was not, and we will see later how a reforming Labor government could effect widespread radical alteration.



Harry Wyatt Wunderly [1892-1971]. Between 1947 and 1949 he persuaded federal and state governments to adopt what would be a stunningly successful national tuberculosis eradication program.

Time would show that the BMA “victory” over Chifley was Pyrrhic because gradually the federal government came to achieve administrative and financial control over both the medical and pharmaceutical professions, with the former becoming fragmented into impotent factions. The bank nationalisation saga ended similarly. In March 1950 the Menzies-Fadden government made an unsuccessful attempt to amend certain banking *Acts* in order to re-establish the Commonwealth Bank Board. The Labor controlled Senate, remembering Scullin's 1931 difficulties with Sir Robert Gibson, blocked the *Bills*.⁸ At the double dissolution on 17 March 1951 Menzies was returned with a Senate majority and his *Commonwealth Bank Act 1951* became law in July that same year. More legislation followed and by 1959 a liberal-country coalition had achieved the unthinkable – a central bank (the Reserve Bank) answerable to the government, now controlled private banks. As in the case of the medical profession Chifley's shade had the last laugh. In May's account of the bank controversies there is a photograph of the general managers of eight

nationally operating private trading banks, meeting to map out strategy to defeat the Chifley Labor government. Of those banks, by 1989 only two remained.⁹

It is a great irony of Australian politics that the Chifley government is remembered for its unlucky trinity of legislative disasters – banking, airlines and pharmaceutical benefits – rather than its many surviving positive initiatives and achievements in the fields of education, universities and assistance for the unemployed, sick and mentally ill. In 1949 the CSIRO was reorganised and rejuvenated and the battle to eliminate tuberculosis¹⁰ was funded and equipped by *Acts* in 1945, 1946 and 1948. Labor introduced federal aid for housing (1945), brought in the forty hour week (1947), encouraged immigration (from 1947), effected stabilisation of the wheat industry (1948) and in that same year the Australia-made *Holden* motor vehicle arrived. Its Minister for External Affairs in 1948 was elected president of the UN general assembly. The Australian Shipping Line was established that year, aboriginal voting rights were recognised in 1949 and the Snowy Mountains Scheme inaugurated then. The electorate overlooked all this and remembering only a most unhappy confluence of historical events on 10 December 1949 it voted Labor out of office and the LCP succeeded to power. They would hold it for the next twenty three years during which time the medical profession could come to believe that its whims dictated the interests, priorities and opportunities of federal health policy, and they would become locked in a medico-political fortress of unreality and pretence. Their eventual fall was the greater for it.

The departure of Chifley removed both real and imaginary threats of nationalisation and some of the *MJA* writings reflect the feeling of euphoric relief. His importance is that his repudiated legislation provided both skeleton and flesh for the Menzies-Page pharmaceutical and medical benefit schemes, in which the profession suddenly discerned a wonderful constellation of attributes, despite their socialist genesis. Now, under a conservative government, any accommodation reached by the medical

profession with its stronger adversary was no longer a demeaning compromise but rather an achievement of enlightened partnership. The incongruity was quite lost on the BMA which, like Hamlet, possessed wondrous powers of rationalisation.

There are common weft-threads in the health, banking and airline fabric. In each case a zealous reforming government put forward legislative proposals which stirred up the most astonishing abuse and party strife. All the upheavals were characterised by constitutional challenges, civil disobedience and direct political action. But all the time, expense and fervour led to no long term victory. Reform could be delayed but not prevented. Changes of government are generally accompanied by changes of political rhetoric, often in association with changing popular preference. Specific policies of reforming governments, as party outlooks and theories change are perceived to be like the curate's egg and come to be adopted and adapted by opponents. The important social and political consequences of the great constitutional and electoral struggles of the late 1940s have been first, the continuous and significant increase in power of the central government, which began with its wartime acquisition of the uniform taxation power. Second, there has been the gradual and progressive weakening of the medical profession and the banking, airline and wheat industries. The ultimate fate of medicine was fragmentation, surveillance, monitoring, control and dependence. The banks became subservient to a powerful instrument of control, the Reserve Bank. The airlines were straight jacketed for years by a conservative government's Two Airline Policy,¹ and in 1969 the powerful wheat industry was crushed by a federally imposed compulsory quota system for production.

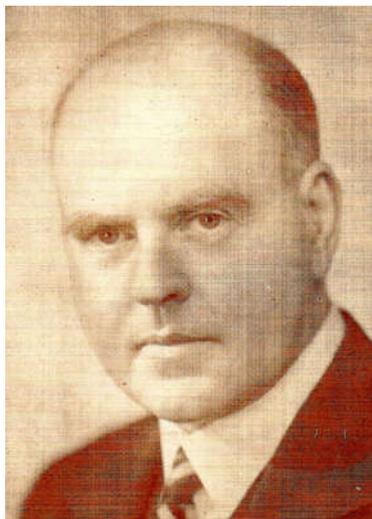
Although these subjects – medicine, banking, aviation and, to a lesser extent, wheat – have much in common as significant contributors to Australian economic and social history, we should retain perspective by noting that they have nowhere near the

importance to the commonwealth of the taxation, grants, foreign trade and commerce, or industrial arbitration powers. The ramifications of the notable constitutional struggles in the latter fields have had far greater consequences for all Australians than those we have discussed. On the broader stage, too, matters other than doctors and health schemes attracted attention. In 1953 the Korean War ended in an unsatisfactory armistice, and oil was discovered in Exmouth, Western Australia. All the antagonists that we have considered may well have reflected on the rueful observation of the South Australian MP R.L. McKenzie,¹¹ who, on being asked at a 1938 election rally why the problems of the wheat farmer could not be solved, told his audience that in his experience it was impossible to organise lunatics, wheat farmers and doctors.

Nationalisation of the Australian medical profession along the UK path was never a possibility in Australia where there were fundamental differences of attitude, outlook and social values. The population was much smaller (as was the medical profession) and locked mainly in coastal cities, the class system and distinctions were less evident and urban poverty and slums far less visible. Even during war Australia was characterised by the inertia produced by the pleasant security of distance. During the state election in 1941 a major issue at electoral meetings was the suspension of home bread deliveries. In 1944 when the commonwealth directed that street lighting was to be reduced twelve and a half *per cent*, all SA local government bodies sent a unanimous protest to the prime minister. That the war seemed far away encouraged a sense of immunity and its remoteness made little inroad into the Australian psyche, where a little slackness was always a comfortable thing, along with a certain larrikinism and fecklessness. The British had been bombed out of their cities and homes and had endured real hardship and suffering. Their war was close and real and idleness had no prospect of becoming contagious. Their major cities were directly exposed to the worst

ravages of infectious disease. In Glasgow, for example, in 1949 with 22.5 *per cent* of the country's population, that city accounted for 41 *per cent* of all respiratory TB deaths.

In the UK the medical profession could not escape the fundamental problem as to how they could accommodate their profound conservatism in a radical uniform. The



Darcy Rivers Warren Cowan [1885-1958].
A dedicated, hard-working physician who established the chest clinic at the Royal Adelaide Hospital in 1938 and founded Bedford Industries 1950.

Australian profession had no such dilemma. Our health status was better, our medical practitioners more reactionary and, the record suggests that the stick our Labor politicians used to beat the dog always broke in their hands. Australian doctors entered the Second World War in a somewhat nervous frame of mind first, because of uncertainty over the ill-fated *National Health and Pensions Insurance Act 1938*, to which the GP had been in the van of opposition and protest. Second, they faced a Labor government fired with reformist zeal. Yet within a

few years of the end of the conflict they found themselves in a seemingly unassailable position of professional and financial power.

THE CHANGING FACE OF MEDICINE.

Social Change and Public Health

WWII left momentous legacies that changed the social, cultural, economic and diplomatic structure of Australia. When that war began Australia was still a remote British dependency. Half of our overseas trade was with Britain and we looked there for our defence as well as all social and cultural leads. The economics of war devoured civilian labour and brought women into the workforce where they imbibed all the traditional male freedoms. Women no longer shackled to domesticity acquired a new sexuality as many pre-war taboos were rent. They wore make-up, smoked and drank, shed gloves, chaperones and husbands, and the divorce rate climbed. The end of the war

saw great changes in human sexual relationships, an industrial economy totally transformed from the Great Depression, and an enormously strengthened, confident and centralised federal government. The states discovered that they had retained their powers and ‘rights’, but the commonwealth had all the money. The need for the states annually to go cap in hand to the federal pay office for their wages intensified the interstate rivalry which since federation had bedevilled all attempts at constitutional reform whether in health or any other field. Federal-state antagonism also intensified and much would be heard of “States Rights”. Such real or imaginary prerogatives have always been part of the armamentarium of any premier who wanted to impede any commonwealth initiative.

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Patterns of disease changed more markedly from the 1950s, and reflect increasing urbanisation, industrialisation, motor vehicle usage, higher standards of living, and replacement of much earlier asceticism with greater opportunities to indulge in depravity. What were predominantly infectious diseases, particularly TB, diphtheria, pertussis, morbilli, rubella and STD, gave way to cardiovascular illness, cancer, physical injury, intoxication, poisoning, suicide and mental illness as leading causes of illness and death.¹² Of all the crusades against the traditional killers of earlier generations the war against TB is the only notable example of the organised medical profession taking time off from its political crusades to unite with government to effect changes for the public good. There is some incongruity in the realisation that the leaders of the campaign to eradicate tuberculosis were two prominent and artful medical politicians – H.W. Wunderly and D.R.W. Cowan. In 1935 both had been active in the BMA (SA Branch) and they steered it into direct political involvement in a national anti-TB offensive. In 1944 a premiers conference agreed to set up with the commonwealth a TB eradication scheme, and the following year the federal *Tuberculosis Act* gave the necessary grants to the states. An important factor in the astonishing success of the offensive was the agreement of the

federal government to provide allowances (exempt from income tax) for families whose bread winner was incapacitated by the disease. It had often happened that workers with tuberculosis continued their employment and evaded detection and treatment, through fear of destitution should they lose their jobs. In 1946 the commonwealth re-established a division of tuberculosis. In 1947 Wunderley presented to the NHMRC his plans for the onslaught and after approval by the states the *Tuberculosis Act 1948* preceded a general commonwealth/state agreement in 1949. The whole scheme got under way in 1950. Subsequent advances in treatment, mainly surgery and the use of streptomycin, para-amino salicylic acid and isoniazid would soon alter prognosis and management and by 1977 the great national campaign officially ended: it had been conspicuously successful.¹³

Poliomyelitis, though its mortality was much lower than tuberculosis, was more feared because it did not discriminate on the basis of gender or class – tuberculosis favoured the lower orders of society – and from inflammation of the grey matter of the spinal cord usually left its victims with varying degrees of incapacitating paralysis. It occurred in unpredictable epidemics and particularly targeted children and adolescents. In 1921 the SA government constructed the Northfield Infectious Diseases Hospital to enable cases to be “scientifically treated...” A major polio epidemic in 1937 and 1938 saw widespread panic, and the facilities of the hospital were fully availed of. A subsequent outbreak ran from 1949 to 1954 and only the advent of an effective vaccine in 1956 ensured that infantile paralysis would become a memory. The *Salk* vaccine was used in a massive free immunisation campaign which saw few children escape a traumatic introduction to the hypodermic needle. A major immunisation centre was established in Hindley Street near Bank St., where the public health sister used a common 10ml glass syringe with a 25g Luer needle, passing the latter through a candle flame after each shot had been given. The 1937/38 epidemic had been managed entirely by private medical practitioners, who brooked no interference with, or questioning of their management.

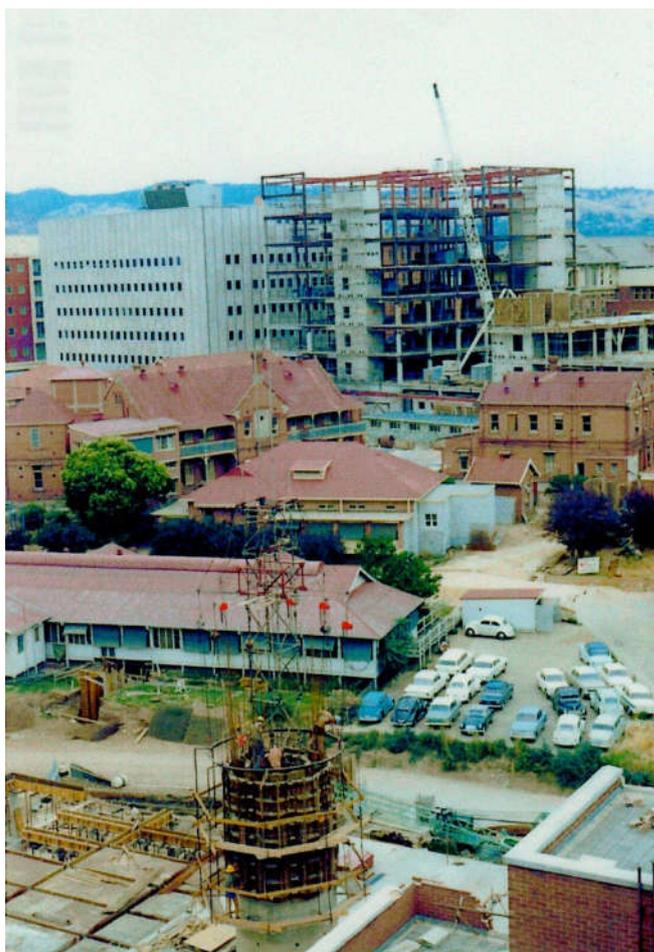
They were backed by gazetted government regulations enforced by punitive provisions requiring isolation of cases, exclusion from schools and public places and medical surveillance of contacts. Any symptom or sign had to be immediately reported to a doctor. Nor was polio the only public health issue which the BMA's political power ensured treatment remained the exclusive preserve of the private doctor. In SA venereal disease was not notifiable until 1965 and until then had been regarded as the field of the general practitioner. Only in 1973 were laboratories required to report syphilis and gonorrhoea.

From about 1933 an ex-army nurse, Elizabeth Kenny of Townsville Queensland, had advocated and practised a method of re-educating the muscles of polio victims. Her teaching caught the public imagination and made her name a household word. Sections of the orthodox medical profession were outraged and she was subjected to intense critical medical scrutiny, government inquiries and reports, and some of the latter were quite favourable. To the last many in the organised profession attacked and belittled her. The advent of vaccines brought the unsettled controversy to an end. Although it had gripped all states it was primarily argued in Queensland. Sr. Kenny¹⁴ had influential supporters including Professor H.J. Wilkinson who had been Professor of Anatomy at the University of Adelaide 1930-36 and who in 1937 went to Queensland in the same position as well as Dean of the Faculty of Medicine. In that role he wrote a favourable foreword to her book *Infantile Paralysis and Cerebral Diplegia*.

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The post World War II public health debates and controversies bore little resemblance to those which had provided intellectual challenge to Cumpston and his contemporaries. After that war the federal government indulged in some fascinating lateral thinking in their endeavours to justify potentially unpopular political decisions. When in 1950 military conscription was re-introduced as 'national service', the public

also learned that a major purpose of the call-up was the need to improve the physical fitness of young Australian men. Further, the new ‘remedial and preventative’ medical and hospital benefit schemes would be supplemented by that national service. It would be difficult to imagine any system of government subsidised medical practice based on ill-health, which could have been less remedial and preventative than the Menzies-Page



Like Topsy the ‘old’ RAH between 1840 and 1970 just grew and buildings were fitted in wherever a random space existed. The chest clinic is in the foreground, behind it the tuberculosis ward and the ophthalmic wards and theatre further back. All were waiting demolition as the new North Wing was under construction 1966. (Frome Rd is on the right).

evidence of the continuing influence of national efficiency arguments in public health from the later 1930s, and reflect the formation of the national council for physical fitness in 1939, and which had risen from the deliberations of the National Health and Medical Research Council. In the case of the free milk, however, it seems that Page believed his

approach. The benefit to the public health of military conscription would also be widened by the provision of free milk to all Australian school children under ten years old, though here the cynics felt that the Country Party, whose members provided the milk, may have stood to derive benefits of a more pecuniary but no less valuable kind. Both instances are an interesting illustration of the use – or abuse – of public health advocacy as a camouflage for political contrivance. They are

own propaganda that the milk would produce healthy children who would become healthy adults and not need hospital beds.

The public health rarely made headlines in the Menzies era, the outstanding occasions being the commencement in 1955 of Salk polio vaccine manufacture by the CSL and its widespread introduction in 1956.¹⁵ Unfortunately that latter year is also memorable for the introduction of thalidomide and it would not be until 1961 that its horrible teratogenic properties were recognised. This major iatrogenic disaster reflected another disturbing facet of the post-war march of the blatant commercialisation of technological progress, and by 1966 medical drug representatives had multiplied to the extent that there was one to every five or six medical practitioners in Australia. Forty years later many GPs wondered if they outnumbered patients.

An important change of outlook that developed in the early 1960s was recognition of the importance of the broader view of the relationship of medicine and community from the wider public health perspective.¹⁶ This led to a far more critical appreciation of sophisticated epidemiological studies to provide reliable data to guide health planners on the prevalence of patterns of illness, but in respect of enabling any rational planning for medical workforce numbers and distribution, all the statistics in the world proved as singularly useless as the governments that might have utilised them. The more significant changes of view about public health are best viewed from the point of the Community Health Program which had its genesis in concerns that traditional health services were not well matched to late 20th Century patterns of illness. The Whitlam government fervently supported community health programs as a cost effective means of providing better care and more accessible services and in 1973 it established the Hospitals and Health Services Commission (HHSC). From its deliberations followed the construction of community health centres based on a team approach to health care. In 1977 the National Better Health Program was set up to try and reduce inequalities in

health status between different population groups and health promotion in SA became primarily the responsibility of the SA Health Commission. All this looked good on paper, particularly to the administrators – most without any medical training – who were handsomely paid to draft them. None of these fine initiatives delivered and within ten years the economic rationalists had worked out what had been bleedingly obvious to the medical practitioners doing the actual work, that the large and continually escalating Australian investment in health was simply not providing any return commensurate with the massive expenditure. The enduring legacies of the Whitlam dynamism are huge duplicated state and federal clerical bumbledoms, a few community health centres catering for the most disadvantaged and useless segments of society, for whom any health initiative is a waste of time and money, and the scandalous diversion of gigantic sums of taxpayer money to aboriginal health, which would be equally useful if put in a drum and emptied over the Glenelg jetty. There also survive purely academic university departments devoted to their own exclusive medical fairylands, providing an escape for some doctors who don't want to practice medicine.

The decline of general practice.

For over 100 years GPs have always been much inclined to pessimism and low self-esteem. Beginning in the late 1950s, accelerating to the seventies and thereafter remaining political topics that generated much paper and verbiage, but few practical solutions, general practice encountered changes that collectively came to be referred to as a 'crisis'. Within the overall fabric of medicine general practice declined in status. In the main Australian cities the number of medical practitioners increased dramatically, and much was heard of 'metropolitan manpower problems'. With this went, in country areas, a decline in the number of medical practitioners – the 'rural crisis'. As urban GPs



The Morris Hospital 1965. From 1931-1936 known somewhat forebodingly as the Northfield Consumptive Home. In 1981 became part of Hampstead Rehabilitation Centre.

multiplied, from the late 1960s locum services began taking over much after-hours work. Specialists, who were also multiplying rapidly in order to enjoy the financial rewards that

accompanied the marketing of technological change, took over much procedural work.

General Practitioners found their skills diluted or lost, along with their income and not a little status.

The larger private hospitals were gradually taken over by specialists, and the Ashford Community Hospital, in the City of West Torrens, is a striking example. Because of poor GP organisation and their lack of interest, specialists soon became the dominant party on the controlling board. All such boards reinforced the direction of the hospitals that they controlled and supported the proliferation of regulations that excluded GPs. Usually those regulations contained a 'grandfather' clause: if a GP had

carried out specified procedures for a number of years, he could continue to do so without the need for a formal qualification (in obstetrics, for example.) However by the mid 1970s many GPs had been made to feel out of place and they abandoned obstetrics. By the 1990s indemnity insurance had become so expensive that those who had not ceased making deliveries, did so. Thus the private hospitals followed the public, where since the mid 1950s the GP had been effectively kept out because they were entirely staffed by specialists (who in most cases had never been in general practice.) The many doctors who graduated with a basic medical degree and believed that they were entitled to undertake any procedures that they liked without further study or qualification, found that it became increasingly difficult to obtain instruction in operative surgery, and while they were received in hospitals with great courtesy, the surgical experience was useless. The GP who sought basic training in the technique of appendicectomy or gall bladder surgery, found himself invited to assist at major abdominal or endocrine operations. One reason for this was that in those days the bread and butter surgery in teaching hospitals was relegated to the final year medical students or RMOs. The consultants thought it inappropriate to allow them to teach visiting GPs so the end result was that the latter spent their time watching rare and exotic procedures which they would never be called on to undertake in practice. No one denigrated or patronised the visiting GP, there simply was no properly organised postgraduate GP teaching. It came about that the suburban general practitioners began to find themselves more and more professionally isolated from their colleagues. Hitherto professional loneliness had been only a rural phenomenon.

Contributing to the GP predicament were other diverse factors: the rise from the late 1960s of commercial/entrepreneurial medicine; the proliferation of government paper work; the Gorton government's introduction in 1970 of differential rebates for specialists and GPs, with formal recognition of the difference between the two and the

establishment of a separate specialist register. There was also the absence in medical schools of either departments for, or any interest in training or educating students with an interest in general practice, which came to be regarded as the medical rubbish tip for the unhallowed outside the specialist sainthood. The GP also found that state and federal agencies continued to intrude into and erode his traditional work – particularly the management of infectious diseases, immunisation, venereal disease, childcare and screening.

Of these problems, probably the most relevant to the GP troubles was the introduction in July 1970 of a new health insurance scheme with a single medical table providing increased benefits, and a difference between the benefit and the ‘most common fee’ of \$5. The concept of the most common fee arose from the 1969 Nimmo Health Insurance Committee of Inquiry,¹⁷ set up by the commonwealth to assess all aspects of the then sixteen year old Australian health insurance scheme. The committee’s lengthy report is in places a damning indictment of how sectional interests had effectively prevented most of the original Page objectives from being achieved, and the original purpose to provide cost-effective health insurance and financial protection in the event of illness had become replaced by competition between funds and all the participants, who had been very busy looking after themselves.

The Nimmo criticisms were corroborated by the findings of a Senate Committee which had been investigating medical and hospital costs.¹⁸ The national health scheme was under severe strain because expenditure could not be controlled, one main reason being the devious means used by medical benefit funds to avoid liability, reduce benefits and accumulate large reserves. A particularly amoral practice was to limit or refuse access to insurance for the chronically ill or disabled. This further disadvantaged them and compounded their descent into poverty. On the other hand, medical practitioners were free to set their own fees, and there were few constraints on the continued escalation of

hospital expenditure. The regular scenario of the BMA/AMA unilaterally raising fees, the private funds immediately providing higher benefits, and the consequent pressure on the government to match them with an increased rebate, became a matter of some notoriety. The introduction of the most common fee, which because of the lack of commonwealth constitutional power to control prices was not binding on doctors, was the first occasion when the federal government successfully overcame the unrestrained power of the



Elizabeth Lisa Kenny [1880-1952]. The bush nurse who served in the Australian Army WWI 1915-19 and was formally promoted Sister. An imposing woman with a dominating personality she advocated what was considered the unorthodox treatment of poliomyelitis, discarding braces, calipers and splints. She stirred the most furious medical opposition and hatred. She did however make a significant contribution to the treatment of polio.

medical profession to dictate public health policy. A major departure from precedent with the new benefit arrangement was that a reduced fee was paid for procedures done by a GP, compared with the same procedure performed by a specialist and this

brought major changes to Australian medical practice.

From this time dates the serious “de-skilling” of general practice. The number of specialists understandably increased, along with costs, and in medical schools the teaching of procedural work declined and shifted. Up until then senior medical students had been taught basic surgical, anaesthetic and obstetric skills and in their final years were expected to do under supervision instrumental deliveries, appendicectomies and caesarean sections, and to give general anaesthetics. In their first year of graduation the minor surgical lists were entrusted entirely to the new RMOs who would be supervised a couple of times before being thrown in at the deep end. Compare this with the situation at an Adelaide medical school thirty years later. Then students were expected to attend

five normal deliveries, if they could, but no surgical or anaesthetic training took place until the second year after graduation. The specialist colleges totally controlled all access to their specialties, determining the number and location of funded training posts, setting standards of entry and examination and – though vigorously denying it – constraining manpower.

The medico-political arguments over differential fees (which had been AMA policy since 1965,) bitterly divided the specialists and GPs. State branches of the AMA passed votes of no confidence in the federal leadership – an indication of just how much professional relationships between doctors had changed since the Chifley era. The profession started seriously fragmenting and in March 1970 the RACGP broke with the AMA and acted independently in negotiations with the government. A bitter campaign by the General Practitioners Society to increase GP representation on the federal council of the AMA was lost. Relations between the RACGP and AMA became even chillier and in 1973 the College formally disaffiliated from the Association.¹⁹ The arguments continue to this day. In 1972 a National Association of General Practitioners of Australia was formed to take over the political role which the College had not enjoyed: divisions within the profession widened and extended. The practical training of doctors was just one casualty and this was shifted to the later years after graduation. So it came about that by the late 1970s very undifferentiated doctors with few practical skills and less confidence were produced. They might gain entry into the training posts of the specialist colleges, otherwise it was general practice or what else was left.

Within a couple of years of the introduction of differential rebates the number of active general practitioners declined, especially in rural areas and the lower socio-economic parts of big cities and for the first time serious concern was expressed about the long term survival of general practice. Key problems included the lack of career structure with no rewards for competence or incentives to study; their exclusion from

teaching hospitals and medical schools; excessive workload, and lack of continuing education and incentive for self improvement. The RACGP with the cooperation of government tackled these problems so effectively that by the late 1980s the College had become a serious rival to the AMA and it controlled every aspect of general practice with even greater benign despotism than the specialist organisations did their own fields. By 1996 the RACGP membership was 9635: the AMA had 8980 members.

The worries that hovered over general practice in Australia were a reflection of those that had pre-occupied medical educators overseas. In 1968 the Todd Royal Commission in the United Kingdom addressed the need for medical students to become competent at managing problems seen in general practice. In America two inquiries had reported in 1966 on the need for generalists, and their deliberations gave rise to the Family Medicine Movement in North America.

There was one other significant Australian event of 1968: Drs. Scotton and Deeble published their article on compulsory health insurance in the *Australian Economic Review*. Before long there would be few medical practitioners who had not heard of them and their proposals. They quickly assumed a Mephistophelean role and the AMA, in particular, would exhaust all sources of invective in its attacks on their idea, which it saw as the exhumation of a dreadful socialist spectre.

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The Growth of Specialisation.

In Britain specialisation began in the early 1860s. Then, some general practitioners were accused of poaching patients who had been referred to them. By the late 1870s the *British Medical Journal* began to suggest that a consultant should always be a specialist, and ought never to see a patient unless attending with a general practitioner, or at least first receiving a referral. Specialism in South Australia was conceded from the 1880s. The first speciality established at the Adelaide Hospital was the “Ophthalmic Department” set up in 1881 by Charles Gosse. In 1882, for the first time, medical and surgical patients were separated. There were recognised teachers in the Adelaide Hospital (and in teaching hospitals in other states) of gynaecology and otorhinolaryngology (ENT) by the time the medical school was established. The main impetus to the rapid growth of specialisation was the explosion of medical technology secondary to the scientific knowledge of body structure and function. The advent of new means of diagnosis, which invariably required time-consuming investigations, extended the field of medicine and moved it beyond the ability and competence of one doctor: it became impossible to ‘do everything’. The eruption of technology occurred at the time of rapid population growth. Up to the end of the First World War and well into the 1930s specialisation was still the domain of the general practitioner who had a special interest in a specific area and it was unusual for him to have any additional qualification. The qualified specialist was regarded with a mixture of suspicion and envy, occasionally reflected in a published lampoon.²⁰ We have noted that WWI gave Australian doctors the opportunity to study in the UK: most returned and by the end of the 1920s all Australian capital cities contained overseas trained consultants. The Royal Colleges were established in Australia to enable training to be done locally. After WWII patient attitudes changed and people would see the GP merely to get to a specialist. This bypassing became a serious disintegrating and dividing factor within the profession particularly because it was a factor in the erosion of the

income of the GP. For the general practitioners fees had not changed much over the preceding fifty years because increases had been forgone at the outbreak of both wars and during the Great Depression. By the end of the 1940s the GP had to see more and more patients to get financial security and so the footings were laid for the intra-professional strife which would come in the 1960s. At the end of the 20th Century specialist fees and hospital costs accounted for most Australian health care expenditure



Herbert John Wilkinson [1891-1963]. Elder Professor of Anatomy, University of Adelaide 1930-36 and foundation Professor of Anatomy and Dean of the Faculty of the University of Queensland medical school 1936-59. His support of Elizabeth Kenny ensued the antipathy and persecution of the medical profession.

and the specialist sat at the apex of the income pyramid.

Between 1970 and 1980 specialists doubled in number and the reasons were obvious. The financial rewards are great because the economics of the Australian health system are based on payment for treating illness. Health insurance allows access to specialist services at low cost, and prominent press coverage of technology-driven advances in diagnosis and treatment ensure substantial demand. Medical education itself has since the 1950s been principally

provided by specialists, and medical students, drawn from the top layers of academic achievement, have not generally been attracted to the mundaneness of general practice. Specialisation has offered the opportunity to live a more ordered nine to five life, and also enjoy greater prestige. Much specialist practice needs to be carried out in large hospitals equipped with the latest technological artifices which proclaim their innovation and scientific leadership, the status of the operator and superiority to rival service providers. By 1980 specialists comprised more than a quarter of all SA medical registrants.

The Gorton government's 1970 *Act* was a watershed which permanently divided an organised medical profession that until then had specialist and generalist streams flowing to a similar destination, even if the routes were different. After that legislative cataclysm the profession was internally split into antagonistic fractions which drifted to the separate terminus that reflected each section's self-interest. The specialists felt that they had received their due reward: the GPs believed themselves irrevocably betrayed. To many members the AMA lost all credibility and, no longer commanding the confidence and trust of numerous supporters it began the long decline from the apogee of power and influence that it had wielded for fifty years. Apart from the specialists, who never looked back, the other big winner was the RACGP which, after its split away in 1973, grew more and more powerful, spoke with its own political voice, and with abundant federal money established training schemes, set education standards, and in time achieved absolute control of entry into general practice and even came to determine the remuneration of practitioners. In 1989 the entire medical profession was shocked to see the RACGP shed its academic and scientific clothing and negotiate directly in the fiscal mud pit with a federal Labor government to secure the concept of Vocational Registration for general practice, with higher fees for those doctors who embraced the associated need for continuing education and training. Again the profession was divided into two major rival groups and the process of political disintegration was furthered. Sixty years after the initial ruction in 1927 when the College of Surgeons refused to associate directly with the BMA, the process of that once great organisation's total emasculation became complete.

The federal government in 1970 was also a winner because, perhaps unexpectedly, it dealt the AMA, more or less at its own urging, a mortal blow. Hitherto the historic confrontations between legislature and medical practitioners, in particular those of George Bollen, C.C. Kingston and J.B. Chifley, had been jousts between deadly

adversaries where the profession saw itself under direct external attack, but in 1970 the government had merely enacted AMA policy. All fury was expended on internecine strife within the profession which proceeded to tear itself to pieces. The AMA had tried to oppose the differential fees after the enormity of its gaffe hit home, but it was then too late. Like any other organised group, a divided profession is an impotent profession and by 1995 there were fifteen separate organisations claiming to represent general practitioners and governments could either play them off or ignore them as it chose.

The actions of the Gorton government were dictated by the inevitable consequences of having a fee-for-service health scheme which put a price on every organ in the body and so provided an incentive for its removal. Further, the scheme had paid the same benefit whether the operator was the top specialist in a particular field or a recent graduate just out of the compulsory year of hospital service. There was a great incentive for remunerative specialised work to be provided by people who could not by any criteria be regarded as specialists, but who held it as their absolute right to perform any procedure that they considered was in their self-determined bounds. Private medical practitioners after Page became the highest paid group in Australia. For the year 1970/71 there were 7783 practitioners in Australia who had incomes in excess of \$40,000 and their taxable incomes were greater than any other professional group. Then, the annual income of the male Australian wage earner was \$2818. It was the Australian general practitioners insistence on his or her absolute right to do anything he or she wanted to do, regardless of qualifications or experience, that initiated the great legislative changes to formally recognise specialisation, and that would eventually increase government involvement in health promotion, illness prevention, hospital accreditation, vocational training and registration, and compulsory continuous education.

After 1970 the AMA increasingly became an onlooker at events which it could no longer control or direct, and its decline was hastened by other circumstances. With

the increase of specialisation went the creation of specialties within specialties, all looking after their own interests and their incomes. Within cardiology for example a group evolved that concerned themselves only with lipid biochemistry, another saw only paediatric complications, and yet another consulted solely with pregnant patients. Within plastic surgery a number of doctors would only operate on hands.²¹ Ophthalmology has also broken into diverse fields of expertise with some practitioners dealing with lens problems and surgery, and others with endocrine visual problems. There have been



Enovid 10.
The first combined oestrogen/progesterone oral contraceptive pill, available 1960. It was expensive – around the equivalent of \$80/bottle.

particularly large increases in the number of private pathologists and radiologists since 1975 because *Medibank* would not pay benefits for their diagnostic services to private patients in public hospitals, so they abandoned those institutions. Salaried medical officers therefore became more militant in pursuit of what they regarded as basic wage justice and, believing that the AMA did not validly represent them, formed their own professional union. The AMA had also fought with its own membership, or with those who it should have been wooing. Its view of immigrant doctors has for more than fifty years

been tainted by a meanness of spirit, uncharitableness and sometimes vicious prejudice. In more recent times its attacks on the integrity of doctors who ‘bulk bill’ – the majority of general practitioners – have alienated a substantial number of practitioners. Within the profession the different clinical groupings have always fought each other with consistent ferocity and malice, and unpleasant personality conflicts have not helped the formulation or clarification of policy. By the end of the 1970s the AMA’s continual gladiatorial contests with governments, its own constituents, and what had become in marked

contrast to the halcyon days of old, a consistently hostile press, had brought about lost members, authority and credibility.

Until 1970 the BMA/AMA represented a united profession devoted to defending the privileges of doctors and fighting against any government proposal that it saw as nationalisation. Once the profession was decisively split and then broken down into more and more warring factions internal cohesion was destroyed, and the organisation lost the control over its members that it had once enjoyed. The situation up until the Gorton government was that any effort by the state to nationalise or even rationalise the Australian health industry had the immediate effect of unifying the profession into violent opposition and this greatly increased its negotiating strength. Eventually the Whitlam government with its triumphant introduction of *Medibank* in 1975 showed just how much that unity and strength had been destroyed.

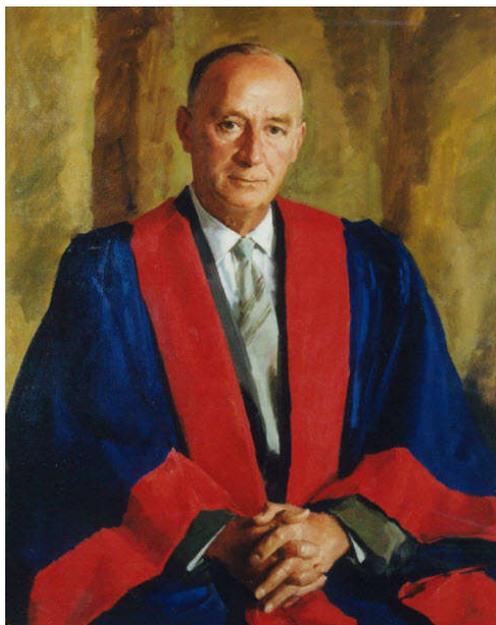
Centralisation.

South Australia has always been a one town state and most of the population has lived in Adelaide. By 1900 no SA country town had a population greater than 5000 and only the economic stimulus of war and post-war migration and population growth saw the rise of the present more prominent provincial cities.* The historical base for this urban imbalance lies in the impracticability of general agriculture in this state, and the consequent embrace of pastoralism. The continued dominance of the capital city derives from its commercial ascendancy, and retention of a grip on transport, banking, insurance and law. Advances in communication and technology merely re-emphasised Adelaide's dominance, because eventually most railways and then roads radiated from the capital. Of those country towns in South Australia which have had medical services, while it is often possible to write of their pleasant localities, freedom from suburban stress and the affability of much of the population, the sad fact in relation to most of them is that they are dull, repetitive, lacking in personality and image, isolated, or 'touristed' to death.

Adelaide always retained social, cultural and economic dominance. Many of the 'best' doctors, and certainly all of the specialists, had always been in Adelaide and the Adelaide Hospital was the principal one in the state. Given this historical background it is not difficult to appreciate that rural medical practice has not always been an alluring medical prospect. Consideration has already been given to the problems faced by country towns in obtaining medical practitioners, and the consequent dependence of the people on the skills and time of the unqualified or unregistered.

* With the exception of Mt. Gambier which has long been the capital of a region which has enjoyed prosperity.

The difficulties of attracting doctors to the country worsened from the 1960s when medical education reflected specialist teaching and dependence on technology, so the newly qualified no longer received a generalist, broad practical training. By the 1990s the problem had become sufficiently prominent to attract substantial press and political attention, even though it was nothing new because as some earlier examples have shown,



William Arnold Conolly [1902-1981]. Inaugural President of the Royal Australian College of General Practitioners, 1958. Courtesy *RACGP Archives*.

there had always been impediments to attracting Australian graduates to country areas. Advertisements usually brought expressions of interest only from overseas doctors. This made local communities, the AMA and state government do some thinking because the practitioners were reluctant to stay long before moving to the big cities, where they added to the urban supply imbalance.²² Some proved to be notoriously incompetent and one was actually deported. All public discussion on the

problems brought out passive obstruction, despair, suspicion of qualifications and the thriving undercurrents of prejudice and xenophobia. Contractual strategies were unsuccessful. In 1967 the SA government began a medical cadet scheme which provided financial assistance for medical graduates who were bonded for two years to country service and in 1970 the first graduates from this program went respectively to Wallaroo, Kimba and Ceduna. None stayed beyond the mandatory term and one did not even complete that. The whole project came to grief because on challenge the enforcement of bonds was held to be illegal. The overall public debates made it clear that at that time most of the parties with sufficient power or influence to solve the problem of recruiting country doctors would sooner see no doctor than a foreign doctor and by 1990 strident

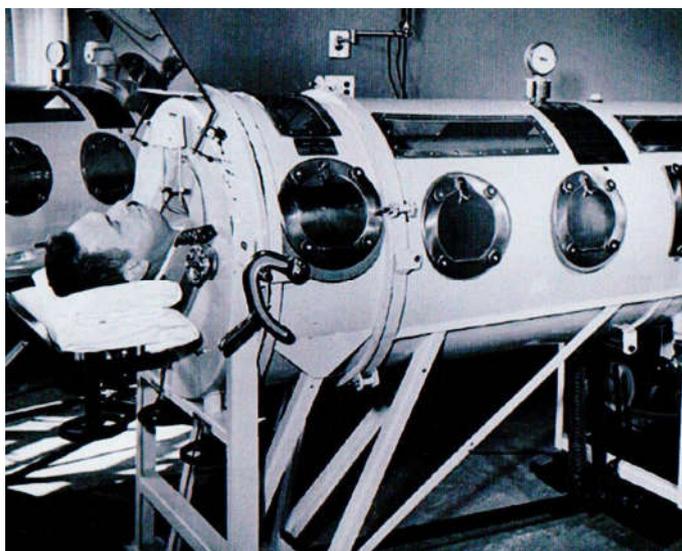
calls were made to impose restrictions on the number of immigrant doctors allowed to practice in Australia.

Occasionally interesting and pleasant exceptions to the sorry tale of migrant doctors and country towns turn up and one is provided by the Austrian Jewish immigrant Dr. Ferdinand Marcel Tippelt MBBS *Adel* 1942, who, after that re-graduation, went to Quorn and remained there until his premature death in 1949. He was greatly admired and is commemorated in an entrance hall to the hospital. After his passing Quorn experienced severe difficulty in obtaining a replacement, even though it was then a very busy railway town with a substantial population, and this was to become a widespread major problem. By 1975 the difficulty of ensuring adequate rural health care prompted the RACGP and AMA in a rare display of cooperation, to survey the whole field at first hand to see if there was an answer to the hard questions of staffing, isolation, locum relief, education and training. By this time to those well recognised difficulties had been added adverse attention which had arisen from some well-publicised obstetric and anaesthetic tragedies in country hospitals, and press and political criticism led to the perception that country doctors lacked skill and were of lower capabilities than their urban contemporaries. This outlook might possibly reflect the survival of much anecdotal folklore about many of the incompetent, transitory alcoholic practitioners of the previous century. The problems of adequate procedural training and post-graduate education were successfully tackled, and attempts were made to provide locum relief for educational or holiday purposes, and the strategies enjoyed some success. But there was simply no long term answer to the rural health quandary because all the planning in the world won't solve the deeper perplexities of education for children, spouses who find the country uncongenial, the ugliness of many SA provincial cities and towns, the sheer necessity to be available all the time, the narrow local world, and the absence of intellectual stimulation.

In the decades 1890 – 1970 when the medical profession had successfully regulated itself there had been no problem in providing doctors for most country towns. It was the accepted practice that after final exams the new graduate went to the bush for a few years, gained experience, made some money, and then returned to the city. This was the case from the very first with the Adelaide medical school. It became a well organised and worn path and while it saw a regular turnover of doctors in many localities, it also ensured that medical services had always been provided. Many of the newly graduated would so enjoy their country experience that they would remain in the bush all their working lives and the names of Fred Geisler at Streaky Bay, M.A. Trudinger of Wudinna, Cliff Jungfer of Lobethal, John Thompson at Port Augusta, Bill Chappell at Maitland and Harold Lane of Balaklava are revered. It must be remembered, too, that many country towns that once had doctors no longer do, and these places include Bute, Collinsfield, Georgetown, Iron Knob, Morgan, Oodnadatta, Port Germein and Spalding, to name a few. Only when the BMA/AMA self-destructed, medicine became politicised and subservient to technology, traditional clinical teaching declined and the Australian profession began to be flooded by overseas graduates from 1975 did the problem of providing rural medical services become widespread and serious. Competition for university places in medicine has hampered attempts to find solutions because the whole problem is bound up with questions of academic entry standards, equity, discrimination and the financial pressures on universities which make it more economically attractive to have full fee-paying students regardless of their origins and, in many cases, their English language skills.

Unfortunately this whole area has become a playground for political opportunists and point scorers. The great irony remains that state and federal government policies have not only destroyed traditional general medical practice and the opportunities to enter it without incurring enormous debts, they have also destroyed country towns.

Schools, police stations, post offices, railways and other public services have been closed or downgraded. Banks and other regulated providers of business and employment along with commercial enterprises have disappeared, as well as the population. Many feel it quite incongruous that governments have allowed economic rationalism and centralisation to kill off the bush and make living there unrewarding and unattractive, yet they expect doctors to go there and be worked to death in an environment of decline and decay, made increasingly hostile by the deliberate impoverishment of basic amenities and



The *Iron Lung*. If the polio virus damages the 3rd and 4th cervical ganglia the nerve to the diaphragm – the primary muscle of respiration – is destroyed. This negative pressure ventilator, which enclosed the whole body, was needed to support life. Some people spent their entire existence in such a device.

services. By 1991 65% of Australians lived in capital cities and a further 20% in major centres outside those capitals. These figures cannot be reversed and have important implications for the increasing inequality of distribution of health care services.

Against these somewhat harsh animadversions must be placed the other side. Country practice means independence, the challenge of self-reliance and the ability to practice a wide variety of medicine. The doctor enjoys a high social standing and the opportunity for involvement in all local activities. The unhappy fact is that the early years of the 21st Century have seen a desperate worsening of the country doctor problem and the failure of attempts to solve it. Life as a rural GP simply does not appeal to a young person seeking any of the stimulating opportunities and alternatives which now lie tantalisingly before the new graduate, especially when any form of specialisation is the path to undreamed of wealth. In South Australia that graduate, because of quite idiotic

federal policies related to competition and discrimination, is unlikely to be South Australian and have any ties or loyalty to this state. Commonwealth financial control of medical school numbers, the blatant politicisation of medical education to buy votes, feminisation of the workforce and the bizarre adventures of medical schools into the selection of students have done nothing to help resolution of the chronic difficulties which have become grievously entwined with College politics. The newly formed Rural Doctors Association and the Australian College of Rural and Remote Medicine have successfully confronted the RACGP and federal government to demand separate recognition of rural fellowship qualifications and once again the college has seen a disastrous split, with the federal government as the only beneficiary.

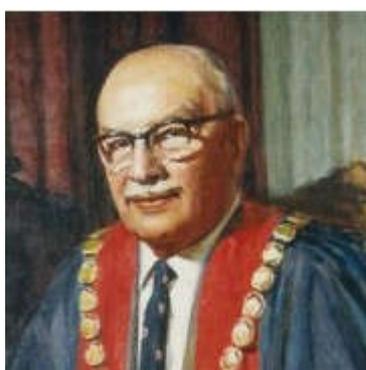
The Growth of the Royal Australian College of General Practitioners.

The British Royal College of General Practitioners²³ was founded in 1952 through the efforts of Drs. F.M. Rose and J.H. Hunt, and in that same year a NSW faculty was formed. In 1955 the NSW and Queensland faculties combined to form an Australian Council. At Hobart in 1958 that Australian Council of the British College became the interim council of the Australian College. Until then Australian GPs could be members of the British College of GPs. At Brisbane in 1959 the Australian College of GPS became a reality. Autonomy came about because the state faculties needed coordination and adaptation to Australian conditions. The South Australian faculty of the Australian college was formed on 8 February 1958 at a meeting at 80 Brougham Place North Adelaide, chaired by Dr. Peter Verco, president of the BMA (SA Branch): over sixty members were present.²⁴ Until then a number of SA doctors were unattached members and associates not joined to any faculty and these persons appear to have been Drs. C.A. Leeson, B.S. Hetzel, J.L.H. Lindon and J. Upsdell.

The Australian college owes its foundation to the vision and foresight of Dr. William Arnold Conolly MBChM *Syd* 1925, of Cessnock NSW. During a visit to Britain he obtained information about their new college of general practitioners and subsequently at Orange NSW, brought up the suggestion for an Australian branch. It has gone from strength to strength, largely because of the imagination, resolution and common purpose of its founders, and the determination of its membership. It has raised the standards of both Australian general practice and medicine as a whole and has given practical effect to its vision to foster and maintain general practice. Steps began in 1959 to establish a medical education committee to involve itself in undergraduate and postgraduate education and by 1966 continuing education for GPs, training units, teaching seminars and vocational training had been incorporated into an overall college education plan. The family medicine program began in 1973 with a patient-centred,

problem orientated approach to education. The first open examination (for the diploma of MACGP) was held in 1968 and three hundred candidates presented. This was the first such GP examination established in the western world. A college journal, *Annals of General Practice*, was first published in 1956 and in 1972 it changed to *Australian Family Physician*. By 1976 it had become a self-supporting financial and journalistic success.

The accomplishments of the college resulted from the absolute commitment of its founders, most of whom were older and more experienced general practitioners. Most



Carl Clifford Jungfer [1903-1979].
Lobethal GP 1928-79: prominent and greatly respected teacher, researcher and medical politician.
Courtesy *RACGP Archives*

of these pioneer and entirely male propagators of the GP faith gave countless hours of their time to the advancement of their practical and academic cause, initially in the face of much cynicism, as exemplified by the specialist who remarked that one "...might as well try to form a college of ingrown toenails." Much could be written about the individual contributions of each of the founders of the flourishing college, their generally learned, informative and enthusiastic input, and their imagination and tenacity, but reference will be made only to some South Australian contributors. The college was fortunate to attract early in its history a number of outstanding practitioners and three in particular merit consideration. Rollo Greenlees MBBS *Adel* 1937 was the first honorary secretary of the SA Faculty, and his extensive personal accomplishments have been camouflaged by a modest, quiet nature. He served in the RAAF in WWII and rose to Squadron Leader. He was a member of the BMA/AMA and provost ACGP 1966-68. Leonard Ross Mallen MBBS *Adel* 1925 FRACGP FRCGP was for some years in general practice at Riverton, and very active in the broader field of medical service. He was a member of the council of the BMA (SA Branch) 1941-69, president 1946-47, and from 1949-67 he was a member of the federal council of the BMA and chairman of federal assembly 1962-67.

From 1951-61 he was a member of the council of the World Medical Association, chaired that body from 1958-61 and became president 1967-69. He served on state and federal government committees and was knighted in 1967. He was the first provost and chairman of the South Australian ACGP faculty. The third practitioner of interest was Carl Clifford Jungfer *CBE MBBS Adel 1926; MD Adel 1949, FRACP FRACGP FRCGP*. A foundation member of the SA faculty he became federal president 1966-68. He had been president of the BMA 1958-59 and was active in the post-graduate federation of medicine. For many years he was in general practice at Lobethal and in 1962 became medical director of the National Heart Foundation in SA. He was particularly active in college post-graduate education and training and preventive medicine. He was a man of great strength and sensibilities who combined a scholarship both wide and deep with qualities of clarity of vision and administrative ability. A person of ideas, he made two substantial contributions to medical research. From 1939, with his Adelaide hills colleagues he carried out a study of the health of children in their practice districts and the results were published in 1944 and 1948. In 1956 W.A. Connolly followed up a WA faculty suggestion for a survey of general practice in Australia, based on an initiative that was underway in Canada where, just as in Australia the expansion of hospital facilities and the proliferation of specialties were occurring in an environment where many recognised a tendency to ignore and neglect general practice. Jungfer was appointed director of the study and its conclusions were published in 1956. His survey of 140 practitioners in the 1960s showed dissatisfaction with the pensioner medical service, concern at professional divisions created by specialisation, and GP exclusion from teaching hospitals. The performance of major technical procedures by GPs was regarded as a right and there was much suspicion of nationalised medicine. These beliefs and anxieties have persisted for the ensuing fifty years.

The RACGP has raised the status of general practice and its practitioners. Its Fellowship is a recognised post-graduate achievement, and general practice has become a speciality in its own right. Its training program is disciplined and thorough and its control over postgraduate education is secure. The agitation for specific university departments of general practice has borne fruit, though some individual departments have been an irrelevant academic disaster. It has enjoyed a more steadfast relationship with government than the AMA and the lesser lights of medical politics. Over the long term, however, it has had some significant failures, one of the most striking being its inability, despite vocational training and a passionate commitment to continuing education, to correct the drift to specialisation, reinstate GP procedural skills and particularly to remedy the gross misdistribution of medical manpower in Australia. To many GPs it has no appeal or interest whatever. As its administration has grown larger and it has spread its agenda and areas of interest widely its campaigns and promotions have often been seen as irrelevant to mainstream general practice. This is particularly so when it has embraced initiatives favoured by federal money. Its engagement in the lost cause of aboriginal health and attempts to show empathy with the more raucous fringe groups involved with drug abuse, gender perversion and various favourite political hobby horses, lead some fellows to suspect that their membership fees are being wasted on personal crusades. For some, too, its close relationship with the commonwealth government has been disconcerting and its connections with individual ministers have caused disruptive and damaging controversy.

STATE AND FEDERAL LEGISLATION.**The expansion of central political power.**

Sir Earle Page, the minister for health in the LCL government elected in 1949 was sworn in on 19 December and that same day arranged meetings for 17 January 1950 with the BMA, Pharmaceutical Guild and medical benefits organisations to discuss implementation of the LCL election promises for a comprehensive scheme of national



For over a century the idea of women in medicine evoked ridicule, hostility, prejudice and discrimination. This early 1900s caricature depicts a female doctor of the future.

health. It would be based on the existing voluntary organisations. Page had graduated in medicine from Sydney in 1901, when he had topped the course. He served in the Army Medical Corps in WWI and was elected to federal parliament in 1919, retaining his seat until 1961. He had been a busy country private practitioner who had built his own private hospital, and whose sixteen years of actual medical practice had ended on his election, when he took up farming and pastoral interests. He went on to develop 100,000 acres of scrub, secured newspaper investments, had been mayor of Grafton, president of right wing political organisations and had led the Country Party for nineteen years. All parties invited to hear his plans could not jump on the band wagon quickly enough because now they could have their cake and eat it, too. Even if the proposals were little different from those of the ALP, they were now clothed with the sanctity of free enterprise conservatism and totally free of socialist contamination. Gone was the savage confrontation of old between organised medical groups and government. True, the old suspicions still flourished between the lodges and the organised medical profession, and the states still remained mistrustful of the commonwealth, but now the only arguments were over slicing the cake and the thickness of the federal icing.

In its dying months in 1949 Labor had come to accept that judicial interpretation of the Constitution had ensured that the medical profession (as well as the banks and airlines) could not be compelled to swallow anything that they perceived as nationalisation. The government had accepted that a new health service had to be based on some kind of fee-for-service, with a medical benefits scheme administered by the Director-General of Health, to make payments on behalf of the commonwealth to recipients of professional services. They had the necessary legislation passed but their loss of office a few weeks later made it irrelevant. Page's first success was to introduce in 1950 a pharmaceutical benefits scheme based shamelessly on the Chifley *Pharmaceutical Benefits Act* 1947 Regulations, to provide free life-saving drugs and other medicines for such chronic diseases as epilepsy, asthma and certain cardiac conditions. Page was thereby able to avoid the need for a new *Bill* which might have run into trouble in the hostile Labor dominated Senate. He was also cunning enough to appreciate that once you have given the voter something, parliament would be very reluctant to take it away. Thus "free medicine" arrived in Australia. Page used the valid sections of an unrepealed ALP *Act* to achieve in a few months through the back door, what that party had been unable to secure through the main gate for five years. A conservative profession found the Page menu far more enticing than the indigestible Labor bill of fare and embraced the new Regulations enthusiastically.

Only in 1952 did Page have to specifically legislate in respect of pharmaceutical benefits, and that was to amend the 1947 *Act* to allow the appointment of committees to investigate doctors and chemists who were suspected of rorting the system. The need for regulatory bodies was the inevitable consequence of the embarrassing escalation of costs of the scheme where doctors prescribed indiscriminately what they wished when they wanted to, regardless of legitimate indications, and the consumer wanted treatment whether it was appropriate or not. Drug manufacturers with

unlimited budgets competed, advertised and promoted their products. The cost of the pharmaceutical benefits scheme escalated as more and more drugs were placed on it. This occurred regardless of how many investigatory or punitive committees, advisory pharmacists, inspectors, restrictions or exhortations to prescribe logically through under or post graduate education were called in to contain costs. From its initial outlay of £5,000,000 in 1951/52, by 1966 the government payout was \$91,784,000. Ten years later it was \$262,297,000 and the present cost is in the billions and comprises the biggest item of commonwealth health benefit expenditure because Australians love swallowing pills. A recurring theme from the very first careful federal adventures into the provision of “free” medical services right up to the present sophisticated and extensive umbrella of health legislation has been the endless conflict between the forces which have sought to regulate and control in order to contain costs and prevent abuses, and those who believed that the private medical practitioner had the absolute and unquestioned right to prescribe how he liked, and the freedom to determine how many and what services he would provide. In 1959 the government introduced a five shilling (50c) charge to the patient for each prescription and made the first tentative efforts to negotiate from a position of strength with pharmaceutical manufacturers.

*

Introduction of the Pensioner Medical Service, like the pharmaceutical benefit scheme, was brought in by regulation in 1951 under the *National Health Service Acts* of 1948 and 1949, and was finally given full legislative respectability by the *National Health Act* 1953. A key feature of the legislation was that it required the agreement of the federal council of the BMA to make any determination of the scope, terms and conditions of the pensioner medical service. The 1953 *Act* also established fee-for-service private medical practice, funded by the commonwealth, and it provided direct and indirect subsidies (“benefits”). *Schedules* appended to the *Act* set out the professional

services which attracted benefits from a registered medical benefit organisation and the commonwealth. The old Lodge capitation system had finally been vanquished and the incomes of doctors were now guaranteed, secure, and quickly began to rise. In South Australia the first post-war major monument to private practice freely underwritten by the taxpayer was *North Terrace House* Hackney, opened in 1961 as a ten storey medical centre. The system was easy to rip-off, too and the first prosecution for medical fraud occurred in 1952.

The following two decades were characterised by ceaseless commonwealth struggles to contain costs, and recurrent arguments with the organised



Leonard Ross Mallen [1902-1980]. In his time a noted GP. Associated (invariably at the highest levels) with the state and federal AMA and in 1968 he was president of the World Medical Association.
Courtesy *RACGP Archives*

Dr. W.G. Heaslip who died the same year was treasurer of the Stockowners Association and had large holdings in the Gawler Ranges and around Tintinara. The ophthalmologist A.L. Tostevin, who died in 1973, developed 17,000 acres in the South-east. Practitioners had prestige and influence. In 1958 a NSW general practitioner on holiday, passed by train through Mt. Mary station and noticed the beautiful antique paraffin station lamps.

profession over fee increases, which the government could not win because it had no constitutional power over wages or prices. The medical profession, already doing well, waxed more prosperous. Dr. C.V. Wells, who died in 1948, held directorships in ten companies and was prominent in horse circles. Dr. Ethel Hillier in 1952 placed three of her private hospitals on the market: Pier St, (Glenelg), Parkwynd and South Glenn.²⁵ Dr. F.H. Makin, who died in 1961 was a foundation partner in Koonoona merino stud.

He wrote to the railways commissioner, J.A. Fargher and asked for one. Two workmen were sent to Mt. Mary to dismantle, clean and restore the lamp before despatching it.*

Perhaps another subtle indicator of the benefits of making a living from medicine is the extent of marriage between medical practitioners. In the twenty one years 1952-73 fifty six such unions are recorded in the press.

The medical profession had a dream run in the years after Page. His scheme lasted twenty three years until 1975 when Labor's universal health plan *Medibank* arrived. That arrangement and its successors did no harm to medical incomes either, particularly specialists. In August 1995 at Canberra a Relative Values Study (RVS) was held by all the major political and collegiate organisations representing Australian general practitioners and specialists to determine appropriate fees as a basis for official government negotiation. The representative of the Australian College of ******ology on his arrival told the group that he did not know what they were there for, but he was present to make sure that his members maintained their lifestyle. By April 1996 that speciality had officially boycotted discussions with the federal government. The general practitioner representatives, maintaining their tradition poor view of their own merits earlier had already agreed that in any consideration of relative values, their specialist colleagues were worth relatively more than they were. Such views frustrated and angered the South Australian negotiators.

In wading through the mountain of literature that deals with the vexatious disputes of the medical profession from the 1890s, we can lose sight of the fact that other groups fought similar struggles at the same time. From the 1890s to the 1930s the Australian wheat industry made spectacular progress, increasing yields and thus marketable produce. The wheat farmers, on the other hand, had a socially inferior status

* Fargher was reputed to usually be so mean that he would not allow a second hand sleeper to be sold for firewood.

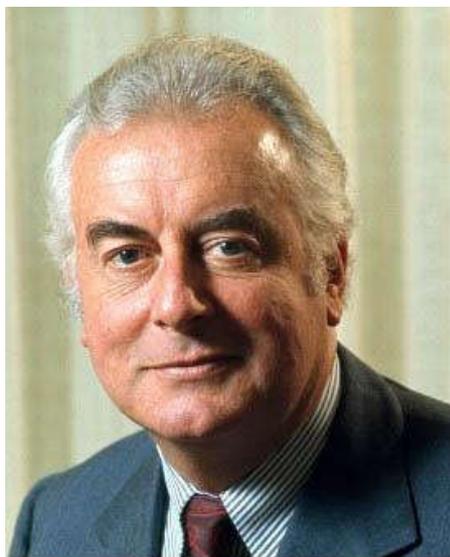
and were economically dependent on the machinations of merchant cartels. Government efforts to help farmers achieved little success, and culminated in the well intentioned but disastrous Scullin “Grow More Wheat” campaign of 1930. The farmers then developed stronger and more sophisticated political organisations to promote and safeguard their interests. They achieved little until the outbreak of World War II. Like the medical profession the wheat farmers became embroiled in constitutional arguments over commonwealth jurisdiction: like doctors, they had some extraordinary views of their own importance. Like the doctors, the problems of retaining and running their own farm and securing a government guaranteed income were solved suddenly. Whereas the war made subtle changes to the fabric and outlooks of society, and prepared the way for Page’s achievements, in the case of the wheat farmer the onset of the conflict itself solved all their political and economic problems. In 1939 their situation was like that of the medical profession a decade later. All the insurmountable and insuperable problems of the previous twenty five years vanished overnight. Solutions which hitherto had been totally unthinkable, obstacles which had been insurmountable and arrangements that had been held to be politically suicidal, suddenly became the most acceptable and sensible *faits accompli*.

State Legislation and State nightmares.

The SA parliament enacted five pieces of legislation directly relevant to the medical profession between 1950 – 70. *The Medical Practitioners Amendment Act 1950* was a short piece that dealt with two matters. First, it gave the medical board power to recognise degrees granted in other Australian states and New Zealand only when the degree had been obtained by university examination. Under the 1919 *Act* which in all essentials was still in force, it was possible for a person to achieve an *ad eundem* degree in Australia or New Zealand after having obtained the original degree elsewhere. It was feared that the primary degree might have been obtained through a course of study that did not meet South Australian standards. Second, the medical board was given power to register Adelaide graduates before their degrees were actually conferred. There was between the final examination and the conferral ceremony an interval of about three months. Temporary registration enabled the successful graduate to practise during that interval. From this *Act* dates the tradition of ‘moonlighting’: the newly registered and totally inexperienced graduate was able to work as a GP locum. This situation now attracts a lot of criticism, but it was a most valuable way to get practical experience, and the guaranteed availability of locum relief was greatly appreciated by hard working GPs. The arrangement continued until 1997 when the federal government tightened control of medical service provider numbers, and the usual political flatulence about standards and public interest was heard. But a useful service came to an end and caused much hardship. It is unlikely that ‘moonlighting’ caused any real harm as it is peculiarly difficult, except for the grossly inept and incompetent, to kill a patient.

The 1950 parliamentary debates are interesting because the tightening of requirements for reciprocal recognition stirred up hibernating suspicions about the true motive for the amendment, which some thought was designed to prevent the registration of overseas practitioners. This was the time when the plight of refugee doctors who

could not practice in Australia was attracting attention. It was a source of bewilderment and frustration that Australia had a shortage of medical practitioners in critical fields yet the expertise of immigrant professionals could not be used. All attempts at compromise to enable the *Bill* to assist the registration of refugee doctors met the resolute opposition of premier Playford who sheltered behind the fear of breaking down standards or damaging the reputation of the University of Adelaide. There was also at this time the more immediate problem that the post-war medical school was producing more practitioners than there was Adelaide hospital training places and placement of graduates was becoming an embarrassment. This reflected the era when virtually all medical



Edward Gough Whitlam [1916-2014]. Prime Minister 1972-75. He led a crusading government responsible for wide-ranging economic, political and social reform including the introduction of *Medibank* – universal health insurance. His government became a disastrous administrative shambles and was dismissed in 1975.

students were South Australian, and the majority remained there after graduation with the rest going overseas or interstate to get specialist training before coming back. The days of disastrous federal interference and the destruction of the ordered way of medical life were well in the future. There was, however, no ready answer to those who pointed out that the Iron Curtain made impossible any concept of reciprocity or investigation of qualifications in much of Europe. And Petrov was only four years away.

*

The *Medical Practitioners Amendment Act 1954* enabled commonwealth medical officers and doctors working for the Flying Doctor Service to be registered in SA without fee, as part of an Australia-wide agreement. It was a very rare case of federal-state and inter-state cooperation. The *Medical Practitioners Act Amendment Act 1955* brought in the compulsory pre-registration year of hospital service after graduation. This

was required by the British General Medical Council and there would have been problems with the recognition of Australian qualifications if they had not been followed. New South Wales had brought in mandatory hospital experience in November 1954. In SA the concept had for some time been regarded as desirable but the shortage of hospital resident positions had delayed implementation. The proposal attracted little interest and after passage of the legislation from 30 June 1956, unless the medical board granted an exemption, every graduate had to serve twelve months in an 'approved institute' before they could practise medicine or surgery. The medical board and public hospitals, showing great commonsense, still turned the blind eye to the tradition of 'moonlighting'.

The 1955 *Act* incorporated two other minor sections. One removed all reference to the British Empire and the other once again attempted to solve the never-ending difficulties of reciprocity in respect to qualifications registered in the UK. Such qualifications were still automatically registered in SA. Practitioners had been quite properly accorded registration in the UK, but their primary qualification was from a country which did not recognise the validity of Adelaide degrees. It now became a requirement that South Australia would not recognise UK registration unless it was based on a medical qualification from a country where there was full reciprocity with SA. After 111 years the legal defects that had caused so much significant trouble and controversy were finally corrected. Fifty years later this makes quaint reading because Australia has been flooded with overseas medical graduates, many from medical schools of the most dubious legitimacy, and who often display defective social, clinical and diagnostic skills and procedural incompetence. That this situation has been brought about by federal government medical education policies seems lost on most observers.

The last attempt to discriminate against women.

A celebrated dispute followed the requirement of one year's compulsory residency. In 1956 there were insufficient recognised positions for all applicants and the RAH board decided to appoint only males to the available places. This exercise in vicious discrimination caught the attention of the press and ABC, and there was uproar. The Chief Secretary, Sir Lyell McEwin intervened and executive council gazetted the appointment of the women – Fay Grote, Barbara Beer and Margaret Brown, who had topped the course.

The following year there were insufficient graduates to take the available places and the government gave serious thought to authorising senior medical students to fill the vacancies. This was yet another illustration of the recurrent difficulty, if not impossibility, of accurately determining medical workforce numbers. By the mid-1990s the need throughout Australia to project and predict such figures had assumed much importance to governments obsessed with health care cost containment. If the troubles in that area over the past sixty years are any guide, one would not be unduly hopeful even now either of getting accurate basic data or precise monitoring and prediction, let alone action.

Blundering on: doctor shortages or surpluses?

In 1950 it was forecast that 350 doctors would graduate from Adelaide during the following four years and that this would almost double South Australia's practising doctors. Boosted by the students whose training had been delayed by war service, there were then 540 medical undergraduates, at the very time that concerns were being raised in the SA parliament about a severe doctor shortage and the need to utilise refugee doctors. By 1953 the *Medical Journal of Australia* was alarmed at what it saw as a dangerous surplus of practitioners which it had calculated at double the needs of the population. It

accused medical schools of providing too many doctors and denounced the inflow of overseas doctors who were aggravating the position. The *MJA*, as the official voice of the BMA, saw its monopoly control of medical manpower (and hence doctor's incomes) under threat. Three years later, as noted above, everyone was howling about a doctor shortage! By 1965 the medical course had become so popular that at Adelaide there were 235 applicants from locals for 120 places, and 140 applications from overseas students competing for ten places. Western Australia had awarded its first medical degrees in 1959 and students from that state no longer had to study at Adelaide or further afield. Until the University of Tasmania medical school opened in 1966 Adelaide usually offered two places to students from that state.

The demand for medical education had continued unabated, but so had all the problems of distribution and imbalance, uncontrolled medical migration, and restrictive specialty trade practices. The very next year (1966) a "serious shortage of practitioners" saw the introduction of the *Medical Practitioners Act Amendment Act 1966*, which would set up a Foreign Medical Practitioners Assessment Committee to consider registration in the absence of reciprocity. A particular concern once again was the doctor shortage in rural areas. All this seems to prove that in so far as the medical workforce and all its problems went, there has been more than fifty years lack of policy and planning. This reflects the absence of essential data, the lack of scholarship and long term government strategy and vision, and the perpetual use of the situation as a political football.

Medical manpower nightmares.

Investigations into medical manpower at the state level have either avoided altogether the need for long term planning, or they have themselves contributed to and compounded the troubles of the post-1970s. This was because the field of study was an unsurveyed one and there were defects in social data bases, fundamental errors in estimates and predictions of birthrate and population growth for the state as a whole. No one realised that the oral contraceptive and then legal termination of pregnancy would have such a devastating effect on the labours of public actuaries and planners. We have to temper our amusement and criticism of the medical planning misadventures with the realisation that equally embarrassing and incorrect forecasts of student numbers and



Dr William Thomas Chappell MBBS Adel 1952. In general practice for many years at Maitland.

fertility severely perplexed the education department and urban planners.

In 1946 the House of Assembly appointed a *Committee of Inquiry for Consolidating the Health Services of South Australia*.²⁶ The Inquiry has long been forgotten and its *Report* is an enchanting reminder of the simplicity of health and medical life sixty years ago in 1946. Then the total net government expenditure on hospitals and health was £706,199, and the committee was impressed by the

commonsense of the witness who pointed out that “elaborate” hospitals were quite unnecessary and that the army looked after its sick in huts, and did it very well. Its major suggestion for a Health Commission was decades ahead of its time.

No further interest was taken in the subject until grave concern in 1965 at the long term under-supply of doctors led to the establishment of a *Committee on Facilities for Training Medical Practitioners in South Australia*, under the chairmanship of Dr. B.

Nicholson, medical superintendent of the RAH. So defective was the annual *Medical Register* as a source of quantified research data that the committee relied for its statistical information on AMA membership figures. The conclusions of the committee seemed to the Labor government to be the answer to all their imaginary problems: to the LCL it was ammunition to hound its opponents wherever there was suspected inactivity in the health portfolio. Those conclusions and the final recommendations resulted in a series of logistic and planning decisions that materially contributed to the enveloping crisis which proceeded to engulf all health services. At a time when neither commonwealth nor states had any reliable facts relating to medical practice the committee urged the immediate establishment of a new medical school and major hospital at Flinders University in order to produce an additional 45 SA graduates each year from 1975. Building of Flinders Medical Centre began in 1972 and the first in-patients were admitted in April 1976. The first class of medical students commenced studies in 1974 and most became the first graduates in 1979. Medical Schools now proliferated in Australia as a whole because the federal government had embarked on a separate crusade to expand medical education and in 1972 had set up its own committee to advise where existing medical schools should be augmented and new ones established.

The next detailed study of the medical profession and allied services was the *Committee of Enquiry into Health Services in South Australia* chaired by Justice Charles Bright of the Supreme Court. It was appointed by the Dunstan Labor government in 1970 and submitted its report in 1973. That document was the most comprehensive and wide ranging report ever written on SA health services. It was quite unusual and distinct from all previous related official enquiries because it set out no clear list of conclusions or emphatic recommendations. It neither judged nor exhorted, but indicated what was worthy of endorsement and pointed out where defects in knowledge prevented any decision. Its principal recommendation for the introduction of unified control of all

health services through a “Health Authority” led to the establishment of the SA Health Commission in 1976.

On the commonwealth side, the Australian Universities Commission perceived the need for the urgent expansion of medical education and appointed a Committee on Medical Schools. This body (the “Karmel Committee”) produced a report that led to the expansion of existing and establishment of new Australian medical schools. It is a reminder of the foolishness of trying to predict workforce needs.

More state legislation and foreign doctor worries.

The *Medical Practitioners Act Amendment Act 1966* was the longest and most important piece of legislation since 1919. In addition to making the first serious attempt after twenty years to solve the festering problem of ‘refugee doctors’, who had now metamorphosed into ‘foreign practitioners’, it proposed six additional matters. The AMA would nominate a representative to the medical board; that board could refuse registration where infamous conduct had occurred interstate or overseas; an annual practising fee had to be paid for the privilege of remaining in practice; ‘moonlighting’ would be prohibited; doctors could be removed from the register for mental or physical infirmity, and the board could determine specialties and register persons as specialists.

By far the most interest centred on Section 19a which tackled examination of the qualifications of those foreign practitioners prohibited from practice because of the lack of reciprocal recognition. The government made no secret of the fact that it wanted to use them to fill vacancies in rural areas. At this very time when the state Labor government was showing how it had learnt nothing from history, studies had been, and were being published, which drew attention to the steady increase in medical practitioners in proportion to population and their unequal geographical dispersal. The warnings were quite lost on politicians and their advisers responsible for gathering

relevant information in order to shape long term policy. New medical schools were founded in the 1960s in Tasmania, Monash and the University of NSW, and in the 1970s at Newcastle. Then in the mid-1970s there was sudden government alarm at the huge growth of medical manpower and at least one planned new medical school, in Queensland, was put off. In 1995 the commonwealth forced a reduction in Australian medical school intakes, but as election bait in 1996 promised a new one at Townsville.

In order to examine the qualifications and assess the suitability of foreign medical practitioners the 1966 *Act* established a Foreign Practitioners Assessment Committee. It



William George Hayden [1933 -]. Minister of Social Security 1972-75. Amid inordinate controversy he successfully introduced *Medibank*, Australia's first system of universal health insurance.

had eight members, the departmental heads of anatomy, physiology, pathology and microbiology at the University of Adelaide, and a physician, surgeon, obstetrician and general practitioner. It met for the first time in April 1967 and until its final meeting in September 1978 had assessed sixty nine candidates from twenty one countries, of whom fifty were recommended for registration. The work of the committee was then taken over by Australian Medical Examining Council. The first South Australian registration under the 1966

Act was Dr. Adelheid Taylor MD *Göttingen*. Another noteworthy practitioner registered in 1968 was Karoly Gaal [1909-1995] MD *Debrecen* 1933. He had come to SA after WWII as a displaced person and like many others found his qualifications unacceptable. He had supported European graduates in their attempts to obtain registration in the face of intolerance and rudeness. Prominent in the ethnic community, he was greatly admired and respected.

The 1966 *Act* also gave the medical board power to review doctors accounts and order a reduction if they were considered unreasonable. This was a blatant piece of electioneering by the Walsh Labor government that had succeeded Playford, but it caused little controversy and the new legislation found government, opposition and AMA in happy agreement as to its virtues and it had an easy passage to assent. One reason was that the medical board was still virtually a sub-branch of the AMA and any criticism of its power was akin to slating the Holy See. At this time there was wide publicity highlighting the difficulties that Whyalla, Karoonda and Cummins were having in finding medical practitioners and there was the naïve expectation that the new *Act* would overcome this problem. The generally unhappy picture of country practice was further clouded by public disputes between medical practitioners and hospital boards. In October 1967 most of the doctors at Whyalla fell out with the hospital board over an attempt to increase the power of the matron and the vexatious dispute continued for months. In September 1969 the entire trained staff and domestics resigned at Mannum because of a board dispute. Fortunately a ratepayers meeting threw out and replaced the board and the brawl ended. It was a reminder of the squabbles on the Far West Coast sixty years earlier..

At this time the AMA suddenly decided to take an interest in medical planning. A study group quickly became a working party on the future of general practice and its final recommendations reflected once again the frustrations of the GP in the era of specialist ascendancy, their lack of a role in hospitals and the absence of specific training and continuing education. The AMA also discovered a serious medical manpower shortage and the complete lack of comprehensive statistical information. Like the government, the AMA took no notice of extensive scholarship indicating the very opposite. Unfortunately at this stage because of the common fee and differential rebate quarrel, acrimony between AMA and RACGP made impossible any kind of cooperation to investigate and

tackle problems. AMA policy was destroying general practice: the RACGP was still feeling its way in its efforts to reconstruct and strengthen it. There was much mutual suspicion, mistrust and personal animosity.

In 1970 a further *Medical Practitioners Act Amendment Act* was passed that made it compulsory for specialists to register as such in their specialty. The commonwealth had already set up its own register in order to administer the differential rebates and it was essential that the states followed suite. It was no longer controversial, but many felt – correctly – that they were witnessing the end of the era of the old family doctor or general practitioner. Others, surveying the overall medical scene in Australia also believed that they were looking at the formal laying out of general practice prior to burial, because a general air of pessimism pervaded all deliberations, except for the enthusiasts within the RACGP, whose determination to make general practice pre-eminent was now fired by a collective and bitter hatred of the AMA.

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The rest of the state legislation 1970-83 can be disposed of quickly. The *Medical Practitioners Act Amendment Act 1970* made it an offence to hold oneself out as a specialist unless registered as one. It had happened that a few GPs who for years had confined themselves to one area of medicine, and regarded themselves as specialists, had not taken kindly to the new era. “Holding out” was now an internal transgression that no longer evoked the emotional polemics of the days before the 1919 *Act*, when the organised profession battled to have the term *doctor* made sacrosanct to the legally qualified. The *Medical Practitioners Act Amendment Act 1971* made many minor amendments to the principle *Act*, the *Statute Law Revision Act 1974* made only one, and the *Medical Practitioners Act 1919-1974* was a consolidation of everything enacted during those fifty five years. The *Medical Practitioners Amendment Act 1976* effected minor amendments to that *Act*, and in 1983 after sixty four years, a new *Medical Practitioners Act* finally repealed the 1919

legislation and all its successors. That new *Act* lasted twenty one years until its supersession by the *Medical Practice Act 2004*.

If all the state legislation enacted after 1919 had a distinguishing feature, it is that none of it did anything to increase the power of the medical profession: that had been done as far as needed by 1919. Thereafter the profession did not require any statutory help to secure or enhance its prestige, status or ascendancy over the health pyramid.



Dr John Robert Thompson MBBS Adel 1938. In general practice at Port Augusta for over fifty years.

Until the *Act* of 1919, professional status and prestige depended on social prominence and other activities, readily aided and abetted by a friendly press. Medicine's enthusiastic and successful embrace of science greatly benefited its attainment of a pre-eminent

social station. By the late 1950s an increasingly affluent and materialistic society regarded the doctors' guaranteed high income as alone determining their success and attainment. The medical world after Menzies presented a bright picture and the only shadows were those which were haunting the general practitioners who by the late 1960s had begun to suspect that some imperfections had become discernible in the New Jerusalem. The Australian medical world after WWII was a nicely regimented one where the doctor's income was both high and guaranteed and the consumer fitted uncomplainingly into his or her appropriate niche. Patients were told what was wrong (but not necessarily always) and what they had to do to get better. Whether or not they understood, questions were unusual and criticism unheard of.

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Paradise thought to be lost: the Whitlam Years 1972 – 75.

Astonishing technical accomplishments and changes in social, cultural and educational outlooks from the late 1960s presaged political and ideological shifts. In addition to the advances in cardiology mentioned, improved diagnostic imaging, laboratory tests, anaesthetic and surgical technique, particularly transplant and vascular surgery, and much else, enhanced the management and outcome of disease. By 1972 the last of the honorary hospital positions had been abolished and ‘visiting specialists’ were growing rich on their paid sessions. In 1969 in South Australia abortion laws were changed and termination of pregnancy was removed from the backyard into the hospital, but such ‘legalisation’ of abortion caused, and continues to cause, great controversy. In 1970 in Victoria motor car seat belts were made compulsory and there was throughout Australia a slow waking to the contribution made to injury and death by the drivers of motor vehicles, and governments started making efforts to tackle the problem.

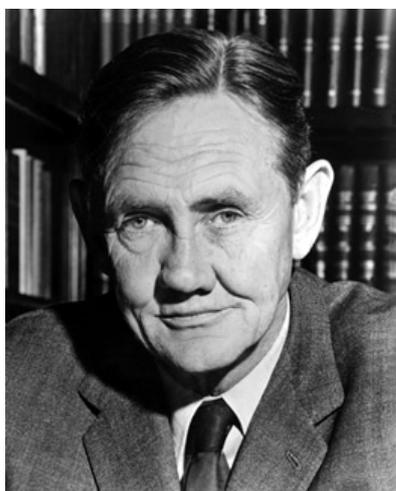
After Menzies’ retirement in 1966 the federal Liberal party never found a leader with his attributes of good sense, intellectual attainment and character. Dissension and personality conflicts within the Liberal Party, a very unpopular war in Vietnam, a Labor Party no longer divided by sectarian disagreement after the 1955 schisms, and a general perception that the liberals were old, tired, complacent and incompetent, saw in 1972, after twenty three years in the wilderness, the election of an ALP government led by E.G. Whitlam.²⁷ The ensuing three years of his prime ministership were exciting, as an unprecedented number of social reforms were enacted and much change was expedited in novel ways with an avalanche of legislation and Executive Council decision. Federal political life was distinguished by a liveliness and enthusiasm which was quite unfamiliar.

The *Health Insurance Bill 1973*.

Of the record number of 507 legislative enactments that testify to the industry, perseverance and innovation of the Whitlam government, none caused as much commotion as the *Health Insurance Bill 1973*. A statutory authority was to be set up to design and create an organisation to administer the government's universal health insurance program, which was to be funded by a 1.35 *per cent* levy on income, and would be known as *Medibank*. That program would ensure that all Australians were automatically covered for health insurance purposes, had the freedom to select a private medical practitioner of their choice if they wanted to, (who would be reimbursed by fee-for-service,) and could select the type of hospital treatment desired, should the need for that service ever arise. However, fee-for-service would be abolished for hospital patients.

The avalanche of violent polemic that characterised the prolonged public and parliamentary debate on the scheme arose primarily because of the spectre of the nationalisation of medicine. This was a recycled opportunistic invention of the scheme's opponents, but senior Labor people had, perhaps unwisely, made no secret of their determination to bring all aspects of health care under government control. The opponents of the Labor plan who comprised the Liberal and Country Parties, the AMA and the private health insurance funds, the biggest with enormous reserves of wealth and influence, fought to the bitter end. Their arguments were based on the unfairness of a compulsory levy on husband and wife, in addition to private insurance costs for those who did not want to participate in *Medibank*; the sinister implications of the health bureaucracy which would hold vast personal medical histories in a central data bank; the notion that socialised medicine dragged everyone down to the same level, and that the doctor-patient relationship would be destroyed. This latter premise was ignited by one proposed voluntary method by which a practitioner could be paid for all services – bulk

billing. At the practitioner's discretion, vouchers for payment for all treatment could be submitted to the government, which would reimburse 85 *per cent* of the agreed common fee as full payment. Although the object of the most violent and intemperate abuse, bulk billing would eventually become one of the outstanding successes of the Labor scheme and by 1994 its acceptance by the profession had led the Health Insurance Commission to introduce electronic claiming procedures and funds transfer. In arguing that the removal of the need for a patient to pay an amount of cash for each visit would destroy the integrity of the doctor-patient relationship, the AMA and its supporters merely demonstrated their mastery of the fictional ambiguity. There was no mention that for



John Grey Gorton [1911-2002]. Prime Minister (1968-71) at the time when the earning differential between GP and specialist became law and real incomes of the latter dramatically increased. The nature of Australian medical practice changed dramatically and for the worse.

over twenty years pensioners and (for far longer) repatriation beneficiaries had received “free” medical attention, and had never been required to pay a moiety on consultation. It was one more stone in the avalanche of irrelevancies which descended on the Labor government.

The Coalition parties could indeed argue that they had alternative proposals to the Whitlam plan, but it had already been clearly demonstrated that they simply did not work. Mr. Justice Nimmo, who had been appointed by the Liberal-Country Party to make his inquiry, had pointed out the existence in most states of a rigid means test on those who sought public hospital care, but no attention had been paid to his recommendation for its abolition. He had also suggested the establishment of a national health insurance commission and while the Coalition in 1970 decided to establish it, they did nothing. There were also the plain figures from the Australian Bureau of Statistics and the Henderson inquiry into poverty which showed that more than one million Australians had no health insurance cover and

that there was much inequity and discrimination in access to health care. The only action of the conservative government after Nimmo was to subsidise health insurance costs for the unemployed, persons on low incomes and newly arrived migrants, and this required much cumbersome clerical work.

The experiences of individual medical practitioners were a constant reminder of the inequalities and distinctions of the private health system in its final years after repeated unsuccessful tampering by the LCP to make it work. When a new graduate commenced practice at Glenelg North in 1968 he was immediately approached by surrounding GPs to take over the medical work at the nearby Glenelg North Migrant Hostel, a large commonwealth establishment on the corner of Tapleys Hill Rd. and Warren Avenue. Provision of medical care to the hostel residents was a nightmare of paper work and bad debts. The arrangement then was that the cost of private health insurance for the first few months after arrival in Australia was met by the government and at the bedside there was much blatant touting for business by health funds. Submitting accounts, organising claims and recovering money was a heavy administrative burden and brought much hardship to patients, some of whom ended up in gaol when they could not satisfy debt collectors. Many of the migrants had little or no English skills and this made the situation even more difficult and unjust. That there was a lot of sickness simply reflected the deplorable standard of medical assessment of potential migrants, a situation that persists to this day, where many so-called refugees with tuberculosis, leprosy and florid HIV infection enter the country.

The pensioner medical service was regarded as a ready source of money and many GPs had what the commonwealth department of health called a “milk round” of pensioners who would be called on weekly, whether they needed attention or not. The repatriation department was regarded as a blank cheque and anything could be put over them. The well off could manipulate the system to their advantage. Frequently one came

on a situation where genteel old ladies would reside for many years in their own room in a private hospital and so bizarre were their health insurance arrangements that every month they received a refund from their benefit fund: they collected a cash bonus as well as free board and lodging. Nursing home facilities were abused – the GP had sole control over admissions – and in many cases permanent residents had no disabilities which would have justified admission to those establishments and there was no assessment mechanism to review the need for entry. Many of the privately owned ones, supported financially by the commonwealth through the mechanism of deficit funding, returned great profits to their owners. A lot of nursing homes were filthy and sub-standard. One in the City of West Torrens had been a famous stud and up to the early 1980s the stables and out-houses were still used for resident accommodation, as well as a mortuary. Many of the establishments provided examples of negligence, exploitation and systematic fraud, particularly keeping non-existent employees on false payrolls – the commonwealth paid the wages. Some private hospitals had facilities little changed from the 1920s. Vigorous commonwealth reforms have completely changed this picture for the better and the nursing home industry in particular is now under minute federal supervision, though problems certainly remain, mostly because the commonwealth is more interested in resident documentation than actual care.

Because the pre-1974 health care arrangements provided doctors with a high, guaranteed income, it was the fear that their substantial earning power would be eroded, that they would lose their monopolistic control over health policy, and that they might end up in a socialist salaried service where they could not control their own work, which precipitated the violent opposition to *Medibank*. They were terrified that the Australian medical paradise would be lost. They found ready allies in the private funds because those organisations, whose unscrupulous commercial tactics and huge administrative overheads had been heavily criticised by Nimmo, feared extinction.²⁸ The large numbers

of UK medical graduates who had fled Bevan to enjoy the antipodean medical utopia, regaled all who would listen to a harrowing catalogue of British medical horror stories. They were in great demand at AMA meetings. Throughout 1973-74 no practitioner could escape the unprecedented torrent of written and spoken words which inundated profession and public as the sectional interests and reactionaries waged war.

The ALP proved itself perfectly able to defend and promote its plan and the minister for social security, the Hon. William George Hayden, who was in charge of the legislation, demonstrated qualities of resolute determination and capacity for impassioned denunciation every bit the equal of his determined adversaries. Labor had made an



Dr James Murray Cotton MBBS Adel 1926. At Streaky Bay for twenty six years and in general practice for over sixty years.

irrevocable commitment to Australian health services, and while most of its attention and concern was always directed to the glaring deficiencies of care that plagued the rapidly sprawling outer suburbs of Melbourne and Sydney, the results of its planning and spending were felt everywhere. Community Health Centres staffed by salaried practitioners were built and provided social workers, nurses, physiotherapists and other ancillary workers. Psychiatric community health

centres were established and school dental services developed. Money was provided to the states to maintain and upgrade public hospitals and the commonwealth met fifty *per cent* of their net operating costs. Means tests were abolished for hospital admission, and while free standard ward admission and treatment was available to everyone, persons who wished private treatment could have it and a commonwealth daily subsidy was paid towards the cost of their bed. Private health insurance was permitted and contributions were tax deductible, though later that deductibility was abolished. Finally, nursing home

benefits were provided universally: until then they had been provided only for persons eligible for the pensioner medical service.

A double dissolution, a joint sitting, and *Medibank* arrives.

Parliamentary and public debate on Labor's health plan was protracted, bitter and divisive, and conducted on an unprecedented level of viciousness and personality. When elected in December 1972 the Whitlam government had inherited a hostile Senate and that body exercised its right to reject, fail to pass, or amend legislation as it pleased. Its unparalleled interference with proposed laws which were integral to the Labor platform became increasingly a source of frustration and resentment. By April 1974 six *Bills* including the *Health Insurance Commission Bill* and the *Health Insurance Bill* had come to grief in the Senate.²⁹ On 10 April 1974 that chamber denied the government Supply. That same day Whitlam waited on the Governor-General Sir Paul Hasluck and advised him pursuant to Section 57 of the Constitution to dissolve both Houses with a view to holding elections. The necessary Proclamation was issued on the following day. The Labor government was returned on 18 May with a slightly reduced majority in the Representatives and still without a majority in the Senate, which continued to obstruct the *Bills*, and thereby brought about the conditions under which the Constitution provided for a Joint Sitting of both Houses. This would ensure passage of the disputed legislation because the combined government numbers exceeded that of the Opposition: 95 votes to 92. On 30 July 1974 the new Governor-General, Sir John Robert Kerr, issued a Proclamation convening a Joint Sitting of the members of the Senate and the House of Representatives to consider and vote upon the six *Bills*.

The momentous first joint sitting, an occasion of great constitutional and historical significance, was held on 6 and 7 August 1974 and was the first occasion when the proceedings of parliament were televised. The *Health Insurance Bills* were passed on 7 August after further protracted and bitter debate and the prolonged acrimonious medico-political adventures of the previous twelve months ended. When in December 1973 the Senate for the first time rejected the proposed legislation it had merely put off the

inevitable. It had not counted on the determination of the government to insist on completing a remarkable accomplishment which has been a substantial and lasting achievement to Labor policy.

Resentment and obstruction.

Medibank began operating on 1 July 1975 and by October all states had signed agreements on hospital funding with the commonwealth. Different sections of the medical profession accepted the radical changes to medical practice in contrasting ways.



Dr Malcolm August Trudinger [1903-1965].
MBBS *Adel* 1927. A colourful and greatly
admired GP at Wudinna / Elliston 1930 – 64.

The RACGP deliberately avoided public debate as its priority was to improve educational opportunities for general practice and develop its examination techniques. The furore of the previous three years neither touched nor concerned it. The General Practitioners Society expended its energies in a continuous fury of opposition and with the Private Doctors of Australia preached the most reactionary views and opinions to all who could be bothered to

listen. The AMA tried every trick in the book to sabotage the scheme and some of their efforts in SA will now be briefly considered in relation to the local government area of West Torrens and its community hospital, Ashford.

By July 1973 anonymous articles had appeared in community newspapers encouraging residents to express their concern at how the proposed labor scheme would affect admission to local hospitals and the idea was spread that all community hospitals would be staffed by salaried doctors and local GPs would be denied access. The AMA urged the public to put pressure on their local MP to see what could be done. In retrospect it can be appreciated that such was the confusion about, and

misunderstanding of information concerning *Medibank* that some of the persons who disseminated these deceitful stories genuinely believed in the truth of what they wrote. Open conflict developed between those who did not under any circumstances want changes to the existing health scheme, and those who recognised that pensioners, the unemployed and the socially disadvantaged would be better off under *Medibank*. The western suburbs of Adelaide had a high proportion of elderly people as well as many migrant families. The area as a whole had returned Labor members to state and federal parliament for over seventy years. The General Practitioners Society issued a circular advising their pensioner patients to join a medical benefits fund because their doctors would be withdrawing from the pensioner medical service. This greatly upset many of the recipients as well as their representative organisations such as Senior Citizens Clubs and the Aged and Invalid Pensioners Association. They were large organisations, led by assertive and sensible people and they had political influence. With local government voting being voluntary, the highest proportion of voters had always been the elderly. Elected councillors knew where their positions came from and it was no surprise that local government bodies sided with the Labor government. Soon GPs, councils and hospital boards exchanged insults and recriminations.

The problem with Ashford Community was that its facilities were available only to those holding private health insurance. The original Ashford Hospital had been opened in 1936 by Matrons Backer and Tuck and it had been run privately until purchased for £19,500 in 1950 by the West Torrens, Unley, Mitcham and Marion Councils. They had successfully converted it into a community non-profit institution. Many uninsured people in those local government areas that had established what they regarded as their hospital, supported from the beginning by their rates, believed not unjustly that *Medibank* should give them access to the facilities. The raging arguments, misleading information and medico-political brawls greatly confused the overall picture

and many residents came to believe that the medical profession was conspiring to keep them out of their community hospital beds. The situation was further confused because at the time the Ashford board itself was rent by the personality and sectarian conflicts inseparable from any local government involvement in anything and was engaged in a very public, prolonged and distasteful court case with its matron, whom it had summarily dismissed, and who, to its horror, had been reinstated by the Industrial Court. So vicious and salacious was much of the evidence and innuendo that twenty four years later legal action prevented the publication of a history of the hospital, though such an enterprise would have been difficult as the Matron had stolen and incinerated much of the useful documentation.

Simultaneously with this sideshow the AMA was engaged in a vigorous altercation with state and federal governments over fees. After the introduction of the most common fee in 1970, medical incomes rose significantly because general practitioners were given a fifteen *per cent* increase in fees for attendances, and another forty *per cent* increase in pensioner medical service fees followed in 1971. Specialists found themselves even better off because in addition to the higher fees for the same procedure since 1970, it was found that there was a diversion of services from GPs to specialists. One of the greater disparities was between the GP fee of \$40, and the specialist fee of \$80 for confinements, and this precipitated the start of the withdrawal of the GP from obstetrics. The growth rate in doctor's net incomes 1967-68 had been 5.6 *per cent* and in 1968-69 it was 8 *per cent*. After 1970 the increases were 18 *per cent* in both 1970-71 and 1971-72, and 11 *per cent* in 1972-73. Doctors were doing well and they tended to see *Medibank* as a threat to their incomes. For its part the Whitlam government was anything but happy with the situation where the AMA could unilaterally determine fees, and it contemplated either price control or a referendum to give it the power to set those charges. One of the worst consequences of the Page scheme had always been, as

pointed out, that as soon as medical fees rose, health fund contributors had to pay more for benefits. As soon as the benefits increased, medical practitioners raised their fees.

The state Dunstan Labor administration became alarmed in mid-1973 when the local AMA decided to raise consultation fees from 6 August to bring them into line with other states. This meant an average increase in fees of 34 *per cent*, and it attracted much adverse publicity. On 5 June Dunstan ordered the Commissioner of Prices and Consumer Affairs to conduct an enquiry on doctor's fees. His undated *Report*, printed on 25 July 1973, was generally critical of the AMA and recommended more modest fee increases. On 1 August Dunstan by gazetted *Proclamation* brought services provided by medical practitioners under price control. The state had this power, denied to the commonwealth, and always guarded as a 'state right' – one of the reasons why federal referendums to give the commonwealth such prerogatives always failed. The AMA SA Branch office holders immediately announced that they would raise fees regardless and go to gaol. The AMA then issued a Supreme Court writ to have declared invalid the *Proclamation* under the *Prices Act* and seeking to restrain the government from setting fees. The Commissioner had suggested a 12.5 *per cent* rise, and this was later increased to 15 *per cent* and gazetted. There then was a brief interregnum while each side backed off, engaged in intemperate exchanges, and waited for legal proceedings to begin. A thoroughly unpleasant situation had come about and an inevitable showdown was averted by a most astonishing development. On 16 July 1973 the federal government, which was having trouble of its own with the AMA, had appointed a Medical Fees Tribunal to determine fair and reasonable fees which could form a basis for medical benefits. To everyone's surprise when the Tribunal handed down its recommendations on 5 October, it found for the AMA on nearly every point, even awarding the GPs an increase over the Price's Commissioner's controlled figure. Great was the AMA gloating because the Tribunal

advice was a major victory for doctors, but it was the last time the AMA ever tasted the cup of success.

In this general climate of hostility and recrimination, and with very little factual information at hand about the proposals, probably because the major battles were being fought in the eastern states, it was difficult to be sure of the precise implications of



Dr Frederick Geisler [1927-1981]. MBBS
Adel 1951. At Streaky Bay 1954-1981.

Medibank, and the confusion is understandable. For all the vehemence of its official objections the AMA no longer enjoyed the old footing of an adequately united profession as it had been in the noteworthy struggles of the Chifley era. It had destroyed its credibility to its own members because of its support for the ‘most common fee’ and the differential rebate concept. Its backing for the replacement of the honorary system of staffing public hospitals, and the argument over fees

did not assist its public image. More seriously, internal dissent resulted in the formation of groups of practitioners who sought to conduct their own political battles outside the association. The Australian Association of Surgeons, the General Practitioners Society of Australia, the Private Doctors of Australia and the Doctors Reform Society divided and weakened the AMA which began an irreversible decline into political irrelevance. By 1990 the only direct influence the organisation had with government was to assist the determination of ethical issues.

The Last Post.

An extraordinary general meeting of the AMA SA Branch on 27 November 1974 rejected every aspect of *Medibank* and a further meeting on 23 March 1975 rehashed all the very stale arguments before re-endorsing the rejection.³⁰ But the AMA's world was crumbling. Unfavourable legal advice and the clear determination of federal Labor to persist brought the realisation that confrontation was futile. On 21 March 1975 J.M. Fraser succeeded to the leadership of the federal Liberal Party and announced that he would not interfere with the introduction of *Medibank*. On 15 April 1975 the AMA capitulated and sent a circular to all members asking them to refrain from sabotaging the plan. Now the battle was well and truly lost and the manner of its ending was doubly mortifying because as recently as 23 January the federal Liberal spokesman on social security had told an ANZAAS congress that his government would dismantle the scheme when it came to power.

The last rough arguments over *Medibank* related to the treatment of public hospital patients, who were now known as 'hospital service' patients. The government wanted practitioners to bill the hospitals: the AMA insisted on the right of its members to bill the patient, ostensibly because of the 'need' to maintain the doctor's independence. In reality such an arrangement would enable them to continue to charge what they liked. The government eventually won the fight because of its new overall position of strength in all areas of health care, the lack of support for practitioners from hospital boards of management, and the threat by the state government to import Asian practitioners to operate the scheme. This awoke all the xenophobia, racism and sectarian fears which had characterised every discussion about migrant doctors, doctor shortages, and the decades of looking with suspicion at the outcome of any long term manpower planning in a closed and tightly controlled professional shop.

As part of the *Medibank* hospital service patient arrangements, there was a provision under Section 34 of the *Health Insurance Act* for private and community hospitals to make available beds for uninsured pensioners. To its credit the Ashford board provided fifty such beds, but immediately ran into difficulty with specialists, mainly surgeons, who refused to provide treatment for this category of person. The West Torrens Council determined to get control of the hospital board, and succeeded in doing this by methods which did not meet universal approbation.³¹ Changes of outlook among some specialists who began to understand that *Medibank* was not going to go away, and West Torrens Council alterations forced on the hospital constitution to take control of the board out of the hands of vested medical interests ensured that Section 34 patients were treated. Unfortunately later changes to *Medibank* under the Fraser government included abolition of those beds. By then attitudes had changed remarkably and all hospitals and most GPs were most upset because the provision had greatly benefited pensioners and all other parties. For some years thereafter Ashford, Western Community, Hindmarsh, Thebarton and Glenelg Community found that the loss of those beds brought financial embarrassment.

This had one important long term consequence. The differential rebate medical benefits schedule (and lack of control over actual fees charged) had brought great prosperity to the burgeoning army of specialists, especially those whose field involved procedural medicine or surgery. Hospital boards, realising that they would never achieve long term financial security from general practitioner admissions, because that group was becoming less and less involved in all areas of surgery, obstetrics and hospital work generally, turned to the specialists for survival. Hindmarsh became a centre for orthopaedic and plastic surgeons: had it not done so it would have had to close. Thebarton Community avoided closure for some years when it was absorbed into Ashford and briefly became a geriatric/recovery/rehabilitation annex. Ashford raised

and spent millions to become one of the largest and most diverse private high-technology specialist dominated hospitals in Australia. Its ascendancy was checked only in the 1990s when debt and management problems saw it taken over by private enterprise. Only the various government country hospitals survive as reminders of the pre-1970 days.

After the defeat of the Whitlam government on 11 November 1975 the Fraser Liberal administration modified *Medibank* by adding an 'opting out' provision. People could choose to pay the levy and remain covered or they could drop the levy payments provided that they took out private health insurance. Until it lost office in 1984 that government made a number of other changes, but with the re-election of Labor in that latter year the entire scheme was soon returned to what was virtually its original form as *Medicare*. There were two other significant milestones associated with the Whitlam era. In 1975 universities introduced departments of general practice. The other was that the Health Insurance Commission from 1 October 1976 entered the private health insurance field with *Medibank Private*. This would become Australia's largest health benefits organisation.

Despite the worst expectations of the medical profession, *Medibank* and *Medicare* brought them substantial financial gains. From 1977/78 health expenditure began rising steadily, to the great benefit of the private sector. By 1995 gross annual specialist incomes had risen in excess of \$300,000, and GPs \$125,000. Far from killing off private practice as the profession once feared, universal health insurance has provided doctors with an overflowing stream of cash beyond their wildest dreams. There are three main reasons: first, retention of fee-for-service. Second, those uninsured Australians who until 1975 were reduced to lodge benefits or the demeaning ritual of public hospital means testing began contributing to private medical incomes. Third, payment for their services has

enriched the visiting hospital specialists who once gave their time in an honorary capacity.

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¹ Menzies retired in 1966 after sixteen successive years as prime minister and was succeeded by Harold Holt. The latter drowned in December 1967 and was followed in office by Senator J.G. Gorton in January 1968.

² This was because of the Korean War. The writer has an enduring memory of grazier prosperity. At Pinnaroo railway station in 1954 he stood with an admiring group observing the arrival of a well polished black Humber Super Snipe. The driver – in battered overalls and hayseed hat – alighted, opened a rear door, and ushered out a well mannered Merino ram. It gazed on us with contempt.

³ The pioneers were Hamilton D’Arcy Sutherland MBBS *Adel* 1937, and John lane Waddy MBBS *Adel* 1948. Sutherland had been trained by William Paton Cleland, MBBS *Adel* 1934, son of Professor John Burton Cleland and grandson of Dr. W.L. Cleland.

⁴ The hospital name commemorated B.H. Morris.

⁵ This got through the Senate by only one vote, the 79 year old National Party Senator T.W. Crawford having inexplicably absented himself from the chamber, where Labor then did not have a majority.

⁶ And in record time saw the establishment in Melbourne of a criminal scheme to use it to defraud the public.

⁷ The *Medical Registers* from 1946 enable these people to be identified. At this time 30% of all British graduates immigrated to other countries.

⁸ James Henry Scullin [1876 – 1953] was prime minister 1929-32. Sir Robert Gibson [1863 – 1934] was chairman of the Commonwealth Bank Board from 1926. His view that governments should balance their budgets, and his dislike of credit creation, did not endear him to the Labor Party.

⁹ A.L. May, *The Battle for the Banks*. S.U.P. 1968

¹⁰ Dr. Herbert Vere Evatt [1894 – 1965] *PC DLitt MA LLB LLD FRAHS*.

¹¹ Richard Lawrence McKenzie [1883 – 1959] was *MHA* Murray 1938-1953.

¹² Physical injury had long been a leading cause of morbidity and mortality and from the earliest times newspapers have carried accounts of accidents involving horses. From the 1920s motor cycle calamities contributed many columns. The requirement for compulsory blood alcohol levels to be obtained from hospital casualties in the late 1960s revealed the major role played by alcohol in all vehicle trauma.

¹³ Government campaigns to eradicate scourges such as tuberculosis have also attracted well-argued criticism. Observers have argued convincingly that the provision of expensive and perhaps ineffective,

sanatorium treatment diverted attention and resources away from more radical and useful measures such as slum clearance and reduction of overcrowding in cities. Others have suggested that governments did not have much interest in prevention, but the discovery of a cure galvanised them into action.

¹⁴ Her title ‘Sister’ was a courtesy one.

¹⁵ The Sabin oral vaccine was launched in 1965.

¹⁶ The first public immunisation scheme in SA was at Port Pirie in 1932. The first metropolitan campaign was organised by Dr. J.M. Dwyer at Hindmarsh (then a populous suburb) in 1936. He arranged for six of his colleagues in private practice to immunise as many children as possible against diphtheria. These small initiatives preceded the era of sophisticated epidemiology.

¹⁷ The Hon. Mr. Justice John Angus Nimmo was Judge of the Commonwealth Industrial Court and Justice of the Supreme Courts of the ACT and NT. The other members of the committee were N.H. McIntosh and Sir Leslie Melville.

¹⁸ *Senate Select Committee on Medical and Hospital Costs*, CPP 1969, 6, no. 196: 1970, 7, nos. 82 and 82A.

¹⁹ In 1963 when the BMA in Australia became the AMA the Royal Colleges of Physicians and Surgeons had refused to affiliate with the new body.

²⁰ See *Australasian Medical Gazette* 20 November 1901, p. 502.

²¹ The story of the specialist who would only operate on the right hand is probably apocryphal.

²² By 1976, South Australia had a doctor: population ratio of 1:479 and a third of all practising doctors were specialists.

²³ The prefix *Royal* was granted in 1969.

²⁴ The office bearers were L.R. Mallen, provost and chairman; H.R.H.N. Oaten, vice-chairman; D.W. Shepherd. Honorary treasurer; Rollo Greenlees, honorary secretary. South Australia had been the last state to form a faculty. The first SA members of the interim council of the Australian college, which held its first meeting in Hobart on 7 March 1958 were L.R. Mallen, D.K. Kumnick and C.C. Jungfer.

²⁵ She was the widow of Dr. Albert Hillier [d.1944]. They were Scottish graduates who worked at Blyth and Curramulka. During WWI they had changed their surname from Heynemann. Both graduated in 1910 and migrated to SA the same year.

²⁶ The members were H.H. Shannon *MP*, L.S. Duncan *MP*, W.P. Bishop *AFLA*, and Drs. H.M. Jay, L.W. Jeffries, A.R. Southwood and Elma Sandford Morgan.

²⁷ Hon. Edward Gough Whitlam [1916 -] *AC QC BA LLB Hony DLitt Hony LLD*. Prime Minister 1972 – 75. He defeated William McMahon, who was described as the embodiment of mediocrity and decay of the Australian conservative leadership.

²⁸ There were then 97 separate health funds which collected a total revenue of \$112.6 million from 4.1 million contributors.

²⁹ The other *Bills* were –

Commonwealth Electoral Bill (No. 2) 1973

Senate (Representation of territories) Bill 1973

Representation Bill 1973

Petroleum and Minerals Authority Bill 1973.

³⁰ It became an in joke that never before had so many expensive imported luxury motor vehicles been seen parked around Brougham Place, North Adelaide.

³¹ This story can be followed in (1) West Torrens Council, *Agenda and Minutes, Local Board of Health* 1975: (2) Mortlock Library *PRG 345* (restricted access).

EPILOGUE

The rise over little more than 100 years of medical practitioners in South Australia from the barely respectable, empiric, disunified, undirected, nondescript and disparate collection of individuals of dubious professional standing and usefulness, to self-confident, well organised and disciplined, science-orientated, money-conscious practitioners, who enjoyed statutory protection for their occupationally closed profession, characterised by high status, prestige and income, is also the story of Australian medicine generally. Its practitioners would eventually possess total control of entry into training, self-government and self-regulation. At the zenith of their power in the 1950s they were highly organised and had unassailable political influence. They achieved a high social position, professional authority and ascendancy, and the absolute control of the practice of medicine by the orthodox, through a number of key reasons. Fundamentally the road to the achievement of professional power was through Statute that gave official state medical registration. But the profession never wore the ornament of a meek and quiet spirit and on its statutory footing it quickly constructed an edifice of power, status and prestige. Then, from the 1870s orthodox medicine began an indissoluble association with science and technology.

Between 1840 and 1919 the acquisition of legislation favourable to the dominant medical interests is the story of continuous conflict between, on the one hand, an insecure and defensive group, slowly emerging from the chrysalis of a second-rate occupation, and, on the other, a highly suspicious parliament which periodically reiterated its reluctance to favour what it saw as a 'self constituted oligarchy', interested only in securing a monopoly over treatment, and the subjugation of all medical interests to its own. The foundation of the Adelaide Medical School in 1885 and medicine's increasing intimacy with technology brought about important changes in parliamentary

attitudes. Paradoxically, woven through the complex legislative tapestry 1844 -1946 are many incongruous threads that detail the long battle by the legally qualified to suppress the unqualified, both before 1919 and after that important date, when the organised profession was able to use the power of the state to enforce its monopoly. To the activities of the unregistered, some of selfless, high moral character, and some tainted by the depths of unscrupulousness, the legally qualified owed their most important *Acts* of 1889 and 1919.

The statutory turning-points that delineate the South Australian route to medical ascendancy occur as four conspicuous beacons. In 1844 *Ordinance 17* defined the qualifications required by the state of medical practitioners, and most of its provisions remained intact until 1919. It initiated the long march to occupational closure and self-regulation. It was introduced solely because the Legislative Council which then governed South Australia as a Crown Colony needed the legally qualified medical practitioner to provide proof of mental incapacity. But for the first time legal qualifications were particularised and the unqualified could be lawfully cast into outer darkness. Their weeping and gnashing of teeth would be heard for another 95 years. An amending *Ordinance* of 1846 added certain apothecary qualifications to the list of the consecrated. The abject failure of both *Ordinances* to provide for the recognition of certain foreign diplomas and degrees would be the cause of more than a century of professional arguments and parliamentary dispute. Because parliament always enacted medical legislation grudgingly, until 1919 *Acts* had minimal content even when it would have been in the state's interest to have broadened medical obligations. In the case of certificates of death, for example, despite recurrent concern about their correctness and the acknowledged fact that inadequate controls over their issue enabled serious crime to go undetected, for decades legislation actually impeded the collection of precise data. In the 1870s parliament had become concerned about the accuracy of such certificates issued by

the unqualified but it still would not act to increase the powers and privileges of the legally qualified because of concerns about climate, distance and lack of transport infrastructure. The only legislation 36 years after the 1844 *Ordinance* was the simple *Act* of 1880 to enable recognition of the German *Staats. Examen*. The newly hatched BMA (SA Branch) had lobbied extensively at the time to try and make the occasion a cornucopia of enactments favourable to the legally qualified, but a suspicious and unsympathetic parliament declined to admire their good deeds as much as they admired them themselves. The failed *Oroya* quarantine prosecution of 1892 is another illustration of parliamentary lack of interest in rectifying statutory anomalies which caused administrative misadventures. The *Act* that caused the problems was not decisively altered until 1919.

A more substantial piece of legislation arrived in 1889, *The Medical Act Amendment Act*. This was an attempt to control the use of the term 'doctor'. It belatedly introduced a medical register, tightened the requirements for the issue of death certificates, gave the medical board judicial status and laid down a four year course of study as a mandatory requirement for registration. The great surprise was that legislation of such fundamental importance to the professional aspirations of the orthodox practitioners resulted from the long years of civil litigation by the prominent homœopath George Bollen to achieve registration. The attitude of parliament had now begun to change because of the inroads of science and technology, and South Australian attitudes and expectations had altered when transport and communication advances opened it up to the wider world. The foundation of the University of Adelaide in 1874, the *Education Act 1878*, establishment of Roseworthy Agricultural College in 1883, and the School of Mines in 1889, bore witness to the acknowledgement of, and homage paid to learning. In the case of the long disputes over who should be allowed to issue death certificates, parliament only tightened requirements in favour of the legally qualified when more convenient, continuous and

regular transport could be provided, after the previously scattered and isolated railway lines were linked into a continuous system after the 1880s. The great distances and sparse population of SA are among the reasons for those differences which distinguish our legislation, and the general path to professional status, from those outcomes and conclusions in other colonies without our geographical and demographic peculiarities.

The *1889 Act* was a most significant milestone in the medical practitioners' road to the achievement of full professional status, and publication of an official legal annual *Register* gave the LQMP formal recognition and the stamp of official competence. It authoritatively emphasised occupational closure and was an important step in giving the profession control over hospitals, the means to exclude the unorthodox, and to exercise power and control over other areas of health. The medical board's acquisition of disciplinary sanction was a signal point in the achievement of self-government. The *1889 Act* marks the juncture where the occupation of medicine was brought to probationary professional status.

Those medical practitioners who had received the statutory anointing could now control every aspect of their exclusive, closed calling, from the selection of recruits, to their final acceptance into the medical priesthood. Henceforth the orthodox profession would enjoy what was a virtual fissiparous succession. Parliament even specified the requirement for legal qualifications for some official government positions. The social standing of the profession was rising and prestige accrued from their open embrace of scientific principles. At a time when it seemed that their mine of preferment and privilege was bottomless, and persons sceptical of their therapeutic gifts were felt to be objects of ridicule, the profession in 1896 threw away its great chance to consolidate all its gains by embarking on a disastrous confrontation with the government of Charles Cameron Kingston. The cause of further medical law reform – needed chiefly because the indefatigable guile of the unqualified and unscrupulous enabled them to circumvent the

prohibitions on practice in existing legislation – was put back more than twenty years. Finally in 1919 because of the relentless march of science and technology, and perhaps as a reward for their patience and good conduct, the *Medical Act 1919* gave the profession its most tangible victory in seventy five years. That *Act* paved the way for a most substantial growth of medical influence and reputation. Medical privileges were now guarded, like the apples of the Hesperides, by a fearsome statutory dragon. They simply marched unimpeded to an unassailable pinnacle of professional power. The 1919 *Act*, modern in legal structure, finally put to rest the hallowed 1844 *Ordinance*. It erected the medical board into an authoritative controlling body with full judicial power, entitled the legally qualified to sue for fees, tightened requirements for the issue of death certificates, and specified further official positions which could only be held by LQMPs. It survived with little change for sixty four years to 1983. The 1919 *Act* finally put the *imprimatur* on the legally qualifieds' achievement of professionalism and cast the rest out with the Ishmaelite. Thereafter the registered practitioner had no further need of legislation to enhance his or her privileges. The exponential growth of technology and the skill of the orthodox practitioner in marketing it, especially through specialisation, would eventually in a materialistic age see their high incomes and well-being as the sole benchmark of attainment in life.

During the Second World War central political power grew at the expense of the states, especially when the commonwealth acquired the uniform taxation power in 1942 and federal legislation became the predominant influence in Australian health and welfare. The commonwealth began the long journey to pharmaceutical and medical benefit schemes in 1944 and they were finally introduced by the conservative Menzies-Page government in 1951 and 1953 respectively. The arrival of a medical benefits scheme that would incorporate open ended fee-for-service private medicine irrevocably altered Australian medical practice. Thereafter when in addition to the appeal of the high status

and prestige of a technology-based profession, with important community standing and the ability to earn an independent livelihood, there was added a very high guaranteed income, Australia became a flourishing medical Arcadia. All doctors prospered and their profession ascended to the apex of the social pyramid. It would be left to Justice Nimmo in 1969 to show how professional greed and unscrupulous abuse by the registered benefit funds would destroy the scheme less than fifteen years after its introduction. But the control of medical practice had passed for ever from the states to the commonwealth which now had to administer laws of a hitherto undreamed of complexity and provide funds which annually grew by embarrassing exponential rates, because the federal government lacked constitutional control over wages and prices. It had also to accept that the High Court had given the medical profession a large measure of constitutional protection against federal regulation. As for the states, the only powers they retained were the simple administrative duties of registration and discipline. Even after *Medibank* and *Medicare* Australian doctors retain professional and economic autonomy, the footing of health care is still fee-for-service private practice and the profession encourages voluntary private insurance. All Australian state licensing statutes and federal health insurance legislation have given the legally qualified practitioner real privilege and protection of that privilege. The federal *Health Insurance Act 1973* not only guarantees practitioner incomes, but by the strict exclusion from access to benefits, effectively holds back competition. The medical profession has gained hegemony within the health care field and its immense power now far transcends the domination which began to be enjoyed from the introduction of the Page scheme.

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After 1919 when medical practitioners became autonomous and the dominance of the orthodox was established, there was a little more work to be done before the profession could thoroughly cleanse its registered temple of the profane.

Every one of the four key pieces of legislation in 1844, 1880, 1889 and 1919, despite the privileges and monopolies that they granted had one fatal imperfection. No matter how carefully it had been drafted, how much time had been spent in consideration of each turn of phrase, or how perspicuous the attention to detail, each of the *Acts* left an opening through which the unregistered and totally unqualified could practice medicine, despite the sincerest intentions of the parliamentary draftsman and the most determined efforts of the medical board and its counsel. The 1844 *Ordinance* required the board merely to recognise certain specified qualifications and it made no provision to take action against any unregistered person. Although the board had struck Horace Dean off the register in 1857, they had no legal authority to do this. The 1880 *Act* was designed to give legally qualified respectability to Dr. Karl Fiege and did not attempt to grapple with the dilemma of curtailing quackery. Initially the government had toyed with the idea of restrictive clauses, but the organised profession had asked too much and ended up with nothing. There were other reasons: the unqualified frequently provided their services in inhospitable regions where the qualified feared to tread; parliament was not prepared to empower any exclusive group to the disadvantage of another, and often the qualified were held in no more esteem than the unqualified because many times there was little therapeutic distinction between them. The press was contemptuous of unscrupulous charlatans but it was ambivalent where the dividing line between other competing groups was less precise.

When the legally qualified embarked on their periodic crusades against the unregistered they at first had some conspicuous and embarrassing failures, George Bollen (1889) and Talbot Bridgewater (1891) being examples. The imbroglio with C.C. Kingston and its chilly aftermath, and World War I, saw nothing accomplished for twenty years either for the legally qualified or their competitors. After passage of the 1919 *Act* the profession determined that the dew of inactivity would not rust their new bright sword

of respectability and there was a series of successful prosecutions for 'holding out'. The cases overall dragged on for forty years and illustrate the different kinds of activity that the legally qualified sought to suppress. First, there were brazen charlatans like Talbot Bridgewater, Nairn, Kugelman, 'professor' Mayo and Mahomet Allum. Second, there were persons lacking any medical qualifications but who successfully worked as medical practitioners for years before suspicion arose in regard to their non-existent credentials, and their number includes Ziehlke, Harden and LeMang. Third, there was the very important category of practitioner who held medical qualifications, sometimes of undisputable stature, but whose efforts to attain the respectability of registration foundered on the rock of reciprocity. To this group we can assign von Roenne and Becker and there were certainly many others. There were other highly successful practitioners, too, who simply could not be bothered registering their qualifications, and they include Julius Pabst and C.G.G. Juhrs.

Quacking came to an end slowly over a long period of time. Homœopathy, which in Australia (contrary to the position in America and Europe) was always regarded unkindly, lost the battle with allopathy from the 1870s mainly because it did not embrace science. Given the rationale of its therapeutic basis it could hardly have done that without rejecting its own fundamental hypothesis, because its basic claim to therapeutic effectiveness was based on principles of treatment which were the antithesis of orthodox practice. For the other, often colourful categories of irregular practitioners the beginning of the end came in 1919 with the new *Medical Act*, the heightened efforts of the police to prosecute, and the increasing sophistication of medicine once it became based on the precise application of technical knowledge within a biological view of health and illness. Other contributing factors were the increasing number of LQMPs in the workforce and, from 1953, the availability of a government health scheme that relieved the patient of some of the burden of consultation fees.

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The secondary sources of the legally qualifieds' power included their high social standing, the formation of closed professional organisations, of which the BMA/AMA was the most important, and the forging of links with government. These aspects can be considered as mainly arising from the spring of legislation. Doctors also became involved in the communities in which they worked and for many years enjoyed a good press. The series of important constitutional cases when the High Court consolidated itself as the authoritative interpreter of the Australian Constitution, and the Chifley government lost the battle to bring in a comprehensive national health service, gave the BMA a great victory. This major High Court interpretative exercise of judicial review confirmed its inalienable power to determine the limits of federal prerogative and gave the organised medical profession an enduring shield against commonwealth attempts to effect any kind of health reform. Subsequent events would make the arguments of those hectic times largely irrelevant and in time the victory would be the cause of the loss of power by large sections of the profession and increased subjugation to central control. It is a characteristic of all the Australian confrontations between government and major organised groups, whether professional, banking, airline or the wheat industry, that while the latter may win a battle, they have always lost the war. Reform can be delayed but not prevented. The federal government's success in 1996 in reducing medical benefits for fashionable high-technology procedures and restricting access to provider numbers was an illustration that the power of the organised profession had suffered significant erosion. The profession's lack of internal cohesion has reduced its dominance. It has a heterogeneous nature and highly diverse character with great intrinsic differences of status, income and intra-professional standing, and since 1970 has been plagued by fragmentation, disunity and internal alienation.

Qualified and registered doctors, once they became effectively organised in 1880 with formation of the BMA (SA Branch) became a forceful political and professional group, with the accompanying two essential qualities of a single-track mind and an overmastering passionate belief in their importance and destiny. From the start the BMA practised paternal administration and was able to organise its members into a coherent and strong group. For more than sixty years its white Anglo-Saxon Celtic Protestant leaders lobbied, planned and controlled the practice of medicine from behind the scenes, unseen and unheard, except for the foolish confrontation in 1896 with C.C. Kingston. Only in 1945 when the Chifley federal Labor government terrified it with the socialist spectre of nationalisation did it bring its influence out from the shadows and brazenly confront the political party which it regarded as its mortal enemy. From 1949 to 1972 it exercised extraordinary political power, virtually controlling federal health policy. But the seeds of its destruction as the monolithic representative of the medical profession had been sown in the 1920s, when the Australian branches of the Royal Colleges were formed and had determined to pursue their paths outside the BMA domain. This was driven by intellectual snobbery: the BMA was a GP dominated organisation and the specialists possessed higher social aspirations. After 1970 when differential fees and rebates were introduced the line between GP and specialist, hitherto indistinct and imprecise, became a great rupture and the AMA was fatally weakened. The origins of the 1970 catastrophe can be traced back to the serious arguments that had raged in 1938/39 around the failure of the federal government to introduce the *National Health and Pensions Insurance Act*. When it failed to sabotage the 1975 introduction of universal health cover the AMA impotence was publicly revealed. It would never regain its old political ascendancy.

From the foundation of South Australia medical practitioners were accorded vice-regal recognition and they were referred to in terms which distinguished them from

other groups. They consolidated their status by careful marriage and an extensive involvement in the new environment in which they found themselves. As a whole they enjoyed collective upward mobility through social class. They were actively associated with the literary and other many diverse cultural activities that characterised the 19th Century and would involve themselves in the social, sporting and municipal responsibilities of the communities in which they worked. Their often intense involvement with every type of organised body reflected their diversity of intellectual activity and keenness for scholarly interests. They benefited from the South Australian social structure because there was no inherited money, land or trading wealth to create an instant upper class. Their education and independent capacity to make a living enabled doctors to easily fit into that social position.

For well over a century the upward mobility of the medical profession was materially assisted by a sympathetic press, whose reporting on them at times explored mild variations of abject sycophancy. In time the profession would even believe what it read about itself. After 1972 the press turned hostile and medical practitioners became greatly disappointed that the absolute rightness of their cause, their unimpeachable integrity and self-abnegation, of which they were so certain, were no longer recognised.

The situation after *Medibank* and *Medicare* was that the profession found itself in a relationship to the state which was vastly different from the halcyon days of the Menzies-Page era when it had enjoyed a privileged place within the Commonwealth Department of Health and could almost write policy. In fact the Page scheme, far from being the great delivery of free enterprise from the jaws of socialism was anything but that because it required the state to enter the medical services market. This would have unexpected and disturbing consequences for doctors because administration of the complex taxpayer funded fee-for-service medical benefits scheme, the severely means-tested Pensioner Medical Service, and supervision of a voluntary health insurance industry comprised of

scores of separate organisations, needed the creation of a huge central federal bureaucracy. This grew even more after 1970 when there was a subsidised means-tested private insurance component. The advent of the computer from around that time gave the government hitherto undreamed of powers of monitoring, surveillance and control. The new technology brought to an end the medical profession's complacency towards over-servicing and costs in general. The computer profile which would in time be compiled on every service provider brought for the first time greater responsibility to be accountable for health expenditure, and the inauguration of *Medibank* under the aegis of the Department of Social Security signalled the end of AMA policy hegemony. From the mid-1970s general practitioners began to receive computer generated statistics of their prescribing habits and their individual contribution to the huge commonwealth pharmaceutical benefits bill. From the late 1980s they would receive detailed, dissected profiles of their own practice *Medicare* costs, which showed every significant practice health statistic and payment along with comparisons with other doctors in the same area. Such unprecedented scrutiny of individuals shocked and frightened practitioners and was a conspicuous outward sign that things had changed.

At the height of the Page scheme in the mid-1960s when the profession could have its cake and eat it the BMA/AMA enjoyed an almost unfettered ability to set fees. After 1975 fee regulation for general practitioners and specialists was established. From being a strong and united organisation that commanded the loyalty of its members and the respectful attention of government, the AMA became hopelessly divided and fragmented and its political relations adversarial and destructive. In the senior echelons of the federal health sphere the legally qualified medical practitioners have long given way to the economists, administrators, actuaries and planners, an indication that governments believe that the complex business of health management is too important to be left to the profession which is still the principal beneficiary of its governing

statutes. However this has brought its own major problems because administrators, no matter how well qualified, have no insight into how doctors think and work and the present disastrous medical manpower problems and medical training chaos are some results of their long term misunderstanding, ineptitude and failure to plan. Misguided and absurd political interference has also contributed to current woes.

Within the medical profession there is serious division, fragmentation and ill-feeling far wider and deeper than the traditional GP-specialist severance. The general practitioners are split into those who are associated with the Royal College, and those who are not and claim traditional loyalty to the AMA. The College itself has become split into urban and rural sections and has become a body divided. Further fractures have been brought about by vocational registration and differential fees within general practice itself. Conflagration within the competing groups has been fuelled by growing evidence that the entire profession has become a creature of federal government policy, especially with what many see as enforced quality assurance, continuing medical education, practice accreditation and provider number restriction. The GP has been reduced to a position of symbiotic dependence on governments that seem incapable of vision or planning, and which make policy and decisions on the run as dictated either by ideology or their day to day political assessments.

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THE FUTURE

Until 1970 general practice was the basis of Australian medicine. The GP could do virtually anything he wanted and he controlled health care through a well organised, united and politically strong union. The Page scheme allowed him to shear the sheep without skinning them outright. Uncontrollable internal and external forces had begun to change general practice soon after World War II when society as a whole was undergoing transformation. Widespread technological change impacted dramatically on medicine and surgery and specialisation with all its precocious sophistication began to transform the profession for ever. Two major events in the seventies wrought even greater evolution. As discussed, the introduction in 1970 of differential fees, with a higher financial reward for procedures done by specialists destroyed professional unity and in time all political influence and power. The arrival of *Medibank* – universal health insurance – in 1975 brought increased government control of every aspect of what had hitherto been a very private profession. Nothing symbolised that control more than the computer.

The years since the early 1980s have been distinguished by the slow emasculation of general practice as its internal cohesion has decayed and governments have been able to dictate fees and charges. In 1989 vocational registration was introduced and increased the divisions within the profession when the AMA feuded with the RACGP and walked away from the government negotiations, believing that the GP had been sold out. This was the pot calling the kettle black, with a vengeance. The following year, 1990, the federal government restricted pharmacy licences and while this was principally an attempt to control ballooning pharmaceutical benefit expenditure it was also a means to restrict new pharmacies that were often associated with the entrepreneurial clinics that were blossoming. In 1994 the commonwealth introduced a *de facto* accreditation scheme in the form of Better Practice Payments, and this brought further dissension. The

concept would be refined in 1998 when formal practice accreditation commenced. The biggest change occurred in 1996 when the federal government passed Section 19AA of the *Health Insurance Act 1973*, restricting access to medical benefits for general practitioners who after November 1996 did not hold post-graduate qualifications. This legislation, which provoked widespread outrage, effectively gave the government control over the allocation of provider numbers and hence the provision of health services in Australia. Medical practitioners subject to the *Act* could provide services through placements or approved training and workforce programs. At the same time a Medical Training Review Panel was established to examine medical school training and to monitor the impact of provider number restrictions. Even people of goodwill could be excused for thinking that this was another demonstration that while there is wisdom in a multitude of counsellors, there is neither speed nor action.

The new legislation has caused much more personal anguish and conflict than the *Trade Practices Act* and has had an even more devastating effect on the provision of medical services in the country where towns and cities now have to rely more and more on overseas trained doctors. Parallel with this is the difficulty that medical education in SA has undergone critical changes that have contributed to the destruction of those historical paths that for nearly 100 years more or less guaranteed the supply of medical practitioners to the country, and that they would be reasonably distributed through suburbia. Mention has been made of the incongruity of the situation where government policies have led to the decimation of the bush and the running down of country towns, yet there is official anguish that doctors won't go to places where all amenities have been totally curtailed or diminished beyond usefulness. Unfortunately, other well meaning legislation in the areas of discrimination, equal opportunity and competition have brought most unwelcome outcomes at the SA medical schools where the majority of undergraduates are selected from outside the state and see themselves as having no

obligation to it after they graduate. All the universal high ideals and good intentions may be embodied by the do-gooders and social reformers in legislation to ensure that everyone is treated equally and fairly, but at the basic level of providing services where they are wanted and needed the result of legislative interference through deregulation and competition with established social customs and time honoured pathways has brought about the present chaos, and it has certainly been peculiarly fatal to the outlook of the medical schools. Many of the policies cannot easily be reversed because they are part of post-1983 Keating-Hawke free market economic reforms, particularly the floating of the dollar, banking reform and interest rate transformations. Medicine is not a field that lends itself readily to the anti-monopoly and national marketing philosophies that have driven changes to water, electricity and transport markets. Just as the consumer now finds he has an unreliable and inadequate power supply, expensive and rationed water (dependent, in SA, on a river that is a national sewer) and public transport that has long abdicated any pretence at service or usefulness, so the medical reforms have brought profound disillusionment.

The situation has been materially worsened by the social engineering adventures of medical schools in the selection and training of students. The impression has been given that local students of high academic achievement are deliberately rejected in favour of the mediocre. This in turn has benefited interstate medical schools which recognise the value of real talent, and the cream of our matriculants is lost to South Australia. It does seem, however, that the problems caused by present student selection processes are being recognised, and rectification is likely. Medical education has changed, too, so that skilled diagnosticians are no longer produced because the course is weighted by academic theory with little nuts and bolts relevance to the practising doctor; much teaching in the area of ethics, for example, is unmitigated useless rubbish. This is one of the reasons why Accident and Emergency Departments are perpetually clogged with patients: the junior

medical staffs lack the clinical judgement and basic prescribing and therapeutic skills which were once the footing of sound medical teaching. For years, too, there has been an almost non-existent training in obstetrics, surgery and anaesthetics. Some commonwealth initiatives directed to educating doctors in the government's views on illness management merely reinforce the existing incorrect perceptions of treatment and this particularly applies to campaigns to reduce the prescribing of antibiotics and various other therapeutic agents. These crusades can strengthen the view that all federally driven campaigns to change prescribing habits are devised and driven by persons who may lack practical experience and commonsense. The government's only motivation for pushing whatever fashionable prescribing gimmick is in vogue is cost minimisation. Money expended on trying to change doctors prescribing habits would be better spent trying to educate patients to exhibit some simple commonsense and take responsibility for their own health and reduce medical consumerism.

Within general practice itself there are growing centrifugal forces acting to fragment, in different ways but just as effectively as the political misadventures of the 70's, what was once a clearly defined vocation. More and more GPs now reject the commitment to a brass plate practice and decades of traditional family medicine, and opt for the higher income, regular hours and increased status of certain distinctive areas of practice. These include clinics devoted to the diagnosis and treatment of skin conditions, termination of pregnancy, industrial medicine, acupuncture, cosmetic surgery, various health assessments, sexual dysfunction (especially imaginary) and travel health. These areas pay better than traditional general practice and in many cases the minimally trained GP can pass himself off as a specialist, and certainly in some areas the most blatant deception is practised on the public. Others are attracted to the corporate cattle yard clinics, academic departments and the government service. General practitioners have also quite properly come to accept that they are not inexhaustible resources and there is a

marked trend to working fewer hours. This is particularly so with female doctors and younger graduates generally. This begs the question as to whether there is a doctor shortage. Some observers feel that there is an abundance of doctors but a serious shortage of doctors prepared to work as hard as traditionally expected and these days only older male GPs work long or anti-social hours. All these trends threaten the concept of medicine as a vocation.

Another factor contributing to the unattractive image of general practice is the changing nature of the patient base which reflects the social and cultural upheavals of the past decades, and which have transformed human sexual relationships, behaviour and outlooks. Widespread family disruption, the growing embrace of gambling and drug addiction, policies that have thrown more and more inadequately supported seriously mentally ill individuals out into the community, mean that the general practitioner often finds contemplation of his waiting room anything but congenial. There is much emphasis on individual rights and entitlements but little on obligations from the raucous, insightful minority groups, usually supported by the working taxpayer, who continually exude hostility and aggression. A precipitant of the present social mess was the changes in the politicised education system in the 70's. Radicalised teaching lost its way and the dysfunctional, numerically and literacy challenged products of that generation who absorbed distorted values became in turn the dysfunctional adults and parents who now contribute to so much social angst. The obsession of the media with anything medical is also a major contributor to the unreal expectations and lack of insight of many patients who feel that it is unreasonable to have to accept any responsibility for their own health. After any media programme, newspaper or magazine article featuring a specific illness many viewers and readers immediately go to the doctor certain that they have the disease. Any report of a cure for anything, no matter how far fetched or ridiculous will bring the introspective to the waiting room as willing guinea pigs. Medical researchers, always

chasing the elusive dollar, know this and take advantage of consumer gullibility by the premature release of miraculous cures and advances. This is why there is so much public recycling of old and long discredited treatments and 'break-throughs.'

From the 1990s the GP has come under increased stress from manipulative and aggressive patients, drug addicts and clients who are demanding and questioning, usually to an extent inversely proportional to their commonsense and insight. This continues on a more strident scale what started thirty years ago with an erosion of professional autonomy, in part because of the rise of alternatives to orthodox medicine, many of them the basest turgid quackery, and the doctor's reduced authority as he has become irrevocably tied to and dependent on government for remuneration and is at the mercy of their decisions in relation to resource and service allocation.

There is within medicine much disillusion with the 'new' general practice with its older, sicker and madder people, the unreal expectations and the general belief that there is a pill to cure everything, especially any self-inflicted life style illness that can be avoided by the use of the most basic commonsense. Frustration and disillusionment are driving practitioners from a commitment to traditional general practice, to escape into the compartmentalised GP 'specialties' mentioned, where they can divorce themselves from the daily procession of neurotics and fools.

There are serious problems caused by a health system based on the one hand on fee-for-service that effectively rewards practitioners for treating illness or carrying out procedures and, on the other, provides everything for nothing. Human nature being what it is, when the consumer knows he doesn't have to pay there will be over use and flagrant abuse. Quite apart from the obviously cuckoo who never get better, whose visits are as regular as the train service and who can always be relied upon to have a minimum of five different simultaneous imaginary illnesses, all untreatable, there is an astonishing number of doctor-shoppers, other drug addicts, opinion shoppers, liars, malingerers and

impostors who use the health system for their own ends and who are costing the taxpayer a fortune. Many doctor-shoppers to feed their addiction to narcotics, hypnotics and happy pills visit up to twenty different GPs – some many more - for prescriptions. Opinion shoppers are never happy with any advice that they receive and visit successive practitioners until they get the news that fits their personal neurotic fixations, secure in the knowledge that the taxpayer picks up the bill for their visits and the multiple investigative procedures their imaginary illnesses require. Drug abusers are a permanently ill drain on core resources and efforts to manage based on methadone programs and needle exchanges remain controversial.

Free medical services and Australia's wonderful pharmaceutical benefit scheme are shamelessly exploited. One of the first things altruistic doctors who provide after-hours services find out is that their clientele mainly comprise individuals who go to the doctor because they sneezed, had a headache or some other trivia, seek analgesics or hypnotics, or the unemployed and unemployable whose busy schedules are best met by out-of-hours availability to supply their pills and certificates. They are on the same wavelength as the pensioners who need home visits but the doctor has to schedule them to fit in with their shopping, hairdresser and pokies appointments.

The doctor's signature being needed to enable sick leave, disability allowance, *Centrelink* payments, *Workcover* disbursements, and to gain access to pharmaceutical benefits and much else, it is inevitable that he becomes the target for all who lie and deceive in order to get what they want. So it is that during his day he is confronted by the well person who wants a sickie, and all manner of work shy individuals who want the taxpayer to fund their existence without the need for them to work. There are patients from ethnic groups who want listed drugs to send overseas or certificates to support the genuineness of their bad backs, and sundry liars who ask the doctor to make false statements to get concessional drugs, special licences and various statutory privileges.

Requests to break the law come from all levels of society and the writer has been asked by Ministers of the Crown who drew up the very laws he was asked to help avoid, to provide constituents with false certificates to enable them to receive pensions to which they were not entitled, and twice to verify sickness to enable parliamentarians to successfully escape criminal prosecution. On another occasion a Minister who acquired a serious venereal disease when on a 'study' tour insisted that it not be reported as required by statute.

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It is difficult to see just where the answers can be found to the present problems of medical education and doctor supply, the chaotic public hospital situation, the discrimination and inequality to which a large number of uncomplaining and genuinely ill people are captive, and the interminable financial arguments secondary to the Australian federal structure where the basic problem is that at federation the Constitution gave the commonwealth control solely over quarantine. The states retain sufficient power to impede central government involvement in the health field, but without a strong taxation base they cannot coherently manage it on their own. There does not seem at present much of a case for optimism as there is everywhere evidence of lack of planning and will, an astonishing failure to learn from the lessons of the past, and an indefatigable ability to string together regular blunders.

Mention has been made of the major High Court interpretative exercise of judicial review in the 1940s (Ch. 4) that confirmed its own inalienable power to determine the limits of federal prerogative and gave the organised medical profession an enduring shield against commonwealth attempts to effect any kind of health reform. However the arguments of those hectic times have become largely irrelevant and the view of the High Court as to what constitutes civil conscription in a more modern age could well be sought by the commonwealth. It is fifty five years since *The Second*

Pharmaceutical Benefits Case, where the court's decision was 3:2 in favour of the BMA. For all the on-going arguments that we have discussed, the federal government still has the upper hand, but it seems to be paralysed when faced with the need to make tough decisions. If it could harness its taxation power to the state's constitutional sovereignty over wages and prices, it would be in an unassailable position to better regulate the entire Australian health system. Some possible directions include the following.

1. A review of the present way in which fee-for-service medicine, with open-ended payment, has produced medical practices that reflect the highest financial return to the practitioner and contribute to the continual expansion in health care costs, without any obvious benefit to the consumer. There should be an inquiry at the highest level into the alleged disgusting abuses and unethical conduct of corporate medical practices.
2. The possibility of a redistribution of benefits between specialists and general practitioners so that the latter, provided they met specified criteria for quality practice, could be better rewarded for their work. In other words, specialist incomes could be reduced in order to augment GP incomes.
3. The introduction of a patient co-payment for bulk billed services – say \$5 – to discourage over visiting and consults for trivial matters. This would dramatically reduce health expenditure because the neurotic and the stupid hate spending their own money.
4. A universal patient data base is urgently needed, incorporated on the *Medicare* card, to enable the doctor to see the entire medical history of the patient before him. Knowing details of all the doctors who have been consulted and details of drugs supplied would dramatically reduce health costs along with iatrogenic and self-inflicted illness. In time this could be expanded to include details of all over-the-counter medications dispensed by pharmacists.

Tackling the threats to health of the corner quacks with their spurious credentials would be more difficult but there is a need to face the fact that much herbal and other rubbish

has dangerous interactions with orthodox medication, quite apart from having serious side effects in their own right. In respect of any illness no one should be prevented from consulting any person they desire, but neither should people be allowed to inflict harm with any concoction or device. It is one of the outstanding, frustrating paradoxes of Australian life that we truly live in God's Own Country – we have everything – climate, food, environment, opportunity and security – that should make for a contented, robust and happy existence, along with abundant opportunities to pursue a healthy lifestyle, yet we are a nation of perpetually grizzling inveterate pill swallows, chemist shop dwellers and hypochondriacs.

5. The federal government to have full control and management of hospital funding. Financial control alone is pointless, it is essential that there is confrontation with the unhappy fact that the hospital has become a major threat to health, swallowing enormous resources with very little benefit either to living or dying well, and even health itself. Maybe when technology has eliminated the need for doctors patients may be able to die in peace and the unwell escape smothering with inappropriate tests and horrible treatments. Some needed hospital reforms are minor but important. When some medical superintendents were eliminated and replaced by the bean counters hospitals lost their cohesion, local empires grew and flourished with little control, supervision and teaching suffered. Public hospitals must be ultimately controlled by a medically qualified and experienced practitioner. Such an appointment would have prevented some of the well publicised disastrous clinical misadventures of recent years.

6. Along with this should go the realisation that problems are not solved by throwing money at them. This is shown by the spectacularly insoluble disaster that is aboriginal health.

7. The monopoly of the Colleges to select and train specialists could usefully be reviewed and reformed.

8. Medical school training must be removed from the community, where it has gravitated over the past decades, and returned full time within the hospital. That is the only place where clinical medicine can be learned and diagnostic and management skills acquired.

There must be a major reform of every aspect of medical student selection and training.

9. The Pharmaceutical Benefit Scheme must be thoroughly scrutinized and overhauled.

Large numbers of subsidized drugs could be removed. No doubt most complaints would come from vested commercial interests and those who are happy to spend money on over-the-counter and complementary rubbish.

10. All complementary and alternate medicines should be subject to the same rigid therapeutic evaluation and control as applies to pharmaceutical benefits.

10. Mental Hospitals need to be re-opened – enough time has passed to demonstrate that policies of so-called enlightenment cannot be applied to most people who have serious psychiatric illness, and for their own benefit they must be removed from the community and kept out of it.

11. There is a need to cull red tape from the practice of medicine. In the past ten years the amount of Canberra-driven administrative paperwork required of general practitioners has trebled. Much of this bumbledom is as frustrating and onerous as it is repetitive and useless and has led to a number of general practitioners taking retirement as an escape. It is difficult to be a good GP if your constant companion is worry about financial and administrative matters.

These are but some of the suggested reforms. Medicine reflects the society in which it operates. Whether any government can solve the problems of drug addiction, homelessness, gambling, family breakdown, and the general community's increasing distrust, insecurity, refusal to face the need to take responsibility for its own health, and disinclination to get involved in anything, is another matter, but it seems that most

commentators feel that the economy is the be all and end all of everything. Our social problems have implications just as serious for the future of medical practice.

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[ROYAL ARMS]

ANNO SEPTIMO ET OCTAVO

VICTORIÆ REGINÆ

NO. 17.—1844.



By His Excellency GEORGE GREY Esquire Governor and Commander-in-Chief of Her Majesty's Province of South Australia and its Dependencies and Vice-Admiral of the same by and with the advice and consent of the Legislative Council.

AN ORDINANCE to define the Qualifications of Medical Practitioners in this Province for certain purposes.

Whereas by a certain Ordinance of the Governor, with the advice and consent of the Legislative Council of South Australia, heretofore passed, mention is made of legally qualified Medical Practitioners, and it is necessary to declare who shall, for the purposes of such law, be deemed legally qualified Medical Practitioners:

Be it therefore Enacted, by His Excellency the Governor of South Australia, with the advice and consent of the Legislative Council thereof, that no person, from and after the First day of January next, shall, for the purposes of any such law as aforesaid, be deemed a legally qualified Medical Practitioner, unless such person shall have proved to the satisfaction of the majority of the members present, not being less than three of a Medical Board to be appointed in manner hereinafter mentioned, that he is a Doctor or Bachelor of Medicine of some University, or a Physician, or Surgeon, licensed or admitted as such by some College of Physicians or Surgeons in Great Britain or Ireland, or a Member of the Company of Apothecaries of London or Dublin, or a regular Graduate in Medicine of some Foreign University which shall appear to the said Medical Board to be of sufficient credit and authority, or who is, or has been, a Medical Officer, duly appointed and confirmed, of Her Majesty's sea or land service.

II. And be it further Enacted, that it shall and may be lawful for the Governor to appoint a Board, consisting of not less than three Members, being of the Medical Profession, one of whom shall be nominated President, together with a Secretary, under the style and description of "The South Australian Medical Board;" and it shall be lawful for the said Governor to remove the said Members, or Secretary, or any of them; and upon the removal, death or resignation, of the said Members and Secretary, or any of them, to appoint such other persons as he shall think fit, and any person desirous of being declared a legally qualified Medical Practitioner, as

aforesaid, shall submit his degree, diploma, certificate, or other proof, for the examination and approval of the said Medical Board, and shall obtain from the said Medical Board a certificate of his being a legally qualified Medical Practitioner according to the terms of this Ordinance.

III. Provided always, and it is hereby Enacted, that for every such certificate there shall be paid to the President of the said Medical Board the sum of One Guinea; and every such sum shall be by him accounted for and paid over to the Colonial Treasurer, on behalf of Her Majesty, for the Public uses of the Province, and support of the Government thereof.

IV. And be it Enacted, that when any legally qualified Medical Practitioner has attended any inquest, inquiry, or trial in obedience to any summons or subpoena, he shall, for such attendance, and for giving evidence at such inquest, inquiry, or trial, be entitled to receive the remuneration of One Guinea, and (in addition thereto) for the making of any *post mortem* examination, the remuneration of Two Guineas, and if the place of his residence be more than ten miles distant from the place where the inquest, inquiry, or trial is holden, then such Practitioner shall be entitled to a sum of One Shilling for every such mile of such extra distance, in addition: And until funds shall be otherwise specially provided for that purpose, it shall be lawful for the Governor to order payment of every such sum by the Colonial Treasurer from the public moneys of the Province: Provided that no remuneration shall be paid for the performance of any *post mortem* examination instituted without the previous direction of the Coroner, Justice, or Court (as the case may be): Provided also, that where the death shall have happened in any public hospital, gaol, or other public building, no medical officer, appointed with salary to attend such hospital, gaol, or public building, shall be entitled to any such remuneration.

V. And be it further enacted, that the said Medical Board shall, on or before the First day of January next, cause the names of all "Legally Qualified Medical Practitioners" as aforesaid to be registered in a book to be kept by the said Board for that purpose, and shall also cause all names, so registered, to be published in the *Government Gazette*, on or about the First day of January next, and the same to be repeated annually for the information of Coroners, Magistrates, and the Public.

G. GREY,
Governor and Commander-in-Chief.

*Passed in the Legislative Council, this
Third day of September, 1844.*

W.L. O'HALLORAN,
Clerk of the Council.

Appendix 2: Registered Medical Practitioners in South Australia, nos. 1 – 1018 (1844 – 1918): alphabetical listing.

Reg. No.	Name	Date of SA registration and qualifications recorded
898	ABBOTT Charles Thomas <i>JP</i> ¹ [1858-1926]	18 September 1913 MD Louisville Kentucky USA ²
978	ABBOTT Nigel Basil Gresly ³ [b. 1891]	10 August 1916 MBBS Adel 1916
494	ABERNETHY James ⁴	2 February 1893 MbChB Melb 1891
354	ABRAMOUSKI Otto Louis Moritz ⁵	2 April 1884 MD Berlin 1876

¹ Father of Mr. Justice C.L. Abbott (South Australian Supreme Court and sometime MP) and Dr. N.B.G. Abbott (who went to Tasmania.) At Denial Bay, where he existed in a continuous open state of war with the dysfunctional Farmers Medical Board. He then went to Queensland until in 1910 he was appointed medical officer for Pine Creek and in 1914 he turned up at Point Pass. Correspondence in the *Northern Territory Times and Gazette* challenged his qualifications. He is known also to have been at Woodside SA and Clunes Vic. He later went to Oodnadatta (presumably for the S.A.R.) and was succeeded in 1916 by the unregistered A.L. Tackaberry. There is a brief obituary *SA Register* 15/10/1926 p. 634. See also Mortlock Library PRG 25/19 and SLSA D 5045 (L).

² Details of Qualifications generally follow the Medical Register but obvious errors have been corrected. The date of registration is that of the first time in SA. Practitioners could be registered elsewhere before or after their SA registration. Some are registered more than once in SA.

³ Born in San Francisco, he served AAMC WWI and practised at Geeveston Tasmania. Father of Dr. Nigel Drury Gresley Abbott, Member for Denison, Tasmanian Parliament 1964-72. Note that the Gresley is often differently spelt.

⁴ Settled at Millicent after registration, but soon left for London.

⁵ Name also recorded as Abramowski. Former assistant surgeon German Army 1874-82. At Terowie 1884-94, then a pioneer practitioner Chowilla area, and later Mildura (1894) and Wentworth NSW. Also held the Staats exam 1876. Died 1911, Melbourne. In 1895 he was elected president of the Shire of Mildura.

681	ACTON Frederick Charles ⁶	13 October 1904 MB Melb 1893
211	ADDISON George JP ⁷ [c1828-1889]	1 January 1874 MRCS Eng 1855
383	AITKEN William Blair ⁸ [1861-1922]	7 July 1886 MB Glasgow MRCS Eng 1884
313	ALLWORK Frank ⁹ [1858-1913]	3 May 1882 LSA Lond 1881
353	ALTMANN Charles August ¹⁰	26 March 1884 MB Melb 1883 BS Melb 1884 MRCS Eng 1889 FRCS Edin 1889 MB Adel <i>aeg</i> 1883
689	AMBROSE Ethel Mary Murray ¹¹ [1874-1934]	9 February 1905 MBBS Adel 1903

⁶ His record in the *SA Govt. Gazette* 12.2.1931 p. 287 is incorrect. Was at Redhill after registration and in 1896 was at Benalla Vic. and later Yackandandah. Photo Melbourne University records MHM00511. He was also a registered dentist in Victoria.

⁷ Other Qualifications were LSA 1856 and MD St Andrews 1858, MD Melb. *a.e.g.*1872. Practised Melbourne, Gawler, Mitcham, Mt. Gambier, Wilmington (with C.F. Elcum) and Tanunda. Sometime at Hertfordshire County Lunatic Asylum and RMO Melbourne Hospital. A son, Charles Eldred Addison, practised in SA but was not registered. In *AMPI*. He died at Tanunda.

⁸ He came from Colac Vic. to Jamestown, where he established himself and acquired a superb reputation. Mayor 1897-99. He became ill and underwent surgery at Rochester, New York, and died at Glasgow the following year. Obituary is in *SA Register* 20/11/1922 p. 211. See also SLSA 994.232 C777. May have held but did not in *SA Register* the ChM Glas.

⁹ At Magill, Gawler and then Riverton. He married in 1884 and in 1900 moved to New Norfolk Tas. SLSA B69976 is a formal portrait. There is a biography at auspostalhistory.com.

¹⁰ At Chiltern Vic., Tanunda then Port Lincoln. In 1894 at that latter place he tested the eyesight of one hundred children and then delivered a paper to the local literary society. Registered a second time 5 June 1890.

¹¹ After a year at Perth General Hospital spent twenty eight years as a medical missionary in India. See *New Women: Adelaide's Early Women Graduates*, p. 62, and *This Mad Folly: the History of Australia's Pioneer Women Doctors*, pp. 138-9. Registered in Victoria 1905. Her degrees were MBChB Adel. Died at Pandharpur, India.

384	ANGOVE William Thomas JP ¹² [1854-1912]	7 July 1886 MRCS Eng LSA Lond 1875
949	APPLEFORD Sydney Theodore ¹³ [1891-1958]	13 May 1915 MBBS Melb 1913
212	ARCHER Edmond Lewis JP ¹⁴ [1850-1940]	7 October 1874 LSA Lond 1872 MRCS Eng 1873
293	ARCHER Robert Kendray ¹⁵ [1848-1904]	2 March 1881 MRCS Eng LSA Lond 1875
762	ARNOLD Edwin ¹⁶	16 January 1908 MBBS Adel 1907
1000	ARNOLD Oscar ¹⁷	31 October 1918 MBBS Adel 1916
956	ASHBY Ivan Edwin ¹⁸ [1893-1920]	14 October 1915 MBBS Adel 1915 MD Adel 1917

¹² The vigneron. At Tea Tree Gully from 1886 and reported to be in residence at Gumeracha in 1892. Died Silverdale UK, buried North Rd. SA. See *SA Register* 30/3/1912 p. 337 for details of his life. See also *Mining, Medicine and Winemaking: a History of the Angove Family 1886-1986* and *Observer* 6/4/1912 p. 41.

¹³ At Kapunda and then AAMC WWI. *ADB* 11 pp. 459-460 for details of his accomplished wife Alice Ross-King; this also has information on him. Registered in Victoria 1918. Father of Dr. J.M. Appleford MBBS Melb 1950.

¹⁴ Brother of R.K. Archer; practised at Moonta and returned to England (Littleham, South Devon) in 1909. Twice married: SLSA B39002 is a penetrating caricature c. 1902. His MRCS study was at St. Barts. In *AMPI*.

¹⁵ Brother of E.L. Archer; he was known as Dr Kendray Archer. Moonta to Glenelg in 1890, Exeter 1893, returned to England 1899. It is likely that Frederick Lucas Benham took over his practice. He was medical officer to Estcourt House. He died at Bristol. Obituary, *Observer* 27/8/1904 p. 34.

¹⁶ Born Arnold Edwin Weidenbach. Name change WWI. He served in the AAMC. The Medical Registers record all name changes but did not embrace the imperialist bigotry of the universities who expunged 'enemy graduates' from the annual rolls. Briefly at Denial Bay after his graduation and then Nairne in 1911.

¹⁷ Born Oscar Arnold Plotz; name changed WWI. At Peterborough then Mitcham and retired in the 1930s.

¹⁸ *SA Govt. Gazette* 12.2.1931 shows name as Ashley. Son of Edwin Ashby of *Wittunga*, Blackwood. RMO Childrens hospital for three years. SLSA B 70984/6 has a photograph.

670	ASHTON Thomas Badge ¹⁹ [1878-1941]	14 January 1904 MBBS Adel 1903
972	ASPINALL John	10 August 1916 MRCS Eng 1885 LSA Lond 1884
204	ASTLES Harvey Eustace JP ²⁰ [1843-1915]	1 October 1873 LRCP Edin 1867 MRCP Edin 1877 FRCP Edin 1879 MD St Andrews 1883 MD Adel 1885
378	ASTLES John Westwood ²¹ [1859-1904]	3 February 1886 MBChM Edin 1885
343	ATKINS George Purcell ²² [c1846-1891]	3 October 1883 LAH Dublin 1869 LRCP LRCS Edin 1873 LK&QCP Irel 1882

¹⁹ Practised at Burra (where in 1910 he succeeded J.I. Sangster snr.,) then Mt Magnet WA and Kingswood, where he retired. He was a son of the official receiver of the Insolvency Court.

²⁰ Originally came to SA as surgeon superintendent of the *City of Adelaide*. Also registered 11 May 1884 after his return from Europe; practised Angas St Adelaide, North Terrace and at his residence Stanley St. North Adelaide. He went to Melbourne in 1887 and ended up in Collins St., but around 1905 he was at St. George's Tce. Perth. Sometime Government Medical Officer, Northern Territory and president BMA (SA Branch) 1882-83. Also claimed L & L Mid 1867 Edin. He has escaped the notice of the *Northern Territory Dictionary of Biography*. Between 1881-3 he was an alderman on the Adelaide City Council. His original MD is Aberdeen and not St. Andrews. He authored at least one temperance booklet. He was first president of the Melbourne Savage Club and was described as a music-loving medico and freemason. In 1896 he founded and was first president of the Perth Savage Club. He died at South Yarra, intestate. In *AMPI*.

²¹ Known to have been at Port Augusta 1887, later senior RMO Adelaide Hospital 1901. In 1893 he founded a Mutual Provident Medical Institution, and incurred the disapprobation of the BMA (SA Branch.) Nephew of H.E. Astles and he took over his practice when the latter went to Victoria. He was a school teacher before taking up medicine. He was very ill (blind following a stroke) for several years before his death at Largs.

²² At Mintaro and in 1884 appointed Govt. Medical Officer Port Lincoln (in succession to Morgan O'Leary.) One of his responsibilities was the Poonindie Mission. He died of tuberculosis and is buried in the Pioneer Cemetery there, *vide SA Register* 2/2/1891 p 219. In 1889 he had moved to Victoria and had sold his practice to J.R. Palmer, but moved back

391	ATKINS Thomas Dealtry ²³	5 January 1887 MRCS Eng 1866
620	AURICHT Johannes Friedrich Theodor ²⁴ [1876-1965]	5 February 1901 MB Melb 1900
91	AYLIFFE Henry Hamilton ²⁵ [1819-1890]	5 July 1853 MRCS Eng 1853
246	BAIL[E]Y Frederick William ²⁶ [1851-1882]	4 April 1877 MRCS Eng 1872 LRCP Edin LRCP Lond 1876
161	BAIN John William Devereux ²⁷ [c1838-1903]	24 August 1865 MRCS Eng LSA Lond 1864
190	BAIRD John ²⁸ [d.1891]	4 January 1871 MRCS Eng 1862

²³ At Condobolin NSW then Maldon Vic. and Melbourne before coming to SA. Also held the LRCP Edin 1866.

²⁴ Passed his third year examinations at Adelaide and then had to complete studies in Melbourne because of the hospital 'row.' Practised at Ambleside and Hahndorf. Known as Theo: See *Burgess* v 2 p 793. SLSA B 16971 is a photograph of his residence/surgery at Hahndorf.

²⁵ He arrived SA on the *Pestonjee Bomanjee* in 1838, later returned to England and arrived back SA 1853. At Grote, Hindley and Brown Sts. Adelaide, then to Angaston 1862 where he remained until his death. See *SA Register* 26/4/1890 pp 182-3, *Observer* 3/5/1890 p. 27 and *Hodder*, v 2 p 368: he is in *AMPI*.

²⁶ Arrived SA 1876 surgeon-superintendent on the *Trevelyan*. Married daughter of the Hon. W.C. Buik MLC. At Edithburgh before moving to Norwood in partnership with Dr. John Sprod. Died at Robe of tuberculosis and is buried in West Terrace. His widow lived to 1937. Baily is the correct spelling. Obituary, *Observer* 4/3/1882 p. 30.

²⁷ Practised at Clare from 1865, and was a great benefactor to the town. Sometime surgeon to the contractors for the Ottoman railway. He made a fortune from Broken Hill investment, but lost it and moved to Port Germein. Insolvency followed and he went to Port Pirie, became ill and moved to Adelaide, where he died. He is buried at Clare, where a band rotunda was built as a memorial. In 1896 he bought an Auburn dairy factory. See *SA Register* 26/6/1903 pp. 440, 430, *Newsletter of the Historical Society of SA* no. 59 pp. 9-10 and *Clare: a District History*, pp. 130-34, *Observer* 27/6/1903 p. 21 and *Ib.* 4/7/1903 p. 24. In *AMPI*.

²⁸ He is recorded as ship's surgeon on the *Bucephalus* in 1855 – if so, it would seem to predate his qualification so it may be another person. He was in the Southeast and was registered in Victoria in 1864. He took his life at Belfast (Port Fairy.) In *AMPI*.

719	BAKER Charles Rumbold	12 July 1906 MD Cooper College San Francisco [nd]
247	BAKER James Payne ²⁹	4 April 1877 LRCS LRCP Edin 1876
878	BAKER Ralph Alderton ³⁰ [b.1889]	19 December 1912 MBBS Adel 1912
335	BAKER William Brain ³¹ [d.1889]	6 June 1883 LSA Lond 1881 MRCS Eng 1882
234	BALY William ³² [c1856-1891]	4 October 1876 MRCS Eng LRCP Lond 1873
356	BARKER Edward Hamilton Blair ³³ [d.1885]	2 July 1884 MB Melb 1876
397	BARKER Walter Herbert ³⁴ [d.1924]	6 July 1875 MRCS Eng 1875 LRCP Edin 1880

²⁹ At Mt. Barker 1877 and Parkside 1881. He may have been associated with the construction of the Great Northern Railway as he was at Coward Springs 1887, and received adverse publicity in a case involving a destitute person at Hergott Springs. May have returned to Parkside and later Balaklava.

³⁰ Practised at Berri, later to Townsville Q. He enlisted in 1916 and returned to Australia in 1919.

³¹ At Terowie, Jamestown, Moonta and Koorunga. Died on board the *British Admiral* at Brisbane while waiting for money to enable him to return to Adelaide.

³² At Noarlunga, Moonta and Yorketown before going to Broken Hill, where he died of dysentery a few months after his arrival. At Yorketown he displaced the unregistered Andreas Vonnida who had been there fifteen years. See *Observer* 3/10/1891 p. 644 for a fascinating obituary.

³³ Registered in Victoria 1876. He died at Robe, aged 34, ten months after registration. In *AMPI*.

³⁴ Known to have been at Mintaro and in 1887 went to Victoria where he became superintendent of the Ararat Hospital for the Insane (1905) and later Kew superintendent. He died at Ballarat. There is a photograph of him (ID 01.074) in the Victorian Mental Health Photograph Collection. In *AMPI*.

164	BARLAS James JP ³⁵ [1818-1871]	10 April 1866 MD Edin 1837 MRCS Edin 1837
968	BARLOW Douglas Lewis MC ED ³⁶ [1894-1950]	14 October 1915 MBBS Adel 1915 MD Adel 1922 FRACP 1938
843	BARNARD Charles Edward ³⁷ [1850-1927]	21 September 1911 MBChM Aberdeen [nd] MD Aberdeen 1876
921	BARTLETT Edward Leslie ³⁸	11 June 1914 MRCS Eng LRCP Lond 1903
44	BARUH Daniel ³⁹ [c1790-1875]	11 July 1849 MD Aberdeen 1816

³⁵ He had been house surgeon, Glasgow Eye Infirmary, and served First China War and then was involved in the Indian campaigns under Lord Sandhurst. Afterwards as ship's surgeon he served on ten voyages – the fifth was on the *Coramandel* in 1854/5. He is known to have practised at Geelong, Belfast and St. Kilda, Vic. and was at Adelaide and Penola. He then went to Meredith Vic., where he died. In *AMPI*.

³⁶ The Medical Register of 1952 records him as Lewis Douglas Barlow, which is wrong. He established the first commercial private pathology laboratory in Adelaide, preceding by a few years Eugene McLaughlin. The RACP *College Roll* and various internet resources have biographical information. Father of Drs. M.M. and D.L. Barlow, MBBS Adel 1947 and 1959 respectively. Suicide after being diagnosed with brain tumour. Portrait in *Who's Who* 1936 p. 74.

³⁷ Born Tasmania, practised Hobart, Gulgong NSW, Geelong, Sunbury Vic., and Adelaide. MRCS Eng LRCP Lond 1873. Archives Office of Tasmania holds his papers: NG2209; NS2321, NS2286. He was also registered as a dentist in Victoria. In *AMPI*.

³⁸ At Gladstone SA, then Bayswater Vic. Served RAN WWI.

³⁹ Arrived SA 1849 as surgeon-superintendent on the *Royal Sovereign* and set up in partnership with Walter Smith jnr., chemist and druggist. Published a book on diseases of the uterus and organs of generation. Practised at Inverbrackie, Nairne, Kensington and Mt. Pleasant, where he is buried and had worked up to his death at 85. He may have practised at some time in France and there is also evidence to suggest that he was a minister of religion. He claimed the MRCS In *AMPI*.

811	BASEDOW Herbert <i>JP MP</i> ⁴⁰ [1881-1933]	8 September 1910 BSc Adel 1910 MD Gottingen 1910
193	BATH Henry ⁴¹ [d.1876]	6 September 1872 LRCS LRCP Edin 1866

⁴⁰ Basedow had no primary medical qualification and no legitimate entitlement whatsoever to be a LQMP. He also claimed the degrees of MA ChD as well as PhD Breslau. See (1) R.I. Jennings, *Barnacles and Parasites*, (2) G.J. Fraenkel and D.H. Wilde, *The Medical Board of South Australia 1844 – 1994*, and (3) *ADB* 7 pp 202-3. *SA Register* 26/1/1910 p. 259 might convince anyone that he was a practising doctor. But see also *Ib.* 4/4/1911 p. 364, 12/4/1911 p. 446, 6/5/1911 p. 62, 4/9/1911 p. 32 re his appointment to the Northern Territory. Professor Wood Jones summed Basedow up as having an ‘impudent parade of degrees, real or assumed; and knowledge, borrowed, stolen or feigned.’ He was close to the truth. See also *Personalities Remembered*, Literary MS SLSA. (The State Library of SA has extensive material relating to Basedow.) In *Pearn*.

⁴¹ Registered Victoria 1871, where he worked at Piggoreet, Tarraville and Alberton. He was then at Wallaroo SA. Suicide (poison) 1876. In *AMPI*.

30	BAYER Charles John Frederick ⁴² [1815-1867]	5 October 1847 MD Bavaria (Erlangen) 1842
25	BAYES Thomas ⁴³	5 January 1847 LWCA Lond 1830
146	BAYNTON Thomas ⁴⁴ [d.1904]	1 July 1862 MRCS Eng LSA Lond 1841
986	BEAN Alan Reid ⁴⁵ [b.1895]	9 July 1917 MBBS Adel 1917
933	BEARD Jack Roland Stanley Grose MC ⁴⁶ [b.1890]	17 December 1914 MBBS Adel 1914 FRCS Edin 1925 FRACS
985	BEARE Frank Howard CBE ED ⁴⁷	9 July 1917

⁴² He married a daughter of Dr. B.A. Kent, and was in partnership with William Gosse and then H.T.

Whittell. Born Munich, he emigrated to SA (as surgeon-superintendent of the *Heloise*) because his refusal to cooperate with the Bavarian government during an inquiry into a duel resulted in him being advised that he had no professional future in that country. Immensely popular, his obituary and funeral both were of great length. He was the father of the architect Ernest Henry Bayer (1852-1908) and Charles Albert Bayer (1859-1924) SA Hydraulic Engineer. He and Dr John Knott were close friends. On his death he was said to be the leading physician in South Australia. See also *Hodder*, v. 2 p. 225 and *Loyau* p. 225 and AMPI. SLSA B 2366 is an image c.1865. Obituaries: *Observer* 17/8/1867 p. 2 and *SA Register* 17/8/1867 p. 2. E.H. Bayer designed Christian Brothers College in Wakefield St. In *AMPI*.

⁴³ He had been surgeon to the West London Dispensary before emigrating. He was not long in Adelaide and left about July 1847 for Prince St. Sydney and later went to Bathurst. He then returned to England. He was registered in NSW October 1847. In *AMPI*.

⁴⁴ Eldest son of Dr. Thomas Baynton, pioneer squatter, Victoria. Registered NSW 1860 and Victoria 1867. Also known to have been in WA 1865-66. He was at Penola SA 1862 and 1867. Died Strathfield, Sydney. He was the second husband of the author Barbara Baynton [1857-1929.] A special claim to fame is that he could verify the rumoured love affair between Mary McKillop and Father Tenison Woods. In *AMPI*.

⁴⁵ After service in the AAMC WWI he went to Fremantle WA where he was resident medical officer at the prison.

⁴⁶ A greatly respected Hony. Gynaecologist, Adelaide Hospital. Father of Dr. R.M.C.G. Beard, himself a noted Adelaide obstetrician and fine clinical teacher, who died in 2010. Portrait *Who's Who* 1936 p. 75.

	[1895-1955]	MBBS Adel 1917 MD Adel 1921 MRCP 1931 DPM 1932 FRACP 1938
748	BELL Charles Cameron ⁴⁸	10 October 1907 MRCS Eng LRCP Lond 1881 MB Toronto 1900
595	BENHAM Frederick Lucas ⁴⁹ [1855-1938]	1 June 1899 MRCS Eng 1877 MBBS Lond 1878 MD Lond 1881 MRCP Lond 1882 MD Adel 1901
486	BENNETT Alfred Henry JP ⁵⁰ [1867-1930]	8 September 1892 MB ChM Aberdeen 1891
389	BENNETT Thomas Charles ⁵¹ [1865-1916]	1 December 1886 MB ChM Aberdeen 1886

⁴⁷ Hony. Physician and noted clinical teacher Adelaide Hospital. Father of Dr. T.H. Beare. See SLSA *The Beare Family*, published 1942 by the Pioneers Association of SA, RACP *College Roll*, and obituary, *Advertiser* 10/10/1955 p. 3.

⁴⁸ At Darwin, then to Ontario, Canada.

⁴⁹ Practised at *Campden House* Semaphore Rd. Exeter. He left the University of Adelaide £51,000 to encourage the study of natural history, and a library of 1000 books, along with another 4000 which are now with the Royal Geographical Society of SA. His ashes lie in a lead casket near the (former) Wonga Shoal light. There is a biography of this remarkable, scholarly and accomplished man, who kept very much to himself, in *Proceedings of the Royal Geographical Society of SA*, vol. 40, pp. 94 -5, and see also R.R. Chivers, *The Benham Family in Australia*. 1970. No doubt his Mt Lyell Mining & Railway Co. shares contributed to his wealth. The web site auspostalhistory.com has interesting material about him.

⁵⁰ Born at Moonta, he was at Kapunda 1892-94 then Crystal Crook 1894-1902. He went to Europe to specialise and returned as an ENT consultant at 16 North Tce. Adelaide. Prominent in racing circles. Part of his large estate and stud at Manningham (section 480 Hundred of Yatala, purchased between 1905 and 1920) was left for community recreation. Brother of Dr. T.C. Bennett. See *SA Register* 20/2/1925 p. 618 for details of his home and stud and *Ib.* 11/8/1930 p. 218, 222 for a brief obituary and notes. The Manningham stud was dispersed in 1926. The *Observer* 25/4/1903 p. 25 mentions his Crystal Brook time.

⁵¹ Brother of Dr. A.H. Bennett; at Broken Hill, Hawker, Robe, Millicent, Moonta and then Crystal Brook. He was known as Charles Bennett. In 1914 he succeeded J.S. Farries as resident medical superintendent at Minda. See *SA Register* 20/10/1916 pp. 474, 475.

682	BENSON Alexander Vigors ⁵² [1869-1939]	8 December 1904 MRCS Eng LRCP Lond 1904 MB Brux [nd]
157	BENSON John ⁵³ [1837-1877]	14 November 1864 LKQCP MRCS Irel 1863
757	BETTS Lionel Oxborrow OBE ⁵⁴ [1886-1943]	16 January 1908 MBBS Adel 1907 MCh Orth Liverpool 1928 FRACS
844	BEVAN Sybil Caridwen ⁵⁵	21 September 1911 LRCP&S Edin 1906 LFP&S Glas 1906 MB Melb 1908 BS Melb 1909
352	BICKLE Leonard Watkins ⁵⁶ [d.1921]	26 March 1884 MRCS Eng LRCP Lond 1881 FRCS Edin 1895

⁵² Son of Dr. John Benson. Was a pharmacist before becoming a doctor, and sometime dispenser at the Mt. Gambier Hospital. He was in general practice Port Adelaide 1905-20 with Drs. F.S. Poole and H.S. Covernton before sharing rooms at Adelaide with H.S. Newland. A founder of the Port Adelaide Racing Club and chairman for twenty five years, and a prominent freemason. President BMA (SA Branch) 1931-32. His Brussels MD is probably 1904. Served Egypt AAMC WWI. Obituary: *Advertiser* 25/12/1939 p. 8. There is a portrait in *Who's Who* 1936, p. 76.

⁵³ Asst. Colonial Surgeon 1864-65; practised at Norwood with John Sprod. He died of tuberculosis. He was greatly loved and a street and fountain (on Portrush Rd.) commemorates his service. Father of Dr. A.V. Benson. Obituary *SA Register* 12/7/1877 p. 15 and a portrait in *Illustrated Adelaide News*, July 1879 p. 104 and see *Loyau* p. 57, *Hodder* p. 278. SLSA has a number of images. In *AMPI*.

⁵⁴ A pioneer of paediatric orthopaedics who had been in general practice at Maitland. Served AAMC WWI. His death was widely mourned and the Lord Mayor of Adelaide started a movement to establish a memorial room at Estcourt House, Grange. T.C. Stott *MP* was the secretary. Father of Dr. W.J. Betts. See *Advertiser* 19/1/1943 p. 8. He was born at Streaky Bay and educated at Way College.

⁵⁵ Went to Sydney 1913 to become medical inspector of state schools. The University of Melbourne holds her anatomy notes and diagrams, MHM04130. She was registered in Victoria in 1907.

⁵⁶ Was House Physician St. Thomas Hospital London and RMO Queen Charlotte's Lying-in Hospital. Emigrated to Silverton then joined Dr. C.M. Deane at Mt. Barker in 1886. After a visit to England in 1895 he went to Adelaide in 1896 and was appointed House Surgeon Adelaide Hospital 1898. See *SA Register* 1/7/1921 p. 8 for obituary. His wife died at Mt. Barker in 1892.

581	BIFFIN Harriet Eliza ⁵⁷ [c1867-1939]	7 July 1898 MBChM Sydney 1897
838	BIGNELL Francis Lawrence DSO ⁵⁸ [1886-1928]	13 July 1911 MBBS Melb 1911
957	BIRCH John Bright MC ⁵⁹ [1890-1975]	14 October 1915 MBBS Adel 1915
403	BIRCHNALL Thomas Barrow	7 December 1887 MB ChM Glas 1879
99	BIRKS George Vause ⁶⁰ [1815-1858]	4 April 1854 MRCS Eng 1843 LWCA Lond 1852
671	BIRKS Melville ⁶¹ [1876-1924]	14 January 1904 MBBS Adel 1903 LRCP & FRCS Eng 1907
955	BISHOP Albert Edward Kemp ⁶² [1877-1943]	14 October 1915 MBBS Melb 1904

⁵⁷ Came to SA as resident medical officer at the Adelaide Hospital because until 1906 women could not hold such appointments in NSW. She returned to Sydney and practised in Elizabeth St. and then Lindfield. *MBE* 1937. *SA Register* 23/6/1898 p 550 details the appointments of Dr. Biffin and Dr. E.M. Wood. There is a brief obituary in *Sydney Morning Herald* 26/9/1939 p. 14.

⁵⁸ Went to Lismore NSW: served AAMC WWI.

⁵⁹ FRCS Edin 1933: served AAMC WWI and later commanded 3 Field Ambulance. Became govt. medical officer, Tweed Heads NSW. He retired to Moana.

⁶⁰ Practised at Angaston where he died from injuries after a fall from his horse. One of his children was the merchant Charles Birks. SLSA holds his diary kept on the voyage of the *Leonidas* in 1853. In *AMPI*.

⁶¹ Grandson of G.V. Birks. Held the RDA. Practised at Peterborough 1908-13 (where he became Mayor in 1912,) then to Broken Hill as medical superintendent. He achieved an international reputation for his work in occupational health. He was plagued by ill health and died at 48 after a long illness. A brother was chief engineer NZ Public Works Dept. and he died in Adelaide two days before him. Father of Dr. Peter McIntyre Birks MBBS Adel 1934. See *SA Register* 27/4/1924 for details of death etc., and also *Observer* 3/5/1924 p. 39. NLA holds a rare book of tributes to him, Bib ID 2391086.

⁶² His Victorian registration no. was 2369.

820	BLACK Eustice Couper ⁶³ [1886-1971]	12 January 1911 MBBS Adel 1910
973	BLACK Geoffrey Howard Barham ⁶⁴ [1893-1956]	10 August 1916 MBBS Adel 1916 DOMS Lond FRCS Edin 1929 FRACS
468	BLACKNEY Samuel ⁶⁵ [d.1923]	5 November 1891 MB Toronto 1891 MB <i>aeg</i> Adel 1891
574	BLAXLAND Walter ⁶⁶ [1850-1939]	3 February 1898 MRCS Eng 1883 FRCS Eng 1886 LRCP Lond 1884
38	BLOOD Matthew Henry Smythe ⁶⁷ [1808-1883]	5 July 1848 MRCS Eng 1831

⁶³ Son of the notable botanist John McConnell Black. Captain RAMC and an Old Contemptible. Practised at Mungana Q., Spalding then at North Adelaide. Hony. Anaesthetist Adelaide and Adelaide Childrens Hospitals. See *SA Register* 7/2/1920 p. 336 for details of his war service – one of the few to have served in German East Africa. Sometime railways medical officer. An enthusiastic anthropologist, the SA Museum holds his papers (AA31.)

⁶⁴ Major AAMC, served WWI and WWII. Hony. Ophthalmologist Adelaide and Adelaide Childrens Hospitals. Obituary, *Advertiser*, 16/1/1956 p. 3. In 1943 he was joint author with Dr. Charles Swan MBBS Adel 1935 of an important paper that showed rubella in early pregnancy led to an abnormal infant.

⁶⁵ A noted Port Adelaide homœopath, but less prominent than George Bollen. He graduated from Hahneman in 1888. Retired in 1919. He was a native of Cornwall, a Wesleyan Methodist and in business at Port Adelaide before taking up medicine. His youngest son William graduated MBBS Adel in 1925 and died in 1927.

⁶⁶ From Broken Hill to Mt. Barker in 1898, then to Perth 1904.

⁶⁷ Born Springfield, Co. Clare Ireland, arrived SA 1848 as surgeon-superintendent of the *Success*. He practised at Kapunda (except for a brief time when he was in Sydney 1862-3.) He was the first mayor of Kapunda 1865-67 and held that office again 1877-78. There is extensive genealogical data relating to him on the web: this should be read with care. His name often hyphenated to Smythe-Blood or Blood-Smythe (with or without the “e”). A son – he had eleven children – Matthew Henry Smyth-Blood [?1846-?1878] was MB MCh Dublin and came to SA with his parents. He was not registered in SA and may in fact have died at sea returning from Ireland. See also Dr. H.E. Harrison (*infra*) and a bigamous marriage. In *AMPI*.

98	BLUE Sinclair ⁶⁸ [1816-1864]	7 March 1854 MD Glas 1837
177	BLUE William Archibald Sinclair ⁶⁹ [1847-1896]	7 July 1868 MRCS Eng 1868 LRCP Edin 1868
849	BOER Adolf Oswald ⁷⁰ [1889-1919]	14 December 1911 MBBS Adel 1911
415	BOLLEN Christopher ⁷¹ [1866-1952]	4 July 1888 MB Toronto 1888 MD Toronto 1891 MD <i>aeg</i> Adel 1894
326	BOLLEN Frederick James ⁷² [1860-1886]	7 February 1883 MRCS Eng LRCP Lond 1882
427	BOLLEN George ⁷³	26 August 1889

⁶⁸ Father of Dr. W.A.S. Blue. His LFP&S Glas 1837 was not registered in SA. Freemason. He has an interesting letter to the editor of the *Observer* of 5/9/1857 p. 5. He was ship's surgeon on the *Prince Regent* (1849) and *China* (1852.) In *AMPI*.

⁶⁹ Son of Sinclair Blue. The *SA Govt Gazette* 12.2.1931 lists him as W.A. Sinclair and he is occasionally (and incorrectly) recorded as Sinclair-Blue. Sometime mayor of Strathalbyn and master of the Freemasons lodge. He suffered much illness from Bright's disease and by 1890 his health had broken down and around 1893 he moved first to Largs Bay, then Hahndorf, where he died. Soon after the graveside lamentations his wife transformed into the archetype merry widow and married The Hon. Sir Samuel Way, Lt. Governor of SA. She died in 1914 and Way in 1916, after feeding the insatiable appetite of the Adelaide social scene. In 1871 he was the only member of the BMA in SA and in Australia overall there then were only five members. See *ADB* for details of his talented daughter Shylie Katharine Rymill [1882-1959] and *Chronicle* 26/9/1896 p. 24 for an obituary. In *AMPI*.

⁷⁰ At Streaky Bay where in 1919 he contracted influenza and died of pneumonia and its complications, *vide SA Register* 6/8/1919 p. 328 and *Ib.* 19/8/1919 p. 443.

⁷¹ Son of Dr. George Bollen. His daughter married E.D.A. (Alec) Bagot, Independent *MLC*. At Woodside before AAMC WWI. See *Advertiser* 13/9/1952 p. 3. He graduated from Hahnemann in 1887. See *Observer* 17/6/1899 p. 13: *Meleng* p. 54: *Burgess* v. 1 p. 457.

⁷² Son of Dr. George Bollen; died of tuberculosis at Penzance, England. See *SA Register* 25/9/1886 p. 609 and *Observer* 2/10/1886 p. 34.

	[1826-1892]	MD Hahnemann College, 1873 Illinois USA
1003	BOLLEN Kenneth Willoughby ⁷⁴ [1896-1972]	12 December 1918 MBBS Adel 1918
460	BOLLEN Percival ⁷⁵ [1869-1922]	2 July 1891 MB Toronto 1891 MD Toronto 1899 MD <i>aeg</i> Adel 1899
84	BOMPAS Joseph Carpenter ⁷⁶ [1823-1855]	3 July 1852 MB Lond 1846 MRCS Eng 1849
294	BOND George Weddall ⁷⁷	6 April 1881 LSA Lond 1874 MRCS Eng 1875
663	BONNIN Francis Josiah ⁷⁸ [d.1948]	9 July 1903 MBBS Melb 1900 MD Melb 1903

⁷³ Port Adelaide homœopath and one of the most important figures in the legislative history of the SA medical profession. Mayor of Port Adelaide 1882-83. Buried old Woodville cemetery. SLSA has many references to him including newspapers, *Meleng*, *Burgess*, and other documents.

⁷⁴ Son of Dr. Percival Bollen and grandson of Dr. George Bollen. Enlisted AAMC WWI June 1918: discharged prior to leaving Australia.

⁷⁵ The third son of Dr. George Bollen to become a medical practitioner. Father of Dr. K.W. Bollen. See *SA Register* 20/6/1922 p. 482 for a tribute. Graduated from Hahnemann in 1892. His Toronto MD was awarded for a thesis on hydatid disease. In 1919 he published *The case for prohibition from a medical viewpoint*. The Bollen family's tendency to get apoplectic about alcohol never reduced for them the community's affection. There is an obituary in *Australian Christian Commonwealth* 21/7/1922 p. 247.

⁷⁶ The Medical Register date of registration of 1882 is incorrect. He held also the BA Lond 1845 and a London MD. Surgeon to the Adelaide Gaol and Assistant Colonial Surgeon. He died on the *Harlequin* at lat. 24.39 S and long. 76.46 E *en route* to England to recover his health. His father was superintendent of Fishponds Lunatic Asylum, Bristol and eventually J.C. Bompas took it over. It appears that from then there was much mismanagement and cruelty and Bompas was stripped of the licence. He then came to Adelaide. Obituary, *Observer*, 9/2/1856 p. 5. In *AMPI*.

⁷⁷ His middle name is seen as "Weddell" and "Wendall". Known to have been at Victor Harbour 1880s.

⁷⁸ Had to complete his medical studies at Melbourne because of the hospital 'row.' Brother of Dr. J.A. Bonnin. Practised at Ararat, Vic. where he was medical superintendent of the lunatic asylum. In 1903 he had been house surgeon, Launceston Hospital, during a smallpox outbreak.

544	BONNIN James Atkinson ⁷⁹ [1874-1944]	16 January 1896 MBChB Adel 1895 FRCS Eng 1898 FRACS
585	BORTHWICK Ernest Lincoln ⁸⁰ [1870-1945]	5 January 1899 MBChM Edin 1897
766	BORTHWICK Fernichurst Halidon ⁸¹ [1878-1938]	14 May 1908 MBChB Edin 1904 DPH Edin & Glas 1907
779	BORTHWICK John Thomas ⁸² [1866-1923]	11 March 1909 MBChM Edin 1878
334	BORTHWICK Thomas [Kensington] ⁸³ [1860-1924]	2 May 1883 MBChM Edin 1881 MB <i>aeg</i> Adel 1888 MD Edin 1891

⁷⁹ He was the only graduate in 1895 and was awarded the Everard Prize. MRCS Eng LRCP Lond 1897. Foundation Fellow of the Royal Australasian College of Surgeons. Father of Drs. N.J. Bonnin [1909-1989,] J.M. [1912-1991,] L. [1918-1966] and J.A. [1920-1997] and Sister K.P. Bonnin RN. Brother of Dr. F.J. Bonnin. In 1896 he had been caught up in the politics of the Adelaide Hospital and resigned as house surgeon. His obituary is in the *Advertiser* 20/12/1944 p. 6. His book of press cuttings about the hospital 'row' is in the SLSA at D 7040.

⁸⁰ Brother of Dr. F.H. Borthwick. Practised at Norwood. A children's centre and reserve was dedicated in his memory by the Payneham Council, and a reserve in honour of both Ernest and Frank was established by the Kensington and Norwood Council. See *Advertiser* 4/7/1946 p. 6.

⁸¹ Brother of Dr. E.L. Borthwick. Known as Frank Borthwick. At Pt. Lincoln and then Kensington.

⁸² Some sources show the date of his degree as 1888. He was registered in Tasmania 1891 and practised at Zeehan. Brother of E.L. and F.H. Borthwick. He ceased practice fifteen years before he died.

⁸³ *ADB* 7 pp. 350-351. Sometime district surgeon, Natal. Hony. Bacteriologist Adelaide Childrens Hospital and Adelaide Hospital. His MD thesis was on the demography of SA. Medical Officer of Health for the City of Adelaide 1900-24 (and was succeeded by E. Angas Johnson.) Fellow of the Royal Institute of Public Health, England, and Fellow of the Society of Medical Officers of Health, London. Member, medical board, 1917. See obituary in *SA Register* 12/3/1924 p. 8 and *Burgess* v.1 p. 441. SLSA holds his published records.

123	BOSCH Carl Franz Joseph Ignatius ⁸⁴ [1831-1875]	5 January 1858 MD Acad Ludor Hassia 1857
866	BOURKE Hugh Stanislaus ⁸⁵	14 March 1912 MBBS Melb 1907
376	BOVILL Henry Howard ⁸⁶ [1855-1890]	7 October 1885 MRCS Eng LRCP Lond 1880
702	BOYD Percival Crawford ⁸⁷	11 January 1906 LRCP&S Edin 1879
137	BRACK Herman Albert ⁸⁸	3 July 1860 MD Marburg [nd]
676	BRADFORD Anthony Bouchier ⁸⁹	12 May 1904 MBBS Durh 1902 MRCS Eng LRCP Lond 1902
707	BRADY Albert Edward ⁹⁰ [1880-1930]	8 February 1906 MBBS Adel 1905
871	BRADY Reginald Morton [Laurence] ⁹¹ [1883-1913]	10 October 1912 MD Jefferson College Philadelphia USA 1912
831	BRENNAN Edward Thomas <i>DSO MC</i> ⁹²	13 April 1911

⁸⁴ Practised at Tea Tree Gully and Hope Valley and then moved to Adelaide. He was born in Frieberg, his father was a physician and his uncle a bishop. After graduation he practised in Frieberg and Giessen. In *AMPI*.

⁸⁵ Practised at Koroit Vic.

⁸⁶ At Mt. Barker, then in 1887 appointed acting Govt. Medical Officer, Northern Territory and surgeon Burrundie. He found the hospital without water, bathrooms or drains and he resigned in frustration in 1889 and returned to England, dying of influenza at London in 1890. He is omitted from the *Northern Territory Dictionary of Biography*, though there is a reference to him in vol. 1, p. 20. See *Northern Territory Times and Gazette* 15/6/1889 and 6/7/1889.

⁸⁷ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. He was at Hobart in the late 1890s and was the second doctor at Denial Bay. He later went to Brighton Vic.

⁸⁸ Practised at Kapunda. Left for London 1873. In *AMPI*.

⁸⁹ He was at Kent Town before he returned to London.

⁹⁰ Also known as Houston-Brady. Brother of Dr. R.M. Brady. Resident medical officer Adelaide Hospital 1905. Practised at Port Broughton to 1914, South Melbourne and Balmain NSW. Went to Vienna to become an ENT specialist and established himself in Macquarie St. Sydney, and there he died.

⁹¹ Brother of Dr. A.E. Brady. Practised at Redhill for less than a year before his death at North Adelaide from complications following a respiratory infection. See *SA Register* 20/10/1913 p. 626.

	[1887-1953]	MBBS Melb 1909
596	BRENNAN John McDonald ⁹³	3 August 1899 LFP&S Glas 1863
182	BRETTON Henry JP ⁹⁴ [c.1828-1899]	27 July 1869 MD Edin 1853
464	BRIERLEY Samuel William ⁹⁵ [d.1898]	1 October 1891 LRCP Edin LRCS Edin 1882 LM Edin 1882
175	BRITTON Thomas ⁹⁶ [c1827-1874]	7 July 1868 MRCS Eng 1851
994	BROADBENT Eric Elihu ⁹⁷ [1893-1971]	9 July 1917 MBBS Adel 1917
483	BROOKES Edward ⁹⁸	7 April 1892

⁹² *ADB* 7 pp. 399-400. *SA Govt. Gazette* 12.2.1931 shows incorrect initials. After Adelaide he went to Ballarat, Fremantle and then New Guinea where he became Director of Public Health and a member of the Legislative Council. Served AAMC WWI and sometime surgeon HMAS *Sydney*.

⁹³ At Port Broughton and later Capertee NSW. Surgeon to the New Hartley and other shale mines. His L&LMid Glas was not registered in SA. He was in NSW from about 1875 before coming to SA. In *AMPI*. Middle name also seen as M'Donald.

⁹⁴ At Wentworth NSW 1855-62, Warrnambool Vic 1862-67, Portland Vic 1868-69, Robe SA 1872 then Penola 1875. In 1879 he returned to Wentworth. He died at Upper Hawthron Vic. A brief account of his life is in *SA Register* 28/7/1899 p 211. Registered in Victoria in 1862. In *AMPI*.

⁹⁵ Before SA he had registered in Victoria in 1882 and was deputy medical superintendent Yarra Bend Lunatic Asylum and held the same position at Beechworth. In 1893 he fell foul of the BMA (SA Branch) for practising with a quack and his career was saved only by an abject apology to the College of Physicians and Surgeons, Edinburgh. However Brierley (who had a number of aliases) was an unscrupulous abortionist who operated with a woman who was probably his wife and who was known as Madam Harpur. The details of their disgusting criminal activities, preserved in police and Supreme Court records, are horrible. His Pirie St practice was taken over by J.H. Smith, who appears to be unregistered. He died in the Adelaide Hospital of delirium tremens. See Patricia Summerling: *Madam Harpur – the trials and tribulations of an Adelaide doctress*.

⁹⁶ At Kingston SE: fell in the Maria Creek when intoxicated and drowned. In *AMPI*.

⁹⁷ AAMC WWI and was gassed in France. At Bordertown and Kaniva Vic. for some years, then Crafers.

	[1870-1903]	MB Melb 1891
505	BROOM Charles ⁹⁹	6 July 1893 MRCS Eng LSA Lond 1865
717	BROWN Edgar Jabez ¹⁰⁰ [1875-1964]	14 June 1906 MBBS Melb 1902
864	BROWN Gilbert CBE ¹⁰¹ [1883-1960]	8 February 1912 MBChB Liverpool 1908
257	BROWN Horatio Ross ¹⁰² [1847-1890]	28 October 1877 LRCP LRCS Edin 1876
931	BROWN Marie ¹⁰³ [1883-1949]	10 December 1914 MBBS Lond 1907 DPH Sheffield
669	BROWN Thomas William	10 February 1903 MBBS Melb 1902

⁹⁸ Known to have practised at Salisbury from 1892 when he was partner and then successor to W.P.

Nesbitt. Visiting medical officer Yatala Prison: he was succeeded in that position by B.H. Morris. His ChB Melb 1896 was not registered in SA.

⁹⁹ In NSW by 1900.

¹⁰⁰ Also held the DPH Cambridge and was a Foundation Fellow RACS. North Terrace specialist and Hony. ENT surgeon Adelaide Childrens Hospital after his return from study in Europe in 1910. Married Annie, daughter of Hon. J.H. Gordon; brother of professor Jethro Brown. Obituary, *Advertiser* 12/11/1964 p. 7.

¹⁰¹ Practised first at Snowtown/Bute. Service with the AAMC WWI. Held the DA RCP&S Eng and practised at Adelaide as an anaesthetist. Husband of Dr. Marie Brown *nee* Simpson. His medical papers are in the Mortlock Library: PRG 637. Obituary: *Advertiser* 8/1/1960 p. 3. The Australian Society of Anaesthetists has material concerning his career and the University of Melbourne is the repository of his (and his wife's) private papers.

¹⁰² From Folkestone, Kent. At Maitland and Snowtown (from 1882,) where he died of alcohol related illness. See *SA Register* 14/1/1890 p. 95. His LM Edin not registered in SA. Buried at Condowie (between Snowtown and Brinkworth.)

¹⁰³ Wife of Dr. Gilbert Brown. Born Nottingham England. In practice with her husband until retirement in 1946. A prominent and respected figure in many women's, children's and other health movements.

Obituary, *Advertiser* 23/11/1949 p. 2 and see Mortlock Library PRG 619/6.

10	BROWNE John Harris ¹⁰⁴ [1817-1904]	4 January 1845 MRCS Edin 1839
701	BROWNE John Walter ¹⁰⁵ [d.1948]	9 November 1905 MBBCh Irel 1900
9	BROWNE William James <i>MP</i> ¹⁰⁶ [c1815-1894]	4 January 1845 MRCS Edin 1838
950	BROWNELL Herbert Percival <i>DSO</i> ¹⁰⁷ [1889-1937]	13 May 1915 MBBS Melb 1915
867	BROWNING Denby DeCoursey ¹⁰⁸ [1885-1942]	13 June 1912 MBBS Melb 1911
321	BROWNRIGG Herbert Watson ¹⁰⁹	4 October 1882 LRCS Irel LK&QCP Irel 1882
583	BROYER Walter Henry Grant ¹¹⁰	3 November 1898

¹⁰⁴ Brother of Dr. W.J. Browne. Medical officer with Charles Sturt on his 1844-45 expedition. Engaged in extensive and successful pastoral pursuits, returning to England in the 1870s. Died at Bath, Somerset. His important papers are in the Mortlock Library and there are references to him and his brother in various books dealing with settlement in various parts of SA. In *AMPI*.

¹⁰⁵ *SA Govt. Gazette* 12.2.1931 shows the incorrect initials. Hony Physician TB clinic Adelaide Hospital, and superintendent Kalyra Sanatorium.

¹⁰⁶ Brother of Dr. J.H. Browne, they owned Moorak, Booborowie, Buckland Park and other properties: at one stage they were the largest exporters of wool in the colony. Represented Flinders in the House of Assembly 1860-62. Returned to England and settled on his estate at Buckland, Fastleigh, Devon. Died at Eastbourne, Sussex. See *Northern Territory Dictionary of Biography* vol. 1, p. 113 and *Observer* 8/12/1894 p. 30. His papers are in the Mortlock Library PRG 1389/3. He was the principal founder of Christ Church Mt. Gambier which has an organ chamber and window dedicated to him and in 1978 a caduceus in the new city Arms recognised him (but apparently not Dr. Wehl!) In *AMPI*.

¹⁰⁷ *SA Govt. Gazette* 12.2.1931 shows the incorrect initials. After service in the AAMC WWI went to Broken Hill as acting supt. of the hospital. Later practised at Norwood. His DSO was for devoted work under heavy fire at Bullecourt. *Advertiser* 27/4/1937 p. 19 has details of his premature death and the Australian War Memorial has an image.

¹⁰⁸ At Ardrossan then service AAMC WWI. After the war went to Maitland then Burwood NSW, where he died. He was also registered in Victoria.

¹⁰⁹ BA TCD and L&LMidKQCP Irel. At Mallala and Silverton (1885) before going to WA in 1894. He then went to Maytown on the Palmer River, and later Goondiwindi and Chillagoe, Q. There is evidence that he had no qualifications that could be registered.

	[d.1937]	LRCP&S Edin 1896 LFP&S Glas [nd]
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¹¹⁰ Known to have been at Naracoorte before he was registered in Victoria in 1896.

323	BRUEHL Siegwart ¹¹¹	6 December 1882 MD & ChD Halle 1881 Staats exam Berlin 1882
770	BRUMMITT Elliott Arthur ¹¹² [1880-1934]	10 December 1908 MBBCh Edin 1905
248	BRUMMITT Robert JP ¹¹³ [1851-1927]	4 April 1877 MRCS Eng LSA Lond 1874
704	BRUMMITT Robert Douglas ¹¹⁴ [1881-1933]	11 January 1906 MBBS Adel 1905
34	BRYDEN George ¹¹⁵	4 January 1848 MRCS Eng LWCA Lond [nd]

¹¹¹ He was in Adelaide in 1883 and then went to Hawker, visiting Farina monthly (the unregistered Edward Hoche succeeded him there.) The Great Northern Railway had reached Hawker in June 1880. In 1889 he was briefly at Naracoorte and in 1890 returned to Germany to get married. He was then on Kangaroo Island and in 1891 returned to Hawker. He left there around 1902 for WA but turned up at Denial Bay and stayed from 1903 to 1906. At one stage he had been at Broken Hill and Wentworth (1907.) He then went to Victoria and is known to have practised at Rupanyup, Moyu, Woods Point (1910-12,) Beech Forest (1914,) Carlton (1915) and Northcote (1916.) Various records suggest that he had a problem with opiate dependence. In WWI he was hounded by the Military Forces as a suspected German sympathiser and in 1920 he and his family sailed to America. His son Anton was an internationally famous photographer.

¹¹² Son of Robert and brother of Robert Douglas Brummitt and practised at Medindie. Obituary *Advertiser* 26/6/1934 p. 8. AAMC WWI 1915-19.

¹¹³ *SA Govt. Gazette* 12.2.1931 spells his name incorrectly. At Burra for many years (initially with W.P. Nesbitt) where he was mayor in 1884 and 1885-7. He went to Walkerville in 1901. Father of Drs. R.D. and E.A. Brummitt. President SA Branch BMA 1900-01. See obituary *SA Register* 12/1/1927 p. 137, the *Burra Record* 19/1/1927 and *Australian Christian Commonwealth* 25/2/1927 p. 12. Author of *A Winter Holiday in Fiji*, Lond. 1914. The Mortlock Library has material on the Brummitt family including images.

¹¹⁴ House surgeon, Childrens Hospital 1906. Later surgeon of the Cable ship *Iris* then to Edinburgh (FRCS 1911.) Practised at St. Peters. Son of Dr. Robert Brummitt and father of Dr. D.W. Brummitt. Appointed to the medical board in 1915.

¹¹⁵ Known to have been at Port Adelaide in 1850. Surgeon Supt. *Mariner* ex London 1847. In *AMPI*.

18	BULL George JP ¹¹⁶ [c1818-1874]	1 July 1845 BM Cantab [nd]
69	BUNCE Richard ¹¹⁷ [c1817-1885]	1 April 1851 MRCS Lond 1842
974	BURDEN Clive Britten ¹¹⁸ [1892-1917]	10 August 1916 MBBS Adel 1916
823	BURDEN Frank ¹¹⁹ [1869-1961]	9 February 1911 MD Maryland 1905
392	BURKITT Frederick William ¹²⁰ [d.1892]	2 February 1887 LAH Dublin 1865 LFP&S Glas 1865 LRCP Edin 1873
706	BURNARD Eulalie Hardy Hanton ¹²¹ [1884-1907]	8 February 1906 MBBS Adel 1905

¹¹⁶ BA 1840 MB Melb *aeg* 1865. He was born Leicester Eng. and emigrated in 1844, probably to NSW. He was at Mt. Barker SA when registered, then went to the Victorian Goldfields (Bullock Creek, Ballarat, Clunes.) Believed to have been the first person in SA to use ether as an anaesthetic (1848.) The operation was on a Mr Watson, who had broken his hip. Nash amputated and Wyatt and Woodforde were present. Later Bull was at Koorunga and then Moonta Mines, where he took his life. In *AMPI*.

¹¹⁷ He appears to have been another practitioner attracted to the Victorian gold rush. Registered in Victoria in 1862 and practised at Ballarat, where he died. MRCS should be England. In *AMPI*.

¹¹⁸ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. In WWI he served in the 6th Field Ambulance and was invalided to England because of trench fever (a lice borne infection) and measles. While convalescing he fell off a platform and was run over by a train: he is buried in Brookwood Military Cemetery Surrey.

¹¹⁹ At Henley Beach for many years, where he was Medical Officer of Health to the former Henley and Grange Council. He worked in China and America before settling down in SA. The *Advertiser* 8/12/1961 p. 4 has an obituary of this interesting man.

¹²⁰ Initially took over Dr. John Astles practice, later went to Gumeracha and Port Augusta, then to Middle Brighton Vic., where he died.

¹²¹ She was the wife of Dr. Dean Dawson and went briefly to Laura with him. She died at North Adelaide after spinal surgery. The correct spelling of her first name is probably Eulalia. *SA Register* 6/9/1907 pp. 46-7. B25677/11 is a Mortlock Library image. Some records refer to her as Dr. Dawson.

692	BURNARD Renfrey Gershom ¹²² [1882-1971]	9 February 1905 MBBS Adel 1904
975	BURNELL Glen Howard ¹²³ [1890-1954]	10 August 1916 MBBS Adel 1916 MD Adel 1920 FRCS Edin 1929 FRACS
808	BURSTON Samuel Roy <i>KBE CB CBE DSO</i> <i>VD KStJ</i> ¹²⁴ [1888-1960]	8 September 1910 MBBS Melb 1910 MRCP Edin 1934 FRCP Edin 1938 FRACP 1938
363	BURTON Charles Frederick ¹²⁵	3 December 1884 LSA Lond 1880
94	BURTON Richard Francis <i>JP</i> ¹²⁶	25 January 1854

¹²² Appointed resident pathologist Adelaide Hospital in 1905. Later practised at Elliston, Yankalilla and Naracoorte, then AAMC WWI. Afterwards went to Mt. Gambier and in 1928 moved to Torrensville, where he remained. One of the founders of Western Clinic, Henley Beach Road. MRCP 1937; MRACP 1939. B38853 is a Mortlock Library image. Eulalia and Renfrey were brother and sister.

¹²³ Served AAMC WWI. Surgeon-superintendent of the Broken Hill Hospital 1920-22, then to Brisbane where he worked for the Rockefeller Foundation. Later hony. surgeon Adelaide and Adelaide Childrens Hospitals. Married Dr. Mary Taylor Angel MBBS Adel 1931. Obituary, *Advertiser* 7/8/1954 p. 2. *Who's Who* SA 1936 p. 78. His MD was for a thesis on diphtheria.

¹²⁴ Prominent Adelaide hony. physician and anaesthetist; at Mile End before serving AAMC WWI. Lecturer in clinical medicine Adelaide University. Father of Dr. R.A. Burston, who became a noted Adelaide physician and a fine clinical teacher. Returned to Melbourne in 1948. *ADB* 13 pp. 314-315 and Mortlock Library OH 691/1 is an oral history by his son. *Who's Who* SA 1936 p. 79 is an image.

¹²⁵ At Snowtown, Gumeracha and then Robe. He had difficulty making a living at each place and in 1888 at Mt. Gambier had been declared insolvent. In 1893 he left Sydney by the *Royal Tar* for Uruguay, as surgeon in charge of the "New Australia" contingent. After that eccentric misadventure he went to Gresford on the Paterson River NSW.

¹²⁶ An important figure in the early history of Marion and sometime chairman first of the Mitcham and then Brighton District Councils. In 1866 the Mitcham ratepayers presented him with an engraved salver and purse of money in recognition of his services. Held a commission in the Sturt and Brighton Rifles. Member of the Church of England synod, he is buried in St Marys, South Road. He is mentioned in W.A. Norman's *History of the City of Mitcham*. See also *Hodder* p. 260 and his obituary is in *SA Register* 28/2/1874 p. 15. Mortlock Library PRG 1135/2/3 is a miniature portrait within his collected papers. In *AMPI*.

	[c1809-1874]	LWCA Lond 1838
327	BURTON William Henry ¹²⁷	7 February 1883 LRCP Lond 1879 MRCS Eng 1881 MD Toronto 1881
722	BUTCHART John Elder ¹²⁸ [1867-1927]	20 September 1906 LRCP&S Edin 1893 LFP&S Glas 1893
590	BUTLER Frederick Stanley ¹²⁹	6 April 1899 MB Melb 1898
154	BUTLER Lambert ¹³⁰ [d.1880]	18 January 1864 MRCS Irel 1862
606	CADE David Duncan <i>DSO VD</i> ¹³¹	1 March 1900 MB Melb 1899
310	CAFFYN Stephen Mannington ¹³² [1850-1896]	5 April 1882 MRCS Eng 1876 LRCP Edin 1880
982	CAIRNS Hugh William Bell <i>KBE</i> ¹³³ [1896-1952]	9 July 1917 MBBS Adel 1917 MA DM Oxon MD (Hon) Adel FRCS
710	CAMM Thomas Carlisle Leichhardt ¹³⁴	12 April 1906

¹²⁷ Initially at Gumeracha and then went to South Yarra and later Yarram Yarram Vic.

¹²⁸ *SA Govt. Gazette* 12.2.1931 incorrectly spells his surname. Went to Oatlands, Tasmania. Later he became medical superintendent of the Austin Hospital, Melbourne. Served AAMC WWI.

¹²⁹ MA Adel 1893. He passed his third year medical at Adelaide in 1896 and was forced by the 'row' to complete his studies in Melbourne. Initially at Broken Hill, then went to Beverley WA.

¹³⁰ Briefly in partnership with Dr. J.M. Gunson and in 1864 went to the Adelaide Hospital. In *AMPI*.

¹³¹ He was briefly at Kapunda. After service in AAMC WWI in command of the 3rd Field Ambulance he became medical superintendent of the Sunbury Mental Hospital. Father of Dr. J.F. Cade who discovered the important use of lithium for certain psychiatric illnesses.

¹³² *ADB* 3 pp. 325-327. Went to Sydney in 1880 then Wollongong and Launceston, then Adelaide and returned to Melbourne in 1883; he was registered in Victoria in 1884. In 1890 he went to England to set up a company manufacturing meat extract (precursor of Bovril?) and on his return set up at South Yarra. In 1892 he established a reception house for drug addicts and depressives. Died in England of tuberculosis. He was a talented author and his wife a remarkable woman of literary aptitude in her own right. He may have had a problem with narcotic dependence. His two sons were killed in action in WWI. See also *Journal of Medical Biography* 1996; 4: 148-153 for an article by Stephen Due. In *AMPI*.

¹³³ Rhodes Scholar 1918; eminent neurosurgeon and Nuffield Professor of Surgery, Oxford. A biography by G.J. Fraenkel was published by Oxford University Press 1991. Obituary *Advertiser* 21/7/1952 p. 2.

		MB Melb 1902 BS Melb 1903
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¹³⁴ *SA Govt. Gazette* 12.2.1931 incorrectly spells his name. Practised briefly at Balaklava, and then Sorrento

Vic.

171	CAMPBELL Allan <i>JP MLC</i> ¹³⁵ [1836-1898]	8 April 1867 LRCP Edin 1864 LFP&S Glas 1864
565	CAMPBELL Allan James ¹³⁶ [1872-1902]	6 May 1897 MBChB Adel 1896
24	CAMPBELL Angus James ¹³⁷	6 October 1846 MRCS Edin 1826
745	CAMPBELL Sarah Maud ¹³⁸	12 September 1907 MBBS Melb 1907
125	CAMPBELL William ¹³⁹	6 April 1858 MRCS Edin 1849
215	CAMPBELL William McDonald ¹⁴⁰ [1841-1908]	6 January 1875 LRCP Edin 1873 LFP&S Glas 1873

¹³⁵ *ADB* 7 pp. 542-543. Brother of Dr. W.M. Campbell and father of Drs. A.J. and A.W. Campbell. A homœopath and prominent public figure, MLC 1878-98. Through marriage he was related to the Downer and Way families. (Archibald Way Campbell, MBChB Adel 1896, Surgeon RN and then Fiji Colonial Medical Service did not register in SA until 1925.) His former home on North Terrace was bought by Dr. W.A. Verco in 1911 and the present *Verco Building* occupies the site. Allan Campbell was an enthusiastic proponent of the Adelaide Childrens Hospital, helped establish it and was devoted to it up to his death: he is commemorated by the Allan Campbell Building. His embrace of homœopathy ensured the dislike of the BMA (SA Branch.) The internet has many resources dealing with him. Obituary *Observer* 5/11/1898 pp. 15, 16, 24. His daughter Florence Way Campbell [1870-1961] was the first woman Bachelor of Music in Australia, graduating from Adelaide in 1897. In *AMPI*.

¹³⁶ Resident surgeon Adelaide Childrens Hospital then Surgeon-Captain Steineckers Horse, Boer War. He died of malaria and typhoid at Pretoria. He had been surgeon in charge of the Harrismith Military Hospital. Son of Dr. Allan Campbell *MLC*. Married Kate Durant, a relative of Field Marshall Earl Roberts. Obituary *Observer* 29/3/1902 pp. 30, 43. (Australia lost more soldiers in the Boer War than in Vietnam.)

¹³⁷ Nothing is known about him in SA, other than the basic facts of his registration which was announced on 5/1/1847. He arrived Sydney in 1838 as surgeon-superintendent of the *Brilliant*. In *AMPI*.

¹³⁸ As Mrs. Salter, practised at Ballarat, where she was a gazetted public vaccinator.

¹³⁹ Ship's surgeon (at least five voyages.) His correct qualification is LRCS Edin. In *AMPI*.

¹⁴⁰ Homœopath: brother of Dr. Allan Campbell *MLC*, brother-in-law of Dr. E.W. Way. One daughter married into the Rymill family. Like his brother he had a long association with the Childrens Hospital. Obituary *Observer* 25/4/1908 p. 38.

420	CANNY Dennis Joseph ¹⁴¹ [1840-1928]	6 February 1889 MRCS Eng 1863 LRCP Edin 1864
922	CARDEN Hubert Cecil ¹⁴² [1883-1935]	11 June 1914 LRCP&S Irel 1907 FRCS Irel 1913
172	CAREY Samuel Orbey ¹⁴³ [d.1877]	19 October 1867 LRCS Irel 1866
813	CARGILL James Alexander Russell ¹⁴⁴ [d.1949]	25 November 1910 MBChB Edin 1908
194	CARMICHAEL William Richard ¹⁴⁵ [1818-1873]	2 October 1872 MRCS Eng 1842
459	CARR Hampden ¹⁴⁶ [1868-1932]	2 April 1891 LKQCP Irel 1890 LRCS Irel 1890
365	CASHEL Edward Baldwin JP ¹⁴⁷	4 March 1885

¹⁴¹ Formerly surgeon either Royal Artillery or 11th Regiment of Foot, serving India and Ireland. After emigrating to Australia was first at Mitchell Q., on the Maranoa River and then Port Stephens NSW. Later he practised at Bombala NSW, Port Adelaide, Peterborough (1891) and Robe. He became insolvent at Peterborough. He is also known to have moved from NSW to Melbourne in 1924.

¹⁴² The son of a doctor, after working as a ship's surgeon he went to Snowtown then Bute. Later he settled at Kadina. See obituary *Advertiser* 19/11/1935 p. 21.

¹⁴³ At Angaston and then Glenelg, where he was government vaccinator. In 1868 he was in partnership with Lambert Butler and in 1870 acted as locum for William Gosse. He may have been practising in South Australia unqualified: see *AMPI*.

¹⁴⁴ He was only briefly in Adelaide as a locum before moving to Nowra and then Woollahra NSW. In 1912 in Sydney his wife (an actress) was granted a decree nisi on the grounds of his adultery. He died in London and is buried in East Sheen cemetery. He sometimes styled himself Russell-Cargill.

¹⁴⁵ Migrated from Dublin in 1854 and practised at Freeling/Kapunda. He died at Freeling.

¹⁴⁶ At Port Pirie until 1903, then Mt. Lofty. Later practised at Unley and then Kangaroo Island. He drowned in the American River: one story is that he fell in drunk, another that he was pushed. H.T. Burgess *Cyclopaedia of South Australia* vol. 2 pp. 525-6 has an article about him and a photograph and *Advertiser* 3/10/1932 p. 9 discusses his mysterious death.

¹⁴⁷ Registered in Victoria 1884 and came from Armadale to Balaklava. Qualifications as FRCSI and MD Dublin have been noted. He claimed descent from Edward III of England (reg. 1312-1377.) He emigrated

	[1855-1942]	LRCS Irel 1881 LMK&QCP Irel 1882
347	CASSELS Thomas ¹⁴⁸ [d.1888]	5 December 1883 MD Glas 1831 ChM Glas 1861
759	CATCHLOVE Sydney George Leyland ¹⁴⁹	16 January 1908 MBBS Adel 1907 FRACS
655	CATFORD Harold Robert ¹⁵⁰	12 February 1903 MB Melb 1899 ChB Melb1901
202	CAVE Alfred Henry ¹⁵¹ [c1843-1882]	3 July 1872 LSA Lond MRCS Eng 1872
492	CAVENAGH-MAINWARING Wentworth Rowland ¹⁵² [1869-1933]	2 February 1893 MBChB Adel 1892 LRCP Lond MRCS Eng 1896 FRCS Eng 1899
651	CAW Alexander Ruan ¹⁵³ [1879-1924]	8 January 1903 MBBS Adel 1902
197	CAWLEY Thomas ¹⁵⁴	22 October 1872

to Vredenberg South Africa and in 1910 went to Rhodesia where he joined the Southern Rhodesian government medical service.

¹⁴⁸ Practised at Millicent, where he was found dead in his surgery. *SA Govt. Gazette* 12.2.1931 has the incorrect initial. There is an obituary, *Adelaide Observer*, 17/11/1888, p. 33.

¹⁴⁹ MS Melb 1923: hon. surgeon, Prince Henry Hospital, Melbourne.

¹⁵⁰ Practised at Riverton, then Eaglehawk Vic. He won the Victorian long jump championship in 1894.

¹⁵¹ Sailed from Gravesend in the *Northampton* intending to join Dr. W.H. Dashwood at Kooringa.

Returned to England and came back to Kooringa in 1876. Went to Jamestown in 1877 and later that year moved to North Adelaide. He then moved to Brompton, where he died. His death is noted in the *Adelaide Observer* 11/2/1882, p. 36 and *SA Register* 6/2/1882 p. 4. Dr. D.A. MacLachlan succeeded to his practice. In *AMPI*.

¹⁵² Leading surgeon and clinical teacher, Adelaide Hospital. Serbian *Order of the White Eagle* WWI. His name is often encountered misspelt. Son of the Hon. Wentworth Cavenagh: he did not marry.

¹⁵³ At Wallaroo, Naracoorte and Burra (1910) until enlistment in WWI: Surgeon-Commander *HMAS Australia* from 1912. In 1920 he settled at Johannesburg as an ENT specialist and he died there. His wife and infant son died at Kooringa in 1911 in what appear to be unusual circumstances. Obituary is in *SA Register* 26/3/1924 p. 335.

¹⁵⁴ At Glenelg in the 1870s, then North Terrace Adelaide, where in 1895 he built what is now part of the Queen Adelaide Club as his rooms and residence. He initiated the first formal steps to establish the BMA (SA Branch) in 1879. See also Mabel Hardy, *First Hundred Years of the Orphan Home, Adelaide*. 1960 and *Pascoe*

	[1837-1906]	FRCS Edin 1872 LRCP&LM Edin 1877 MRCS Eng 1872 LSA Lond 1877 MD <i>Bruce</i> 1878
65	CHALMERS Andrew ¹⁵⁵ [1820-1862]	7 January 1851 MD Glas 1842
21	CHAMBERS Henry ¹⁵⁶ [c1816-1881]	7 April 1846 LWCA Lond 1842 MRCS Eng 1857
837	CHANCELLOR Alfred Austin ¹⁵⁷ [1876-1923]	8 June 1911 MB BCh BAO Irel 1903
693	CHANCELLOR Charles Hurst ¹⁵⁸	13 April 1905 MD Columbia College NY USA 1902

p411. An account of his death and other brief details are in *SA Register* 27/11/1906 p. 233 and see also *Observer* 1/12/1906 p. 38. C.H.J. Souter took over his practice. In *AMPI*.

¹⁵⁵ At Mt. Barker for 14 years until 1861 when he left for Adelaide and there he died the following year. Buried Clayton Church cemetery, Kensington. Son-in-law of Allan McFarlane MP, he left a widow and five children. In *AMPI*.

¹⁵⁶ He was born at Sheffield, England and came to SA on the *Kingston*. Initially he was medical officer to the Kanmantoo and Tungkillo mines until he went to Burra in 1850. He returned to England to obtain his MRCS and came back to SA, returning only briefly to Burra before taking up a number of government positions at Port Adelaide. In 1856 he was appointed coroner and in 1857 honorary medical officer, Adelaide Hospital. In 1857 he moved to Victoria and practised at Geelong. He returned to SA and is known to have worked at Bowden, Clare and Mintaro. He died in the Home for Incurables. In *AMPI*.

¹⁵⁷ Practised at Gladstone, SA.

¹⁵⁸ At Gladstone SA, where he was councillor and mayor. In 1913 he went to Katoomba Q. because of his health, and he died at Tweed Heads NSW. Sometimes his middle name is shown as Hunt.

630	CHAPMAN Henry George ¹⁵⁹ [1879-1934]	9 January 1902 MB Melb 1899 MB <i>aeg</i> Adel 1901
579	CHAPPLE Frederic John ¹⁶⁰ [1872-1948]	7 April 1898 MB Melb 1897 ChB Melb 1898 MB <i>aeg</i> Adel 1898
687	CHAPPLE Phoebe MM ¹⁶¹ [1879-1967]	9 February 1905 MBBS Adel 1904
592	CHEENERY Arthur ¹⁶² [1869-1948]	6 April 1899 MRCS Eng LRCP Lond 1897

¹⁵⁹ *ADB* 7 pp. 612-613. First Professor of Pharmacology and second Professor of Physiology University of Sydney. His life was distinguished by personal and public scandals involving alcoholism, promiscuity and embezzlement and he suicided in 1934. In 1902 he had worked for E.C.Stirling and then went to Ormond College, Melbourne as resident medical tutor. See also *Magazine of the Royal Australian Historical Society* March 2009 pp. 6-7.

¹⁶⁰ BSc Adel 1891. Son of Frederic Chapple BA Lond, Headmaster Prince Alfred College and Warden of the Senate UofA. Brother of Dr. Phoebe Chapple and Dr. Harold Chapple. His undergraduate career was another victim of the hospital 'row'. RMO Brisbane Hospital 1900 and then Rockhampton; medical superintendent Adelaide Hospital 1904-07. Practised at Nairne and Clarendon then served AAMC WWI. Later practised at Parkside. Descendants of this accomplished family still practice medicine. See *SA Register* 20/4/1894 p. 373. Father in law of Dr. J.H. Petchell MBBS Melb 1931. *Observer* 30/4/1904 has a portrait, p. 23.

Harold Chapple left SA at the age of 19 to study engineering at Cambridge but switched to medicine; he became a leading Harley St. obstetrician and gynaecologist: he was never registered in SA.

¹⁶¹ *ADB* 7 pp. 615-616. Sister of Harold and Frederic: active service with the British Army WWI in France and awarded the 'other ranks' Military Medal because she was a woman, when as a commissioned officer she was fully entitled to the Military Cross. See *SA Register* 21/2/1918 p. 398 and *Ib.* 3/9/1919 p. 25. Obituary is in *Advertiser* 6/4/1967 p. 24. The Australian War Memorial has material on her.

¹⁶² He was born at Mansfield, Vic., and practised at Port Augusta, Mortlake, Sale, Tocumwal and finally Wentworth from 1916-44. He was once government medical officer, Broken Hill. He was a foundation member of the Royal Australasian Ornithologists' Union, 1901 and its president 1930-31.

775	CHERRY Percival Thomas Spower ¹⁶³ [1885-1950]	11 February 1909 MBBS Adel 1908
270	CHOWN Joseph Waterfield ¹⁶⁴ [1851-1884]	4 June 1879 MBChM Edin 1875
1007	CILENTO Phyllis Dorothy	See McGLEW, P.D.
1011	CILENTO Raphael West <i>Kf</i> ¹⁶⁵ [1893-1985]	12 December 1918 MBBS Adel 1918 MD Adel 1922 DTM&H Eng FRSanI Lond
149	CLARKE Charles ¹⁶⁶ [d.1872]	16 October 1862 MRCS Eng 1832 LK&QCP Irel 1860 FRCS Eng 1862

¹⁶³ Grandson of John Cherry, first traffic manager of the South Australian Railways (1854.) Father of Drs. Aileen, Edward and Alan Cherry. Practised at Tailem Bend after graduation, served AAMC WWI and then became established at Port Adelaide. President Port Adelaide Football Club 25 years. Health officer Port Adelaide in succession to Percival Bollen. President BMA (SA Branch) 1938-39. Obituary *Advertiser* 29/4/1950 p. 3.

¹⁶⁴ At Gladstone and then Jamestown, where he was in partnership with J.A. Cockburn. He then set up at Terowie, where he died of ‘compression of the brain’ and is buried.

¹⁶⁵ *ADB* 17 pp. 214-215. Barrister at Law and FRHistS, Qu. Husband of Dr. Phyllis Dorothy Cilento *nee* McGlew. His eminent career features in many *Who's Who* and QUP published a biography in 1994. Son of a SAR stationmaster, Cilento resembled him in many ways, particularly a readiness to become involved in political and social controversy and to attract enemies. Some of the personal attacks on him under parliamentary privilege are astounding in the breath of their malignant vituperation. His life after retirement was marred by emptiness, frustration and tragedy. See Fedora Fisher, *Raphael Cilento/ A Biography*, QUP 1994; Walter Crocker, *The role of Sir Raphael Cilento at the United Nations*, UQP 1985.

¹⁶⁶ Also held the LSA 1834. Born Northern Ireland, sometime surgeon West India Steam Packet Service. Practised in New Zealand, Adelaide and Victoria, where he died at Brighton. In *AMPI*.

832	CLARKE Cyril Lowther ¹⁶⁷ [1884-1922]	13 April 1911 MBBS Melb 1908
660	CLARKE Phillip Sylvester ¹⁶⁸	14 May 1903 MBBS Syd 1903
274	CLARKE William ¹⁶⁹ [c1852-1886]	1 October 1879 MBMS Aberdeen 1879
506	CLARKSON Charles Howard ¹⁷⁰ [1842-1894]	3 August 1893 LRCP LRCS Edin 1864
649	CLAYTON Arthur Ross <i>DSO</i> ¹⁷¹ [1876-1963]	8 January 1903 MBBS Adel 1902 MRCS Eng LRCP Lond 1905

¹⁶⁷ Son of the Most Reverend Henry Lowther Clarke, Archbishop of Melbourne. Practised at Kyneton Vic. and then the WA goldfields before returning briefly to England. Came back to Australia and commenced practice at Peterborough. Served AAMC WWI. He was mayor of Peterborough when he spectacularly rolled his car in the main street when drunk and speeding, and died of his injuries. A boy, Frank Cave, was also killed and three other lads seriously injured. Clarke was inappropriately regarded as a hero and there is a memorial window in the Peterborough Anglican Church and the hospital nurse's quarters were named for him. He remained on the Victorian register until 1947.

¹⁶⁸ *SA Govt. Gazette* 12.2.1931 has incorrect initials. Passed his third year examination at Adelaide and had to complete his undergraduate training in Sydney because of the hospital 'row.' Resident medical officer, Adelaide Childrens Hospital 1903. He then went to Edinburgh for further study.

¹⁶⁹ Practised at Orroroo for seven years until his death there from tuberculosis. However Clarke is a more tantalising figure as he was MA Aberdeen and had held a teaching position in Stuttgart, Germany. His medical qualifications are correctly MB CM. See *Records of the Arts Class 1868-72*, ed. P.J. Anderson, University of Aberdeen, 1882.

¹⁷⁰ At Sandgate Qu. before coming to SA, where he practised at North Adelaide. Registered in Victoria in 1875: he died at Toorak and is buried in the Melbourne General Cemetery. He left no family. There are some scathing references to him as a grave robber in *Griffith Review* Ed. 21, *Theft in the name of science*. In *AMPI*. There is evidence that he had no qualifications that could be registered.

See *SA Register* 3/12/1894 p. 437.

¹⁷¹ *ADB* 8 p. 20. Practiced at Moonta: served AAMC WWI. Brother of J.W. Clayton.

952	CLAYTON Joseph Woods ¹⁷²	12 August 1915 LRCP Lond MRCS Eng 1915
654	CLELAND John Burton ¹⁷³ <i>Kt CBE</i> [1878-1971]	8 January 1903 MB ChM Syd 1900 MD Syd 1902 MD <i>aeg</i> Adel 1902
255	CLELAND William Lennox <i>JP</i> ¹⁷⁴ [1847-1918]	28 November 1877 MBChM Edin 1876 MB Adel <i>aeg</i> 1880

¹⁷² He was at Moonta and then was one of the first doctors to practise in the Edwardstown/Glandore area. He was a South Australian who was a pharmacist and left in 1910 to go to England for his medical studies.

¹⁷³ *ADB* 8, pp. 23-25. Professor of Pathology UofA 1920-48. Another Adelaide student forced by the hospital 'row' to complete his studies elsewhere. Son of W.L. Cleland and father of Drs. M.B (MBBS Adel 1932) and W.P. Cleland (MBBS Adel 1934.) In Adelaide he acquired an aura reminiscent of sainthood. Some of his students recollect that his post mortem technique brought him the nickname 'Burtie the Butcher.' His successor was J.S. Robertson MBBS Sydney 1939. Obituary, *Advertiser*, 12/8/1971 p. 3. His extensive records and publications are in the Mortlock Library. In *Pearn*.

¹⁷⁴ Born Hong Kong, arrived SA 1852. Resident medical officer, Parkside Asylum and colonial surgeon; president BMA (SABranch) 1890. Father of Sir John Cleland. See *SA Register* 18/1/1911 p.172 and *Ib.* 18/1/1917 p. 162 for brief notes about him. Obituary is in *SA Register* 6/11/1918 p. 43. In 1875 he published *Winegrowing in South Australia*, Adel. Govt. Printer. He established a vineyard and olive trees at what is now Glenside Hospital.

152	CLINDENING William Talbot JP ¹⁷⁵ [c1824-1899]	4 July 1863 MRCS & LM Eng LSA Lond 1862
902	CLOSE Walter John Westcott ¹⁷⁶	18 December 1913 MBBS Adel 1913 FRCS Edin 1927 MS Adel 1929 FRACS
236	CLUTTERBUCK James Bennett ¹⁷⁷ [1806-1888?]	4 October 1876 LSA Lond 1830

¹⁷⁵ Born Dublin and possibly in practice at Liverpool Eng. before emigrating on the *Gypsy* in 1853.

Practised at Port Elliott, Goolwa, Mt. Gambier (1865,) Kapunda and Adelaide. Sometime Govt. Medical Officer Mt. Gambier, honorary medical officer and a member of the Adelaide Hospital board. Father in law of Dr. Home Popham of Gawler. An interesting person, with other official and private appointments, he seems to have practised medicine at Middleton/Port Elliott around 1854, before he was qualified or registered. So he may have been the first 'practitioner' in the days when Sir Henry Edward Fox Young was trying to make Victor Harbour the capital of South Australia and capture the Murray trade by building the railway from Goolwa to Port Elliott to avoid navigation through the river mouth. Father of Dr. Frederick Talbot Driffield Clindening [1859-1959] who practised but was not registered in SA, and who, after a pyrotechnic 1889 divorce scandal involving the wife of the manager of the gas company, went to and remained in England. Another son, William Talbot [1855-1919] was a surveyor, Lands and Survey Department. He was a principal medical officer of the SA military forces. See *SA Register* 8/6/1899 pp 496, 498 and 500 and *BMJ* v. 2 no. 2024 p. 1052. SLSA B 2495 is a photo of his North Tce. Residence and he is in *AMPI*.

¹⁷⁶ Served AAMC WWI and also at Keswick during the Second World War. He replaced Dean Dawson at Port Pirie in 1918 and left there in 1924. He had a long surgical association with the Adelaide and Adelaide Childrens Hospitals, and with the UofA as tutor and demonstrator. Married sister of Raphael Cilento.

Who's Who 1936 p. 81 is an image.

¹⁷⁷ Held also the MD Glas and Erlangen and practised in NSW, Vic, NZ and England. May have died at Blinman SA 1888, but other records state Shepton Mallett England 1886. His time in SA was distinguished by controversy; he was publicly criticised in 1879 over a post-mortem and that same year a petition was raised to have him removed from Blinman. He was registered in Victoria in 1845 and in 1850 published *Port Phillip in 1849*: intended for emigrants, some of the medical observations are idiotic. SLSA has other publications by him. In *AMPI*.

227	COCKBURN John Alexander <i>JP KCMG</i> ¹⁷⁸ [1850-1929]	5 January 1876 MRCS Eng 1871 MB Lond 1873 MD Lond 1874 MD <i>aeg</i> Adel 1877
934	COCKBURN Patrick ¹⁷⁹ [1888-]	17 December 1914 MBBS Adel 1914
800	COHEN Marjorie Duake ¹⁸⁰ [d.1929]	12 May 1910 MBChB Edin 1906
566	COLLINS James Clive ¹⁸¹	6 May 1897 MB ChB BAO (TCD) [nd]
311	COLLINS Patrick John ¹⁸²	3 May 1882 LRCS Irel 1877 L&LMKQCP Irel 1878

¹⁷⁸ *ADB* 8, pp. 42-4 is a sympathetic account. A substantial Jamestown and South Australian figure.

Premier of SA 1889-90 and later Agent-General London 1898-1901. As Premier he was largely responsible for the important 1889 *Act* which reformed qualified medical practice after the Bollen legal misadventures.

A bust at Jamestown commemorates him, and for many years the Barrier Highway was known as the Cockburn Road. As Right Worshipful Brother Cockburn, Past Deputy Grand Master of South Australia, he wrote *Freemasonry: what, whence, why, whither*, London, [n.d.] Like all Masonic writing it is an absurd exercise in significant esoteric boredom. He was also the author of *Australian Federation*, 1901. After 1901 he settled in England and was involved in many public institutions, but his activities seem to have been an escape from boredom or creative political troublemaking. In *AMPI*.

¹⁷⁹ Nephew of Sir John Cockburn. After service AAMC WWI went to New Lambton NSW.

¹⁸⁰ Known also as Averyl Harcourt and in *SA Govt. Gazette* 1910 is registered in both names but as separate persons. Known to have been at Tarcoola, where a goldfield had been established in about 1900. She studied as Duake-Cohen and as a widow died intestate in Colney Hatch Mental Hospital, Middlesex where she was known as Mrs. Simha Duake-Cohen a.k.a. Marjorie Averyl Harcourt. Her son Vernon Harcourt was born in 1893 in Jersey, Channel Islands and at the time of his enlistment in 1914 his mother lived at Santa Rosa, California. He was also known as Anthony Dowling. An intriguing family story.

¹⁸¹ He was at Brocks Creek and Howley, NT and with the Eureka Gold Mining Company, then went to New Zealand (Poverty Bay.) He is omitted from the *Northern Territory Dictionary of Biography*.

¹⁸² At North Adelaide and Parkside SA and then Woolhara NSW.

1013	COLLINS William Kendall ¹⁸³ [1897-1944]	12 December 1918 MBBS Adel 1918
203	COMYN [William] Henry Edward ¹⁸⁴ [1849-1913]	3 July 1873 MBChM Dub 1871
924	CONNELL Royden Herbert Minton ¹⁸⁵	13 October 1914 MBBS Melb 1914
814	CONNELLY William James	25 November 1910 LRCP&S Irel 1907
552	COOK Frederick Ernest ¹⁸⁶	6 August 1897 MRCS Eng LRCP Lond 1892
577	COOK Harry Franklyn ¹⁸⁷	3 March 1898 LRCP Lond MRCS Eng 1893
426	COOKSON Joseph ¹⁸⁸	5 June 1889 MB Melb 1887
432	COOMBE Ethelbert Eldred Sargent ¹⁸⁹ [1862-1922]	5 June 1890 MB Durh 1889

¹⁸³ Because of administrative changes his registration number also appears as 1113. Practised at Donnybrook WA. See *Advertiser* 1/2/1944 p. 4.

¹⁸⁴ Registered in NZ 1880 and in 1882 was at Christchurch. Practised at Georgetown SA and around 1882 moved to nearby Gladstone. In 1890 he narrowly escaped drowning in the Rocky River and in 1904 he broke a leg. At Georgetown in 1876 he refused to attend or answer to a coroner at an inquest. He was still at Gladstone in 1913 and was the second most senior doctor in SA, when he died. *SA Register* 15/7/1913 p. 174. See also *Beaconsfield Mutual Improvement Society Papers* SLSA 829.1. In *AMPI*.

¹⁸⁵ At Hawker SA, Port Augusta (1915) then RMO Adelaide Hospital 1916 and at Mitcham in 1917. After AAMC WWI he is known to have practised at Leonora and Meekatharra WA, Zeehan Tas, Manangatang, Bendigo and Dunnolly Vic, Karoonda and Hammond SA and he may have returned to Tasmania. He could also have been at Wilmington, where his wife and daughter are buried in the cemetery.

¹⁸⁶ Known to have been at Laura c1900: took over Dr. Thyne's practice at Millicent in 1904 and he was replaced by C.V. Wells.

¹⁸⁷ Was at Redhill in 1900. It is tempting to believe that F.E. and H.F. Cook were brothers.

¹⁸⁸ At Adelaide Childrens Hospital in the 1880s and then in 1891 went to Dunolly Vic.

¹⁸⁹ Practised at Bowden/Hindmarsh. Also held LSA Lond 1887. Sometime health officer for Hindmarsh and Thebarton. *Burgess*, v. 1 p. 490. He was born in South Australia: see *SA Register* 2/1/1890 p.13 for details of his education, qualifications and the circumstances of his emigration and *Ib.* 24/4/1922 p.487 for his obituary. In 1909 he was charged with using an instrument to procure an abortion and was lucky to escape conviction.

586	COOPER Claude Tidswell ¹⁹⁰ [1872-1939]	5 January 1899 MBChB Melb 1898 MB <i>aeg</i> Adel 1899
686	COOPER Constance May	See NEWBERRY, C.M.
368	COOPER Ernest Frederick ¹⁹¹	3 June 1885 MRCS Eng LRCP Lond 1875
532	CORBIN Cecil ¹⁹² [1871-1944]	7 February 1895 MBChB Adel 1894
659	CORBIN John ¹⁹³ [1878-1930]	14 May 1903 MRCS Eng LRCP Lond
160	CORBIN Thomas Wilson ¹⁹⁴ [1843-1918]	31 July 1865 MRCS Eng LSA Lond 1864
874	CORMACK William Petrie ¹⁹⁵ [b.1876]	14 November 1912 MBChB Edin 1900

¹⁹⁰ Passed his fourth year exams at Adelaide in 1896 and was forced by the 'row' to go interstate to complete the degree. Medical superintendent Adelaide Childrens Hospital 1900-02; general practice Norwood 1903-33, when he retired and devoted himself to Bible study. Father of Dr. K.F. Cooper MBBS Adel 1929. The *Advertiser* 13/5/1939 has an obituary.

¹⁹¹ At Morphett Vale after registration, and was in NSW from 1886.

¹⁹² Brother of Dr. John Corbin. At Woodside 1895-1904; served WWI then general practice at Walkerville. In 1896 he had been caught up in the politics of the Adelaide Hospital and was dismissed as house surgeon. Sometime honorary surgeon, Onkaparinga Racing Club.

¹⁹³ Brother of Dr. Cecil Corbin. In 1903 joined his father in practice and then in partnership with his brother until AAMC WWI. Became Hony Surgeon Adelaide and Repatriation Hospitals and lecturer in clinical surgery. President BMA (SA Branch) 1928. Obituary *SA Register* 3/2/1930 p. 7.

¹⁹⁴ Father of Drs. John and Cecil Corbin. Assistant Surgeon Burra Burra mine 1866 then assistant colonial surgeon and house surgeon Adelaide Hospital. General practice at Riverton 1868-1873, then King William St. South. Treasurer, vice-president and then president BMA (SA Branch) 1880-81. He came to SA after service in the seamen's hospital ship *Dreadnought*, at Greenwich. At Riverton he took over from J.S.O'Carroll who had left to join J.M. Gunson in Adelaide. Associated with the Home for Incurables. See *SA Register* 20/8/1918 p. 409 and *Observer* 24/8/1918 p. 19. He retired in 1903. In *AMPI*. His remarkable wife is in *ADB*. Another son was a prominent Adelaide businessman.

¹⁹⁵ At Tumby Bay, Robe (1923) and then went to Victoria. Some local reports show his name as McCormack, which is incorrect. Father of Sir Magnus Cormack *KBE* sometime President of the Australian Senate.

102	CORNELIUS Henry Thomas ¹⁹⁶ [c1823-1857]	6 June 1854 MRCS Eng 1850
340	CORR Richard James ¹⁹⁷ [1854-1907]	5 September 1883 LKQCP Irel 1878
818	CORRY Samuel Lloyd ¹⁹⁸ [1886-1983]	12 January 1911 MBBS Adel 1910
19	COTTER Thomas Young ¹⁹⁹ [1805-1882]	14 January 1846 LSA Lond 1833
66	COULTHURST Richard ²⁰⁰	5 January 1851 MRCS Eng 1847
428	COUNTER Francis William JP ²⁰¹ [1864-1900]	5 June 1890 MBChM Aberd 1889
511	COVERNTON Hugh Selby ²⁰² [1869-1940]	7 December 1893 MRCS Eng LRCP Lond 1891

¹⁹⁶ He was surgeon superintendent of the *Sir Edward Parry*, which arrived Port Adelaide in March 1854 and held the same position on the *Gomelza*, which arrived Port Adelaide in 1856. In *AMPI*.

¹⁹⁷ *SA Govt. Gazette* 12.2.1931 misspells his name and the SA medical registers record the incorrect qualification (as does his tombstone.) Was surgeon on the *St. Vincent* and decided to settle with his wife in SA, first at Orroroo, then Wallaroo, Kadina and finally Maitland where he remained until his death. His wife died there in 1934. Another motive for emigration was the decimation of his family by tuberculosis. In 1887 he injured his back in a fall and was severely incapacitated for some time. Obituary *AM Gazette* 20/4/2007 p. 199.

¹⁹⁸ At the Childrens Hospital then went to England. He practised at Hereford for thirty five years and retired in 1956, He moved to NZ in 1979 and remained there until his death.

¹⁹⁹ *AIDB* 1, p. 248, and see especially *Australian Medical Pioneers Index*. He was the father-in-law of Thomas Burgoyne MP. SLSA has many references to and directions to resources on him. Obituary *Observer*, 14/1/1882 p. 30.

²⁰⁰ Was ship's surgeon on the *British Empire*, 1850. *SA Govt. Gazette* 12.2.1931 shows his name as Colthurst. At Nairne until 1860 when he returned to England. In *AMPI*.

²⁰¹ At Willunga until his untimely death from pneumonia. Unmarried, he is buried at Payneham.

²⁰² At Gawler for twenty one years from 1894, then Military Rd. Semaphore in partnership with Drs. A.V. Benson and F.S. Poole. Father of Dr. J.S. Covernton MBBS Adel 1931. He was a close friend – perhaps the only one – of Dr. Frederick Lucas Benham of Exeter. By marriage he was F.S. Poole's brother-in-law. An obituary is in the *Advertiser* 16/4/1940 p. 6 and see *Who's Who* 1936 p. 83.

833	COWAN Andrew Hunter ²⁰³	13 April 1911 MBChM Aberd 1885
772	COWAN Darcy Rivers Warren (Sir) ²⁰⁴ [1885-1958]	14 January 1909 MBBS Adel 1908 FRACP
763	COWAN Frank Gladstone [Warren] ²⁰⁵ [1881-1966]	16 January 1908 MBChB Edin 1907
54	COWPER Thomas ²⁰⁶ [d.1852]	1 January 1850 MRCS Eng 1834
930	CRAIG Robert Fulton <i>DSO</i> ²⁰⁷	12 November 1914 MBBS Melb 1914
462	CRANSTONE William LeFevre ²⁰⁸	6 August 1891 MRCS Eng LSA Lond 1881

²⁰³ At Murray Bridge after his registration.

²⁰⁴ *ADB* 13 pp. 517-518. RAMC and AAMC WWI: famous for his TB eradication work with Sir Harry Wunderly. President BMA (SA Branch) 1935-6. Long after his death the senior nursing staff at RAH recalled him with great affection. Brother of Dr. F.G. Cowan. Their father was James Cowan, sometime MHA Yatala. Their uncle Thomas Cowan was also sometime MHA Yatala, and was the father of Sir John Cowan MLC. Their brother-in-law was Essington Lewis. He was a prominent Adelaide physician and clinical teacher. In 1914 when in England he was commissioned in the RAMC: then he was in charge of the Xray dept. for Indian troops at Brockenhurst. Obituary, *Advertiser* 9/6/1958, pp. 1 and 3: see also Lionel Coventry *SA Centenary Celebrities* and *Who's Who* 1936 p. 84.

²⁰⁵ In 1923 he was struck off for infamous conduct – rape. The Cowan family's high political and social connections saw the frantic proceedings of the medical board barely camouflage the undisguised panic at the thought of adverse publicity, and the determination to swiftly sweep the matter under the carpet. Publication of trial evidence was prohibited and the court cleared. Cowan had been in practice at Angaston. SLSA PRG 998 preserves his letters home from Edinburgh.

²⁰⁶ Known to have been in practice in Adelaide in the early 1850s. In *AMPI*.

²⁰⁷ Resident medical officer Adelaide Hospital, 1914. After service in the AAMC WWI went to Queensland. His DSO was awarded for continuous work under shelling and machine gun fire in France.

²⁰⁸ Practised at Swan Hill Vic., Clermont Qu., Orroroo SA (1892) and then Melbourne. His father was the English artist L.J. Cranstone [1822-1893.]

400	CRAWFORD John ²⁰⁹	3 August 1887 LRCS Edin 1874
221	CREELMAN John Auchterlonie ²¹⁰ [c1821-1889]	6 October 1875 LRCS Edin 1840
128	CROFT James ²¹¹ [c1820-1873]	5 October 1858 MRCS Eng 1842 LSA Lond 1843
617	CROZIER William ²¹²	3 November 1900 LKQCP LRCS Irel 1877
530	CUDMORE Arthur Murray <i>Kt CMG</i> ²¹³ [1870-1951]	10 January 1895 MBChB Adel 1894 LRCP Lond MRCS Eng 1896 FRCS Eng 1899

²⁰⁹ He went to Teetulpa SA in July 1887 (following Arthur Richardson) where in December he was sentenced to seven years gaol for criminally assaulting an eleven year old girl. The judge said that had he not had rheumatism he would have ordered a whipping. Gold had been discovered at Teetulpa in 1884 and by 1886 the population had grown to over 5000. He had been registered in Victoria in 1883.

²¹⁰ Practised at Kingston SE, Quorn and Adelaide. He is buried in West Terrace. He was registered in Victoria in 1862. In *AMPI*.

²¹¹ Emigrated from Melton, Kent: surgeon to the Wallaroo mines and had a private practice in Kadina. He retired in 1869. He is buried at Kadina. In *AMPI*.

²¹² Practised at Goolwa after registration.

²¹³ Son of a pastoral dynasty, the family seat was *Paringa*, now Sacred Heart College, and Cudmore himself lived at 61-65 Pennington Tce. North Adelaide. Married Kathleen Mary Cavenagh-Mainwaring, daughter of the Hon. Wentworth Cavenagh-Mainwaring. Prominent surgeon, clinical teacher and University Council member. In 1909 he was part of a syndicate (led by Hon. G. Brookman MLC) that eventually included J. Corbin, C.H. Reissman, H.S. Newland, T.G. Wilson, B. Smeaton, J.A. Bonnin, E.J. Brown and C.T.C. DeCrespigny, that established Ru Rua private hospital. From 1909 to 1920 that hospital was where Memorial Hospital now stands: from 1920 until closure in 1980 it was at 101-110 Barton Tce. North Adelaide. President, medical board, 1940. See *Advertiser* 1/3/1951 p. 2 and *Who's Who* 1936 p. 85. Enlisted WWI aged 45 and served 1915-19.

679	CUMPSTON John Howard Lidgett <i>CMG</i> ²¹⁴ [1880-1954]	11 August 1904 MB Melb 1902 BS Melb 1903
712	CURTIS Albert ²¹⁵	10 May 1906 MBBS Adel 1905
210	CURTIS Henry Charles ²¹⁶ [1820-1899]	1 July 1874 MRCS Eng 1842
366	CUSCADEN George <i>K</i> ²¹⁷ [1857-1933]	1 April 1885 LRCP & LM LRCS Edin 1880
520	CUTHBERT John ²¹⁸	5 April 1894 LRCP Edin 1885 LRCS LMid Irel 1885
674	D'ARCY Constance Elizabeth <i>DBE</i> ²¹⁹ [1879-1950]	11 February 1904 MBChM Syd 1904

²¹⁴ Commonwealth Director-General of Health and Quarantine 1913-1945. See *ADB* 8 pp. 174-6. Son-in-law of Dr. G.A. Walpole. In 1904 appointed RMO Parkside Lunatic Asylum. Michael Downey replaced him in 1905. A noted scholar whose six children all were talented.

²¹⁵ Prominent tennis player. Resident medical officer Adelaide Hospital 1906. Practised at Strathalbyn then Penola from 1908 (succeeded C.C.T. Magee.) Married the sister of Dr. H.H. Formby. Joined the Victorian Public Service in 1915 and became medical superintendent Beechworth Mental Hospital.

²¹⁶ Born Dorking, Surrey, he was health officer and surgeon at Melbourne before coming to SA in 1874. At Victor Harbour/Goolwa and then Semaphore, where he was appointed health officer for Port Adelaide. In 1896 he was appointed to the board of the Adelaide Hospital. See *SA Register* 17/2/1899 pp. 336, 338 and *Ib.* 17/2/1899 p 340 for death notices and obituaries. SLSA B 25678/32 is an image c.1895. In *AMPI*.

²¹⁷ After a brief stay at Port Wakefield (where he was mayor) he went to Urana NSW and then Melbourne in 1890. Councillor and Mayor Port Melbourne and his public eminence brought a knighthood. Before coming to Australia in 1885 he had served with the African Royal Mail 1881, in the Egyptian campaign of 1882, and at Dominica, Leeward Islands 1883. The Royal Womens Hospital (Melb.) Archives has a biography and image and see also *BMJ* 8/4/1933 p. 635.

²¹⁸ At Camberwell Vic. before coming to Kadina (1892) and Adelaide in 1894; he then went to Kalgoorlie and later Perth. As a GP he became unwittingly involved in the 1909 murders by Martha Rendell of three of her de facto husband's children. Cuthbert certified death from diphtheria when they had been killed by having their throats painted with hydrochloric acid. Rendell was the last woman to be hanged in WA.

²¹⁹ See *ADB* 8, pp. 205-6.

162	DASHWOOD William Henry ²²⁰ [c1837-1882]	3 October 1865 MRCS Eng 1858
885	DAVEY Edgar Charles ²²¹ [d.1951]	13 February 1913 MD Southern California
912	DAVEY Laurance Llewellyn ²²² [1888-1991]	18 December 1913 MBBS Adel 1913
441	DAVIES Alfred Joseph ²²³	7 August 1890 LRCP LRCS LM Edin LFP&S Glas 1889
139	DAVIES August Edward ²²⁴	3 July 1860 LSA Lond 1852 MRCS Eng 1869
7	DAVIES Charles JP ²²⁵ [1814-1888]	28 December 1844 MD France 1838

²²⁰ His LRCP Lond 1862 was not registered in SA. Arrived SA on the *Murray* in 1865. Worked at Kooringa, Edenhope Vic., Kingston SE, Blinman (where there was copper mining 1859-1900) and Farina (which the Great Northern Railway reached in 1882.) He went to Blinman to carry out a post-mortem and there he died of hepatic cirrhosis. He was registered in Victoria in 1879. In *AMPI*.

²²¹ Initially was at Elliston, then practised at Prospect.

²²² At Laura 1915-22, then general practice Payneham Rd. St. Peters 1922-47, and from 1947-63 on North Terrace Adelaide as an obstetrician (FRCOG FRACOG.) Mayor of St. Peters 1954-56. His wife was the daughter of Henry Peacock, under-treasurer of South Australia. SLSA H 28 is an oral history and there is an image in *Who's Who* 1936 p. 86.

²²³ A South Australian, he won an Exhibition Scholarship to Prince Alfred College. Practised at Prospect SA (1890), Beaudesert Qu., Fitzroy Vic. and Bunbury WA (from 1893.) See *SA Register* 30/7/1890, p. 205.

²²⁴ In some records his first name is shown as Augustus. Practised at Clare and left there in 1869 to England and then St. Asaph, Wales. Before settling in SA he had been surgeon-superintendent on four immigrant ships to Adelaide, *Isle of Thanet*, *Velocity*, *Grand Trianon* and *Storm Cloud*. In *AMPI*.

²²⁵ He was born in Wales, educated in France and arrived in SA on the *Bracken Moor* in 1840. He initially practised in Kermodie St. North Adelaide until 1864, when he moved to Beaumont and also established himself as a pastoralist at Mattawarrangata (east of Kanyaka.) MLC The Province 1857-65 and sometime member of the Adelaide Hospital and Botanic Gardens boards. He is a notable pioneer SA figure. Buried in the West Terrace Cemetery. See obituary *SA Register* 13/2/1888 p. 299 and *Observer* 18/2/1888 p. 6.

Some sources give Willoughby as his middle name. SLSA D 7380 is his early diary and other sources of information are listed; B10845 is an image. In *AMPI* and *Pearn*.

78	DAVIES David ²²⁶	7 October 1851 MRCS Eng 1838
991	DAVIES Harold Whitridge ²²⁷ [d.1946]	9 July 1917 MBBS Adel 1917
560	DAVIES Henry Arthur Bluett ²²⁸ [b.1859]	5 February 1897 MRCS Eng LRCP LMid Edin 1883
795	DAVIS John Reginald	2 February 1910 MBBS Melb 1908
17	DAVY Edward <i>JP MRSEE</i> ²²⁹ [1806-1885]	4 March 1845 LSA Lond 1827 MRCS Eng 1828
801	DAWES Adolph Henry Coombs ²³⁰	12 May 1910 LSA Lond 1910
209	DAWES Richard St.Mark ²³¹ [d.1914]	1 July 1874 MRCS Eng 1872 LRCP Lond 1873

²²⁶ His LSA Lond 1844 was not registered in SA and nothing is known of his SA practice. In *AMPI*.

²²⁷ *ADB* 13 pp. 580-581. Son of Edward Harold Davies, Professor of Music UofA. After service AAMC WWI he worked in Edinburgh and New York and then became Professor of Physiology at Sydney 1930. In 1946 he was dismissed because of alcoholism and he died shortly after. His father died the following year.

²²⁸ Known to have been at Yorketown, where he had been mayor.

²²⁹ *ADB* 1; 295-6. A clever, versatile and interesting person who in Adelaide was a councillor, editor (1843-45) of the *Adelaide Examiner*, involved in the development of mining and assaying (1848) and also practised medicine. He was the inventor of the electrical relay which was the basis of all early signal and practical communication technology until the advent of the transistor. He also patented a copper smelter. Went to Victoria in 1853 and died at Malmsbury. Professor R.J. Ellery, the medically qualified Victorian Government Astronomer was instrumental in having Davy elected an honorary member of the Royal Society of Electrical Engineers. He was also in 1851 the first president of the Port Adelaide Institute. See also *Australian Encyclopaedia* v, 3. p. 211. SLSA B 10846 is an image. In *AMPI*.

²³⁰ Son of Dr. Richard Dawes. Practised at Gawler and North Terrace.

²³¹ Father of Dr. A.H.C. Dawes. In *SA Govt. Gazette* 12.2.1931 his initials are incorrect. Practised at Gawler. Previously RMO and Chloroformist St. Peters Hospital for Stone, Leicester. He died at Aden en route to England, undertaking the trip for his health. See *SA Register* 19/5/1914 p. 226. In *AMPI*.

616	DAWKINS Sydney Letts <i>OBE</i> ²³² [1873-1963]	13 November 1900 MBChB Edin 1899
705	DAWSON Dean ²³³ [1881-1939]	8 February 1906 MBBS Adel 1905
706	DAWSON Eulalie Hardy Hanton	See BURNARD, E. H. H.
872	DAWSON Joseph Bernard ²³⁴ [1883-1965]	10 October 1912 LRCP Lond 1905 FRCS Eng 1908 MD Lond 1911
61	DEAN Horace ²³⁵ [1814-1887]	1 October 1850 Struck off register 1857 MD Missouri 1840 (forged)

²³² Father of Dr. A.L. Dawkins. He was S.A.R. medical officer and Commissioner in SA of the St. John Ambulance Brigade. Prominent freemason and Congregationalist. Because of the hospital 'row' he completed his studies in Edinburgh and on his return to SA practised at Angaston, Hamley Bridge (for twelve years until 1913) and Mt. Lofty until 1923. Sometime hon. medical examiner, Parkin College. Obituary *Advertiser* 17/7/1963 p. 5. 1936; *Who's Who* p. 87. SLSA 614.88 are some reminiscences.

²³³ After graduation established a practice at Port Pirie until service in AAMC WWI. He then set up at Hyde Park. Norwood footballer 1903-6. Married Dr. E.H.H. Burnard who died in 1907 and he promptly remarried. Represented SA in football and lacrosse. He died at his home at Mt. Lofty. *Burgess* v. 2. p 560 has a portrait.

²³⁴ *SA Govt. Gazette* 12.2.1931 shows the incorrect initials. AAMC WWI. At Glenelg, where he succeeded A.P.E. O'Leary as medical officer at Minda: later hon. asst. gynaecologist Adelaide Hospital and became Professor of Obstetrics, University of Otago NZ. Knighted. *DNZB* v. 5.

²³⁵ See *ADB* 4 pp. 37-8. He registered a Missouri MD which was later discovered to have been forged, and he was struck off in 1857. Like all successful scoundrels his biography is fascinating. In *AMPI*.

224	DEANE Charles Maslen ²³⁶ [d.1923]	17 November 1875 MD Edin 1862 MRCS Eng 1862 MD <i>aeg</i> Adel 1877
385	deBURGH Ulick C H ²³⁷ [1860-1887],	4 August 1886 LRCS Irel 1884
784	deCRESPIGNY Constantine Trent Champion <i>Kt</i> DSO ²³⁸ [1882-1952]	11 August 1909 MB Melb 1903 BS Melb 1904 MD Melb 1906 MRCP Lond 1919 MD <i>aeg</i> Adel 1913 FRCP Lond 1929 FRACP 1938 PRACP 1942-44
816	DELPRAT Lica ²³⁹ [1882-1963]	12 January 1911 MBBS Adel 1910

²³⁶ Was RMO Bradford Infirmary and he may have arrived in WA in 1875 as surgeon to immigrants on the *Daylight*. At various times claimed to be LM Edin 1860, MD New Zealand, MD Melbourne and he also held an *aeg* MD Adel and some of his advertisements add an LLD. First seen in SA at Nairne but he practised widely (as Dr. Maslen Deane) including Waimate NZ (he was registered there in 1878,) Adelaide (where in 1882 he set up a “samaritan” dispensary in Flinders St., undercutting the BMA fees,) Silverton NSW, Geelong Vic, Coolgardie WA (where he styled himself a surgeon,) Mt. Barker SA and Derby WA. In 1886 he was in Surrey St. Goodwood. The BMA (SA Branch) particularly detested him because of his blatant self-promotion. At the time of his death he was practising at Fingal, Tasmania. Father of Dr. E.W. Deane [1872-1916] a Melbourne graduate who practised at Maryborough Victoria until his death on active service. In *AMPI*.

²³⁷ He was at Robe from 1886. Second and third names not recorded. However it is likely that he is Ulysses Cecil Hussey DeBurgh who died at Robe 11 August 1887, aged 27, and is buried there with a pleasant memorial erected by his wife. He was the youngest son of John DeBurgh of Kilfinnin Castle, County Cork and Dromkeen, Co. Limerick, Ireland. Surname also seen as Hussey de Burgh.

²³⁸ A conspicuous personality whose obituary declared the passing of Adelaide’s greatest physician (see text.) *ADB* 7, pp. 606-7. Appointed medical supt. Adelaide Hospital 1909 in succession to C.V. Wells. President BMA (SA Branch) 1925-6. Obituary is in the *Advertiser* 28/10/1952 p. 2. Father of Dr. R.G. Champion deCrespigny MBBS Melb 1930 [1907-1966]. See also *Personalities Remembered*, Literary MS SLSA. SLSA B 11150 is an image.

²³⁹ Her full name was Elizabeth Theodora Johanna Stoffelina. Married Dr. Milo Sprod who was at Mannum for some years before moving to Moseley St. Glenelg.

788	DELPRAT Mary Johanna Alberta Theodora ²⁴⁰ [1886-1970]	13 January 1910 MBBS Adel 1909
272	DENIS Arthur Adrien ²⁴¹ [1844-1927]	6 August 1879 MD Strasburg 1868
998	DENNERSTEIN Nathan ²⁴²	11 July 1918 MBBS Melb 1916
755	DERAVIN Garnet Wesley ²⁴³ [1882-1954]	16 January 1908 MBBS Melb 1907
678	DERAVIN Walter Eugene ²⁴⁴ [d.1941]	11 August 1904 MBBS Melb 1903
474	DICKENSON Augustus Newton ²⁴⁵	7 January 1892 LRCS LKQCP Irel 1880
131	DICKENSON William Brodum JP ²⁴⁶ [c1802-1866]	5 April 1859 MRCS Eng 1822
189	DICKIE John ²⁴⁷	5 October 1870 LRCS Edin MD Glas 1857

²⁴⁰ The Delprat sisters were daughters of Guillaume Delprat, general manager of the Broken Hill mines (*ADB* 8, pp. 274-6.) Mary married a Dutch diplomat, Peter van Buttingha Wichers, consul for the Netherlands at Melbourne and left Australia in 1924. A third daughter married Sir Douglas Mawson.

²⁴¹ After service in the Franco-Prussian War he came to SA but soon moved to Glen Innes NSW and then in 1880 to Yarrowonga Vic. where he was registered in 1880 (as MD France) and where he remained until his death. He left a substantial estate and there was a nasty family argument over probate.

²⁴² Went to Cowell after graduation, and later Collins St. Melbourne. Father of Dr. Graham Dennerstein.

²⁴³ After service AAMC WWI went to Bendigo. *SA Govt. Gazette* 12.2.1931 shows incorrect initials. In his younger days he played for the Victorian Cricket Association and University. The five Doctors Deravin – Francis, Hugh, Garnet, Norman and Walter were brothers.

²⁴⁴ At Orroroo from 1912 (in succession to C.L. Strangman,) Nuriootpa, Gawler and then Black Forest.

²⁴⁵ *SA Govt. Gazette* 12.2.1931 misspells his surname. He did not register his LMid Rotunda. Migrated from Dublin to Swan Hill Vic. (1886,) then to Mt. Barker SA, where he lasted a week before going to Booleroo Centre and later Melrose. He was registered in Tasmania in 1887 and practised at Deloraine.

²⁴⁶ Initially at Angaston, he went to Gumeracha in 1862 and there he died. His name is also subject to misspelling. President of the Gumeracha Institute. In *AMPI*.

²⁴⁷ Emigrated from Scotland per *Camaqueen* in 1870: he practised at Gawler and then Moonta before going to Tasmania in 1876. The records of the Yorke Peninsula Family History Group suggest that Dickie returned to Moonta in 1897, after the death of John Gosse. In *AMPI*.

113	DICKINSON William Miller ²⁴⁸ [1829-1888]	3 July 1855 LRCS Edin 1850 MB Aberdeen 1852
258	DIXON Hartley ²⁴⁹ [1835-1901]	2 January 1878 LAH Dublin 1877 LRCP LRCS LM Edin 1882
332	DOB[B]IE Robert John Algernon ²⁵⁰ [d.1885]	4 April 1883 MRCS Eng LSA Lond 1875
857	DOLLING Charles Edward ²⁵¹ [1886-1936]	14 December 1911 MBBS Adel 1911
859	DONNELLY Thomas Hugh ²⁵²	14 December 1911 MBBS Adel 1911

²⁴⁸ He was at Sheoak Log, Tanunda and then Angaston before leaving for Victoria in 1862. He practised at Hamilton and Peshurst for about twenty years before going to Box Hill, where he died. His MB was from Marischal College, Aberdeen. In *AMPI*.

²⁴⁹ He migrated from Cheshire to SA 1849 and set up a business. Returned to Edinburgh and Dublin in 1881 to obtain his medical qualifications and came back to practice at Mt. Barker 1878 (where he was a deacon of the Baptist Church,) Strathalbyn, Tea Tree Gully and Highercombe (1883.) In Adelaide (c1882) he was associated with F.W. Niesche (with whom he was related by marriage) and 'The Clinique', a private hospital at Parkside. Obtained the FRCS Edin 1886. In 1888 he established a gold battery at Mannahill, and went back to the UK in 1890 to float a mining company. In 1891 he moved to Brisbane where he practised (as a homoeopathic physician) until his death. Dixon had practised medicine in SA before he was registered. *Lawrence v. Dixon 1887* was an important legal case when the Supreme Court upheld the internal rules of the BMA. He was an impenitent self-promoter, *vide SA Register 5/10/1878 p. 12*. In 1880 he was living in Pulteney St., and in 1882 in Franklin St. Claimed to have the LM, Coombe Maternity Hospital, Dublin. It is hard to escape the suspicion that he was a bit shonky. See also *SA Register 1/9/1882 p 531* regarding allegations of irregularity in relation to his qualifications and *BMJ 15/7/1882 p. 105*.

²⁵⁰ Came to Australia with his son George, aged seven: was briefly at Maitland then Balranald NSW. He died at Muswellbrook NSW. At the time of his LSA he was living at Budleigh, Devon.

²⁵¹ He was at Mt. Lofty and after service in the RAMC WWI, he practised at Bowden (taking over E.E.S. Coombe's practice.) Played first class cricket and became an Australian and state selector. In 1921 in London he was convicted of a misdemeanour and subsequently removed from the Army list. *ADB 14 pp. 17-18* sets out the career of his talented wife. *SLSA B 68034/2* is a sketch.

²⁵² After working at the Adelaide Hospital went to Mt. Hawthorn, Perth and there he died in 1951.

576	DOUGLAS Francis John ²⁵³ [1873-1964]	3 March 1898 MBChB Melb 1897 (<i>aeg</i> Adel 1898)
680	DOWNEY Michael Henry DSO VD ²⁵⁴ [1879-1933]	3 October 1904 LRCP&S Edin 1901 MBBS Melb 1904 (<i>aeg</i> Adel 1909)
858	DREW Charles Francis MC ²⁵⁵ [b1888]	14 December 1911 MBBS Adel 1911
665	DREW Thomas Mitchell ²⁵⁶ [1875-1928]	8 October 1908 MBBS Melb 1901
776	DREW William Alfred Vernon ²⁵⁷ [1884-1920]	11 February 1909 MBBS Adel 1908
485B	DRUMMOND James Henry Gardner ²⁵⁸ [1854-1934]	5 September 1892 LRCP LRCS Edin 1876
71	DUBELL Georg(e) Heinrich ²⁵⁹	1 April 1851 MD [np] 1850

²⁵³ Father of Dr. Sholto Douglas. He had to complete his medical studies in Melbourne because of the hospital 'row.' After working on the Great Northern Railway at Marree he served in the South African War. On his return, after a locum at Nairne he practised at Victor Harbour 1902-46. His daughter, Mary Douglas, wrote a hagiography (1984.) Obituary, *Advertiser* 31/1/1964 p. 6.

²⁵⁴ *ADB* 8 pp. 334-335. Served in both South African and First World Wars. At Parkside Mental Hospital from 1905 in succession to J.H.L. Cumpston and was medical superintendent from 1915 until his death. He was awarded the DSO for devotion to duty at Ploegsteert Wood. See *Advertiser* 18/4/1933 p. 8.

²⁵⁵ At Kadina, then service WWI, and on his return practised at Hindmarsh. Brother of Dr. W.A.V. Drew.

²⁵⁶ Another victim of the hospital 'row' who had to go to Melbourne to complete his studies after the third year at Adelaide. Born Kooringa, he played cricket for SA and London County.

²⁵⁷ Brother of Dr. C.F. Drew: he practised at Bordertown for ten years and died of bilateral pneumonia in the post WWI influenza pandemic. See *SA Register* 12/5/1920 p. 103.

²⁵⁸ Registered in Victoria in 1877 when he was at Springsure Qu. He practised at Moonta, Semaphore, Strathalbyn and from 1906 Adelaide. In 1913 he caused a municipal argument when he said that parts of Thebarton (he was the health officer) were slums. He retired in 1917. The *Advertiser* 27/4/1934 p. 23 and *Ib.* 30/4/1934 p. 10 provide some insight on his life. He was the attorney in SA for Church Stores Ltd.

²⁵⁹ Nothing is known of him in SA other than that he arrived per *Dockenbuden* in SA from Hamburg on 11 February 1851. In *AMPI*.

920	DUGUID Charles ²⁶⁰ [1884-1986]	9 April 1914 MBChB Glas 1909 FRFP&S Glas 1919 FRACS 1932
3	DUNCAN Handasyde ²⁶¹ [1811-1878]	LRCS Edin 1829 MD Glas 1831 MFP&S Glas 1836 MD <i>aeg</i> Adel 1877
328	DUNCAN James Newton ²⁶²	7 March 1883 MBChM Edin 1878
304	DUNLOP James Dunlop ²⁶³ [c1849-1888]	2 November 1881 MBChM Edin MRCS MRCP Edin 1881 MB <i>aeg</i> Adel 1883
593	DUNN Spencer Smithson ²⁶⁴ [1859-1941]	4 May 1899 MBCM Aberdeen 1888

²⁶⁰ *ADB* 17 pp. 338-340. MA Glas 1905. Came to Australia 1912 and practised first at Minyip, Vic., moving to Adelaide in 1914. Served in AAMC WWI. A long life devoted to aboriginal causes. Sometime Moderator, Presbyterian Church. The National Library of Australia holds the papers of this truly great, good and modest man. See *Advertiser* 27/7/1965 p. 5 and *Who's Who* 1936 p. 89.

²⁶¹ *ADB* 1, p. 335. He was buried in the Williams St. Cemetery, Alberton. Unfortunately this historic site was unable to escape besotted local government 'improvement' schemes in the 1970s and following that epidemic of civic barbarism it survives as a park, the monuments having been removed or scattered. See *SA Register* 25/2/1878 p 423, 26/2/1878 p. 431. SLSA holds substantial records relating to him. In *AMPI*.

²⁶² He is known to have travelled around SA before going to St. George Queensland.

²⁶³ He was house surgeon Adelaide Hospital and in 1886 went to Hergott (Marree) as government medical officer (the railway from Farina had reached there in 1884.) He became ill and left Hergott in June 1886 for Port Augusta and then Glenelg. He was in practice there (initially with Hugh Ferguson) until his death two years later from renal failure. He had been held in high professional regard. Sometimes his name is recorded as Dunlop-Dunlop. See *SA Register* 5/7/1888 p. 280 and *Observer* 7/7/1888 p. 30. He is interred at Brighton.

²⁶⁴ *SA Govt. Gazette* 12.2.1931 shows an incorrect middle name. After registration he worked at Iron Knob, served as surgeon-captain in the South Australian Imperial Contingent to the South Africa War, and then went to Kaneira Vic. He returned to England and lived at Southampton. His obituary is in the *Advertiser* 29/9/1941 p. 3 and *Observer* 5/5/1900 p. 7 has a sketch.

970	DUNSTAN Harold Fleming ²⁶⁵	9 December 1915 MBBS Melb 1915
966	DUNSTAN Harold Frank ²⁶⁶ [1890-1953]	14 October 1915 MBBS Adel 1915
879	DUNSTONE Horace Edgar JP ²⁶⁷ [1890-1945]	12 December 1912 MBBS Adel 1912
751	DUNSTONE Leonard John JP ²⁶⁸ [1881-1961]	13 November 1907 MBChB Glas 1907
6	DURIE William ²⁶⁹	28 December 1844 LRCS Edin 1829 Cert of qualification as assistant surgeon RN 1834

²⁶⁵ The Medical Register is sometimes incomplete, showing neither his place of graduation nor complete date of registration. At Peterborough before serving in RAMC WWI, then went to Elsternwick Vic.

²⁶⁶ Name changed from Kollosche. Served AAMC WWI then practised at Renmark – he succeeded Alexander Krakowsky – and later at Prospect. He had been recommended for, but was not awarded the MC. Father of Dr. R.E. Dunstan. Obituary, *Advertiser* 10/8/1953 p. 2.

²⁶⁷ Practised at Hammond, Port Augusta, Booleroo Centre, Jamestown and Mile End before going to St. Peters. There he was elected to the council in 1932 and was mayor at the time of his death. Father of Dr. S.M.L. Dunstone, brother of Dr. L.J. Dunstone. Prominent sportsman, flyer and freemason. The *Advertiser* 14 July 1945 p. 6 has an obituary and there is another in *Transactions of the Royal Society of South Australia* v. 69 p. 6. There is an image in *Who's Who* 1936 p. 90.

²⁶⁸ At Lameroo until 1915, Torrensville, then Port Adelaide, where he was District Naval Medical Officer (he was surgeon-lieutenant RAN.) Was later in general practice at Woodville. Sometime superintendent Northfield Hospital and Enfield Receiving Home. He had many community involvements and was a prominent freemason. He was a Lameroo pioneer and caused a sensation when he arrived in frock coat and silk topper. Obituary, *Advertiser* 7/8/1961 p. 6. *Who's Who* 1936 p. 91 has an image.

²⁶⁹ Arrived in Hobart May 1836 per *Strathisla* from Liverpool. In 1839 he was the defendant in *R. v. Durie*, Supreme Court of Van Diemens Land, when he was charged with manslaughter and subsequently found not guilty. He was at Balhannah and Mt. Barker in the 1840s. Naval and Military surgeons under the 1844 *Ordinance* did not need formal qualifications to be accepted as legally qualified. Durie seems to have left SA but his subsequent career has been difficult to trace. In *AMPI*.

40	EADES Richard ²⁷⁰ [1809-1867]	2 January 1849 MRCS Lond 1834 MB Dublin 1863 FRCS Irel 1844
217	EADON Samuel Bailey ²⁷¹ [1837-1902]	6 April 1875 MChMB Aberdeen 1862
897	EAST Edwin Charles ²⁷²	11 September 1913 MRCS Eng LRCP Lond 1910 FRCS Edin 1913
668	EDGLOW Samuel Henry ²⁷³	12 November 1903 MRCS Eng 1877
55	EDMONDS Edwin ²⁷⁴	1 January 1850 MRCS Eng 1834 LSA Lond 1835
226	ELAM Shrofield ²⁷⁵ [c1850-1877]	17 November 1875 LSA Lond 1871 MRCS Eng 1872
275	ELCUM Charles Frederick ²⁷⁶ [5 November 1879 MRCS Eng LSA Lond 1839

²⁷⁰ *ADB* 4 pp. 124-5. He was practising in Adelaide when registered. In *AMPI*.

²⁷¹ He was at Port Elliot in 1875 where he was joined by his brother, Dr. John Eadon [1843-1879] who never registered in SA. He then went to Wilcannia NSW, Mintaro and Mallala (1883) SA, then Poowong and Hopetown Vic. (registered in that state in 1888.) He was reputed to have been a habitual drunkard and in 1878 was accused by Dr. J.T.Toll [q.v.] of being shamefully negligent and unfit to practice medicine. He died of influenza in the Warracknabeal hospital. His father was MA Edin 1834. In *AMPI*.

²⁷² He practised at Fremantle: in 1914 he was at Gawler.

²⁷³ Was at Auckland and Helensville NZ in the 1880s and then went to Queensland. He practised at Streaky Bay SA about 1900, then went to NSW.

²⁷⁴ Arrived Melbourne as surgeon-superintendent of the immigrant vessel *Elizabeth* in 1849. He came from Cornwall: nothing is known about his time in SA. In *AMPI*.

²⁷⁵ He was educated at Tonbridge School and obtained his MRCS at Guys. Practised at Clare and his contemporaries included Drs. A.E. Davies, J.W.D. Bain and the unregistered Horace Nutt. In *AMPI*.

²⁷⁶ He practised at Cheltenham, England before his emigration. He was at Wilmington (1881, with George Addison) and Kapunda. His son, surgeon Lieutenant-Colonel Donald Elcum of the Indian Medical Service in 1912 bequeathed money to Guys Hospital for beds in memory of his father.

319	ELLIOTT Charles Henry ²⁷⁷ [[c1835-1890]	2 August 1882 MRCS Eng 1858 LSA Lond 1859
501	ELLIOT Frederick John <i>FRS</i> ²⁷⁸ [1855-1897]	6 April 1893 MRCS Eng 1879
370	ELLISON Frederick William <i>JP</i> ²⁷⁹ [1854-1896]	3 June 1885 MRCS Eng 1878 LSA Lond 1859

²⁷⁷ He was at Geraldton and Champion Bay WA, and was later appointed Medical Officer to the Fremantle convicts. Then to Adelaide (1882,) Yorketown (1884) and later Tasmania (1886,) where he established a health resort at Evandale. He then moved to Launceston and later Franklin, where he died. In *AMPI*.

²⁷⁸ He was in Victoria 1886, Townsville Qu. 1890, Western Australia (including Geraldton) 1890-91. Appointed medical officer to the Elder Exploration Party, then went to Morphett Vale. He was later at Elliston (1893,) Mt. Barker (1894) and Peterborough SA (where he was mayor.) He went to Capetown in 1896 to join the Chartered Company's forces to Matabeleland South Africa (Cecil Rhodes.) He was a member of the party massacred when on their way to meet the King of Benin, West Africa. By an interesting coincidence the murders were avenged by troops commanded by Sir Henry Galway, administrator of the Nigeria Protectorate and later to be governor of South Australia. Elliot had also been on the medical staff of the British forces during the second Afghan war, 1879-80. See *SA Register* 27/4/1891, p. 188. His name may be encountered with one or two "T." SLSA B 497 contains an image.

²⁷⁹ Came to Adelaide from Forest Hill London and had been house surgeon, Birkenhead hospital. Initially he practised with his brother S.K. Ellison on North Terrace before moving to Glenelg. There he died of rheumatic heart disease. See *Observer* 5/9/1896 p. 28 and *Ib.* 12/9/1896 p. 24.

153	ELLISON Samuel Kitching <i>JP SM</i> ²⁸⁰ [c1838-1897]	18 December 1863 MRCS Eng 1862
188	ELPHICK Edward <i>JP</i> ²⁸¹ [1847-1907]	26 April 1870 LSA Lond 1868 MRCS Eng LRCP Lond 1869
268	ELY John James	3 April 1879 LSA Lond 1853 MRCS Eng 1860
191	ENGELHART August Friedrich Gottfried ²⁸² [c1825-1907]	5 April 1871 MD Giessen 1870 MD <i>aeg</i> Adel 1877
771	ERICHSEN Matthias ²⁸³ [1884-1962]	14 January 1909 MBBS Adel 1908

²⁸⁰ His LSA 1856 was not registered in SA. He came from London to New Zealand 1862, then went to Port Augusta as government medical officer in 1865. He had been an assistant medical officer at the London Hospital for five years. Appointed junior house surgeon Adelaide Hospital in 1870. In 1873 he was gazetted *JP* and Special Magistrate to go to the Northern Territory to relieve J.S. Millner. He had a turbulent relationship with Port Darwin 1873-74, returned to Adelaide, and was again at the Adelaide Hospital, resigning in 1884. Secretary (*vice* Wyatt) to the Medical Board 1885. He died at Adelaide. He is another regrettable omission from the *Northern Territory Dictionary of Biography*. See *SA Register* 17/6/1897 p 562 and *Ib.* 19/6/1897 p 581. His wife, who died in 1895, was the daughter of Dr. James Phillips [q.v.] In *AMPI*.

²⁸¹ A Guy's man, he practised at Hindmarsh (1873), Moonta 1874-1884; Maitland 1884, 1887 and 1890; Orroroo 1888; Prospect SA 1890; North Adelaide 1892, Broken Hill, Brim Vic. 1893, Norseman WA 1895; Kalgoorlie 1897; Boulder 1898; Newcastle WA 1902-1904, and finally Collie WA from 1904, where he died. He had six sons and four daughters. A street at Port Hughes bears his name. Obituary *AM Gazette* 20/6/1907 p. 309. In *AMPI*.

²⁸² *SA Govt. Gazette* 12.2.1931 misspells his name. He initially practised in the Salisbury area, then at Maitland, moving to Mt. Pleasant in 1882. He went to Kingston SE in 1893, and there he died, still in practice at the age of 82. He acquired a reputation as a naturalist. In *AMPI*.

²⁸³ At Pinnaroo until 1918 then Adelaide. President BMA (SA Branch) 1939-40. Known as 'Tommy', there is an obituary in the *Advertiser* 19/6/1962 p. 5.

521	ERSON Edward George Leger <i>JP</i> ²⁸⁴	5 April 1894 LRCP LM Edin 1876
88	ESAU Hermann Charles Frederick <i>JP</i> ²⁸⁵ [1827-1901]	MD Gottingen 1851 MD <i>aeg</i> Adel 1877
580	EVANS Harold Maund ²⁸⁶ [1884-1926]	5 May 1898 MBChB Melb 1897 MB <i>aeg</i> Adel 1897
741	EVANS John ²⁸⁷	9 May 1907 MD BCh BAO Dublin 1900 LAH 1901
418	EVANS John Herbert ²⁸⁸ [1866-1924]	7 November 1888 MB Melb 1887 ChB Melb 1889
821	EVERARD James Edward ²⁸⁹ [1886-1952]	12 January 1911 MBBS Adel 1910

²⁸⁴ Known as Dr. Leger Erson, he was at Otahuhu NZ in 1886 and then Prahan Vic., Broken Hill, Bordertown and Serviceton (1894-98.) Later hony. physician Royal Victorian Institute for the Blind. In 1913 he was lucky to escape conviction for conspiracy to defraud the commonwealth when blank birth certificates that he had foolishly signed were used by two nurses to make fictitious claims.

²⁸⁵ Sometimes in official records his given names are reversed and there are variable spellings. Practised at Woodside all his life. A revered local figure, the late Dr. R.L. Thorold Grant has left an account of his professional life in *The Medical Journal of Australia* 9/8/1952, pp. 182-4. Buried at St. Marks, Woodside. SLSA 829.1 C147b is an obituary poem and portrait and *Observer* 17/8/1901 p. 33 an obituary and *Ib.* 24/8/1901 p. 40 a portrait. In *AMPI*.

²⁸⁶ Passed his fourth year examinations at Adelaide in 1896: the hospital 'row' necessitated him completing his studies in Melbourne. Practised first at Willunga and then Adelaide. *SA Register* 24/5/1926 p. 316 has an obituary. Brother of Dr. J.H. Evans.

²⁸⁷ Practised at Willunga and later went to South Africa.

²⁸⁸ Was Resident Medical Officer Melbourne Hospital and then Junior RMO Adelaide Hospital. Later practised at Hindmarsh where he was officer of health and very prominent. Obituary *SA Register* 9/8/1924 p. 13 and *Observer* 16/8/1924 p. 38. He married Dr. Richard Schomburgh's youngest daughter.

²⁸⁹ Great grandson of Dr. C.G. Everard: practised at Kapunda, Minlaton, Loxton and Colonel Light Gardens (where he took over Michael Schneider's practice.) Charles George Everard MD [1794-1876] did not register. He was the first colonial surgeon in SA (1836) because he arrived before T.Y. Cotter, and was *MLC* 1857-69. He was responsible in 1864 for parliament compiling the first medical register. The Everard Scholarship commemorates his son, the Hon. William Everard [1819-1889.]

412	EWBANK William Withers ²⁹⁰ [1863-1937]	6 June 1888 LSA Lond MRCS Eng 1887
868	FARRIES John Stothart ²⁹¹	13 June 1912 LRCP&S Edin 1905 LFP&S Glas 1905

²⁹⁰ Son of Archdeacon Ewbank. Worked Baltimore USA and St. Barts London before coming to WA and then SA where he was at St. Peters. Went to Victoria in 1912 and became a Collins St. surgeon. An obituary is in *Advertiser* 13/8/1937 p. 26.

²⁹¹ In some records his name appears as Farris. He came to SA as resident medical superintendent of Minda. See *SA Register* 3/4/1912 p. 370 for his c.v. He resigned in 1914 and returned to England. T.C. Bennett succeeded him. He was a member of the medico-psychological association of Great Britain and Ireland.

1015	FAULKNER Henry Andrew ²⁹²	17 April 1919 MRCS LRCP Lond 1916
295	FEATHERSTONHAUGH William ²⁹³	6 April 1881 MB Dublin 1866 LRCS Irel 1867
290	FEIGE Karl August Alfred ²⁹⁴ [1846-1918]	5 January 1881 MD [nd np] Staats Exam Dresden 1872

²⁹² Worked at Maida Vale and Middlesex Hospitals, London, then appointed Resident Medical Officer Mt. Gambier Hospital and later acting assistant physician Alfred Hospital, Melbourne. Went to England 1921 to specialise and remained there. He also held the BVSc Melb. 1918.

²⁹³ His surname appears spelt in a variety of ways. The shadow of false claims to medical respectability hovers over him. After registration in SA he was at Koolunga (1881) and then Caltowie. He was registered in NSW in 1885 and in 1886 appears at Tintalra Victoria (where he was registered in 1879) and in 1893 he was at Waukaringa SA (north of Yunta.) A hospital had been opened at nearby Teetulpa in about 1885 and it was then moved to Waukaringa, following the gold seekers. The government also paid twelve guineas for a medical man to visit Peterborough, eighty miles distant, and then a busy railway junction. He then went to Queensland in 1888 and was struck off by the medical board in 1889 because he was not able to provide proof of legal qualifications. He returned to NSW and practised at Tumbarumba and Taralga, may have gone to Dandenong, Vic., and in 1893 re-appears in SA. At different times he claimed to be BA and to have had a Royal Navy background. The overall picture is that of an impostor but it seems that he was never actually nailed, an accomplishment assisted by his continual moving. In 1893 he asked the SA medical board to re-enter him on the register – and they did.

²⁹⁴ Known as Alfred Feige, he is an important figure in the saga of the recognition in SA of medical qualifications. The Staats Exam was not an acceptable entrée to the register until a sympathetic parliament amended on his behalf legislation, the result being the *Medical Act 1880*. He spent his professional life at Eudunda. *SA Register* 16/7/1910 p. 175 has an interesting summary of his career. SLSA D7053(L) is his early diary and PRG 1056 contains his records which include a family photograph.

169	FERGUSON Hugh <i>JP</i> ²⁹⁵ [1831-1887]	2 February 1867 MRCS Eng LRCP [np] 1866
387	FINNISS John Henry Suffield ²⁹⁶	8 September 1886 MBChM Edin 1876 MB <i>aeg</i> Adel 1886
529	FISCHER George Alfred ²⁹⁷	10 January 1895 MBChB Adel 1894
86	FISHER John <i>JP</i> ²⁹⁸ [c1822-1879]	5 April 1853 MRCS Eng 1844 LWCA Lond 1847

²⁹⁵ Other qualifications he claimed were L&LMid RCP Edin 1866. He first came to SA about 1857 and returned to the UK to obtain his medical qualifications. He came back to Western Australia in 1865 as surgeon on an immigrant vessel. In 1867 he was at Port Lincoln and later that year went to Mt. Pleasant, where he married into the Melrose pastoral aristocracy. For a time he practised with Robert Montgomery at Happy Valley. He went to Strathalbyn in 1869 (where he became mayor 1874-75) and he left for Glenelg that latter year. In 1887 he suicided in his consulting rooms, using hydrocyanic acid. He left much unanswered because the inquest was conducted unsatisfactorily, and his death occurred at the time a colleague (Dr. B.P. Morison) was expelled from the BMA (SA Branch.) He is buried at Brighton, and left a widow and six children. He was also president of the Glenelg Institute. At Glenelg in 1884 he entered into partnership with George Mallam. See obituary *SA Register* 27/6/1887 p. 623 and *Observer* 2/7/1887 p. 35. In *AMPI*.

²⁹⁶ Initially at Glenelg with J.D. Dunlop and after nineteen years (including appointment as health officer) went to Goulburn and possibly later to Cobar. He left there in 1912 for Goolwa.

²⁹⁷ BA Adel 1888. Eye, ENT specialist and hon. surgeon Adelaide Hospital and lecturer in otology 1905-19. His professional rooms were in Flinders St. See *Fauldings Medical Journal* v. 1 p. 13.

²⁹⁸ Pioneer practitioner at Salisbury 1854-69: one of the first vaccinators appointed under *Act 16/1853*, and coroner. A Jew, he had arrived in SA about 1852, possibly from Victoria. He left Salisbury for Adelaide and later appears to have gone to the Wallaroo Mines as Surgeon, because he was gazetted Officer of Health there in 1875. In 1880 he advertised his establishment at Yarcowie, visiting Terowie on Fridays. In 1875 he is said to have built as residence/consulting rooms the houses at 263-5 North Terrace, east of Freemasons Hall, and which survive, though structurally mutilated. He was visiting surgeon to the Yatala prison until 1873 and returning officer for the electoral district of that name. He was also a Visitor to the Lunatic Asylum. See *SA Register* 27/1/1879 p. 13. In *AMPI*. Salisbury Library Services have an image.

280	FISHER Robert James ²⁹⁹ [c1826-1883]	3 March 1880 LAH Dublin 1877
377	FITZMAURICE William Harry ³⁰⁰	4 November 1885 LRCS Irel 1878 LM RCS Irel 1880 LK&QCP Irel 1880
875	FLECKER Hugo ³⁰¹ [1884-1957]	14 November 1912 MBMS Syd 1908
635	FLECKER Oscar Sydney ³⁰² [d.1909]	13 March 1902 MBMS Syd MBBS <i>ag</i> Adel 1902
789	FLEMING Thomas Gordon MC ³⁰³ [1888-1946]	13 January 1910 MBBS Adel 1909
1014	FLETCHER Alan Rabone ³⁰⁴	13 March 1919 MB Syd 1918 MS Syd 1919

²⁹⁹ Given that the date of his diploma is correct, he would have been about 50 years of age when he obtained it. Was sometime shire councillor for Omeo, Victoria and after coming to SA practised at Melrose. He went to Tea Tree Gully in late 1882. On 5/1/1883 he was thrown from his trap and sustained a compound fracture of his right leg. He died of that injury about a month later. Dr. Hartley Dixon was a close friend. He is buried at Houghton. Obituary *Observer* 10/2/1883 p. 36.

³⁰⁰ Middle name also appears as Henry. He was at Snowtown after his arrival in SA.

³⁰¹ Also held the LRCP Lond MRCS Eng 1911 and FRCS Edin 1912. An eminent radiologist, teacher and marine biologist. Served AAMC WWI and WWII. He was at Temora NSW, went to Victoria and later Queensland. Brother of Oscar Flecker. Held also the LRCP Lond and MRCS Eng. In *Pearn*.

³⁰² After passing his third year examinations in 1899 he was forced by the hospital 'row' to complete his studies in Sydney. He returned as a resident medical officer, Adelaide Hospital, 1902, then went to practice at Port Pirie and then went to WA, where he died of diphtheria contracted while treating an infected child.

³⁰³ Served RAMC WWI then practised at Goodwood. Prior to the war he went to Hawker, leaving there in 1913 to go to London. He was a lucky survivor of the post WWI influenza pandemic but eventually succumbed to his war injuries. See *Advertiser* 17/1/1946 p. 4.

³⁰⁴ Served AAMC WWI: briefly at Clarendon and in 1923 was on Yorke Peninsula. Later hon. assist. surgeon Royal South Sydney Hospital. Because of administrative changes, his registration number is also seen as 1114.

633	FLETCHER Elizabeth Eleanor	See WELD, E.E.
562	FLINT Frederick S ³⁰⁵	4 February 1897 LSA LM Lond 1895 LRCS Eng 1895 LFP&S Glas 1895
251	FLOOD John Wellesley ³⁰⁶ [1852-1884]	20 July 1877 MB Dublin [nd] MB <i>aeg</i> Adel 1881
802	FLOOD John Wellesley ³⁰⁷	12 May 1910 MBBCh BAO Dublin 1909
880	FLOREY Hilda Josephine ³⁰⁸ [1890-1953]	19 December 1912 MBBS Adel 1912
743	FOLEY John Matthew Galway ³⁰⁹	13 June 1907 LRCP&S Irel 1907
588	FOOKS Edward Vernon Russell ³¹⁰ [1871-1922]	2 March 1899 MRCS Eng LRCP Lond 1894

³⁰⁵ Middle name not known. Was at Port Germein in 1897 and Angaston in 1900.

³⁰⁶ Son of a Dublin solicitor: BA Dublin (Classics.) He practised at Yorketown, where he was mayor in 1881. He died at Queenstown and was buried in the old Woodville cemetery. See *Loyau* p. 19.

³⁰⁷ Practised at Brinkworth; served AAMC WWI and after the war was at Rabaul. Returned to Liverpool, England. He was on the *Matunga* with C.L. Strangman [q.v.] when it was captured by the German raider *Wolf*.

³⁰⁸ Sister of Howard Florey. Most of her professional life was spent in Melbourne where she was a bacteriologist and serologist. Her undergraduate course was brilliant. She was a resident at the Adelaide Childrens Hospital in 1914. In 1917 she married Dr. John Gardner [q.v.] who in 1929 died of tetanus. Hony. FRACP 1951. There is a sympathetic obituary in *BMJ* 13/6/1953 pp. 1336-7. Her eminent brother graduated MBBS Adel 1921, was Rhodes Scholar that year, and immediately left for overseas. He detested the Adelaide medical school.

³⁰⁹ He was at Moonta after registration.

³¹⁰ Born in NZ, he was known as Russell Fooks, he practised at Gawler then Adelaide. He never fully recovered his health after AAMC WWI and died at Whyalla. See *SA Register* 5/10/1922 p. 385. *Coombe* p. 415 has an image.

626	FORMBY Henry Harper ³¹¹ [1876-1956]	11 April 1901 MB Melb 1900 BS Melb 1901 MRCS Eng LRCP Lond 1903 FRCS Eng 1903
43	FORSTER John ³¹² [1806-1891]	3 April 1849 MRCS Eng LSA Lond 1830
230	FORSYTH Alex(ander) JP ³¹³ [c1850-1880]	5 July 1876 MBChM Aberdeen 1872
93	FORWARD Frederick ³¹⁴ [1808-1882]	25 January 1854 LWCA Lond 1843

³¹¹ Name sometimes shown as Henry Arthur Formby. Another Adelaide student forced by the hospital 'row' to complete his studies interstate (Ormond College.) After graduation worked at the Melbourne Hospital and then went in the Army Medical Corps to the South African War, afterwards undertaking post-graduate studies in London. Thereafter he was at Strathalbyn all his professional life, and was at one time mayor. Foundation Fellow Royal Australasian College of Surgeons. His sister married Dr. Albert Curtis. He retired in 1948. Both his sons were killed in WWII. Obituary, *Advertiser* 24/1/1956 p. 6; *Burgess* v. 2 p. 878.

³¹² Born Yorkshire, sometime curator of the Leeds Anatomy Museum, emigrated to SA in 1849. He went to India and New Zealand, returning in 1863 to take up pastoral interests at Streaky Bay, but without much success. Gazetted to the Adelaide Hospital board in 1870. For many years he was at Mt. Barker and in his last years lived and worked a rather unsettled existence in the surrounding areas, including the position of Callington mines doctor. He died at Hackney. He was the uncle of J.I. Sangster snr. [q.v.] Obituary *Observer* 21/11/1891 p. 29. In *AMPLI*.

³¹³ Initially at Semaphore Rd., Semaphore, and later Laura, where he died aged 30 of tuberculosis. He was succeeded by T.K. Hamilton.

³¹⁴ Born Southwark. England and studied at the London and St. Barts Hospitals. He practised for some years in London before his emigration. After arrival he was at Adelaide and Unley and from 1865 at Port Adelaide. Father of W.W. Forwood, engineer and manufacturer. He was one of the first vaccinators in the Mitcham district. He died at Queenstown. *Loyau* p. 100. Obituary *Observer* 24/6/1882 p. 27 and see also *Frearson's Monthly Illustrated Adelaide News*, July 1882 pp. 99-100. SLSA PRG 801 is his private record group. *Meleng* p. 22 has an image. In *AMPLI*.

482	FOWLER Laura Margaret <i>KjH</i> ³¹⁵ [1868-1952]	3 March 1892 MBChB Adel 1891
155	FRAME James William ³¹⁶	4 October 1864 LFP&S Glas 1852 MD Glas 1853
81	FRANKIS Benjamin Frederick ³¹⁷ [c1806-1890]	7 October 1851 MRCS Eng 1842
777	FRAYNE Ernest John ³¹⁸ [1886-1946]	11 February 1909 MBBS Adel 1908

³¹⁵ *ADB* 14 p. 491. First woman graduate of the Adelaide Medical School. Married in 1893 Dr. Charles Henry Standish Hope MBChB Adel 1889 [q.v.] After graduation she spent a year at the Adelaide Children's Hospital and then worked briefly at Mt. Barker then Footscray and Coalville, Vic. Subsequently a medical missionary at Pabna, North Bengal, for forty years. In some publications her name is often listed as Fowler-Hope. The history of the medical board of SA (published 1994) unfortunately omits her as the first female Adelaide graduate and registrant and incorrectly claims those honours for subsequent graduates. Unfortunately this lamentable blunder was repeated in one of their 2010 newsletters. She was in fact the first female medical practitioner registered in Australia, beating by two months Dr. Margaret Corlis of NSW, for whom the distinction is usually claimed. Served WWI with the Scottish Womens Hospital in Serbia, and was briefly a prisoner of war. She is remembered in the *Advertiser* 26/9/1952 p. 11 and SLSA has several images.

³¹⁶ In *SA Govt. Gazette* 12.2.1931 the surname is shown as Franc. He was at Meadows after registration, and he had previously been in Victoria, at Port Fairy 1855 and then Warrnambool. In 1865 when at Mt. Barker he raised publicly the need for urgent reform of the procedures for certification of death and authority for burial. In *AMPI*.

³¹⁷ First public vaccinator for West Adelaide. He came to the colonies on four occasions on various emigrant ships and settled in Adelaide in 1854. He sold his practice to Dr. Frederick Spicer and went back to England. He returned again to SA in 1868 and remained in practice until 1870, when he left for good. He died at Bristol, England. In *AMPI*.

³¹⁸ Father of Dr. John Felix Frayne. Practised at Mallala, Woodside and then Malvern. See *Advertiser* 7/6/1946 p. 9. After service WWI: became an anaesthetist.

612	FROST Constance Helen ³¹⁹ [1862-1920]	7 June 1900 MBChB Univ NZ 1900
457	FROST Richard Russell JP ³²⁰	2 April 1891 MRCS Eng 1870
781	FRY Henry Kenneth DSO ³²¹ [1886-1959]	8 April 1909 MBBS Adel 1908 DPH Oxon 1912 MD Adel 1934
390	FRY William Walter Baldock ³²² [b.1858]	1 December 1886 MB ChM Edin 1881
487	FULTON Thomas Kensington James ³²³	6 September 1892 LRCS LRCP LM Edin 1887 LFP&S Glas 1887
880	GARDNER Hilda Josephine	See FLOREY, H.J.

³¹⁹ DNZB v. 3. BA 1893. Official records sometimes show her name as E.H. Frost. Resident Medical Officer Adelaide Hospital 1902 and that year was appointed assistant bacteriologist. She returned to NZ in 1903 and worked at the Auckland Hospital where because of her gender she met much malignant opposition and prejudice.

³²⁰ He did not register a claimed LSA Lond 1870 and LRCP Edin 1876. Practised at Townsville before going to Tanunda/Angaston, Strathalbyn, Mt. Barker and Denial Bay. He is reputed to have been an alcoholic, but so are most of the other early Denial Bay doctors. He trained at Guy's. In *AMPI*.

³²¹ *ADB* 14 pp. 230-231. BSc Adel 1905, Dip Anthrop Oxon, FRACP 1939 FRIHH 1941. He was Rhodes Scholar 1909; served AAMC WWI. He had many achievements during a most distinguished medical and public career. Hony. physician Adelaide Hospital and lecturer in materia medica and therapeutics. In 1913 he had a brief (and apparently, unhappy) sojourn as commonwealth medical officer in the Northern Territory. In 1938 he succeeded Angas Johnson as officer of health, city of Adelaide. Obituary, *Advertiser* 23/7/1959 p. 3 and see also *Observer* 9/1/1909 p. 32. There are papers in the SLSA, SA Museum and National Archives of Australia. *Who's Who* 1936 p. 92 has a portrait.

³²² He was born in Sussex: after his return to England he lived at Folkestone. Sometimes records show an incorrect date (1866) of registration.

³²³ He was at Nairne and then Wallaroo in 1893. In 1904 he was appointed medical officer at Palmerston, vice Goldsmith. *SA Register* 9/2/1906 p. 142 has an article written by him on the health of that place. He resigned the appointment in 1906 and was replaced by C.L. Strangman. He was registered in Tasmania in 1889 and working at Devonport.

935	GARDNER John Forrest ³²⁴ [1890-1928]	7 December 1914 MBBS Adel 1914
216	GARDNER William Forrest ³²⁵ [1846-1897]	6 January 1875 and 4 October 1876 MD ChM Glas 1874 MD Glas 1876 MD <i>aeg</i> Adelaide 1877
413	GAULT Arthur Henry ³²⁶ [1864-1917]	4 July 1888 MRCS Eng LRCP Lond 1886 MB Lond 1887 MD Lond 1900 MD <i>aeg</i> Adel 1901
987	GAULT Arthur Kyle ³²⁷ [1895-1955]	9 July 1917 MBBS Adel 1917

³²⁴ Married Dr. Hilda Florey. *SA Govt. Gazette* 12.2.1931 shows his name as Gardiner. He was the nephew of Dr. William Gardner. After appointments at the Broken Hill and Ballarat Hospitals he served in AAMC WWI. Entered general practice at Richmond Vic. in 1917 and remained there until his death from tetanus.

³²⁵ First lecturer in surgery UofA 1886 and Dean of the faculty 1890. He married a daughter of Dr. R.W. Moore and was an uncle of Dr. John Gardner. A leading Adelaide surgeon, fine teacher and scholar, he moved to Melbourne in 1892. He died in a Naples hotel, probably of syphilis. Obituary *Observer* 10/4/1897 pp. 26, 30. SLSA 610.6952 sets out his publications and appointments. A family historian claims that he was manic depressive and took his own life. In *AMPI*.

³²⁶ Father of Dr. A.K. Gault and Estelle Ruth Mocatta MBBS Adel 1919 and brother in law of Dr. Frederick Steele Scott. He practised at Mitcham. Sometime hony physician Adelaide Hospital: he had a particular interest in pulmonary disease because of his own asthma and built *Nunyara* sanatorium at Belair. His practice, which started at his home *Ardmeen* continues to this day as the Crafter Medical Centre. SLSA B22100 and B22101 are images.

³²⁷ Son of Dr. A.H. Gault and brother of Dr Estelle Ruth Mocatta MBBS Adel 1919. After service AAMC WWI (where he was seriously wounded) he practised at Mitcham in succession to his father. Prominent in the Methodist Church, Gault has acquired a reputation as an abortionist, which may or may not be true. In 1940 he was lucky to escape criminal prosecution when a patient died, and his subsequent delivery of the corpse to the authorities in the boot of his car did not assist the evasion of innuendo. An associate of Gault, Dr. William Rodney Clark MBBS Adel 1944, in 1949 committed suicide when faced with similar accusations. See *Advertiser* 7/4/1955 p. 3. Gault suddenly retired in 1950.

267	GAZE William Henry ³²⁸	8 January 1879 LRCP Lond 1878
28	GEMMELL John ³²⁹ [1817-1866]	6 April 1847 MRCS Edin 1837
936	GEORGE Mildred May ³³⁰	17 December 1914 MBBS Adel 1914
873	GEORGE Thomas Edwin ³³¹	10 October 1912 MBBS Melb 1912
105	GETHING Robert JP ³³² [1826-1883]	4 October 1854 MD Edin 1847 MD <i>aeg</i> Adel 1877
533	GETHING William John ³³³	7 February 1895

³²⁸ Gaze also claimed the MRCS Eng 1878 LSA Lond 1877 and MD Brux 1878. He fell out with the BMA (SA Branch) and went to Canterbury NZ and later White Cliffs NSW.

³²⁹ Came to Australia from Scotland on the *Dorset* in 1843 and was registered in NSW 1844 and worked at Parramatta. He was then registered in Victoria 1851. He ceased the practice of his profession in 1852 and became a squatter, owning Wooragee and Coreen stations. Died at Wooragee, Beechworth, aged 49. No definite records have been found of his time in South Australia, and there is a suspicion that there could be two men of the same name, however a Dr. John Gemmell was at Mt. Barker and Port Lincoln in the late 1840s. In *AMPI*.

³³⁰ Mrs. G.T. Caton. Hony. staff Queen's Home Rose Park 1918.

³³¹ He was at Maitland after registration. *SA Govt. Gazette* 12.2.1931 shows incorrect initials.

³³² Did not register his MRCS Eng 1846 or LSA Lond 1849. Born Usk, Wales, came to SA as surgeon-superintendent of the *Raleigh*. Was assistant colonial surgeon and sometime member of the medical board. At Port Adelaide for many years and he had a farm at Hahndorf, *St Julians*, where he died. He is buried at Blakiston. In 1867 he was sent to Streaky Bay to inquire into an alleged outbreak of smallpox. Father of Dr. W.J. Gething. He married Dr. J.T. Toll's sister. At one stage he practised both with Toll and an unqualified person, R.B. Weatherhead, who in 1877 left to study medicine in Edinburgh but died at sea. See SLSA PRG 1262, *Meleng, Hodder and Loyau*. Obituary *Observer* 27/10/1883 p. 31. SLSA B45119 is an image and he is in *AMPI*.

³³³ Son of Dr. Robert Gething, he was a qualified lawyer and was admitted to the SA Bar in 1887, practising with the firm of G & J Downer. As a doctor he was in partnership at Port Adelaide with his uncle, Dr. J.T. Toll, and on the latter's death acquired the entire practice. In 1912 he became quarantine officer for SA, and was an acknowledged expert on smallpox. See *SA Register* 22/6/1915 p. 566, *Honorary Magistrate* no. 26 pp. 330-331 and *Burgess v.* 1 p. 456.

	[1862-1915]	LRCP LRCS Edin 1894 LFP&S Glas 1894
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133	GEYER Ernest Henry <i>JP</i> ³³⁴ [c1816-1876]	5 July 1859 MD Prussia 1849
322	GHANDY Rastamji Dinshaji ³³⁵	6 December 1882 LSA Lond 1881 LFP&S Glas 1882
472	GIBB William ³³⁶	7 January 1892 LRCS LRCP Edin 1884
496	GIBBES Alexander Edward ³³⁷	2 February 1893 MBChB Adel 1892
526	GIBBES John Murray ³³⁸	6 December 1894 MRCS Eng 1865 MBChM Aberdeen LM Eng 1866 MD Aberdeen 1883
555	GIBSON Thomas ³³⁹ [d.1932]	3 September 1896 MBBS Edin 1893

³³⁴ Arrived SA on the *Helene* 1859 and went to Kapunda after registration, then Adelaide where he was in partnership with C.J.F. Bayer and W. Gosse. On the death of Bayer in 1867 the partnership was terminated and Geyer practised on his own account. At some stage he was in the Northern Territory (he is not found in the *Northern Territory Dictionary of Biography*) and he later went to Moonta, where he died. SLSA B 5678 is an image and he is in *AMPI*.

³³⁵ His given names occur with various spellings. He was at Penola after registration, and was registered in Victoria in 1889. He was also known to have been at Colton (Eyre Peninsula.) In 1900 he was in NSW. An Indian, he remains a vague and intriguing person.

³³⁶ A native of Dundee, Scotland, he came to Murray Bridge. By 1894 he was insolvent. He was prominent in the St John Ambulance in Great Britain and was the author of a book on first aid.

³³⁷ He was at Lithgow and Merewether NSW, and in 1918 joined the NSW public service. He became chief medical officer Government Insurance Office.

³³⁸ At New Plymouth NZ (where he was coroner) and he was also a member of the NZ medical board. He went to Middle Brighton, Melbourne, then Bordertown after his registration in SA. He then left for NSW. In 1884 when in Paris, he met Pasteur.

³³⁹ He did locum work after registration before going to Port Augusta and finally Quorn in 1902. *Advertiser* 17/8/1932 has intriguing details of his will.

747	GILBERT Henry ³⁴⁰ [1880-1947]	12 September 1907 MBBS Melb 1901 MRCS Eng LRCP Lond 1904 FRCS Eng 1906
477	GILES Henry O'Halloran ³⁴¹ [1868-1911]	4 February 1892 MBChB Adel 1891
369	GILES William Anstey ³⁴² [1860-1944]	3 June 1885 MBChM Edin 1882 MB Adel 1886
192	GILES William Betts ³⁴³ [1842-1878]	17 January 1872 MRCS Eng LRCP Lond 1867 LWCA Lond 1867
983	GILLEN John Besley ³⁴⁴ [1895-1937]	9 July 1917 MBBS Adel 1917
447	GLYNN Eugene McMahan JP ³⁴⁵ [1865-1914]	8 January 1891 LM & LKQCP LRCS Irel 1887

³⁴⁰ Son of William Gilbert of Pewsey Vale, who had married the daughter of Dr. W.T. Clindening. Eminent Adelaide surgeon and teacher. Served AAMC WWI. President and Life Governor Childrens Hospital. See *Advertiser* 27/10/1947 p. 3. He had a private hospital at 26 LeFevre Tce. North Adelaide. One of the medical founders of St Mark's College, the other two being Henry Newland and William Ray.

³⁴¹ Brother of Dr. W.A. Giles; practised at Glenelg. *SA Register* 11/3/1911 p. 127 has an obituary which notes the high mortality among Glenelg doctors. He is buried in Clayton Church cemetery.

³⁴² First lecturer Uof A in aural surgery, and Dean of the faculty of Medicine 1895 and 1902-04. Foundation Fellow of the Royal Australasian College of Surgeons. Brother of Henry O'Halloran Giles. President BMA (SA Branch) 1897-98. In 1896, disgusted with the Kingston government, he resigned as secretary of the medical board. Appointed Vice-Consul for Russia in 1909, he resigned in 1911. Obituary *Advertiser* 10/5/1944 p. 6 and *Australian & New Zealand Journal of Surgery* v. 51 issue 4 has an article. SLSA B22104/5 is an image.

³⁴³ Went to Riverton and remained there until his death at 37. In *AMPI*.

³⁴⁴ Some records show incorrect initials. Son of F.J. Gillen, the ethnologist. Served RAN WWI, then went to Morgan and later Gawler. He died in London.

³⁴⁵ Practised first at Laura then at Kapunda. Dr. R.M. Glynn and Hon. Patrick McMahan Glynn, a founding father of the Commonwealth parliament, were brothers.

556	GLYNN Robert McMahon ³⁴⁶ [d.1928]	5 November 1896 LM LRCCP&S Irel 1895
600	GOCHER Gilbert JP ³⁴⁷ [1870-1944]	5 October 1899 MBChB Durh 1895 MD Durh 1898
296	GODBY William Heitland ³⁴⁸	8 October 1914 MBBS Melb 1914
937	GODFREY Kirke Charles ³⁴⁹ [b.1888]	17 December 1914 MBBS Adel 1914
150	GOLDSMITH Francis Edward ³⁵⁰ [1825-1875]	6 January 1863 MRCS Eng 1848 LWCA 1849 LRCP Edin 1860
430	GOLDSMITH Frederick ³⁵¹ [1867-1942]	5 June 1890 MBChB Adel 1889
573	GOOD Joseph Ernest ³⁵²	3 February 1898

³⁴⁶ Practised at Riverton. Dr. E.M. Glynn and Hon. Patrick McMahon Glynn, a founding father of the Commonwealth parliament, were brothers. NLA 1895816 is a biographical cutting book. Father of Dr. R.M. Glynn jnr. MBBS Adel 1919. Obituary *Observer* 22/9/1928 p. 49.

³⁴⁷ He came out as house physician to the Adelaide Hospital and then was at Bordertown before going to Victoria, where he practised at Alexandra. Later he became medical officer to the Aborigines and State Children's Dept. See *Faulding's Medical Journal* v. 1 p. 7.

³⁴⁸ Resident medical officer Adelaide Hospital 1914: he became a radiologist in Perth.

³⁴⁹ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. Served AAMC WWI then practised at Mt Pleasant and Clare (1925) before going to Perth.

³⁵⁰ Accompanied the Northern Territory expedition of Boyle Travers Finniss in 1864, and then went to Robe. Later he practised at Magill and Norwood, where he took his life with an overdose of chlorodyne: he had been an invalid for more than six years. Father of Dr. Frederick Goldsmith. SLSA 994.29503 N874 is a collection of documents dealing with an investigation into his conduct following the Northern Territory Expedition of 1864: B 46868/22 is a photograph and he is in *AMPI*.

³⁵¹ One of the four original Adelaide graduates. He led a varied and colourful life, government medical officer Northern Territory (to 1904), plague duty in India, chief medical officer Papua (where he was a MLC and member of executive council,) British Red Cross unit in Montenegro in the Balkan War of 1912, and served Gallipoli and France WWI. He was awarded the Order of Danilo for duties in the Balkan wars. Son of Dr. F.E. Goldsmith. Was at Morphett Vale after WWI. SLSA B 61371 is a photo of him as one of the first four graduates and there is a portrait in *Who's Who* 1936 p. 93.

	[1867-1935]	MBChM Edin 1894
531	GOODE Arthur ³⁵³ [1872-1938]	10 January 1895 MBChB Adel 1894
594	GOODE Christina Love ³⁵⁴	4 May 1899 MBChB Melb 1898 BS Melb 1899 DPH RCP&S Eng 1913
824	GOODE Matthew Edward ³⁵⁵ [1881-1966]	9 February 1911 MBChB Edin 1910
819	GOODE Reginald Alfred ³⁵⁶ [1884-1955]	12 January 1911 MBBS Adel 1910

³⁵² Practised at Prospect. *SA Register* 10/1/1898 p 64 has some notes on his early medical career and there is an obituary in the *Advertiser* 7/12/1935 p. 18. SLSA B 56238 may be an image of him.

³⁵³ At Terowie and in 1908 purchased R.J. Stevenson's Peterborough practice. He served AAMC WWI and on return went back to Peterborough. Later went to Bexley NSW and then Cleveland, Queensland, where he died. His obituary is in the *Advertiser* 11/5/1938 p. 16 and SLSA B 33019 is an image.

³⁵⁴ She passed her third year examination at Adelaide and was forced by the 'row' to complete her course in Melbourne, after which she went to China as a missionary. She worked in England from about 1900-08 at the West Ham Infirmary. In 1914 she married in England Dr. Alexander Krakowsky and returned with him to SA in 1916, practising at Renmark to 1919, when they moved to Adelaide. After his death in 1930 she retired to Glenelg. She is one of a number of interesting women who have been overlooked by the historians and writers of the women's movement. In 1921 appointed state commissioner Girl Guides.

³⁵⁵ At Port Pirie before serving in AAMC WWI. He returned to that place before moving to Brighton in 1922 and he practised there until two weeks before his death. He built and lived at *Taparrie*, 14 Jetty Rd. Brighton.

³⁵⁶ At Port Lincoln before serving in AAMC WWI. He returned there before moving to Mitcham. Obituary, *Advertiser* 10/6/1955 p. 3.

254	GÖRGER Oscar ³⁵⁷ [1847-1905]	3 October 1877 MD ChM MAO Heidelberg 1871 MD <i>aeg</i> Adel 1878 Staats Exam
846	GORRIE Peter ³⁵⁸ [1881-1942]	12 October 1911 MBChB Edin 1908 MD Edin 1910
364B	GOSSE C	12 October 1911 ³⁵⁹
199	GOSSE Charles ³⁶⁰ [1849-1885]	2 April 1872 MBChM Aberdeen 1872 MRCS Eng 1870 MD Aberdeen 1875

³⁵⁷ He developed a large general practice on North Terrace Adelaide and was on the honorary staff of the Adelaide Hospital from 1879 and a clinical lecturer from 1887. He lost his money in 1886 through land speculation and his estate was assigned. He later made up his losses from investments in the Broken Hill mines and returned to Germany in 1890. In some records his name appears as Goerger. He died at Cannes of cardiac failure. He is said to have built *Willyama* at Medindie. With James Phillips [q.v.] he was involved in subdividing the suburbs of Brooklyn Park and Prospect. The present Lewis St. Brooklyn Park was originally called Gorger St.

³⁵⁸ *SA Govt. Gazette* 12.2.1931 records him as Gorry. Served RAMC WWI and was at Peterborough while Dr. Lowther Clarke was in the AAMC. He then went to Port Augusta, leaving there in 1923 for Mt. Lofty after he bought the practice of S.L. Dawkins. He went to England in 1942 as surgeon of the *Madura* and was killed when the vessel was bombed off Sumatra. A web resource, *The Piggott Family of Queens's County, Ireland*, had a detailed account of his life, the latter years of which were marred by marital discord and alcohol.

³⁵⁹ *Ib.* lists this person, who did not exist.

³⁶⁰ Son of William Gosse. Honorary Ophthalmic Surgeon Adelaide Hospital 1881. Some registers show 1892 as an incorrect date of registration. He died aged 36 after a buggy accident and the early loss of such an enormous talent embodied in a graceful disposition caused much grief. The Charles Gosse medal and lectureship commemorate him. See *SA Register* 30/6/1885, 2/7/1885, 4/7/1885. SLSA has extensive resources relevant to him including images and he is in *AMPI*.

183	GOSSE John ³⁶¹ [1846-1896]	20 July 1869 MRCS Eng 1868
70	GOSSE William ³⁶² [1812-1883]	1 April 1851 MRCS Eng 1836 FRCS Eng 1870 MD Heidelberg 1870 MD <i>aeg</i> Adel 1877
282	GRAHAM Albert William ³⁶³	5 May 1880 LSA Lond 1879
127	GRAHAM George ³⁶⁴ [1828-1893]	10 August 1857 MRCS Eng 1851

³⁶¹ Studied St. Bartholomews Hospital, London, and came to SA in 1870 on the cable ship *Investigator*. Initially at Mt. Pleasant (where he married) and then Adelaide, Moonta and Wallaroo, where he subsequently died. Nephew of William Gosse. See obituary *SA Register* 30/12/1896 pp. 671 and *Ib.* 31/12/1896 p. 681. Another obituary is in the *Yorke's Peninsula Plain Dealer* 2/1/1897 p. 2 and he is in *AMPI*.

³⁶² Born Newfoundland, he was a prominent SA medical figure who was deeply involved in professional and other organisations. First president of the BMA (SA Branch), first president of the Central Board of Health, some time colonial surgeon, superintendent of the lunatic asylum and president of the medical board. In practice first with C.J.F. Bayer and then Horatio Whittell. Father of Dr. Charles Gosse and uncle of John Gosse. *SA Register* 23/7/1883 p. 187 has an obituary and see also *Observer* 28/7/1883 p. 7. Buried North Road after a funeral that was the social event of the year. Further references are *Medical Journal of Australia* 1/9/1951 pp. 281-284; *Hodder, Loyau, Frearson's Weekly Illustrated* 28/7/1883 pp. 392-393. SLSA has resources including images and he is in *AMPI*.

³⁶³ Also held the MB and LRCP Lond. He was only briefly in SA at Terowie and Yongala before going to Hobart and later Stanley, Tas. He was at Cohuna, Vic by 1900.

³⁶⁴ Assistant colonial surgeon SA, but most of his Australian medical life was in Victoria where he was honorary surgeon and secretary to the Richmond Free Dispensary, honorary secretary of the Victorian Medical Society, and medical superintendent of a private asylum for the insane. *Elaeocarpus grahamii* is named after him. He died at sea on the *Thermopylae* bound for Naples for a BMA junket. Held the MD Melbourne. See *SA Register* 5/7/1893 p. 29 and *Observer* 8/7/1893 p. 30 for obituaries and he is in *AMPI* and *Pearn*.

142	GRAHAM Thomas ³⁶⁵	22 April 1872 MRCS Eng 1855 LWCA Lond 1856
1001	GRANT Richard Longford Thorold ³⁶⁶ [1894-1979]	12 December 1918 MBBS Adel 1918 MRCP Lond 1921 FRACP 1938
286	GRAY Charles Edward ³⁶⁷ [c1845-1892]	1 September 1880 MBChM Dublin 1869 MD Dublin 1875
431	GREGERSON William Jens ³⁶⁸ [d. 1945]	5 June 1890 MBChB Melb 1889 MRCS Eng 1892 MBBS <i>agg</i> Adel 1902
509	GRIBBLE James Edward ³⁶⁹	5 October 1893 LRCP&S Edin 1891 LFP&S&LM Glas 1891
845	GRIEFF Carl ³⁷⁰	21 September 1911 Staats Exam 1904
730	GRIFFITHS Ernest William ³⁷¹ [d. 1949]	10 January 1907 MBBS Adel 1906
476	GUINAND Paul ³⁷²	4 February 1892

³⁶⁵ To Adelaide as surgeon superintendent of the *Taymouth Castle* in 1855. By the time it reached Port Adelaide there were forty cases of smallpox on board. He then practised at Mt. Gambier. SLSA B 3062 is an image. He is in *AMPI*.

³⁶⁶ A prominent Adelaide paediatric physician with a special interest in respiratory diseases. President BMA (SA Branch) 1951. He might be remembered for a leading case in the law of torts in the commonwealth, involving a rash from wearing underpants, and which went to the Privy Council: *Grant v. Australian Knitting Mills P/L*. The case was immortalised in *Truth*. He was the son in law of Dr. J.B. Lewis, brother of Essington Lewis. The author recalls him in his seventies attending medical functions and discussing the perfidy of Ramsay Smith and Leith Napier who had died more than thirty years before.

³⁶⁷ BA TCD: after service in the RN was at Yongala SA (1876,) Inverell NSW and Horsham Vic. before going to Albert Park South Melbourne. He was registered in Victoria in 1878. He was practising at Yongala before his registration. He died at Lincolnshire, England.

³⁶⁸ Practised at Port Wakefield and then from 1897 Hindmarsh. Father of Dr. G.J. Gregerson [1898-1960] registered in SA in 1925. UofA series 1151 contains an image.

³⁶⁹ At Ballarat, then Millicent (1894) after registration in SA, and later at Port Wakefield until his death. His qualifications appear in other forms in different publications.

³⁷⁰ Was at Point Pass, near Robertstown. *SA Govt. Gazette* 12.2.1931 shows his name as Griegg.

³⁷¹ At Mannum until 1909 when he went to Europe. Served AAMC WWI and then went to Ryde NSW.

	[d1923]	LSA Lond 1890 LRCP Lond MRCS Eng 1891 MD Berne 1891
114	GUNNING Alexander Thomas ³⁷³ [1816-1904]	3 July 1855 LRCS Edin 1837
512	GUNSON John Bernard ³⁷⁴ [1868-1938]	11 January 1894 MBChB Adel 1893 LRCP Lond MRCS Eng 1896

³⁷² *SA Govt Gazette* 12.2.1931 shows his name as Guinard. At St Arnaud Vic., then Tasmania. He returned to Murray Bridge and then Renmark (1893) and finally 72 Moseley St. Glenelg, where he died. In 1918 he was appointed health officer Renmark Irrigation Trust. Details of this interesting man are in *SA Register* 17/10/1923 p. 609. Held the BA Lausanne.

³⁷³ He was registered in Victoria in 1862 and in SA spent his professional life at Naracoorte (Mosquito Plains) where he died (of influenza.) Did not register the LMid Glas. Grandfather of Dr. Norman Stannus Gunning and great-grandfather of Dr. Julianne Elizabeth Stannus Gunning (Mrs. Oliver Goodwin) [1933-2002.] See *Observer* 24/1/1903 p. 25, *Ib.* 31/1/1903 p. 4 and *Ib.* 15/10/1904 p. 36. In *AMPI*.

³⁷⁴ Son of Dr. J.M. Gunson and father of Dr. J.M.M. Gunson, he was associated with the Adelaide, Adelaide Children's and Queen Victoria Hospitals. Through marriage he was related to the Morphet and Britten Jones families. Lecturer in medical diseases of children 1916-27.

85	GUNSON John Michael ³⁷⁵ [1825-1884]	5 April 1853 MRCS Eng 1848 MD Heidelberg 1865
1010	GURNER Colin ³⁷⁶ [1897-1962]	12 December 1918 MBBS Adel 1918
958	GUYMER Arthur Howes ³⁷⁷ [1893-1962]	14 October 1915 MBBS Adelaide 1914 FRCS Edin 1921
945	GUYMER Ernest Albert ³⁷⁸ [b.1891]	17 December 1914 MBBS Adel 1914 FRCS Edin 1920
288	HADEN Edward Cresswell JP ³⁷⁹	6 October 1880 MRCS Eng 1863 LSA Lond 1864
754	HAINES Arthur ³⁸⁰ [d. 1941]	12 December 1907 MRCS Eng LRCP Lond 1894

³⁷⁵ *ADB* 4 p. 308. Father of Dr. J.B. Gunson, sometime member UofA council and hony. physician Adelaide Hospital. Knight of St. Gregory the Great. Mt. Gunson, north-west of Port Augusta is named after him. See *Loyau* p. 16; *Observer* 10/5/1884 p. 37, *Frearson's Monthly Illustrated Adelaide News* May 1884 p. 68 and PRG 427 (SLSA.) In *AMPI*.

³⁷⁶ His given name also appears on various documents as Collin or Golin. An early radiologist, deep XRay therapist and pioneer user of isotopes, Adelaide Hospital. In partnership with J.S. Verco. Obituary, *Advertiser* 17/2/1962 p. 6. Father of Dr. Colin Gurner jnr. MBBS Adel 1942 who would become director general of army medical services. Gurner snr. Built Rokeby House at Royston Park.

³⁷⁷ After service in AAMC WWI went to Ballarat, later returned to Glenelg. Brother of Dr. E.A. Guymer and father of Dr. Max Guymer MBBS Adel 1947. He also served in WWII.

³⁷⁸ After service in the AAMC WWI went to Ballarat in 1920 and later Point Lonsdale.

³⁷⁹ Came to SA from Victoria and was at Tea Tree Gully in 1881, then Gumeracha, and later Port Wakefield, where he was elected to the district council in 1882. While there he held a surgery weekly at Balaklava. He went to Kingston SE in 1885 and was also government medical officer at Robe. Later he was at Hawker and Waukaringa.

³⁸⁰ Initially took over A.R. Caw's practice at Naracoorte then went to Willunga to succeed John Evans, from 1909-41: he was greatly respected. *SA Govt. Gazette* 12.2.1931 shows him as Arthur Hains and cites the incorrect registration number. He had been registered in Victoria in 1907.

587	HAINS George Meyer ³⁸¹ [1878-1945]	2 February 1899 MB Melb 1898 ChB Melb 1899
754	HAINS Ivan Coronel ³⁸² [b. 1889]	14 December 1911 MBBS Adel 1911
953	HALAHAN Samuel Handy ³⁸³	12 August 1915 MBChB Dublin 1885
491	HALL Francis James ³⁸⁴	2 February 1893 MBChM Edin 1883
165	HALL Isaac Palmer ³⁸⁵ [c1817-1867]	3 July 1866 LSA Lond [nd]
995	HALL Norman Bruce ³⁸⁶ [b.1893]	9 July 1917 MBBS Adel 1917

³⁸¹ Father of Dr. R.M. Hains. He passed his third year exams at Adelaide and was forced by the hospital 'row' to complete his studies at Melbourne. At Peterborough and then Gladstone SA after registration. Following service in the AAMC WWI he went to Broken Hill where he became a prominent medical figure. A brief obituary is in the *Advertiser* 30/5/1945 p. 8.

³⁸² *SA Govt Gazette* 12.2.1931 shows him as J.C. Haines. Most of his professional life was spent at Bundaberg Q. Served AAMC WWI and at the time of his enlistment he was living at Gilgandra NSW.

³⁸³ *Ib.* shows the name Hanlahan. He came from Enniskillen, Ireland, and was registered in Victoria in 1888, practising at Edenhope. In 1916 he went to Lameroo SA. His father was a Church of Ireland minister who studied at Trinity College Dublin.

³⁸⁴ At Yorketown, Strathalbyn 1893-5, when he left for Semaphore because of poor health.

³⁸⁵ *SA Govt. Gazette* 12.2.1931 shows him as J.P. Hall. He came from Plymouth to Melbourne in 1858 in the *Agincourt*. In April 1866 he took over the Glenelg practice of the late Dr. Robert Montgomery, but Hall died the following year of heart disease, and is buried at North Brighton. SLSA PRG 3921 and 4005 are his diary and letters. Obituary *Observer* 16/11/1867 p. 6. He was the author of *An Essay Proving Spermatorrhoea and the Varied Forms of to be a Disease of the Blood*, 1858. In *AMPI*.

³⁸⁶ He remained in London after service in the AAMC WWI and returned to Adelaide around 1920.

890	HALLEY Ida Gertrude Margaret ³⁸⁷ [1867-1939]	8 May 1913 MB Melb 1895 ChB Melb 1896
969	HALLORAN Henry Marco James ³⁸⁸	14 October 1915 MBBS Melb 1915
299	HAMILTON Archibald Alexander ³⁸⁹ [1856-1914]	6 July 1881 MBChB Dublin 1880 MB <i>aeg</i> Adel 1883
342	HAMILTON Charles Wolfe ³⁹⁰ [1860-1949]	5 September 1883 MBChB Dublin 1883 MD Dublin 1894 MD <i>aeg</i> Adel 1899

³⁸⁷ *ADB* 9 pp. 170-171. *SA Govt Gazette* 12.2.1931 has incorrect initials. A prominent Melbourne doctor before she went to Tasmania in 1906 as first medical inspector of schools. Later became first director of hygiene and lecturer at the Teachers Training College Sydney. She was appointed medical inspector of schools South Australia in 1914 and laid the foundations for the medical, dental and psychological well-being of school children. Principal medical officer of the department from 1925 until retirement in 1931. An under-rated pioneer medical woman whose exceptional contribution to her profession is now forgotten. Obituary, *Advertiser* 2/10/1939 p. 18 and SLSA B 40799 is an image.

³⁸⁸ Practised at Norwood for many years and was health officer to the East Torrens County Board as well as individual local government bodies. *Who's Who* 1936 p. 95 has a photograph.

³⁸⁹ Held also the LM Rot. He practised at Grote St., Adelaide. President BMA (SA Branch) 1902-03. Member of the medical board 1901-14. See *SA Register* 6/8/1914 pp. 470, 473, 474 and *Ib.* 7/8/1914 p. 494 for details of death and obituaries. SLSA B 11149 is an image.

³⁹⁰ Brother of J.A.G., T.K. and R.H. Hamilton. At Gladstone (where he was mayor 1885,) then Laura until 1891 when he moved to Kapunda. He went to Adelaide in the late 1890s, after a trip to Ireland, to join T.K. in practice. President BMA (SA Branch) 1904-05. In 1898/9 he was overseas for about a year specialising. Member (and later president) State Childrens Council, 1909. Hon. Oculist Minda Home. In 1923 with his wife he returned to live in England. SLSA B 11240 is an image and see also *Fauldings Medical Journal* v. 1 no. 2 p.12 and *Morrison* v. 2 p. 631.

238	HAMILTON James Alexander Greer JP ³⁹¹ [1855-1925]	8 December 1876 MB Dublin 1876 LRCS Edin 1876 MB <i>aeg</i> Adel 1880
899	HAMILTON Malcolm Talbot ³⁹²	9 October 1913 MBBS Melb 1913
434	HAMILTON Reginald Heber ³⁹³	5 June 1890 LKQCP Irel 1889 LRCS Irel 1889 LMRCs LMRCp Irel 1889
283	HAMILTON Thomas Kinley JP ³⁹⁴ [1853-1917]	2 June 1880 MB Dublin 1876 LM Rot 1876 LRCS Irel 1876 FRCS Irel 1879 MD Dublin 1879 MD <i>aeg</i> Adel 1885

³⁹¹ From County Tyrone. Brother of C.W., T.K., and R.H. Hamilton. At Wallaroo for two years then Kapunda for thirteen years. In 1891 he joined Dr. E.W. Way in Adelaide and remained in partnership until Way's death in 1901. In charge gynaecological department of the Adelaide Hospital 1898-1920, when he retired, and was lecturer in gynaecology UofA. President BMA (SA Branch) 1890-91. Member of the medical board 1912-20. Surgeon to the Adelaide Racing Club for twenty years. Moved to his son's farm at Katanning WA after his retirement, but returned to Adelaide a few months before his death. He was recognised as the leading Adelaide gynaecologist, but like most race horse owners died relatively poor. For a time his professional rooms were in the surviving house at 261-2 North Terrace, east of Freemasons Hall. Saw service AAMC WWI as Major Hamilton, surgeon. See *SA Register* 20/11/1920 p. 184 and *Observer* 17/10/1925 p. 11.

³⁹² Practised at Albert Park, Melbourne; his death was reported by 1942. He was the brother of Dr. H.T. Hamilton of Melbourne.

³⁹³ Brother of C.W., J.A.G. and T.K. Hamilton. He was successively at Kapunda, Woodside, Mt. Pleasant, Laura, Port Pirie and Adelaide.

³⁹⁴ Settled at Laura and after developing an interest in eye and ENT work went overseas for further study in the UK and Europe, returning to practice those specialties at Adelaide. A prominent medical figure, he was president of the BMA (SA Branch) 1895-96 and president of the medical board 1899-1912. BA TCD 1875. In 1897 on 53 acres at Belair he built a mansion, *Birrlee*, later taken over by the Repatriation department. Brother of C.W., J.A.G. and R.H. Hamilton. See *SA Register* 7/12/1917 pp. 296, 300. He wrote *Dog feeding and dog breeding*, Adelaide 1917. The SLSA holds numerous electronic resources.

927	HAMILTON William ³⁹⁵	8 October 1914 MBBS Melb 1914
56	HAMMOND Octavius ³⁹⁶ [1810-1878]	2 April 1850 MRCS Eng LWCA Lond 1832
803	HANRAHAN James Arthur ³⁹⁷ [d.1920]	12 May 1910 MBBS BO RUI 1909
495	HARBISON David Thomas ³⁹⁸	2 February 1893 MB Melb 1892

³⁹⁵ Served AAMC WWI and then practised at Glenelg and North Terrace.

³⁹⁶ Born Penshurst, Kent, England and died near Port Lincoln. He arrived SA in 1849 as ships surgeon and minister on the *Duke of Wellington*, and was associated with the aboriginal mission at Poonindie (which closed in 1896.) He attended Dr. George Lawson in his last illness. He had about fifteen children. See *SA Register* 2/11/1878 p. 15. He was the first incumbent of St. Thomas CofE Port Lincoln and a memorial tablet commemorates his ministry. SLSA PRG 1123 includes his papers. See *Outback Ghettos* by Peggy Brock for a far from flattering account of Poonindie and Hammond. When he forbade his daughter Emily to continue a courtship with a Port Lincoln policeman, she drowned herself in the Tod River. In *AMPI*.

³⁹⁷ He practised at Kapunda with E.M. Glynn and then returned to Ireland, coming back to SA in 1913 and established himself at Hamley Bridge. He moved to NSW in 1919, was at Lewisham, became terminally ill and went back to Ireland where he died at Kingstown, Dublin. SLSA PRG 504 comprises his papers and some charming photographs, especially of *Pudge* his cat.

³⁹⁸ MD Melb 1899 FRCS Eng 1901. He was medical officer Adelaide Hospital and then went to Wallaroo and finally Bowral NSW. In 1893 he won the SA singles tennis championship. In 1903 he was appointed medical officer of health for Unley. Reported to have been at West Maitland in 1910. Harbison Memorial Homes at Burradoo and Moss Vale commemorate him and their web site has a photo.

504	HARBISON William Henry ³⁹⁹ [d. 1949]	2 July 1893 LRCS LRCP & LM Edin 1891 LFP&S Glas 1891
800	HARCOURT Averyl	See COHEN, Marjorie Duake
223	HARDY James Arthur ⁴⁰⁰	17 November 1875 MRCS Eng LRCP Edin 1874
89	HARDY John Handford <i>JP</i> ⁴⁰¹ [c1825-1870]	5 July 1853 MRCS Eng 1852
458	HARRIS Frederick Stuart ⁴⁰²	2 April 1891 MRCS Eng LRCP Lond 1890 MD Durh 1890
732	HARRIS James Frederick ⁴⁰³ [1880-1911]	10 January 1907 MBChB Melb 1901 MD Melb 1905
723	HARRIS John James ⁴⁰⁴	27 September 1906 MBChB Aberdeen 1903

³⁹⁹ At Carrieton, Port Augusta, Gawler and then Wallaroo until his death. He was also registered in Victoria in 1892. Father of Dr. E.J.K. Harbison MBBS Adel 1924.

⁴⁰⁰ He was house surgeon St. George Hospital London and after a brief sojourn in SA went to Launceston in 1876 and then St. Kilda, Melbourne. In *AMPI*.

⁴⁰¹ He went to Victoria, and settled at Chewton, where he became mayor, and there he died, aged 45. In *AMPI*.

⁴⁰² Appointed a public vaccinator in 1891.

⁴⁰³ Passed his third year examinations at Adelaide and then was forced by the hospital 'row' to complete his course in Melbourne. Was resident medical officer Melbourne Hospital. Later went to Port Pirie and he died there a few years later from peritonitis following an appendectomy. Obituary *SA Register* 27/7/1911 p. 290. He had succeeded R.W. Stewart as superintendent of the Pt. Pirie hospital.

⁴⁰⁴ Also held the DPH Syd. Joined the Victorian Public service in 1923 and was District Health Officer, Bendigo.

68	HARRIS Samuel ⁴⁰⁵ [1814-1866]	1 April 1851 LSA Lond 1836
163	HARRISON Arthur Robert ⁴⁰⁶ [c1834-1875]	MRCs Eng 1856 LWCA Lond 1858 MD St Andrews 1862 MRCP Edin 1865
523	HARRISON Charles Alan ⁴⁰⁷	2 August 1894 MRCs Eng LRCP Lond 1893
173	HARRISON Henry Edward ⁴⁰⁸	12 November 1867 MRCs Eng 1875
481	HARROLD Rowland Edward ⁴⁰⁹ [1865-1924]	3 March 1893 MBChM Edin 1890 MB <i>aeg</i> Adel 1892
661	HART Alexander Watson ⁴¹⁰	11 June 1903 LRCP&S Edin 1902 LFP&S Glas 1902
855	HARVEY Gilbert Aberdeen ⁴¹¹	14 December 1911

⁴⁰⁵ He came to SA in 1839 as surgeon-superintendent of the *Planter* and returned to England in 1841 and practised as a surgeon (in a partnership of Harris, Dulex and Harris) in Fenchurch St. London. Ill health brought him back to SA on the *Joseph Soames* in 1851 and he consulted briefly in Franklin St. Adelaide before going to Sydney, where he remained until his death which was probably from tuberculosis. In *AMPI*.

⁴⁰⁶ Came to SA in 1865 as medical officer to the lunatic asylum after the resignation of George Tallis and in 1867 returned to England. He died when resident medical superintendent of the asylum, Douglas, Isle of Man. It was for him that *Yarrabee House* was built on Botanic Rd. as the resident medical officer's residence. It was taken over by the Botanic Garden in 1938. In *AMPI*.

⁴⁰⁷ Known to have been at Renmark 1900.

⁴⁰⁸ He was in Queensland 1866, then Creswick Victoria, Mount Barker SA, Adelaide and then Amherst Vic. Son in law of Dr. M.H.S. Blood of Kapunda, however his marriage to Mary Bagot Smyth Blood in 1870 was bigamous. The correct date of his MRCS is 1865. In *AMPI*.

⁴⁰⁹ In 1894 he was appointed honorary assistant physician Adelaide Hospital. He practised in Adelaide for many years with a particular interest in dermatology. See *SA Register* 22/1/1892 p. 148 for some details of his studies and *Ib.* 16/10/1911 p 536 for his post-graduate work. Death and obituary are in *Ib.* 7/11/1924 p. 10.

⁴¹⁰ Practised at Minlaton.

	[1886-1918]	MBBS Adel 1911
276	HARVEY Henry Frederick ⁴¹² [1852-1931]	5 November 1879 MRCS Eng 1875 LSA Lond 1875
938	HASTE Reginald Arthur ⁴¹³ [1892-1968]	17 December 1914 MBBS Adel 1914
101	HAWKER Thomas Drewitt ⁴¹⁴ [1805-1859]	4 April 1854 LSA Lond 1830 MRCS Eng 1831
508	HAWKES John Alison ⁴¹⁵	7 September 1893 MB Melb 1892
256	HAWKINS Thomas Henry ⁴¹⁶ [c1839-1881]	28 November 1877 MRCS Eng LSA Lond 1859 FRCS Eng 1870
480A	HAYWARD Gerald Cobden ⁴¹⁷	7 May 1891

⁴¹¹ After graduation he was resident medical officer at the Adelaide and Childrens hospitals before travelling to England for post-graduate study. At the outbreak of WWI he joined the RAMC. He was killed by an exploding shell in Flanders.

⁴¹² He had extensive English hospital experience before he came to SA, where he worked at Auburn until 1886 when J.W. Yeatman took over his practice. He then went to Perth and later Bunbury. In the 1890s he was part of a syndicate which established the town of Harvey.

⁴¹³ Obtained the BSc Adel in 1911. Served AAMC WWI. For years he was hony. obstetrician, Queens Home. Obituary, *Advertiser* 19/6/1968 p. 4. Portrait in *Who's Who* 1936 p.97.

⁴¹⁴ His name appears variously as Hawke and Hawkes. He practised at Clare and is buried there. SLSA 614.473 is a pamphlet he wrote on smallpox. He was a returning officer for the first elections for a SA bicameral parliament in 1857. In *AMPI*.

⁴¹⁵ After registration he was at Carrieton (in succession to C.L. Stragman.)

⁴¹⁶ He was house surgeon to the Royal Ophthalmic Hospital Moorfield and Kings College Hospital, London, before he came to SA in 1877 on the *Hesperus*. He entered into partnership in 1879 with Dr. H.E. Astles and practised for about four years in Franklin St. Adelaide until his death at his home in Victoria Square from pleurisy/pneumonia. He acquired a reputation as a skilful ophthalmologist. His practice was bought by Alexander Henry. Obituary *Observer* 9/7/1881 p. 32, *SA Register* 4/7/1881 p. 5 and see *Hodder* p. 296.

⁴¹⁷ Some medical registers omit his registration number. Hony. anaesthetist, Adelaide Childrens Hospital; he was in practice for over fifty years. Brother of W.T. Hayward, he lost his left arm in a hunting accident in England. He was unmarried and lived in Verco Building. SLSA B 27292 is an image.

	[1866-1943]	MRCs Eng LSA Lond 1888
939	HAYWARD Lancelot Alfred ⁴¹⁸ 1891-1964]	17 December 1914 MBBS Adel 1914

⁴¹⁸ After service in AAMC WWI was at Berri/Barmera and then went to Perth where he was a prominent physician and anaesthetist and involved in BMA politics. Also saw service in WWII.

672	HAYWARD Lionel Wykeham ⁴¹⁹ [1881-1926]	14 January 1904 MBBS Adel 1903
13	HAYWARD Martinus Peter ⁴²⁰ [1817-1904]	11 January 1845 MRCS Eng 1839
266	HAYWARD William Thornborough <i>CMG</i> ⁴²¹ [1854-1928]	6 November 1878 L&LMidK&QCP Irel 1874 MRCS Eng 1875
27	HEALEY Lawrence ⁴²² [d. 1874]	5 January 1847 LWCA Lond 1821 MRCS Eng 1842
320	HEARN William Edward LeFanu ⁴²³	2 August 1882

⁴¹⁹ Son of Dr. W.T. Hayward. He was at Yorketown and after AAMC WWI went to Loxton, where he died of tuberculosis. Sometime medical officer to the Bedford Pk Sanatorium and State Childrens Department. He was instrumental in forming the Tubercular Soldiers Association and Aid Society. Married daughter of Dr. Alexander Lawrence. Obituary and portrait in the *Optimist* no. 5 (1927) pp. 6-7 and see *Burgess* v. 2 p. 686. Father of Dr. J.L. Hayward MBBS Adel 1932.

⁴²⁰ Came to SA as ship's surgeon on the *Rajastan* in 1839. He had pastoral interests at McLaren Vale and Clare, where he owned a brewery and had an interest in the Canowie run at Hallett. He returned permanently to England in 1857, was registered there in 1859 and died at Cheltenham, aged 86. See *SA Register* 11/4/1904 p. 324 for a brief biography, *Observer* 16/4/1904 p. 34 and SLSA PRG 395. In *AMPI*.

⁴²¹ Born Reading, Berkshire. Initially at Riverton, he moved to Norwood in 1882 after purchasing the late F.W. Baily's practice and established himself as a physician. President BMA (SA Branch) 1885-86 and 1910-11; Dean of the faculty of medicine 1922-23 and member of the medical board 1918-27. Hony. physician Adelaide Hospital and Childrens Hospital; member of the council of the UofA. Prominent in state and federal medical politics, he was secretary of the BMA (SA Branch) during the hospital 'row.' LLD Hony Aberdeen and LLD Hony *aeg* Adel 1914. Served AAMC WWI. He was the father of Drs. L.W. and L.A. Hayward and grandfather of Dr. R.T. Steele MBBS Adel 1942. There is a gushing obituary *BMJ* 5/1/1929 pp. 47, with a photograph and see also *SA Register* 22/12/1928 p. 11.

⁴²² Practised in Rundle St. and possibly Gawler before returning to England. Died at Penzance, Cornwall. In *AMPI*.

⁴²³ See *Pearn* p. 184. Also held the L&LMidK&QCP Irel 1885; he was at Kensington SA, Inglewood, Hamilton (1883) and Pleasant Creek Vic.(where he was registered in 1876) and then Melbourne (1889.) He had been at Robe SA (1882) and then the Gascoigne WA in the same year. He died at Carnavon WA. His father was the eminent Victorian jurist and academic W.E. Hearn.

	[d. 1893]	MB Melb 1876
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331	HENDERSON John Henderson ⁴²⁴ [1858-1909]	7 March 1883 MBChM Glas 1882
769	HENNESSY Thomas James ⁴²⁵	13 August 1908 LRCS LK&QCP Irel 1882
278	HENRY Alexander ⁴²⁶ [1846-1921]	7 January 1880 MBChB Edin 1874 MD Edin 1877
122	HERBERT Lloyd ⁴²⁷ [1828-1877]	6 October 1857 MRCS Eng 1853
804	HESELTINE Verner George	12 May 1910 MRCS Eng LRCP Lond 1904 FRCS Edin 1908
753	HEUPT Albert Reginald ⁴²⁸ [b.1880]	Allocated a registration number but was never registered; went to Victoria. [MD Boston 1907.]
488	HEYMANN Hermann Charles ⁴²⁹	6 October 1892 MD Berlin 1867 Medicus Imperial Medical Chirurgical Acad St Petersburg 1869
809	HEYNEMANN Albert Victor	See HILLIER, A.V.
810	HEYNEMANN Ethelina Elma	See HILLIER, E.E.

⁴²⁴ Practised at South Tce. Adelaide and then Mt. Lofty/Crafers, where aged 50, he died. An obituary is in *SA Register* 13/2/1909 p. 399.

⁴²⁵ *SA Govt. Gazette* 12.2.1931 shows incorrect name spelling, and the medical register may have the incorrect qualifications. He was briefly at Denial Bay and then Hawker.

⁴²⁶ Practised in Victoria Square for forty years, at first with Thomas Cawley. He purchased the practice of T.H. Hawkins after the latter's decease. An obituary is in *SA Register* 4/4/1921 p. 310.

⁴²⁷ He served on the medical staff in the Crimea War and came to SA as surgeon-superintendent of the *Gilmore* in 1857. He practised with Robert Montgomery at Happy Valley and married his eldest daughter before moving to Strathalbyn for eleven years until 1869 when he left for Moonta and was elected surgeon to the Mines. He died at Victoria Squ. Adelaide and is buried at Campbelltown. In 1865 he was an unsuccessful candidate for the House of Assembly District of Barker. SLSA D8089(L) are some papers and see *Hodder* p. 278. Obituary *SA Register* 19/4/1877 p. 15. In *AMPI*.

⁴²⁸ Number allocated in 1907. He served AAMC WWI and at the time of enlistment was living in NSW.

⁴²⁹ He was at Tanunda in 1893 and the next year went to Elliston. There is evidence that he had no qualifications that could be registered.

269	HICKS Edward John William ⁴³⁰	4 June 1879 MRCS Eng 1873
402	HILL Alfred William ⁴³¹ [1863-1933]	5 October 1887 LSA Lond 1885 LRCP Lond MRCS Eng 1886 MD Brux 1887
32	HILL William Parr ⁴³² [c1819-1865]	5 October 1847 MRCS Eng 1846
41	HILLEBRAND William ⁴³³ [1821-1886]	3 April 1849 MD Berlin 1844
809	HILLIER Albert Victor ⁴³⁴ [d. 1944]	8 September 1910 LRCP&S Edin 1910 LRFP&S Glas 1910

⁴³⁰ He was also MBChM Aberdeen 1875 MD Aberdeen 1878 and LSA Lond 1874, but registered only the MRCS. Practised at Port Elliot and later returned to England.

⁴³¹ He practised first at North Adelaide and moved to Terowie in 1888 (visiting Peterborough and Whyte-Yarcowie.) He left there in 1894 and went to Europe. Sometime Worshipful Master of the Terowie Masonic Lodge. He established himself as a leading ophthalmologist and ENT surgeon in Adelaide, holding an honorary appointment at the Adelaide Hospital for 25 years until 1922. After obtaining his diplomas he worked at the Royal London Ophthalmic Hospital and the Hospital for Women, Soho Square, London. He had intended to remain in the UK as a specialist but could not cope with the climate. SLSA holds his publications and there are portraits in *Burgess* v. 2 p. 134 and *Quiz* 25/10/1900 p. 8. An obituary is in *Advertiser* 30/6/1933 p. 29.

⁴³² He was registered in Victoria in 1856 and was at the goldfields. In SA he practised at Koorunga in the late 1840s, then Willunga and finally Port Elliot. There he died suddenly and the unqualified Buxton Forbes Laurie both attended him in his last hours and conducted the funeral service. He was 46 and left a wife and four children. In *AMPI*.

⁴³³ See *Pearn* p. 186 for biographical notes. He was a noted botanist rather than a medical practitioner. In *AMPI*.

⁴³⁴ A British citizen, he changed his name from Heynemann (1916) during WWI. He was at Blyth (with his wife) until 1926, then came to Adelaide. They later went to Curramulka. The *Advertiser* 14/4/1944 p. 8 has an obituary which suggests he held an American qualification. SLSA PRG 856 is the Hillier papers.

810	HILLIER Ethelina Elma (nee Manners) ⁴³⁵ [1875-1956]	8 September 1910 LRCP&S Edin 1910 LRFP&S Glas 1910
563	HINE Alfred Ernest Barrett ⁴³⁶ [b1866]	4 March 1897 MRCS Eng LRCP Lond 1892 Dip Public Health 1896
869	HODSON John Ernest ⁴³⁷	13 June 1912 MRCS Eng LRCP Lond 1907
524	HOEY John Colclough ⁴³⁸	2 August 1894 LRCS Irel 1882 L&LM K&QCP Irel 1884
999	HOGG Robert Welton ⁴³⁹	31 October 1918 MBBS Melb 1915
700	HOGGAN Bertram Brooke ⁴⁴⁰	9 November 1905 LRCP&S Edin 1888 LFP&S Glas 1888
791	HOLDER Eric James Roby ⁴⁴¹ [1878-1940]	13 January 1910 MBBS Adel 1909
903	HOLDER Sydney Ernest ⁴⁴² [1891-1953]	18 December 1913 MBBS Adel 1913

⁴³⁵ Wife of A.V. Hillier: like him she was a natural born British subject and changed her name by deed poll in WWI. She owned four private hospitals, Parkwynd, Unley Private, Pier St. Glenelg and South Park (in Glen Osmond Rd.) She sold three of them in 1951, evidently because of lack of patients.

⁴³⁶ Known as Dr. Barrett Hine, he practised at Nairne. He returned to England in 1904 and may have remained there, at Charmouth, Dorset.

⁴³⁷ Practised at Stirling; served AAMC WWI and remained in London. *SA Govt. Gazette* 12.2.1931 shows the incorrect initials.

⁴³⁸ Practised at Gawler.

⁴³⁹ At Noarlunga after registration.

⁴⁴⁰ *SA Govt. Gazette* 12.2.1931 shows the surname as Hogben. He came to SA from Geelong and had been at the Brisbane Hospital. He practised first at Glenelg and later at Angaston.

⁴⁴¹ Nephew of Sir Frederick Holder who was twice premier of SA and sometime Speaker of the House of Representatives. He practised at Kadina from 1910 to 1923 when he went to the USA and studied at the Mayo Clinic. Returning to SA he practised at Torrens Rd. Alberton until his death after a lengthy illness.

⁴⁴² He was the son of Sir Frederick Holder. Served AAMC WWI and WWII. He practised at Kadina and after WWII he joined the Repatriation department. See Advertiser 10/2/1953 p. 3.

891	HOLLAND Edwin Archibald ⁴⁴³	8 May 1913 MBBS Melb 1913
697	HOLMES Horace Iles ⁴⁴⁴	14 September 1905 MD Melb 1904
862	HOLMES Louis Saengar ⁴⁴⁵ [1859-1926]	14 December 1911 LRCP&S Edin 1887 LFP&S Glas 1887
399	HOLMES Nathaniel Wheatcroft ⁴⁴⁶	6 July 1887 LRCS LRCP Edin 1878
528	HONE Frank Sandland <i>CMG</i> ⁴⁴⁷ [1871-1951]	10 January 1895 MBChB Adel 1894 FRACP 1938

⁴⁴³ He also held the DTM Syd. Practised at Ardrossan after graduation, then served AAMC WWI. Later Public Health Dept. New Guinea, then Birchip Vic.

⁴⁴⁴ MB Melb 1901 ChB Melb 1902 FRACS; practised at Warrnambool.

⁴⁴⁵ His middle name is often misspelt. Registered Tasmania 1887 and practised at Moorina, near Launceston and in around 1907 went to Victoria before coming to SA (he had been born there at Smythe's Creek.) He lived and practised in the Victorian mansion on the corner of Charles St. and Montrose Ave. Norwood and local rumour maintained that he was the Holmes after whom Conan Doyle named his notable fictitious detective. This good story is ruined only by it having no basis of fact. Older Norwood residents remember him doing night calls in his dressing gown. He was a fine chess player. He died at Kooringa. His youngest son was wounded at Gallipoli and died on a hospital ship.

⁴⁴⁶ He was at Guildford WA, then Kingston SE.

⁴⁴⁷ BA Adel 1889: he had a distinguished undergraduate career and he matched his intellectual accomplishments with a general sporting proficiency. A prominent and important figure as practitioner and teacher in both private and public health. Father of Drs. F.R. and G.M. Hone. The *Advertiser* 23/5/1949 p. 8 has a tribute and *Ib.* 10/5/1951 p. 3 an obituary. SLSA has several electronic resources. President BMA (SA Branch) 1911.

465	HOPE Charles Henry Standish <i>KIH</i> ⁴⁴⁸ [1861-1942]	5 November 1891 MBChB Adel 1889 MD Adel 1891
482	HOPE Laura Margaret	See FOWLER, L.M.
637	HORNABROOK Rupert Walter ⁴⁴⁹ [b.1871]	11 April 1902 MBChB Adel 1896 LRCP Lond MRCS Eng 1897
379	HORNECK Samuel ⁴⁵⁰ [1860-1895]	3 February 1886 LRCS Irel 1884 L&LMid K&QCP Irel 1885
158	HORTON Henry ⁴⁵¹	3 January 1865 LSA Lond 1862 MRCS Eng 1859

⁴⁴⁸ One of the first four Adelaide graduates, the others being Goldsmith, Lynch and Magarey. BA Cantab 1883 BA Adel *aeg* 1889; he was the first Adelaide graduate to proceed MD. Commenced general practice at Gawler in 1891 and married Dr. Laura Margaret Fowler in 1893: they were medical missionaries in India for forty years and both were awarded the *Kaiser-i-Hind*. He is, perhaps unkindly, reputed to have had a thoroughly dismal personality. Like his wife, he served with the Scottish Womens Hospital in Serbia during WWI. In 1910/11 they returned from India and practised briefly at Nairne before returning to the subcontinent. SLSA has interesting resources including images of husband and wife. SLSA B 61371 is a photo of him as one of the first four graduates.

⁴⁴⁹ Served in the South African War 1899-1901 and RAN WWI, He then established himself as an anaesthetist in Melbourne. He achieved note for his plague work at Bombay and the Transvaal. See *SA Register* 18/3/1901 p. 598. He is claimed to be the first medical practitioner in Australia to devote his practice to anaesthesia.

⁴⁵⁰ Sometime asst. surgeon British Army before he emigrated to Morphett Vale around 1886, succeeding W.J. Morier, and he lived at *Coalmore*.. Died at Miss Tibbits Private Hospital, Wakefield St. Adelaide two years after returning from a trip back to Europe and is buried in the Scotch cemetery, Morphett Vale. Obituary *Observer* 26/10/1895 p. 13.

⁴⁵¹ *SA Govt. Gazette* 12.2.1931 shows his surname as Norton. He was at Wallaroo (and perhaps, Angaston,) and in 1868 was appointed medical officer at Moonta vice John Meredith. He later returned to England. In *AMPI*.

277	HORTON Thomas Robert ⁴⁵² [b1852]	7 January 1880 L&LM RCP & RCS Edin 1879
946	HORWARD Oswald Ryle ⁴⁵³ [b.1883]	14 January 1915 LRCP Lond MRCS Eng 1913
205	HOUSTON John Henry JP ⁴⁵⁴ [d.1874]	1 January 1874 LFP&S Glas 1864 LSA Lond 1867
716	HUNN William Morgan ⁴⁵⁵ [1880-1917]	14 June 1906 MBBS Adel 1905
639	HUNTER William Allen ⁴⁵⁶ [d. 1952]	11 April 1902 MB Sydney 1901
918	HURREY Herbert Grindell ⁴⁵⁷ [1887-1961]	9 April 1914 MBBS Melb 1914
271	HUTCHINSON Berkeley Westropp [Vincent] ⁴⁵⁸	6 August 1879 MRCS Eng 1843

⁴⁵² Practised in Carrington St. Adelaide and then Clarendon. He moved to St. Peters Sydney about 1885 and remained in NSW. In 1884 the BMA (SA Branch) began investigating the legitimacy of his qualifications and in May that year his name was removed from the list of licentiates of the Royal College of Surgeons, Edinburgh. He was involved with B.P. Morison [q.v.] in a conspiracy to defraud the Alliance Insurance Company of £5000. There is evidence that he had no qualifications that could be registered. If in fact he was a quack he would have had no problems practising in NSW and was registered there without question. He subsequently practised at Mudgee, Emmaville, Grenfell and Balmain.

⁴⁵³ Enlisted 10th Battalion AIF WWI. Was awarded the King Albert Medal.

⁴⁵⁴ In some records his registration number is given as 211. Died the year after his registration at Tumbling Waters, near Darwin. In *AMPI*.

⁴⁵⁵ Practised on Yorke Peninsula and then Booleroo Centre until his death.

⁴⁵⁶ Passed his third year examinations at Adelaide and had to complete his studies in Sydney because of the hospital 'row.' General Practice at Salisbury (he had joined Edward Brookes) where he was very active in the community. Medical Officer Yatala prison 1915.

⁴⁵⁷ At Gladstone after registration in SA and then went to Petersham NSW. Surgeon RANR WWI.

⁴⁵⁸ He also claimed the LMid Dublin 1882. Born Ballinasloe, Galway, Ireland. He was asst. physician to the Spiddall and Maycullen fever hospitals in Ireland during the great famine. Migrated to Victoria in 1862 and for some years practised first at Beechworth and then at Albury NSW. He then came to SA and practised at Moonta then Kadina and was surgeon to the Wallaroo copper mines. He later went to Silverton and there in 1888 (at the height of the mining boom and when the railway reached it from Adelaide) he had a

	[c1815-1889]	
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stroke and died the following year at St. Kilda, Melbourne. His wife was the granddaughter of Robert Burns. In *AMPI*.

834	HUTCHINSON Frederick Ernest ⁴⁵⁹ [b.1872]	11 May 1911 MRCS Eng LRCP Lond 1898
422	HYNES Timothy Augustine ⁴⁶⁰ [1865-1920]	6 February 1889 MBChM Edin 1888 MB <i>aeg</i> Adel 1889
75	IFFLA Solomon JP ⁴⁶¹ [1821-1887]	1 July 1851 LFP&S Glas 1844
11	INNES William ⁴⁶² [c1805-1849]	11 January 1845 MRCS Eng 1836
53	IRVINE Robert Hamilton ⁴⁶³ [b1806]	1 January 1850 LRCS Edin 1827 MD Edin 1828
513	IRWIN Henry Offley ⁴⁶⁴	11 January 1894

⁴⁵⁹ Practised at Daylesford Vic. Served AAMC WWI.

⁴⁶⁰ Was briefly at Blumberg and Tanunda and then senior house surgeon Adelaide Hospital. A prominent Roman Catholic, he established a large and successful private practice at Adelaide, building on the practice he bought from Dr. James O'Connell's estate. He fell foul of the BMA (SA Branch) in 1893 and had his membership revoked, and the following year he resigned his appointment as surgeon-captain in the SA Military Forces. Despite – or because - of this his popularity increased and he was both well-liked and affluent (no doubt helped by his father's pastoral and mining interests.) In 1901 he bought the Stow Memorial Church manse in Flinders St. and converted it into an innovative private sanatorium. It survives as the Ethnic Affairs Commission Building. An interesting obituary is in *SA Register* 21/8/1920 p. 553. He was born at Birdwood and died at Henley Beach. SLSA has a number of electronic resource references.

⁴⁶¹ He came to SA from Jamaica and set up practice in Grenfell St. He moved to Victoria in about 1853 where he practised at Forest Creek, Melbourne, Woods Point, South Melbourne, Emerald Hill and later Sunbury. He gained some notoriety from a celebrated 1881 libel case, *Smith v. Iffla*: he did not get a lot of sympathy because he was reputed to be rather argumentive and difficult. He died at East Melbourne. Iffla was born at Bordeaux, France and spent many years in Jamaica. He was the first Jewish LSP&S Glas. Jews could study medicine in Scotland without restriction but in England were prevented until after abolition of the Test Acts in 1871. In *AMPI* and *Pearn*. Mayor of South Melbourne 1879-80.

⁴⁶² He arrived in SA in 1839 on the *Planter* and practised at Inverbrackie: he died there, insolvent and his creditors got three shillings in the pound. In *AMPI*.

⁴⁶³ Associated with the Indian Medical Service 1829-1848 (?) but nothing is known regarding his stay in SA. In *AMPI*.

	[c1872-1939]	MBChB Adel 1893
307	JACKSON George Cecil ⁴⁶⁵	1 February 1882 LRCS Irel 1872
876	JACKSON Henry Hollister ⁴⁶⁶	14 November 1912 LRCP&S Edin 1899 LFP&S Glas 1899
179	JACKSON James JP ⁴⁶⁷ [c1839-1915]	12 January 1869 MRCS Eng 1861 MB Lond 1863 MD Lond 1866 MD <i>aeg</i> Melb 1868
889	JAMES Hugh Bowen ⁴⁶⁸	8 May 1913 MBBS Melb 1913
260	JAMES Thomas ⁴⁶⁹ [d.1931]	24 April 1878 LSA Lond 1876 MRCS Eng 1877

⁴⁶⁴ Residency at the Adelaide Childrens Hospital and later went to Kalgoorlie-Boulder WA. His daughter married a son of the third Baron Raglan.

⁴⁶⁵ Indian Medical Service before coming to Australia, where he was first at Maryborough Vic. after registration in 1879. He then practised at Macclesfield, Strathalbyn and Mt. Barker before going to Invercargill, NZ in about 1883. He returned to NSW and was at Dubbo in 1886. In 1881 at Maryborough he was involved in a sensational manslaughter case which had been terminated by a Crown *nolle*. Subsequently he was sued in the Victorian Supreme Court by the adoptive father of the dead woman, who had been a patient of Jackson's, to recover a large debt: this case went against him.

⁴⁶⁶ Sometimes recorded as Harry Hollister Jackson: he went to Victoria and practised at Richmond, Melbourne.

⁴⁶⁷ Born Hobart Tas. and educated in England. He arrived in SA per *Aldinga* from Melbourne in 1868 to take up the position of assistant colonial surgeon at Mt. Gambier. His previous appointment was as an assistant medical officer of the London Hospital. He was a popular doctor and he left for Europe in 1882 to further his studies, returning to Melbourne in 1884 and there he practised as an eye specialist until his death. See *Johns's Notable Australians*, 1906, p. 95: a particularly interesting entry. In *AMPI*.

⁴⁶⁸ Practised on the corner of Kensington Rd. opposite the Britannia Hotel. SLSA B 26285/128 is an image.

⁴⁶⁹ Born Llandoveng, Wales, 1854. Came to SA from the Middlesex hospital and practised at Moonta where he was at one time mayor. Succeeded James Todman as government medical officer at Moonta.

900	JAMES William Abel ⁴⁷⁰	13 November 1913 MRCS Eng LRCP Lond 1906
736	JAMES William Howard ⁴⁷¹	14 February 1907 MB Melb 1888
812	JAY Hubert Melville ⁴⁷² [1886-1963]	13 October 1910 MBBS Adel 1908 FRACS
300	JAY Melville Richard Hindmarsh ⁴⁷³ [1856-1919]	3 August 1881 MRCS Eng 1880 LSA Lond 1880 LRCP Lond 1881

⁴⁷⁰ He had worked for the White Star line and after arriving in SA was first at the Adelaide Hospital and then Moonta. After service AAMC WWI went to Bondi NSW. His wife was the only Australian female survivor of the *Titanic*.

⁴⁷¹ *SA Govt. Gazette* 12.2.1931 confuses the registration numbers of W.A. and W.H. James. He returned to Victoria and practised for a time at Bendigo.

⁴⁷² Son of M.R.H. Jay: prominent Adelaide ophthalmic and aural surgeon. Served AAMC WWI. Foundation Fellow RACS. *SA Govt. Gazette* 12.2.1931 has the wrong initials. President BMA (SA Branch) 1944-45. He lived at *Barton Croft*, Burnside. Married a daughter of Alfred von Doussa MLC. Father of Dr. Peter Jay MBBS Adel 1941 and his eldest daughter was the novelist Geraldine Halls (who also wrote as Charlotte Jay.) Obituary, *Advertiser* 28/11/1963, p. 3 and there is an image in *Who's Who* 1936 p. 99.

⁴⁷³ Son of Dr. R.G. Jay and brother of Dr. W.E. Jay. He practised in London for a time and returned to SA where he entered into partnership with Dr. R.T. Wylde. Went abroad for further study in 1909 and returned to practice as an ENT specialist with his son Dr. H.M. Jay. He was one of the hony. staff who resigned from the Adelaide Hospital at the time of the 'row.' Surgeon to the SA Jockey Club. President BMA (SA Branch) 1903-04. See *SA Register* 24/10/1919 p. 504, *Pascoe* p. 464. SLSA B 12159 has an image. In 1912 he purchased *Bellyett*, near Stoneyfell and renamed it *Barton Croft* after his wife's family home *Barton Vale* at Enfield. She was the sister of Edward Bowman of *Martindale Hall*.

50	JAY Richard Gardener ⁴⁷⁴ [1813-1879]	2 October 1849 LWCA Lond 1837
195	JAY William Eugene ⁴⁷⁵ [1848-1877]	16 October 1872 LRCP Lond 1872
351	JEFFREYS James Graham ⁴⁷⁶	5 March 1884 LSA Lond [nd]
769	JEFFRIES Lewis Wibmer <i>DSO OBE</i> ⁴⁷⁷ [1884-1971]	16 January 1908 MBBS Adel 1907
536	JERMYN Frederick David ⁴⁷⁸ [b. 1865]	4 April 1895 MB 1887 ChB 1888 Melb
575	JERMYN Walter Herbert ⁴⁷⁹ [b.1867]	3 February 1898 MB Melb 1889 ChB Melb 1890
569	JOHNSON Edward Angus <i>VD JP</i> ⁴⁸⁰	6 January 1898

⁴⁷⁴ After securing his qualifications he took two voyages to NSW as surgeon to emigrant vessels and in 1849 he brought another shipload to SA (the *Susannah*) and decided to remain. He practised briefly at Brighton before moving to Willunga, where he stayed about twenty five years. He left there for Wallaroo in 1877, on the death of his son W.E. Jay, and there his health began to decline and he died at North Adelaide. He founded a medical dynasty now in its fifth generation with Dr. Michael Jay. There is a record of him practising in Charles St. Norwood in 1872. Obituary *SA Register* 17/5/1879 p. 13 and see *Pascoe* p. 463, *Hodder* p. 287. His Willunga home, *St. Anne's Lodge*, is classified by the National Trust. In *AMPI*.

⁴⁷⁵ Son of R.G. Jay and brother of M.R.H. Jay. When house surgeon at the Adelaide Hospital in 1875 he was severely injured in a horse accident and had to resign his position. He practised at Wallaroo and died there aged 29. In *AMPI*.

⁴⁷⁶ *SA Govt. Gazette* 12.2.1931 shows the name as Jeffrey. Practised at Gawler and then went to New Zealand. He also held the MB Durh 1893. A St. Thomas's man, his LSA is 1877.

⁴⁷⁷ *ADB* 9 pp. 475-6. Father of Dr. J.S. Jeffries and grandfather of Dr. L.P. Jeffries. Obituary, *Advertiser* 9/10/1971 p. 5. There is an image in *Who's Who* 1936 p. 69.

⁴⁷⁸ Born Port Fairy, Vic., he worked at Koroit after graduation, then Mt. Gambier for 22 years. He served in the South African and First World Wars. Returned to Australia and was medical officer to the permanent troops at Queenscliff Vic. 1917-36. F.D. and W.H. were brothers.

⁴⁷⁹ Was medical officer, Melbourne Hospital after graduation, resigned because of ill health and went to Port Fairy, then Launceston and later Nyngan NSW. Served AAMC WWI and then practised at Mt. Gambier. He moved to Nelson Vic. in 1942.

	[1873-1951]	MBChB Melb 1897 MBChB <i>aeg</i> Adel 1897 MDChD Gott 1899 LRCP Lond MRCS Eng 1900 MD <i>aeg</i> Adel 1901
296	JOHNSON John ⁴⁸¹ [c1852-1928]	1 June 1881 MB Melb 1873 MRCS Eng 1876 FRCS Eng 1879
568	JOHNSTON Arthur Alma ⁴⁸²	2 December 1897 LKQCP Irel 1875 LRCS Edin 1876 MKQCP Irel 1880
273	JOHNSTONE William Henry ⁴⁸³	3 September 1879 LM & S Dublin 1874 LM Rotunda 1874

⁴⁸⁰ *ADB* 9 pp. 492-3. *SA Govt. Gazette* 12.2.1931 shows his name as Johnston. FRSI 1921. SLSA has extensive and interesting resources about him and B5624 is a good image. He was another who was forced by the hospital 'row' to graduate interstate.

⁴⁸¹ After obtaining his FRCS he returned to Australia and worked first at the Kew asylum, Vic., then Robe SA and the following year he went to Mt. Gambier. In 1888 he was appointed assistant colonial surgeon SA and resident surgeon Mt. Gambier Hospital, holding the appointments for thirty five years. He was very popular and prominent in community life. He died in the operating theatre. See *SA Register* 17/4/1928 p. 639 and *Ib.* 18/4/1928 p. 648. SLSA B 15841 is an image.

⁴⁸² Middle name sometimes shown as Aylmer. Worked Dublin, Bournemouth England, and for the P&O Steam Navigation Coy. After emigrating he practised at Parkes NSW and then Penola SA. He was registered in Victoria in 1880.

⁴⁸³ Worked at Frankston Vic., Mt. Pleasant SA, Blackall Q and Dapto NSW. At Maitland SA 1881 and Ardrossan 1882. Registered in Victoria in 1884. There is evidence that he had no qualifications that could be registered.

815	JONES Edmund Britten <i>Kf</i> ⁴⁸⁴ [1888-1953]	12 January 1911 MBBS Adel 1910 MRCP Lond 1926 FRACP 1938 FRCP 1942
325	JONES Griffith Job ⁴⁸⁵ [c1858-1887]	3 January 1883 LRCP Edin 1879 MRCS Eng 1880
450	JONES Robert Henry ⁴⁸⁶	8 January 1891 MBChB Melb 1890

⁴⁸⁴ Rhodes Scholar for SA 1912; MA Oxon 1926. Served WWI RAMC and in the AAMC WWII. Honorary Physician Adelaide Childrens Hospital and Queens Home, President BMA (SA Branch) 1933-4. *SA Govt. Gazette* 12.2.1931 shows the name as E.D. Jones. And often the name is hyphenated. See *SA Register* 12/12/1911 p. 474 for details of his Rhodes Scholarship award and *Ib.* 7/1/1920 p.54 for miscellaneous information. Father of Dr. Richard Britten Jones. Sometime president of the medical board. He was knighted in 1953 shortly before his death from a stroke. Obituary, *Advertiser* 2/10/1953 p. 2. SLSA holds comprehensive material including a biography.

⁴⁸⁵ He was a medical officer to the Destitute Asylum and had in his charge Industrial School children at Magill. In that institution there was an outbreak of ophthalmia and the government appointed a special inquiry. Shortly after in the York Hotel Adelaide Jones committed suicide by taking a large quantity of chloroform. See *SA Register* 23/6/1884 p. 607.

⁴⁸⁶ Became a Macquarie St. ophthalmologist.

959	JOSE Ivan Bede <i>Kf MC</i> ⁴⁸⁷ [1893-1969]	14 October 1915 MBBS Adel 1915 FRCS Eng 1922 FRCS Edin 1922 MS Adel 1923 FRACS
452	JOYCE Caleb ⁴⁸⁸	8 January 1891 MB Melb 1890
253	JOYCE John Fuller ⁴⁸⁹ [1840-1910]	3 October 1877 LRCP LRCS Edin 1877
604	JUDE Frederick John ⁴⁹⁰	4 January 1900 MBChB Edin 1898
543	JUTTNER Franz Julius Eduard <i>JP</i> ⁴⁹¹	16 January 1896

⁴⁸⁷ *ADB* 14, pp. 588-9. Served AAMC WWI; he was a prominent Adelaide surgeon and teacher. President BMA (SA Branch) 1954-55. Son of Very Rev. G.H. Jose, brother of Dr. Gilbert Jose and father of Dr. J.S. Jose MBBS Adel 1956. Sometime president Royal Australasian College of Surgeons. Knighted in 1963: see *Advertiser* 8/6/1963 p. 3. He died a few months after Sir Henry Newland. Obituary, *Advertiser*, 24/11/1969 p. 7 and *Ib.* 26/11/1969 p. 8. The author remembers him in the last months of his life, struggling on visits to pensioners to give them flu vaccinations. *Who's Who* 1936 has an image at p. 101.

⁴⁸⁸ Practised at Beaconsfield Tas. (1892) then succeeded Donald MacLachlan at Stirling East (1901,) then Georgetown SA, Cannington WA and finally Perth. He had been a lieutenant-surgeon in the Tasmanian militia.

⁴⁸⁹ He was surgeon superintendent of the *Oaklands* and settled in Adelaide in 1877. However there is evidence that he was an assistant to Dr. Hugh Ferguson [qv] for some time before going to Edinburgh to obtain his qualifications. He first practised at 143-4 South Terrace and in 1883 he started (two days after the funeral of Charles Gosse) the Adelaide Eye Infirmary, claiming to have been in charge of the Glasgow Eye Infirmary, and he also opened the Queens Hospital for married ladies during confinement. That building on Greenhill Rd. would eventually become Annesley College. In 1886 he was at Fitzroy and then Malvern and Korumburra Vic. (where he was also registered as a dentist.) He died at Inverloch Vic., where he had been since 1894. At one time he was Hony. surgeon to the Fitzroy Temperance Fire Brigade, and he also stood unsuccessfully for the seat of North Melbourne. Some sources show his first name as Alfred. See *SA Register* 12/2/1910 p. 437. SLSA D 7190 comprises some testimonials.

⁴⁹⁰ Briefly at Norwood then went to NSW and finally settled at Mildura, Vic. He was born in Sth Australia.

⁴⁹¹ Known as Frank Juttner: father of Drs. F.J.A. and C.P. Juttner, grandfather of Dr. C.A. Juttner. He was house surgeon at the Adelaide Hospital after his registration but resigned because of the political stress and strain. Practised at Tanunda for many years before retiring to Melbourne. He led the BMA opposition to

	[1870-1938]	MBCbB Melb 1895
134	KAY James William ⁴⁹² [d. 1891]	5 July 1859 LSA Lond 1858 MRCS Eng 1859

the unregistered Nazi practitioner J.H. Becker. In a series of celebrated libel cases the decision of the court went against him. See *Burgess v.* 2 p. 324.

⁴⁹² In some records he is John William Kay with the additional qualification MD Giessen 1872. He may have been at Clare for a while before returning to England, and he died there at Sydenham, London. In *AMPI*.

302	KEALY Joseph Patrick ⁴⁹³	5 October 1881 L&LMidK&QCP Irel 1880 LRCS Irel 1880
76	KEARNEY John Bernard ⁴⁹⁴	7 October 1851 MRCS Edin 1850
578	KEENAN Alfred James William ⁴⁹⁵	1898 [sic] LRCP&S LM Edin 1884
1004	KEIPERT Leslie James ⁴⁹⁶ [1894-1942]	12 December 1918 MBBS Adel 1918
641	KELLER Peter Martin ⁴⁹⁷ [d.1931]	11 April 1902 MD Philadelphia 1899
644	KELLER Nettie Florence Armstrong ⁴⁹⁸ [1875-1974]	8 May 1902 MD American Missionary College USA
12	KELLY Alexander Charles ⁴⁹⁹ [1811-1877]	11 January 1845 MRCS Edin 1831 MD Edin 1832 MD <i>aeg</i> Adel 1877
518	KELLY Matthew Francis ⁵⁰⁰	5 April 1894 MB Melb 1892 ChB Melb 1893

⁴⁹³ In SA he was at Norwood where he was surgeon to the Roman Catholic Orphanage Burnside and their refuge at Norwood. He was registered in NSW in 1884 and entered into partnership with a Dr. Collins at Woollahra before moving to Lower Fort St. He then went to Hillston, Gulgong (1885) Inverell (1887) Tamworth (all NSW) and was registered in Queensland in 1887. By 1900 he was back in NSW at Wyalong.

⁴⁹⁴ He arrived at Port Adelaide on the *Thetis* in 1851 and may have remained there for a while, otherwise little is known of him other than what is in *AMPI*.

⁴⁹⁵ Also claimed the MDChD Brux 1885: seems to have been only briefly in Adelaide.

⁴⁹⁶ Practised at Rupanyup Vic., with an hony. appointment at the Stawell hospital. Went to Sydney in 1922.

⁴⁹⁷ He claimed his qualification from Jefferson Medical College Pennsylvania and came to SA from Summer Hill NSW. Husband of Nettie Florence. He was murdered by a patient in California in 1931.

⁴⁹⁸ See *Dictionary of New Zealand Biography* for material on this remarkable woman.

⁴⁹⁹ He came to SA as surgeon-superintendent of the *Baboo* in 1840 and settled at Morphett Vale. He founded Tintara vineyard 1864 and published notable books on wine. Tintara was later taken over by Thomas Hardy. After graduation Kelly had worked as ship's surgeon for the East India Company, 1832-39 and had then practised at Dunbar, Scotland. *SA Register* 11/10/1877 has an obituary. SLSA has extensive electronic resources including images and he is in *AMPI*.

⁵⁰⁰ At Hergott Springs, probably for the railways commissioner, then went to Echuca Vic.

863	KELMAR John Kruger	19 December 1911 MD Gott 1905
721	KEMPSTER Christopher Richard	20 September 1906 MRCS Eng LRCP Lond 1896
989	KENDREW George Harry ⁵⁰¹	7 July 1917 MBBS Adel 1917
962	KENIHAN Raphael Leo MC ⁵⁰² [d.1964]	14 October 1915 MBBS Adel 1915
419	KENNEDY Jacob Bruce ⁵⁰³ [c1849-1912]	6 February 1889 MD Queens College University Ontario 1873 MRCP&S Canada 1874
564	KENNEDY James Charles ⁵⁰⁴	1 April 1897 MBChB Melb 1896

⁵⁰¹ Practised at Crystal Brook for many years.

⁵⁰² Served AAMC WWI 1916-1919 and was wounded at the battle of Messines and gassed at Paschendaele. He was a hony. anaesthetist and tutor in anaesthetics, Adelaide and Repatriation Hospitals and practised on Goodwood Rd. Millswood. He won the Military Cross for conspicuous gallantry and devotion to duty. Obituary, Advertiser 21/10/1964 p. 9. *Who's Who* 1936 has a portrait p. 102.

⁵⁰³ He was associated with the construction of the Great Northern Railway from Coward Springs to Oodnadatta between 1889 and 1891 and was then stationed at that latter place, where he died of heart failure.

⁵⁰⁴ Practised at Snowtown, Maitland and Adelaide.

4	KENT Benjamin Archer ⁵⁰⁵ [1810-1864]	28 December 1844 MD Edin 1831 MRCP Edin 1863
699	KER Thomas Campbell [1880-1937]	12 October 1905 MBChB Melb 1904
613	KERR David ⁵⁰⁶	5 July 1900 MBChM Glas 1895
467	KERR John A[loysius] ⁵⁰⁷	5 November 1891 MB CM Glas 1884
740	KIDD Leslie Stuart ⁵⁰⁸	9 May 1907 MB Melb 1905 ChB Melb 1906
82	KIESER Caesar ⁵⁰⁹ [d. 1885]	7 October 1851 MD Würzburg 1841
656	KILPATRICK William ⁵¹⁰	12 March 1903 MB Melb 1886 ChB Melb 1887
610	KINDER Jane ⁵¹¹	5 April 1900 MBChB Univ NZ 1900

⁵⁰⁵ His middle name appears variously as Arthur and Arden. His biography has been written by Peter Schurr, *Benjamin's Son*, Royal Society of Medicine, 1991. Kent gave his name to Kent Town and left SA on the *Antelope* in 1854; he died in London. His daughter Grahame Eliza married Dr. C.J.F. Bayer. SLSA has extensive resources and he is in *AMPI*.

⁵⁰⁶ In 1904 he was appointed to attend the destitute poor and aborigines in the North Rhine district. He was at Angaston about 1903-08 and then moved to Port Pirie. His successor at Angaston was the ill-fated F.G. Cowan [q.v.]

⁵⁰⁷ He was at Snowtown in 1891, Elliston in 1892, then Streaky Bay. His death was reported at Dumbarton, Scotland, in 1896. There appears to have been another (?unregistered) John A Kerr on the Far West Coast in the early 1900s, but they might be one and the same person.

⁵⁰⁸ FRACS 1928; hony. gynaecologist Prince Henry Hospital Melbourne, with a practice in Collins St. In 1907 he was appointed resident pathologist, Adelaide Hospital and in 1908 went to Port Pirie.

⁵⁰⁹ Most likely went to the Victorian gold rush as he is recorded as Casterton before 1856 (he was registered in Victoria in 1862,) Mt. Blackwood, Ballan, Buninyong, Ballarat 1867 (where he became insolvent,) Warrenheip and Preston, where he died. His wife conducted a school at Ballarat. He may have held the staats. examen. Heidelberg. In *AMPI*.

⁵¹⁰ He had been at Lilydale Vic. and on registration went to Hawker to replace P.F. Shanahan.

⁵¹¹ Medical officer, Adelaide Hospital 1900. She resigned in 1901 because of ill health and died soon after.

981	KING Charles Edgar ⁵¹²	8 March 1917 MBBS Melb 1909 MD Melb 1911
470	KINMONT Edward ⁵¹³ [1869-1927]	3 December 1891 MBChM Edin 1891 MD Edin 1912
847	KNEEBONE John LeMessurier ⁵¹⁴	14 December 1911 MBBS Adel 1911 FRCS Eng 1921 MS Adel 1921 FRACS
14	KNIGHT Charles ⁵¹⁵ [1808-1891]	14 January 1845 MRCS Eng 1840
57	KNIPE James Frederick ⁵¹⁶ [c1820-1869]	2 April 1850 MRCS Eng 1847
31	KNOTT John ⁵¹⁷ [1807-1850]	5 October 1847 LWCA Lond 1828 MRCS Eng 1829
966	KOLLOSCHE Harold Frank	See DUNSTAN, H.F.

⁵¹² Practised at Mt. Gambier.

⁵¹³ Practised at Gumeracha, Mannum, Peterborough and Adelaide, before going to Port Lincoln in 1897. He remained there until 1915 when he was appointed medical officer to the Destitute Asylum, State Childrens Department and Adelaide Gaol. He was very popular at Port Lincoln and was remembered many years after his death. He did his house calls on a motor bike and also owned the first motor car on the West Coast, an 8hp De Dion. In 1896 during the Kingston altercations he was appointed to the Adelaide Hospital staff. Obituary *SA Register* 15/9/1927, and see *Burgess* v. 2 p. 698. SLSA has images.

⁵¹⁴ After service in the RAMC WWI he went to Jamestown and then succeeded Melville Birks as medical superintendent Broken Hill Hospital 1922-26. He then went to Hamilton Vic.

⁵¹⁵ He came to SA on the *Lord Glenelg* with George Grey who succeeded the unfortunate Governor Gawler and he was Grey's secretary. He accompanied him to NZ in 1845 and did well, becoming auditor-general in 1846 and remaining in the government service until his retirement in 1878. Gazetted *JP* in 1854. An amateur botanist he was elected FLS in 1857. FRCS 1869. He died at Wellington. In *AMPI*.

⁵¹⁶ Ship's surgeon on the *Sea Queen* 1850. Pioneer doctor in the Noarlunga area: he is buried at St. Anns (CofE) Main South Rd. Aldinga. In *AMPI*.

⁵¹⁷ Arrived SA as surgeon on the *Pestonjee Bomanjee* October 1838: died when he fell heavily from his horse while intoxicated near the 'Butchers Arms' at Thebarton. See *SA Register* 22/10/1850 p. 2. In *AMPI*.

373	KORFF Berthold ⁵¹⁸	5 August 1885 MC ChM MAO Würzburg 1885 staats examen 1884
980	KRAKOWSKY Alexander [N] ⁵¹⁹ [d. 1930]	14 September 1916 MD St Petersburg Russian State Exam 1883
594	KRAKOWSKY Christina Love	See GOODE, C.L.
619	KRESS Daniel Hartmann	5 February 1901 MD Michigan USA 1894
499	KUDRNA Stanislav	2 March 1893 MD Univ Prague 1873
107	LACROIX Henry Louis Richard ⁵²⁰ [c1821-1875]	3 January 1855 MD Hanover 1845
894	LADE Leonard Cyril ⁵²¹	10 July 1913 MBBS Melb 1913
677	LAMB William ⁵²²	12 May 1904 MBChM Edin 1875

⁵¹⁸ Practised at Norwood and then went to NSW: Silverton (1886,) Jerilderie (1887,) Uranna (1888,) and Broken Hill (1890). In 1894 he went to Mt. Barker but remained only three months before returning to Germany.

⁵¹⁹ In early life he was exiled to Siberia for his political views and then settled in South Africa, where he served in the Boer War. He went to Berlin and undertook studies to enable him to specialise in gynaecology. Married Dr. Christina Goode [qv] in 1914. Later he was attached to the British Embassy in the Far East and in WWI was 'lent' to the French Government: for his service he was decorated. Left the Far East because of his health and came to SA where he practised first at Renmark (to 1919) and then Adelaide. In 1929 he travelled to Paris to seek help with own illness and he died there. There were five daughters and one son from the marriage, the latter entering the medical profession in England. See *SA Register* 17/2/1917 p. 444.

⁵²⁰ Born Heinrich Ludwig Richard: he lived and practised in Charles St. Adelaide. In *AMPI*.

⁵²¹ Practised at Hawker after registration and then went to London.

⁵²² He was at the Sydney Hospital then became medical officer to the Berrima Gaol (1876.) He then went to Woogaroo Qu. (1880) and in the mid 1880s was at Dunedin NZ. He left there for Geelong Vic. In SA he practised at Mannum (1904,) Elliston (1909) and then Hummock Hill (Whyalla.) At that latter place in 1899 BHP had begun construction of a railway to Iron Knob to bring ore for shipment to their smelter at Port Pirie.

605	LANDER Charles Dickson ⁵²³ [1864-1912]	4 January 1900 MBChM Edin 1896
480B	LANE Charles Timon ⁵²⁴	7 May 1891 MB Melb 1885 ChB Melb 1886
112	LANE William ⁵²⁵	3 April 1855 MRCS Eng 1841 LSA Lond 1845
718	LANGDON John Arthur ⁵²⁶	14 June 1906 LRCP Edin 1874 LFP&S Glas 1874
396	LANGHORNE Thomas Grant ⁵²⁷ [1834-1895]	6 July 1887 MRCS Eng 1885 LRCP Edin 1886
797	LANGLEY Arthur Theodore ⁵²⁸	10 March 1910 MBChB Melb 1909
395	LAWRENCE Alexander ⁵²⁹ [1844-1911]	6 April 1887 MB LRCS Edin 1867

⁵²³ In 1909 he became the first doctor to practise at Blyth. then went to Port Adelaide. He died at Blyth.

⁵²⁴ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. He practised at Footscray and Camberwell Vic. then Moonta (1891.) He left there for East Melbourne in 1894 and later that same year went to Brisbane.

⁵²⁵ Ship's surgeon *Trafalgar* 1854. He was at Morphett Vale for about ten years and then Hindmarsh. He left that latter place in 1867 and was given a farewell in the Land of Promise Hotel. In 1860 he had been appointed medical officer of the Hindmarsh Council at an annual salary of £24/4/10. He was chairman of the district council 1860-65. In *AMPI*.

⁵²⁶ After obtaining his qualifications he went to Brazil with a telegraph company and then became a surgeon to the Turkish Army before migrating to Brunner NZ. He then went to Wagin WA before coming to SA. He was at Elliston before going to Broken Hill in 1907. There is evidence that he had no qualifications that could be registered.

⁵²⁷ Registered in NSW in 1892, practising first in Castlereagh St. and later Redfern. He then went to Millicent, where he died. He also served Beachport.

⁵²⁸ *SA Govt. Gazette* 12.2.1931 shows the incorrect initials. Practised at Hawthorn Vic., and had an honorary appointment at the Victorian Eye and Ear Hospital.

⁵²⁹ He was involved in the sale of practice dispute with Dr. Hartley Dixon (see text.) Practised at Wakefield St. Adelaide, and died at Henley Beach. Obituary *SA Register* 6/4/1911 p. 386. His daughter married Dr. Lionel Hayward.

33	LAWSON George ⁵³⁰ [1811-1867]	5 October 1847 Fac Med. & Chir Glas 1835
37	LEAKE John Travis ⁵³¹ [c1810-1880]	6 July 1848 MD Kiel 1841
106	LEESON Edward George ⁵³² [c1805-1855]	4 October 1854 MB 1829 MRCS Irel 1830 LRCS I 1845
440	LEITCH James Westwood ⁵³³ [1867-1893]	7 August 1890 MBChM Edin 1889
625	LEITCH Oliver ⁵³⁴ [1875-1926]	11 April 1901 MB Melb 1900
904	LeMESSURIER Frederick Neill <i>DSO</i> ⁵³⁵ [d.1966]	18 December 1913 MBBS Adel 1913 MD Adel 1920

⁵³⁰ Arrived SA on the *James Turvan* in 1841 and went to Port Lincoln in 1844. He remained there at *Ravelstone* until his death, after he was thrown violently off his horse. A conscientious and respected doctor. His duties took him as far as Streaky Bay. He left a widow and six children. See *SA Register* 28/3/1867 p. 7 and *Ib.* 8/3/1867 p. 2. In *AMPI*.

⁵³¹ Arrived at Port Phillip on the *Platina* from London in April 1842. Died at Campbelltown Tas.: records suggest he came there from Hamburg with his brother in 1823. In *AMPI*.

⁵³² This person may be Edward Gregory Leeson, born Dublin, BA 1823 FRCS Irel 1845, who arrived in SA per *Navarino* in August 1854. He died at Adelaide eight months later. *AMPI* details his tragedy.

⁵³³ BA Adel 1884. He was the brother of Oliver Leitch and uncle of Oliver Westwood Leitch. After a locum at Mt. Barker and time at Kadina (1890) he took up practice at Orroroo: he died at Adelaide of tuberculosis. C.L. Strangman, then at Carrieton, succeeded to his practice. *Obituary Observer* 26/8/1893 p. 15.

⁵³⁴ His studies at Adelaide were interrupted by the hospital 'row.' He practised at Port Pirie 1901 – 26, with the exception of service in the AAMC WWI. Intending to move to Adelaide, he sold his home in Port Pirie, but at a public farewell reception he collapsed and died later the same day.

⁵³⁵ Served AAMC WWI: he practised in Victoria on his return. Later a prominent hony. physician Childrens Hospital. During WWII he was in charge of the Repatriation General Hospital and there are references to him in Last's 'biography' of that institution; most seem uncomplimentary. *Obituary, Advertiser* 21/5/1966 p. 3.

341	LENDON Alfred Austin ⁵³⁶ [1856-1935]	5 September 1883 LSA Lond MRCS Eng 1878 MB Lond 1879 MD Lond 1881 MD <i>aeg</i> Adel 1883
984	LENDON Guy Austin ⁵³⁷ [1895-1970]	9 September 1917 MBBS Adel 1917 MRCP Lond 1921 MD Adel 1922 FRACP 1938 FRCP 1940
798	LEON John Howard ⁵³⁸	14 April 1910 MB Melb 1905 ChB Melb 1906
411	LERMITTE Charles Gower ⁵³⁹ [c1862-1902]	22 May 1888 MRCS Eng LSA lond 1885
429	LESCHEN Henry Adolf ⁵⁴⁰ [1862-1931]	5 June 1890 MBChM Edin 1889
545	LETCHER Herbert Richard ⁵⁴¹ [1872-1948]	7 May 1896 MBChB Melb 1895

⁵³⁶ Father of Drs. G.A. and A.H. Lendon. A prominent Adelaide medical figure for many years. At the time of the disastrous confrontation between the medical profession and Charles Cameron Kingston 1896-1901 he was Dean of the Faculty of Medicine and President of the BMA (SA Branch) 1896-97. His interesting papers are in PRG 128, Mortlock Library. An obituary is in *Proceedings of the Royal Geographical Society of Australasia SA Branch* vol. XXXVI pp. 20-1. This carefully avoids mention of some unloveable attributes: in 1916 he resigned from all association with the Adelaide Childrens Hospital when piqued that he wasn't appointed president.

⁵³⁷ Son of Dr. A.A. Lendon: notable Adelaide hony. and consulting physician, teacher and cat lover. Served RAN WWI, HMAS *Australia*. Obituary, *Advertiser*, 29/4/1970 p. 5. His brother Alan Harding Lendon [1904-1973] was a prominent Adelaide surgeon.

⁵³⁸ Apart from service in AAMC WWI he practised at Adelaide, Henley Beach (and maybe, Exeter.)

⁵³⁹ Appointed in 1892 to the medical department of the SA Military Forces. He committed suicide, aged 40. *Chronicle* 12/7/1902 p. 41 has a photograph and there is an obituary in the *Observer* 25/10/1902 p. 33.

⁵⁴⁰ Born at Adelaide, he went to Germany in 1875 and studied at Kiel and Munich. After registration he practised for six years at Adelaide then went to Coolgardie until 1902, when he went to Perth. Hony. physician Perth Hospital and lieut-col. AAMC.

⁵⁴¹ Father of Dr. H.G. Letcher MBBS Adel 1927 FRCS Eng 1931. H.R. Letcher practised mainly in the city of Adelaide and in 1896 had been appointed to the Adelaide Hospital to replace F.J. Juttner, but soon resigned. He was at Kadina in 1904 and from there went to NSW. Later practised in Adelaide

318	LEWELLYN Augustus John Richard ⁵⁴²	2 August 1882 LK&QCP Irel 1879
453	LEWERS Alexander ⁵⁴³	8 January 1891 MRCS Eng LRCP Lond 1889
729	LEWIS Eric Henry ⁵⁴⁴ [1885-1972]	10 January 1907 MBBS Adel 1906 MD Adel 1908
77	LEWIS William Hull ⁵⁴⁵ [1806-1875]	7 October 1851 MRCS Eng 1836
925	LIND James Charles Robert ⁵⁴⁶ [d.1919]	13 August 1914 LRCP Lond MRCS Eng 1911
694	LINDON Ernest Kingston Lorraine ⁵⁴⁷	17 July 1905 MBChB Manchester 1894
1008	LINN Leslie Wadmore ⁵⁴⁸	12 December 1918 MBBS Adel 1918
47	LLOYD Charles ⁵⁴⁹ [c1843-1875]	2 October 1849 MRCS Eng LSA Lond [nd]
361	LLOYD Henry Saunderson ⁵⁵⁰	5 November 1884 MRCS Eng 1883 MBChM Edin 1883 MB <i>aeg</i> Adel 1884

⁵⁴² MB 1873 ChB 1879 Melb.: sometime medical superintendent Melbourne Hospital. Name also seen as Lewellin

⁵⁴³ Also held the L&LMid RCP&S Edin 1889 and the LFP&S Glas 1889. In 1891 he was resident medical officer Childrens Hospital and the Adelaide Hospital. Later he went to Creswick Vic.

⁵⁴⁴ Apart from service AAMC WWI he practised at Gawler. He had the misfortune to be very ill when on service and to require surgery on his return to Adelaide. This led to cruel gossip. Father of Dr. J.A. Lewis MBBS Adel 1944, who predeceased him.

⁵⁴⁵ Born Cork: he practised at Gawler and farmed *Barossa Lodge*. He was the treasurer of the Bible Society. In *AMPI*.

⁵⁴⁶ He was acting supt. Parkside Mental Hospital when he died. He had seen service in WWI.

⁵⁴⁷ *SA Govt. Gazette* 12.2.1931 shows incorrect middle name. He went to Dunedin NZ.

⁵⁴⁸ He was in general practice at Tailem Bend and later practised as a dermatologist and held honorary appointments at Parkside, Adelaide and Childrens hospitals.

⁵⁴⁹ He practised at Kooringa where he was surgeon to the Burra mines. He died at that town: some records give a different date of birth, and there is also some doubt as to the validity of his claimed qualifications. In *AMPI*.

⁵⁵⁰ House surgeon, Adelaide Hospital, and later went to Hunters Hill NSW.

317	LOCK Ezekiel John ⁵⁵¹ [1831-1910]	6 September 1882 LSA Lond 1852
180	LOGAN Frederick Lockwood ⁵⁵² [d.1879]	6 April 1869 LRCS Edin 1861 MD Edin 1861
547	LONERGAN Thomas John ⁵⁵³	7 May 1896 LRCP&S Edin LFP&S Glas 1892
913	LORD Percy Oswald ⁵⁵⁴	23 January 1914 MBBS Melb 1913
648	LORIA August ⁵⁵⁵	13 November 1902 MD Cracow 1898
960	LOVE John Alexander ⁵⁵⁶	14 October 1915 MBBS Adel 1915
768	LUCAS Leonard ⁵⁵⁷	13 August 1908 LRCP LRCS Irel 1906
905	LUCAS Reginald Blockley ⁵⁵⁸ [d. 1916]	18 December 1913 MBBS Adel 1913
469	LUKOWITZ Maximilian Carl Marcell ⁵⁵⁹	3 December 1891

⁵⁵¹ He came to SA after working at Wahgunyah and Beaufort Vic. where he was registered in 1862. He was at Kingston SE and from 1884, Penola. Later he went to Yea and then Longwood Vic. In *AMPI*.

⁵⁵² Selected as junior house surgeon, Adelaide Hospital, and came to SA as surgeon on the *Duke of Sutherland*. He resigned his appointment in 1874 because of ill health and returned to England. The *SA Register* of 25/7/1879 p. 147 reports his death at Paterson (lower Hunter Valley New South Wales.) In *AMPI*.

⁵⁵³ Practised at Lyrup, Renmark and then Kalgoorlie WA.

⁵⁵⁴ At Mt. Gambier after registration.

⁵⁵⁵ In 1904 he was practising in the Barossa.

⁵⁵⁶ After service AAMC WWI he went to Booleroo Centre, Port Germein and later Perth.

⁵⁵⁷ Practised at Strathalbyn, Goolwa and then Renmark.

⁵⁵⁸ *SA Govt. Gazette* 12.2.1931 shows incorrect initial. Resident medical officer Childrens Hospital 1913. During active service Norfolk Regiment RAMC he was injured in the field in 1916 and died a few days later in a German hospital.

⁵⁵⁹ He was at Cooktown and then Cloncurry Qu., before he went to Sydney in 1891 as a specialist in the diseases of women and children. In SA he practised in Rundle St. In 1893 in Sydney an impostor assumed his identity and imposed on practitioners and public. Sometimes his name is encountered as Lucowitz and also with the prefix 'von.' In 1914 he was appointed to the medical board but resigned the following year at

		MD Halle 1885 staats examen 1885
436	LYNCH Arthur Francis Augustin ⁵⁶⁰ [1866-1933]	5 June 1890 MBChB Adel 1889 FRACS 1927
507	LYONS Henry Sydenham ⁵⁶¹	7 September 1893 MD Glas 1885
737	MACARTHUR James ⁵⁶²	14 February 1907 LRCP&S Edin LFP&S Glas 1902 MBBCh BAO Dublin 1905
666	MACBIRNIE Stuart ⁵⁶³	8 October 1903 MBChM Glas 1890

the instigation of A.A. Lendon, because he was a German. In 1914, too, he had been appointed Vice-Consul for Germany in Adelaide. He retired to Danzig where he lived for many years.

⁵⁶⁰ One of the first four Adelaide graduates. He was medical officer of the Northern Territory for about six years from 1890, stationed at Burrundie with an annual salary of £400, and he left a fine reputation. The government abolished the position and he then became surgeon to a line of mail boats before establishing himself in general practice at Adelaide. He was hony. pathologist at the Adelaide Hospital, and in 1919 hony. gynaecologist. He did a lot of medico-legal work and was held in high regard by the legal profession. Like many of his medical contemporaries he was addicted to racehorses. He is another surprising omission from the *Northern Territory Dictionary of Biography*. See *Advertiser* 18/2/1933 p. 14. SLSA B 61371 is a photo of him as one of the first four graduates.

⁵⁶¹ Practised at Craddock SA and was later associated with the Equitable Life Association, Brisbane. He also claimed the MBChB Glas 1879 and L&LMid RCP&S Edin 1879.

⁵⁶² He went to Bombala NSW.

⁵⁶³ Practised at Port Germein.

561	MACDONALD Donald ⁵⁶⁴ [1868-1918]	4 February 1897 MBChM Glas 1890
914	MACDONALD Philip Norman Mackay	12 March 1914 MBChM Edin 1899 MD Edin 1904
647	MACFARLANE Aylmer Alexander ⁵⁶⁵	14 August 1902 LSA 1892 LRCP&S Edin LFP&S Glas 1893 MD Brux 1898
502	MACFARLANE Archibald Martin ⁵⁶⁶ [c1854-1898]	4 May 1893 MB Melb 1880 ChB Melb 1889
538	MACKAY William ⁵⁶⁷	4 July 1895 MBChM Edin 1885
1018	MACKECHNIE Charles Alexander ⁵⁶⁸	11 September 1919 MBChM Glas 1885
90	MACKINTOSH James Sutherland ⁵⁶⁹ [c1816-1901]	(1) 5 July 1852 (2) 26 October 1864 LRCS Edin 1837 MD Edin 1838 MRCS Eng 1842 MD <i>aeg</i> Adel 1878
181	MacLACHLAN Donald Archibald ⁵⁷⁰	6 July 1869

⁵⁶⁴ Initially at Wallaroo then RMO Adelaide Hospital, 1900 in succession to David Morrison. His credentials as set out in *SA Register* 28/4/1898 p 194 would have occupied most of his luggage. In 1906 he published a translation of a Japanese textbook on the plague. He had been surgeon to China mail steamship companies and saw service in the Sino-Japanese war of 1894-5. Obituary *SA Register* 3/7/1918 p. 6.

⁵⁶⁵ He was associated with the Mutual Life Insurance Coy. of New York. In 1905 he was appointed to the Ararat Hospital for the Insane.

⁵⁶⁶ Was at Wangaratta Vic., before coming to Robe, where he died, aged 44.

⁵⁶⁷ He went to Goolwa in 1895: by 1900 he was in NSW.

⁵⁶⁸ Went to Penong where he lived in the hotel and consulted in private homes: later he went to Sydney. Because of registration administrative changes his number is also recorded as 1118.

⁵⁶⁹ Went to Willunga after registration and remained there for about fourteen years: the sandstone return veranda residence at 18 Main Rd. was built for him (later it was the home of the parents of the singer Peter Dawson.) He then went to Glanville and remained there until his death. He was health officer to the Semaphore Corporation. In *AMPI*.

⁵⁷⁰ Practised at Goolwa, Mt. Barker, Salisbury, Kapunda, Brompton and finally Stirling (1883,) where he died. His origins were Killmorey, Mull, Scotland. He was an honorary magistrate at Stirling. In *AMPI*.

	[c1842-1901]	LFP&S Glas 1868
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690	MACLEAN James Megaw ⁵⁷¹	9 February 1905 LRCP&S Edin 1901
691	MACLEAN Roland ⁵⁷² [1873-1907]	9 February 1905 MB Melb 1895 ChB Melb 1896
493	MACLEOD Charles Gordon ⁵⁷³	2 September 1893 MBChM Edin 1889
449	MACMAHON Thomas Stephen ⁵⁷⁴	8 January 1891 LRCP LRCS LM Edin 1889 LFP&S Glas 1889
410	MACMILLAN Alexander Ronald JP ⁵⁷⁵ [1861-1923]	16 May 1888 MBChM Edin 1885
749	MACQUARIE Charles Nicol ⁵⁷⁶ [1861-1937]	10 October 1907 LRCP&S Edin 1891 LFP&S Glas 1891
761	MAGAREY Archibald Campbell ⁵⁷⁷ [1883-1919]	16 January 1908 MBBS Adel 1907 MS Adel 1912

⁵⁷¹ *SA Govt. Gazette* 12.2.1931 shows the surname as Maclelan: some records also note his middle name as Megan. He was at Port Germein and later went to Chatswood NSW.

⁵⁷² *Ib.*: shows McLean. Came to Naracoorte from Ararat. He left the former a few months before he died in Melbourne.

⁵⁷³ MA MD Hons Edin 1911 FRACS. He went to Sydney where he became an eminent ophthalmologist. Served AAMC WWI.

⁵⁷⁴ Practised at Gawler (1891,) possibly Port Wakefield and then Mt. Gambier.

⁵⁷⁵ Born Beechworth, Vic. He went to NSW for a year when he returned to Australia after he obtained his qualifications, and thereafter was at Naracoorte, where medical life in those times has been delightfully portrayed by Dr. Pat Pavy in his *Bush Surgeon*. He died in the Naracoorte Hospital attending a childbirth, see *SA Register* 12/3/1923 p. 134.

⁵⁷⁶ *SA Govt. Gazette* 12.2.1931 shows incorrect name and initials. Practised at Bright and Omeo Vic., before going to Murray Bridge. See *Advertiser* 3/6/1937 p. 12 for obituary.

⁵⁷⁷ Related to Cromwell and Sylvanus Magarey. Demonstrator in Anatomy UofA, 1912. He was also MRCS Eng LRCP Lond 1910. Served AAMC WWI and died of influenza soon after his return. Obituary *Observer* 24/5/1919 p. 41.

466	MAGAREY Cromwell ⁵⁷⁸ [1864-1940]	5 November 1891 MBChB Adel 1889
603	MAGAREY Frank William Astley ⁵⁷⁹ [1878-1912]	7 December 1899 MBChM Syd 1899 MD Syd 1903 MD <i>aeg</i> Adel 1903
696	MAGAREY Rupert Eric ⁵⁸⁰ [1880-1967]	17 July 1905 MBBS Adel 1904 FRACS 1928 FCOG 1936
207	MAGAREY Sylvanus James <i>MLC</i> ⁵⁸¹ [1850-1901]	1 April 1874 MB Melb 1873 MD Melb 1888 MD <i>aeg</i> Adel 1888
667	MAGEE Charles Crozier Tandy ⁵⁸² [1859-1931]	12 November 1903 MRCS Eng LRCP Lond 1901

⁵⁷⁸ One of the first four Adelaide graduates; in general practice at Norwood. Brother of Sylvanus, father of Dr. I.S. Magarey. University *Calendars* show his full name as Cromwell William Ashley Magarey. SLSA B 61371 is a photo of him as one of the first four graduates.

⁵⁷⁹ MB *aeg* Adel 1899. Passed his third examinations in Adelaide and had to complete his studies in Sydney because of the hospital 'row'; he was house surgeon at the Prince Alfred Hospital before going to England. His third name is also noted as Ashley. Son of Sylvanus Magarey, nephew of Cromwell. He died at College Park. In 1901 he was appointed medical officer to the Torrens Island quarantine station and in 1904 he succeeded A.M. Cudmore as hony. Asst. Surgeon at the Adelaide Hospital. See *SA Register* 2/2/1912 p. 340 for a sad account of his brief life.

⁵⁸⁰ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. Notable Adelaide obstetrician and teacher. President BMA (SA Branch) 1937-38. Father of Dr. J.R. Magarey MBBS Adel 1938 and Dr. A.R. Magarey MBBS Adel 1941. Obituary, *Advertiser* 26/6/1967 p. 6 and there is an image in *Who's Who* 1936 p. 104.

⁵⁸¹ Father of Dr. F.W.A. Magarey and brother of Cromwell. *ADB* 2 p. 197. An account of his Rechabite funeral is in *SA Register* 27.3.1901. SLSA has electronic references. As a Church of Christ preacher he associated with unregistered homeopaths. In *AMPI*.

⁵⁸² Born at Ballarat, entered the Bank of Australasia and then studied pharmacy, becoming pharmacist to the Brisbane General Hospital. He decided to study medicine and gained his conjoint diploma, returned to practice at Penola until 1908. He later went to Tungamah and Branhholme Vic.

138	MAGEE John James ⁵⁸³ [d. 1876]	3 July 1860 LRCS Edin 1856
443	MAHER James Patrick ⁵⁸⁴ [c1864-1912]	7 August 1890 LRCP LRCS LM Edin 1889 LFP&S Glas 1889
64	MAHONEY Eugene Augustus ⁵⁸⁵	1 October 1850 MRCS Irel LAH Dublin 1849 LMid Rot
727	MAKIN Frank Humphrey ⁵⁸⁶ [1876-1961]	13 December 1906 MBCbB Melb 1901 MB <i>aeg</i> Adel 1906
330	MALLAM George Besant ⁵⁸⁷ [d.1910]	7 March 1883 MRCS Eng LRCP Lond 1882
539	MALONEY William Robert Nuttall ⁵⁸⁸	4 July 1895

⁵⁸³ He was in New Zealand by 1857, and was then registered in Victoria (1859) before coming to SA, where he was at Kapunda and later Melrose. He died at Heidelberg Vic. His father was the Revd. John Magee, vicar of Drogheda. He is also recorded as holding the LM Edin and LSA Lond 1869. In *AMPI*.

⁵⁸⁴ Practised at Gawler, where he died, aged 48. See *SA Register* 11/11/1912 p. 118 and *Ib.* P. 122.

⁵⁸⁵ Arrived in SA from Kings College London as surgeon on the *Candabar* [sic] and set up at Port Adelaide. He consulted daily in a chemist shop and then moved next to the British Hotel. He then went to Molong NSW, Forest Creek Vic. 1852, Melbourne, Millicent SA and Reynella (1883,) succeeding L.J. Maurau. There he was reported insolvent that same year. He then went briefly to Clare and soon after East Melbourne. At one stage he was a travelling medical referee for life insurance societies. *SA Govt. Gazette* 12.2.1931 shows him as Mahony. There is some (dubious) evidence that Mahoney might not have been qualified, as a person with his initials was struck off the NSW register in 1893. *AMPI* makes fascinating reading.

⁵⁸⁶ Passed his third year exams at Adelaide in 1897 and forced by the hospital 'row' to complete his studies in Melbourne. Served in both the South African War and both World Wars. Leading Adelaide consultant dermatologist. His son was a doctor who practised in Victoria. Obituary, *Advertiser* 22/9/1961 p. 30.

⁵⁸⁷ *SA Govt. Gazette* 12.2.1931 shows Mallan. He was at Brighton and Glenelg (where he lived) after registration. He returned to England in 1887 and practised at Oxford with his brother. He also claimed the L&LMid RCP Edin 1876. In 1884 at Glenelg he entered into partnership with Hugh Ferguson. It was Mallam who found him dead after his suicide. Married a daughter of William Kyffin Thomas, sometime principal owner of the *Register*.

⁵⁸⁸ *SA Govt. Gazette* 12.2.1931 shows Malony. *ADB* 10 pp. 389-90.

	[1854-1940]	MRCS Eng LSA Lond 1885
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312	MANN James ⁵⁸⁹ [1853-1890]	3 May 1882 LRCS LRCP Edin 1877
198	MARKHAM William JP ⁵⁹⁰ [c1839-1897]	2 April 1873 MD New York 1870
178	MARRIOTT Henry Thomas ⁵⁹¹ [c1842-1875]	6 October 1868 MRCS Eng LWCA Lond 1865
657	MARSDEN Walter Cecil ⁵⁹² [1880-1951]	14 May 1903 LFP&S Edin 1901
739	MARSHALL Charles Edward ⁵⁹³	11 April 1907 LRCP&S Edin LFP&S Glas 1902 MBChB Edin 1903
405	MARTEN Robert Humphrey ⁵⁹⁴ [1866-1933]	7 March 1888 MRCS Eng 1883 LRCP Lond 1884 MB Cantab 1884 MB <i>aeg</i> Adel 1888
589	MARTSCHKE Martin ⁵⁹⁵	6 April 1899

⁵⁸⁹ When medical officer Inverness Asylum, he was appointed chief medical officer to the SA destitute poor department. He resigned in 1884 (succeeded by G.J. Jones) to go to Fiji. He left there about 1888 and went to Sydney where he died at Pyrmont. In 1883 he went to the Northern Territory to collect fauna for some English scientists and was elected a member of the Royal Geographical Society.

⁵⁹⁰ He was at Armidale NSW in the early 1860s, came to Port Augusta in 1873 and remained there until shortly before his death at Parkville Vic. His remains were brought back to Adelaide and he was interred in the North Rd. cemetery. He was a much admired and respected doctor. Father-in-law of Dr. R.E. Shuter. See *SA Register* 12 June 1897 pp 520 and 524; *Observer* 19/6/1897 p. 29. In *AMPI*.

⁵⁹¹ Practised at Salisbury in 1871 with R.H. Stone before going to Port Wakefield for about seven years before his early death. His father was John Marriott MD – an English practitioner. In *AMPI*.

⁵⁹² Practised Port Broughton, Willunga/Aldinga/McLaren Vale and later went to Kingston SE. Did not register the LFP&S Glas. He remained in active practice for nearly fifty years.

⁵⁹³ Practised at Cowell, later returned to England.

⁵⁹⁴ He took over the practice of Dr. Oscar Görger and at one stage was in partnership with H.S. Newland. He had been house surgeon University College Hospital, London, and Addenbroke Hospital Cambridge. A prominent Adelaide consultant. President SA Branch BMA 1899. Lived next door to J.P. Phillips and purchased his property on the latter's death. Obituary in *Advertiser* 11/4/1933 p. 8. SLSA B 12159 and B 6235 are images and he has an entry in *John's Notable Australians 1906* p. 119. Major RAMC WWI. His daughter married the neurosurgeon Sir Leonard Lindon.

⁵⁹⁵ Practised at Angaston after registration.

		Staats examen Saxony 1894
329	MASSEY Henry Massey ⁵⁹⁶	7 March 1883 MRCS Eng LRCP Lond 1882
865	MATENSON Philip ⁵⁹⁷	8 February 1912 MBBS Melb 1911
703	MATHWIN Sirett Frank ⁵⁹⁸ [d.1926]	11 January 1906 MBBS Vic Eng [sic] 1894
916	MATISON Eugene Abraham ⁵⁹⁹ [d.1965]	23 March 1914 MD Illinois 1913
662	MATTEI Charles ⁶⁰⁰	11 June 1903 LRCP&S Edin 1888
1016	MATTERS Reginald Francis <i>Kt</i> ⁶⁰¹ [1891-1975]	14 August 1919 MBChM Syd 1917 FRCS Edin 1924 MD Adel 1929 FRACS 1931 MS Adel 1925 FRCOG 1952

⁵⁹⁶ At Robe after registration then to Moonta and in 1885 he went to Wallsend NSW. He was registered in Victoria in 1889 and in 1891 at Wycheproof he was charged with criminal assault on a female patient and committed for trial. He was acquitted and the complainant indicted for perjury.

⁵⁹⁷ Practised at Murat Bay and later Richmond Vic.

⁵⁹⁸ Name also appears as Frank Sirett Mathwin and F.J. Mathwin: He was at Nathalia Vic., then Snowtown and later Port Broughton (1914.) His qualification is from Victoria University, Manchester. An obituary of this interesting man is in *SA Register* 30/7/1926 p. 409.

⁵⁹⁹ Name changed from Mitzenmacher: he practised at Cowell and Eudunda and later became a leading Adelaide ENT surgeon. President of the Adelaide Hebrew Congregation. Father of Dr. D.M. Matison.

⁶⁰⁰ Had been registered in Victoria in 1890. He went to Hillend NSW in 1892, and was also at Wyndham WA and later Brisbane. Did not register his LFP&S Glas.

⁶⁰¹ Served AAMC WWI then general practice at Woodside. A Prince Alfred College boy, he achieved great eminence as an obstetrician, gynaecologist and teacher and was knighted. Hitherto known as Reggie, on that latter elevation in 1961 he became Sir Francis Matters. He was a founder and first president of the South Australian branch of the Australian and New Zealand Camellia Society in 1957. The Advertiser 10/6/1961 pp. 1, 3 details his extensive community involvements and there is an obituary *Ib.*, 16/10/1975 p. 7. A photograph is in *Who's Who* 1936 p. 105.

73	MAURAU Louis Joseph ⁶⁰² [c1826-1878]	1 July 1851 MRCS Eng 1849
97	MAYNE Thomas Henry ⁶⁰³ [d. 1869]	7 March 1854 MRCS Eng 1849 LSA 1851
8	MAYO George ⁶⁰⁴ [1807-1894]	28 December 1844 LSA Lond 1828 MRCS Eng 1829 FRCS Eng 1851
650	MAYO Helen Mary OBE ⁶⁰⁵ [1878-1967]	8 January 1903 MBBS Adel 1902 MD Adel 1926 FRACP 1938
906	MAYO John Christian ⁶⁰⁶ [1891-1955]	18 December 1913 MBBS Adel 1913 FRCS Edin 1931 FRACS 1934
731	McAREE Francis Edward ⁶⁰⁷	10 January 1907 MBBS Adel 1906

⁶⁰² Initially at Kooringa then went to Happy Valley about 1865, moving shortly after to Reynella. He died of heart disease and is buried at O'Halloran Hill, with an elaborate monument. Obituary *Express* 9 & 12/8/1878 p.2: see *Hodder* v. 2 p. 281 and *History of Christ Church O'Halloran Hill* p. 15. In *AMPI*.

⁶⁰³ Ship's surgeon on the *Emerald Isle* 1854. Surgeon to the Kooringa mines 1854-62, when he had a stroke. He returned to England 1869 and died on board the *Yatala* on arrival at Gravesend. In *AMPI*.

⁶⁰⁴ A biography by A.A. Lendon of this important figure is in his Mortlock Library papers. Grandfather of Drs. J.C. and H.M. Mayo. In 1840 he married Maria Gandy, the ex-mistress of Col. William Light. He was the father-in-law of Rev. Richardson Reid, incumbent of Holy Trinity North Terrace, and of Dr. A.S. Paterson. Mayo endowed the church and provided funds for the church hall, the foundation stone bearing his name. He was surgeon to the Freemason's Loyal Adelaide Lodge and had held masonic office in it. Ships'surgeon on the *Chatbam* 1852. Obituary in *SA Register* 17/12/1894 p. 533-4. SLSA has extensive electronic references. In *AMPI*.

⁶⁰⁵ *ADB* 10 pp. 466-7. From 1931 to her death she lived at 176-180 Mackinnon Parade North Adelaide. Obituary, *Advertiser* 16/11/1967 p. 30. SLSA has extensive electronic references.

⁶⁰⁶ Brother of Dr. Helen Mary Mayo and grandson of Dr. George Mayo. Served AAMC WWI then general practice in Adelaide. He was a surgeon, Adelaide and Adelaide Childrens Hospitals until his vision failed and he turned to radiology. A noted clinician, teacher and pioneer in the use of radium. Obituary, *Advertiser* 29/9/1955 p. 3 and there is a portrait in *Who's Who* 1936 p. 106.

⁶⁰⁷ Went to Victoria; hony. physician St. Vincents Hospital.

708	McAREE John Victor ⁶⁰⁸	8 February 1906 MBBS Adel 1905
979	McCARTHY Charles Denis ⁶⁰⁹	10 August 1916 L&LM RCS Irel 1888 L&LM K&QCP Irel 1888
72	McCAULL Charles Nathaniel ⁶¹⁰	1 July 1851 MRCS Eng 1849
298	McCLINTOCK Charles ⁶¹¹ [d. 1885]	6 July 1881 LRCS LRCP Irel 1872 LRCS LRCP Edin 1880
928	McCRISTAL William John ⁶¹²	8 October 1914 MBBS Melb
550	McDONALD Angus John ⁶¹³ [d.1902]	6 August 1896 LRCP&S Edin LFP&S Glas 1892
336	McDONALD Colin Coll ⁶¹⁴ [1853-1917]	4 July 1883 LRCP Edin 1882 LFP&S Glas 1882
407	McDOUGALL Richard ⁶¹⁵	7 March 1888 MBChM Glas 1873 MD Glas 1882
881	McEWIN Keith ⁶¹⁶ [1888-1975]	19 December 1912 MBBS Adel 1912

⁶⁰⁸ RMO Adelaide Hospital 1906. Was at Gumeracha and Tea Tree Gully before returning to Adelaide, where he practised on North Terrace.

⁶⁰⁹ He was at St. Vincents Hospital, Sydney, Emmaville NSW, Wudinna and then at Swan Reach for some years. He later moved to Victoria.

⁶¹⁰ House Surgeon Adelaide Hospital 1851. His qualification might have been from Dublin. In *AMPI*.

⁶¹¹ He practised at Quorn and Gladstone until he left for NSW in 1885, and died that same year at Richmond. He was involved in a serious carriage accident between Georgetown and Gladstone in 1882.

⁶¹² Resident medical officer Adelaide Hospital 1914: he later practised at Kensington NSW.

⁶¹³ Practised at Mt. Gambier. Brother of Dr. Colin Coll McDonald.

⁶¹⁴ Born Glencoe SA, went overseas to study and returned in 1883. Practised at Mt. Gambier; sometime councillor, mayor and president of the Caledonian Society. Brother of Dr. Angus John McDonald. See Burgess v. 2 p. 958; Observer 17/3/1917 p. 28; SLSA B 38657 and B 3047 are images.

⁶¹⁵ At Murrumburrah and Glen Innes NSW before coming to SA, where he was at Gladstone.

⁶¹⁶ Practised at Balaklava for many years from 1914.

787	McGLASHAN John Eric ⁶¹⁷	13 January 1910 MBBS Adel 1909
1007	McGLEW Phyllis Dorothy ⁶¹⁸ [1894-1987]	12 December 1918 MBBS Adel 1918
235	McGOWAN Robert ⁶¹⁹ [1830-1898]	4 October 1876 LFP&S Glas 1851
111	McINTYRE Andrew JP ⁶²⁰ [c1830-1883]	3 April 1855 LFP&S Glas 1853
738	McLAY Robert Galloway ⁶²¹	11 April 1907 MB Melb 1906
794	McLENNAN Roderick Alexander ⁶²²	10 February 1910 LRCP & S Edin 1907 LFP&S Glas 1907
454	McLEOD David Thomas ⁶²³	5 February 1891 MBChM Glas 1866 MRCS Eng 1888
401	McNAUGHTON John ⁶²⁴	7 September 1887 MBChM Edin 1886

⁶¹⁷ At Hammond then AAMC WWI. After the war he went to Orroroo for five years and then left for WA. He became a noted Perth skin specialist.

⁶¹⁸ Wife of Sir Raphael West Cilento MBBS Adel 1918. See Fedora Fisher, *Raphael Cilento/ A Biography*, QUP 1994, and *ADB* 17 pp. 214-5. SLSA has details of her publications. In *Pearn*.

⁶¹⁹ Ship's surgeon *John Banks* 1855. Did not register his LM Queens College Belfast. He was at Port Pirie and then went to Willunga where, in 1888 he attended the survivors of the *Star of Greece*. He then went to Port Germein, Silverton (1894,) Mt. Barker and finally Mallala, where he died. He is interred at St Stephens Willunga.

⁶²⁰ Practised at Yankalilla and Normanville and from 1879 he took over the practice of Dr. Charles Davies in North Adelaide, where he built a house and stables at 48-51 Brougham Place. After thirty years in practice and after the death of his wife, he returned to England for a visit, returned to SA, went back to Scotland soon after and died at Glasgow. He had also been registered in NSW in 1869. His will was sworn for probate at £30,000. See *Loyau* p. 188 and *Observer* 3/11/1883 p. 31.

⁶²¹ He was at Clare after registration.

⁶²² Practised at Mooroopna Vic.

⁶²³ Came from Scotland to do a locum for C.G.D. Morier at Nairne and Woodside, and remained for a while at that latter place. In 1892 he was married at Blakiston. Also reported at Murray Bridge (1891.)

⁶²⁴ Came from Hamilton Vic. to take up a position as junior house surgeon Adelaide Hospital.

1005	McNEIL Ian ⁶²⁵	12 December 1918 MBBS Adel 1918
840	McSHANE Cletus ⁶²⁶	13 July 1911 MB Melb 1909 BS Melb 1910
591	McSWEENEY Michael Stanislaus ⁶²⁷	6 April 1899 MB Melb 1898
780	McVITTIE John ⁶²⁸	11 March 1909 MBBS Glas 1907 MD Glas 1909
480	MEAD Cecil Silas <i>KiH</i> ⁶²⁹ [1866-1940]	2 February 1892 MBChB Adel 1891
527	MEIKLE Alexander Jameson <i>JP</i> ⁶³⁰ [d.1954]	6 December 1894 MBChM Edin 1892 LRCS LRCP Edin 1892 LFP&S Glas 1892 MD Edin 1894
130	MEREDITH John ⁶³¹ [1810-1897]	5 April 1859 MRCS Eng LSA Lond 1837

⁶²⁵ After working at Pinnaroo he went to Melbourne in 1824. His previous surname was John.

⁶²⁶ He went to Springshaw Q.

⁶²⁷ He went to Millawa Vic.

⁶²⁸ At Peterborough after registration and later went to NSW and practised on Macquarie St.

⁶²⁹ BA Adel 1889, son of Rev. Silas Mead, first incumbent of the Flinders St. Baptist Church, and brother of Dr. Gertrude Mead (not registered in SA) who died in 1919 of a cerebral haemorrhage. He went to England in 1893 to pursue studies to enable him to become a medical missionary at Fureedpore, near Calcutta. There he worked for 25 years and was awarded the *Kaiser i Hind*. Later became demonstrator and lecturer in anatomy UofA, retiring in 1939. SLSA has material about him.

⁶³⁰ He migrated from Scotland and practised briefly at Kadina before going to Yankalilla 1895 – 1907. He then went to Port Lincoln, joining Dr. E. Kinmont, until 1914 when he joined the AAMC WWI. Later became superintendent Parkside Mental Hospital. Known as Dr. Jameson Meikle. *Burgess* v. 2 p. 699.

⁶³¹ Mine surgeon Wallaroo 1863 and known to have been medical officer Moonta mines until 1868, when he was succeeded by Dr. Henry Horton. Died at Cheltenham, England. See *SA Register* 11/9/1897 p 312 and *Observer* 14/8/1897 p. 21. In *AMPI*.

1002	MESSENT Philip Santo <i>Kf</i> ⁶³² [1896-1976]	12 December 1918 MBBS Adel 1918 MS Adel 1923 FRACS 1928
435	MICHIE John ⁶³³	5 June 1890 MBChB Melb 1889
187	MILLER Andrew ⁶³⁴ [d.1894]	5 April 1880 MRCS Eng 1864 MD Edin 1866
118	MILLNER James Stokes ⁶³⁵ [1830-1875]	31 December 1855 MD Glas 1854
360	MILNE James ⁶³⁶	5 November 1884 MBChM Edin 1883
497	MINCHIN Edward James ⁶³⁷	2 March 1893 LKQC&P LRCS Irel 1884

⁶³² Prominent Adelaide surgeon, consultant and teacher, president medical board 1955 – 1971. Leading Baptist layman. Father-in-law of Dr. A.A. Jessup. At Broken Hill for two years after his graduation and then practised with William Robertson. Knighted 1951. Sometime president of the medical board. Obituary *Advertiser* 7/2/1976 p. 6.

⁶³³ House Surgeon Adelaide Hospital 1890 and later practised at Angas St. Adelaide. UofA series 1151 has an image.

⁶³⁴ He could be the Dr. Miller who practised with Sylvanus Magarey at Eagle Chambers, Pirie St., but if so it would be five years before he registered. *AMPI* has comprehensive material.

⁶³⁵ Ship's surgeon on the *Lismoyne* 1855. He worked at Angaston, Gawler and later Yankalilla / Normanville. In 1869 he was appointed Protector of aborigines in the Northern Territory and on his departure was presented with a gold watch in the Normanville Hotel. With his family he drowned when the *Gotthenburg* struck a reef off Flinders Channel, near Bowen Qu. on 25 February 1875. There is a fine memorial to them in Christ Church, Yankalilla. See *Northern Territory Dictionary of Biography* vol. 1, pp. 205-6. His first wife had died at Yankalilla in 1873 and he re-married the following year. He is commemorated by the Darwin suburb of Millner. *Hodder* v. 2 p. 268: *SA Register* 8/3/1875 p. 5. SLSA has a number of images. In *AMPI*.

⁶³⁶ After registration he went to Wirrabara then Port Augusta, then the Northern Territory and later Windorah, Birdsville and Boulia (1893) Qu. He is omitted from the *Northern Territory Dictionary of Biography*.

⁶³⁷ He was at Orroroo in 1894 and Port Wakefield in 1900. Also held an Irish BA.

281	MITCHELL James Thomas ⁶³⁸	5 May 1880 MBChM Aberd 1879 MRCS Eng 1879 MD Aberdeen 1885 MD <i>aeg</i> Adel 1885
916	MITZENMACHER E.A.	See MATISON, E.A.
860	MOFFATT May Josephine ⁶³⁹	14 December 1911 MBBS Adel 1911
404	MONSELL Frederick William ⁶⁴⁰	7 December 1887 LM&LK&QCP Irel 1887 LRCS Irel 1886
16	MONTGOMERY Robert ⁶⁴¹ [c1806-1866]	4 February 1845 MRCS Edin 1829
887	MOODIE Charles George Gordon ⁶⁴²	13 February 1913 MBBS Melb 1913
988	MOORE Bryan Formby ⁶⁴³ [1895-1943]	9 July 1917 MBBS Adel 1917 FRACS 1932 DOMS RCP&S 1936

⁶³⁸ Educated Prince Alfred College. He had been house surgeon Radcliffe Infirmary, Oxford before returning to Australia on the *Carpathian*. He was at Melrose in 1880 and then practised St. Vincent St. Port Adelaide. Son in law of the Hon. John Dunn *MLC*. Registered in Victoria 1890 and practised at Ballarat where, in 1892, he was elected honorary medical officer of the Benevolent Asylum.

⁶³⁹ Resident medical officer Childrens Hospital and went from there to the Queen Victoria Hospital, Melbourne and later became medical inspector of schools, Tasmania. In 1922 at Liverpool, England, she married her cousin Dr. D.M. Moffatt MBChB Dublin 1909.

⁶⁴⁰ Went to Kapunda after registration, then Port Pirie (1889) and later Crystal Brook (1891,) where he was married. He subsequently returned to England. *SA Govt. Gazette* 12.2.1931 shows an incorrect surname.

⁶⁴¹ Pioneer practitioner Happy Valley/Clarendon and later moved to Partridge St. Glenelg, where he died after he was thrown out of his buggy. He gave the land for the original Happy Valley cemetery and was buried there. The remains were shifted when the reservoir was built, but his grave has not been located. Father-in-law of Dr. Lloyd Herbert. See *Observer* 3/3/1866 p1 and *Ib.* 10/3/1866 p. 1. In *AMPI*.

⁶⁴² Served AAMC WWI. Practised at Nailsworth and later Merino, Vic.

⁶⁴³ Grandson of Dr. R.W. Moore. Served AAMC WWI and was in general practise at Torrensville before specialising and taking over the ophthalmological practice of Dr. A.M. Morgan.

29	MOORE Robert Waters <i>JP FLS</i> ⁶⁴⁴ [1819-1884]	13 July 1847 MRCS Eng 1842
372	MOORE William Frederick ⁶⁴⁵ [1854-1913]	1 July 1885 LRCP Edin 1879
15	MOORHOUSE Matthew <i>JP</i> ⁶⁴⁶ [1813-1876]	4 February 1845 MRCS Eng 1836
20	MORETON George Francis ⁶⁴⁷ [c1819-1861]	7 April 1846 MRCS Eng 1844

⁶⁴⁴ Father of Dr. W.F. Moore and grandfather of Dr. B.F. Moore. Colonial surgeon 1858-1870, president of the medical board 1858-1885. A prominent member of the profession, connected to the Dutton family by marriage, and a founder of the Adelaide Club. He had taken emigrants to Sydney in 1846 and in 1847 came to SA, settling first at Burra before coming to Adelaide in 1850. In that year he was appointed honorary medical officer to the Adelaide Hospital in place of B.A. Kent. He was an accomplished classical scholar, had some knowledge of Hindi and Chinese, was a botanist and Fellow of the Linnean Society. (He is omitted in John Pearn's *A Doctor in the Garden* Brisbane, 2001.) Another son, Henry Percival Moore [1860-1935] was a well known Adelaide banker and business manager associated with St. Peters College, the Public Library and Royal Geographical Society. There is an obituary in *SA Register* 8/12/1884 and the *Observer* 13/12/1884 p. 37. SLSA B 11151 is an image and B22103/32 might be another and see *Loyau* p. 78. In *AMPI*.

⁶⁴⁵ Son of Dr. R.W. Moore; he went to Strathalbyn in 1885 as locum for W.A.S. Blue, and remained as a popular doctor. Went to New Zealand and then on a world tour in 1890 and eventually returned to Adelaide. He never married. *SA Register* 4/8/1913 p. 408.

⁶⁴⁶ *ADB* 5, pp. 283-4. Practised at North Adelaide and was appointed protector of aborigines in 1839. He later moved to the Melrose district and established himself as a pastoralist at Bartagunyah station, where he died. Elected MHA City of Adelaide 1860-1862 and was briefly Commissioner of Crown Lands and Immigration, 1861. In 1846, encouraged by Governor Grey, he published *A Vocabulary and Outline of the Grammatical Structure of the Murray River Language*. An obituary is in *SA Register* 21/4/1876 p. 155 and SLSA has extensive resources including images: he is in *AMPI* and *Biog. Index*. Vol. III. It is claimed that he laid out Gladstone in 1872.

⁶⁴⁷ Practised at Gawler (1851), Watervale/Penwortham and Enfield. He was appointed medical officer Dry Creek Stockade 1854. SLSA PRG 1167 comprises his professional documents and PRG 1167/6 are notes on them by J.C. Verco. See also *Biog. Index*. Vol. III. In *AMPI*.

451	MORGAN Alexander Matheson ⁶⁴⁸ [d. 1934]	8 January 1891 MBChB Adel 1890 FRACS
144	MORGAN John ⁶⁴⁹	1 October 1861 MRCS Eng 1860 LSA Lond 1861
243	MORICE Robert James JP ⁶⁵⁰ [1851-1910]	26 January 1877 MBChM Aberd 1874
358	MORIER Charles George Drummond JP ⁶⁵¹ [1856-1929]	1 October 1884 LRCS LK&QCP Irel 1883
265	MORIER William John JP ⁶⁵²	6 November 1878

⁶⁴⁸ He was one of the first seven Adelaide medical students but because he had not matriculated he could not sit the first exam. Associated with the Childrens Hospital for many years, and S.A.R. medical officer. President BMA (SA Branch) 1908. Noted ornithologist; the SA Museum holds some of his notebooks. He was at Laura briefly after he graduated. See *Advertiser* 20/10/1934 p. 14.

⁶⁴⁹ Practised at Kooringa, Macclesfield and Auburn. Returned to England and lived at Chilcompton, Bath. In *AMPI*.

⁶⁵⁰ In 1877 he was gazetted as colonial surgeon, immigration and health officer, protector of aborigines and registrar of births, deaths and marriages in the Northern Territory. He also ended up on the Licensing Bench. In 1884 he came into major conflict with the government when accused of wilful contravention of orders respecting what had become known as the Daly murders, when four miners were killed by aborigines. He believed - against the view of Cabinet - that the aboriginal accused were entitled to basic justice, and he was suspended. There was even less interest in the niceties of legal rights when the tribe from which the accused came was hunted and massacred virtually to the last soul. Dr. Morice is another interesting figure who has escaped the attention of the *Northern Territory Dictionary of Biography*.

“For ills throughout the Territory in general he prescribed over the Telegraph Line enough quinine and citrate of iron to go on sixpence. As nobody had a sixpence, the measure was more or less.” Ernestine Hill, *The Territory*, p. 148.

He went to Quorn (1887, where he was gazetted medical officer to the destitute poor and aboriginals,) then Tenterfield NSW (1891) and later Nanango Qu. He is buried at Bulong, WA. MA 1871, MD 1878 Aberdeen.

⁶⁵¹ Practised briefly at Quorn and Morphett Vale then in 1885 was selected from thirteen applicants to go to Nairne. Brother of Dr. W.J. Morier. In 1891 he returned to England for a year then resumed practice until 1898 when for family reasons he sold it and returned to the UK for good. Held also the LM Rotunda.

	[1845-1885]	MD Glas 1874
264	MORISON Bentham Paynton ⁶⁵³ [1850-1899]	4 September 1878 MRCS Eng LSA Lond 1871 LRCP Edin 1871
374	MORRIS Andrew Bernard ⁶⁵⁴	2 September 1885 L&LMK&QCP LRCS Irel 1871 LMid Rot 1871
557	MORRIS Bedlington Howell ⁶⁵⁵ [1868-1936]	7 January 1897 MBBS Durh 1893
444	MORRIS Edward Walter ⁶⁵⁶	7 August 1890

⁶⁵² Practised at Willunga, Noarlunga and Morphett Vale, where he died; he is buried in the Scotch cemetery. His residence was *Wood Lann*. Held office as district councillor. Surgeon in the Royal Navy before migrating to SA. Graduated MBChM Glas 1866. Brother of C.G.D. Morier. See *SA Register* 19/10/1885 p. 127, *Observer* 24/10/1885 p. 29 and *Loyau* p. 248.

⁶⁵³ Born South Wales, came to SA on Royal Mail Steamer *Siam* in 1878. Middle name sometimes seen as Paynter. Held but did not register the L Med Dub. Practised at Glenelg (elected in 1885 to the council.) In 1883 he placed an innocuous advertisement in a local directory and subsequently brought down on himself the fury of the BMA (SA Branch.) He then went to Grace Plains but returned to Glenelg. He left there for Elliston in 1894. In 1882 in the SA Supreme Court he was involved with T.R. Horton [q.v.] in a conspiracy to defraud the Alliance Insurance Company of £5000 and his diploma was revoked by the General Medical Council. He died at Glenelg of rheumatic fever and Bright's disease and is buried at North Brighton. See *SA Register* 7/6/1899 pp 490, 491.

⁶⁵⁴ Sometime government medical officer Bengal, India, and had practised at Tauranga NZ and St. Kilda Vic., before coming initially to Quorn and then Kingston SE. He later went to Georgetown Tasmania.

⁶⁵⁵ He had been medical officer Netherlands India service and had served on HMS *Protector* during the China War. Entered SA Public service 1896 and was at the Adelaide Hospital during the 'row.' He became an eminent administrator, inspector-general of hospitals and chairman, Adelaide Hospital board, and held many other official appointments including District Naval Medical Officer Port Adelaide. See *SA Register* 1/8/1899 pp 237 and 238 and *Ib.* 22/2/1922p. 460; his obituary is in the *Advertiser* 11/7/1936 p. 20. SLSA B 6401 is an image and there is another in *Who's Who* 1936 p. 68

⁶⁵⁶ Came from Reading UK to Port Adelaide, then appointed surgeon-commander RAN and served WWI. Later he was chief medical officer Australia House, London. Appointed to the medical board in 1915. President BMA (SA Branch 1914-15. Commodore Royal SA Yacht Squadron and Naval Staff Surgeon Port Adelaide.

	[1868-1942]	MRCS Eng 1887 LRCP Lond 1888
839	MORRIS Ethel Remfry ⁶⁵⁷ [d.1957]	10 July 1911 MBBS Melb 1911
558	MORRISON David ⁶⁵⁸	7 January 1897 MBBS Lond 1894 MRCS Eng LRCP Lond 1895
104	MORTIMER Edward [De Lacey] ⁶⁵⁹ [c1816-1891]	4 July 1854 MD Giessen 1844
124	MOTHERALL William Henry ⁶⁶⁰ [1811-1875]	5 January 1858 LWCA Lond MRCS Eng 1831
822	MOULDEN Owen Meredith ⁶⁶¹ [1889-1968]	12 January 1911 MBBS Adel 1910 FRACS 1931
516	MOULE Edward Ernest ⁶⁶²	11 January 1894 MBChB Adel 1893
359	MOUNTAIN William John ⁶⁶³ [d. 1891]	5 November 1884 MRCS Eng 1866

⁶⁵⁷ She was born Ethel Ida Remfry and was BSc MSc Melb. She married W.P.F. Morris, Anglican clergyman and headmaster but began a separation in 1906. She turned to painting, went to London and there she died. Her stay in SA was a result of her husband's appointment at St. Peters College.

⁶⁵⁸ Brought out as medical officer during the hospital 'row', however he was not a success. His services were terminated (or perhaps he resigned) and he briefly entered private practice, taking over from Robert Robertson before going to Tasmania and then returning to England. Said to have been in NZ in 1902.

⁶⁵⁹ Full name is Edward Delacey Mortimer. He practised at Adelaide and in 1865 went to Port Adelaide where he remained working until his death. Buried in the old Woodville cemetery. Obituary *Observer* 2/5/1891 p. 40. In *AMPI*.

⁶⁶⁰ Ship's surgeon *Pestonjee Bomanjee* 1854. He initially practised at Clarendon and went to Port Victor in 1868. He died at Port Elliot. He is sometimes confused with an unregistered 'Dr.' Motherwell. In *AMPI*.

⁶⁶¹ Hony. gynaecologist Parkside Mental Hospital. Had been in Broken Hill 1913.

⁶⁶² Practised at Adelaide, Jamestown, Mt. Barker, Quorn, Mannum and Nairne before moving to Toodyay WA. In 1896 he had been caught up in the politics of the Adelaide Hospital and resigned as house surgeon.

⁶⁶³ Prior to his arrival in Sydney in 1876 he had been at the Leeds infirmary and was later civil surgeon to the India government. He was medical officer at the Sydney Infirmary and then practised at Stroud before going to Victoria in 1882 and was at Lillimur. After registration in SA he was at Bordertown, and then went to Walbundrie NSW and then Elliston SA in 1888. He left there 'in a hurry' and was registered in WA in 1889 and practised at Wyndham and Greenough. He died at that latter place of an overdose of chloral, said to have been administered accidentally.

653	MUECKE Francis Frederick <i>CBE</i> ⁶⁶⁴ [1879-1945]	8 January 1903 MBBS Adel 1903
618	MUIR Robert Sibbald ⁶⁶⁵ [1873-1911]	6 December 1900 LRCP&S Edin LFP&S Glas 1899
805	MUIRHEAD John Robb <i>DSO</i> ⁶⁶⁶ [1884-1932]	14 July 1910 MBBS Adel 1908
851	MUIRHEAD Leonard Graeme ⁶⁶⁷ [1888-1964]	14 December 1911 MBBS Adel 1911
115	MULLER Augustus ⁶⁶⁸ [1828-1898]	2 October 1855 MD Hesse 1854

⁶⁶⁴ FRCS Eng 1909: he became an eminent London ENT surgeon. He joined the London Hospital in 1903. In 1905 to the gushing joy of society columnists he married Ada Crossley, the famous Australian contralto (1871-1929.) He joined the British Army in 1914 and was present at Suvla and then served in France before transferring to the RAF. He was the fourth son of Hon. H.C.E. Muecke *MLC*, sometime German Consul, who was treated despicably in WWI.

⁶⁶⁵ Practised at Hamilton Vic., then Mt. Gambier from 1901 until his death from pneumonia. See obituary *SA Register* 28/9/1911 p. 340 and *Burgess* v. 2 p. 958,

⁶⁶⁶ Practised first at Maldon Vic., then Kadina and Laura. Enlisted AAMC WWI and served at Gallipoli, France and Belgium, where he was severely wounded. After the war he studied ophthalmology in London before returning to Jamestown and then to Adelaide, where he purchased the practice of T.K. and C.W. Hamilton. He worked as an eye specialist on North Tce. until his death, which was hastened by his war injuries. Hony. oculist Minda Home from 1921. Obituary, *Advertiser* 18/11/1932 p. 14 and *Chronicle* 24/11/1932 p. 41.

⁶⁶⁷ Served AAMC WWI, then general practice Henley Beach and Torrensville. Obituary, *Advertiser* 8/1/1964 p. 7.

⁶⁶⁸ His qualifications were probably MD ChD Giessen. He left SA in 1862 for Yackandandah Vic. He became a leader of spiritualist ideas in that state, but is probably best remembered for his single minded fixation with the usefulness of strychnine for the treatment of snakebite. His correspondence generated many exchanges, not all complimentary, but the medical supplier and entrepreneur L. Bruk manufactured and marketed "Dr. Mueller's [sic] Snakebite Antidote Pocket Cases" complete with patent poison sucker, hypodermics and strychnine, £1 complete. If the snake didn't kill the victim, the doctor certainly would. He also built a winery at Yackandandah, where he is remembered by the tourism industry. In *AMPI*.

96	MUSTARDE James McKay ⁶⁶⁹ [1814-1885]	7 March 1854 MRCS Edin 1831
135	MYLES Samuel J ⁶⁷⁰ [1797-1866]	4 October 1859 MRCS Eng LWCA Lond 1822
621	MYLES William Saunders JP ⁶⁷¹ [b.1875]	15 February 1901 MB BCh BAO Dub 1899
480C	NALL John Frederick ⁶⁷²	7 May 1891 LRCP Lond MRCS Eng 1891

⁶⁶⁹ He had been a naval surgeon: initially he practised at Bowden and in 1860 went to Robe (where there was a diphtheria epidemic,) remaining there until in 1882 he went to Millicent. There he died after a long illness. His name is often spelt Mustard. Some sources show his qualification as LRCS Edin. Buried at Millicent and Drs. Wehl and Thyne are nearby. In *AMPI*.

⁶⁷⁰ He was in practise at Runcorn, Cheshire, when he migrated to Holdfast Bay on the *Sir Charles Forbes* in June 1839 (Matthew Moorhouse and Robert Montgomery were fellow passengers.) With his two sons he took up pastoral activity at Morphett Vale, where he was a pioneer settler, and by 1841 was the largest holder of sheep in the district. He continued medical practice up to a year before his death and was medical officer to the destitute poor. A ward in the new Noarlunga hospital was named for him (although he was elevated to Sir Samuel Myles, until the paintbrush removed the honour.) He died at Morphett Vale and is buried in the Christ Church Anglican cemetery at O'Halloran Hill. Nearby is Dr. L.J. Maurau, who had succeeded him in 1865. Three of his sons were members of the Morphett Vale District Council. Obituary *Observer* 17/2/1866 p. 8 and SLSA has some resources. In *AMPI*.

⁶⁷¹ Also held the BA Dublin and LM Rotunda. He practised at Kapunda, served AAMC WWI and then went to WA – Lawlers, Moora (where he worked for the Midland Railway Coy.) and Laverton

⁶⁷² Some Registers give no registration number; other sources show the date of his qualifications as 1890. He was at Yorketown (1891 – taking over from William Baly after his death) and he then went to Clayfield, Brisbane. FRCS Eng 1896.

553	NAPIER Alexander Disney Leith ⁶⁷³ [1854-1926]	6 August 1896 MBChB Aberd 1875 MD Aberd 1878 MRCP Lond 1888 MD <i>aeg</i> Adel 1899
1	NASH James George ⁶⁷⁴ [1805-1880]	28 December 1844 MRCS Eng 1827
765	NAYLOR Henry George Horace ⁶⁷⁵ [d. 1909]	14 May 1908 L & LMid RCP & RCS Edin 1874
744	NESBITT Mortimer Durnford ⁶⁷⁶	11 July 1907

⁶⁷³ A celebrated figure from the days of the hospital 'row.' Father of Sir Mellis Napier, Chief Justice 1942-67. Brought out by the Kingston government to break the power of the BMA (SA Branch) he was in 1900 severely injured in a riding accident. His involvement in the Adelaide Hospital controversy more or less ends there, but for the remaining twenty six years of his life he was the source of much squabbling and he remained an object of professional hatred. Sometime assistant colonial surgeon, medical officer to the North terrace Lunatic Asylum, Major, SA military forces, hon. surgeon fire brigade and member of the medical board 1900-17. While on that body he was accused of being an abortionist. Obituaries in *SA Register* 14/6/1926 p. 504 and *Observer* 19/6/1926 p. 59. SLSA has numerous ephemera resources but no image.

⁶⁷⁴ Came to SA in 1838 as surgeon-superintendent of the *Canton*, from the Hon. East India Company. Later amid distasteful publicity he succeeded T.Y. Cotter as colonial surgeon. In 1838 he had opened a general store in Grenfell St. and also practised as a surgeon: that year he bought country Sections. He was involved in an early medical association and chaired it in 1854. He left SA in 1856. At the time medical registration was introduced he was president of the medical board and appropriated for himself number 1 – it would have been more just to have given that distinction to one of Duncan, Kent, Woodforde or Wyatt, the other board members. FRCS 1857. He died at Woodville, Cheshire, England. Obituary *Observer* 8/1/1881 p. 78 and SLSA B 22103/8 is an image. In 1851 he bought land from Dr. C.R. Penfold at Magill and built a gentleman's residence, *Ifracombe*, where he lived until his departure from the colony for the Isle of Man. *Ifracombe* survived until demolished in 1960. In *AMPI*.

⁶⁷⁵ Although not registered in SA until 1908 it appears that in 1877 he was in practice at Gawler, where he consulted at the Commercial Hotel and at a boot making establishment. By 1882 he was at Campbelltown, Tasmania. In 1900 he was at Ballarat and then came again to SA, returning soon after to Campbelltown, where he died the following year. There is evidence that he had no qualifications that could be registered.

⁶⁷⁶ Practised at Swan Reach, then went to Renmark. Later became medical officer of health to the Shire of Bellarine Victoria: then he moved to Melbourne.

220	NESBITT William Peel <i>JP</i> ⁶⁷⁷ [1850-1894]	7 July 1875 LRCP Edin 1872 MBChM Edin 1873 LRCS Edin 1874 MB <i>aeg</i> Adel 1877
241	NEUBAUER Max Friedrich ⁶⁷⁸	3 January 1877 MD Munich 1873 MD <i>aeg</i> Adel 1877
686	NEWBERRY (née Cooper) Constance May ⁶⁷⁹	9 February 1905 MBBS Adel 1904
713	NEWELL John Adrian <i>VD</i> ⁶⁸⁰	10 May 1906 MBBS Melb 1904
664	NEWLAND Clive ⁶⁸¹ [1879-1919]	11 September 1903 MBBS Adel 1902 MRCS Eng LRCP Lond 1903

⁶⁷⁷ The son of a doctor, after qualifying he was resident physician, Royal Infirmary Edinburgh and after his arrival in SA went to Kooronga and was surgeon to the Burra Hospital (opened 1877.) He had also been mayor. In 1880 he moved to North Adelaide and was resident surgeon at the Childrens Hospital (and lecturer to the probationers) before going to Salisbury in partnership with Edward Brookes. He was medical officer to the Yatala Prison until 1893. He died aged 44 at Salisbury after a long and painful illness. He may have gone briefly to Auckland NZ in 1886. He claimed to be MRCP Edin. At Salisbury he may also have been in practice with an unregistered person called Termitta. *SA Register* 15/5/1894 p 303 and *Observer* 19/5/1894 p. 15 have obituaries. SLSA B 15814 is an image. Unmarried, he is buried at St John's Salisbury. In 1898 the Burra hospital board named a ward after him. In *AMPI*.

⁶⁷⁸ In 1876 (before he was registered) he was in practice at 50 Rundle St. Adelaide: later he went to Tea Tree Gully.

⁶⁷⁹ Everard Scholar. Went to India in 1907 to assist Dr. Silas Mead and on her return lived at Mitcham. SLSA B 25677/22 is an image.

⁶⁸⁰ Served AAMC WWI, then practised at Launceston Tas.

⁶⁸¹ Fourth son of Simpson Newland and brother of H.S. Newland. When in general practice at Morphet Vale he was killed at the Hackham level crossing, Main South Rd., when his motor bike hit a train. His wife was the daughter of Dr. A.A. Hamilton. See *SA Register* 27/1/1919 p. 228.

638	NEWLAND Henry Simpson <i>Kt CBE DSO</i> ⁶⁸² [1873-1969]	11 April 1902 MBChB Adel 1896 LRCP Lond 1897 FRCS Eng 1899 MS Adel 1902 FRACS FRCS Edin (Hon) FACS
309	NICHOLL John Sayer ⁶⁸³ [c1853-1891]	5 April 1882 LSA Lond 1876 MRCS Eng 1877
503	NICHOLLS George Grey ⁶⁸⁴	1 June 1893 MB Melb 1891
540	NICHOLLS John Williams ⁶⁸⁵ [d.1895]	5 September 1895 MD CM QUI
796	NICOL George Colin Henderson ⁶⁸⁶	10 February 1910 MBChB Leeds 1908
315	NIESCHE Frederick William ⁶⁸⁷ [1857-1918]	7 June 1882 MBChM Edin 1880 MD Edin

⁶⁸² J. Estcourt Hughes has written his biography (1971 RACS,) probably just short of the requirements for beatification. It properly testifies to his remarkable surgical skill, great personal integrity, unblemished honour and significant public service. But as a reviewer picked up, it unconsciously affirms his dullness, conformity and ordinariness. A brother Victor Marra Newland was a pioneer settler in Kenya and MLC British East Africa, and served in the Boer and First World Wars. Later he became a South Australian MP. He died on 13/11/1969 and the newspapers around then contain many articles about him.

⁶⁸³ Surname also seen as Nickoll. Before coming to SA and practising at Gawler he was surgeon to the P&O Steam Navigation Coy.

⁶⁸⁴ Practised at Gumeracha, Kapunda and then Maitland, where he became a pioneer motorist. Later he went to Caulfield, Vic.

⁶⁸⁵ He was at Port Germein after registration. He had practised at Penrith NSW and left Australia in 1893 by the *Royal Tar* for Paraguay with the second Panglossian batch of “New Australians” seeking their disastrous communist utopia. He died unexpectedly in the Port Pirie Hospital in 1895.

⁶⁸⁶ He came from Melbourne to do a locum at Strathalbyn, then practised at Waikerie for years before moving to Glenelg. Held the MD Leeds 1921.

⁶⁸⁷ Born at Adelaide, he was one of the first six matriculated students at the University of Adelaide. He practised in Carrington St. (no. 32-36, now *Bar Chambers*;) and later Franklin St. Adelaide. During the hospital ‘row’ he was hon. physician to the Adelaide Hospital. In 1884 he was associated with Dr. Hartley Dixon at a private clinic at Parkside, and it was connected by telephone to his home. In 1906 he was appointed Inspector of Anatomy. See *SA Register* 14/10/1918 pp. 364, 368, 376.

		1886 MD <i>aeg</i> Adel 1889
349	NORMAN Walter ⁶⁸⁸ [1851-1918]	6 February 1884 MRCS Eng 1876 LRCP Lond 1878
95	NOTT George ⁶⁸⁹ [1820-1872]	7 March 1854 MRCS Eng 1846
907	NOTT Harry Carew ⁶⁹⁰ [b.1888]	18 December 1913 MBBS Adel 1913 DMRE Camb 1920
126	NUGENT John ⁶⁹¹	6 July 1858 MD Edin 1827 MD Glas 1841
1017	O'BRIEN John William ⁶⁹² [d.1937]	11 September 1919 MBChB Dublin 1887 FRCS Irel 1887
167	O'CARROLL John Sheppard ⁶⁹³ [d. 1873]	2 October 1866 LRCS LRCP Edin 1865
285	O'CONNELL James ⁶⁹⁴	7 July 1880

⁶⁸⁸ He practised at Adelaide, Yankalilla (1893), Goolwa and then Aldgate. Son of Robert Hastings Norman [1808-1883] unregistered surgeon/dentist, the founder of Normanville.

⁶⁸⁹ An interesting medical and literary figure who practised at Gawler, where he was editor of the *Bunyip*. There are notes about him in Mortlock Library PRG 128/12/3 and see Paul Depasquale, *A Critical History of South Australian Literature*. He died at Semaphore, aged 52, and is buried at Willaston. Grandfather of Dr. H.C. Nott. His funeral was the largest ever seen in Gawler. *SA Register* 2/1/1873 p. 15 has an obituary and SLSA B 5958 is an image: there are other electronic resources there, too. In *AMPI*.

⁶⁹⁰ First hony. radiologist, Adelaide Hospital 1921-43. Served extensively AAMC WWI. His home (and consulting rooms) between the Wars was at 101-19 Hutt St., now the Naval, Military and Air Force Club. He retired to Palm Beach NSW and returned to SA in 1968. He was the grandson of Dr. George Nott. There is an image in *Who's Who* 1936 p. 108.

⁶⁹¹ Known to have been at Gawler after registration. Holding two MDs from Scotland (as opposed to a second *aeg*.) makes his registration unique. Little is known about him. In *AMPI*.

⁶⁹² LRCS Irel 1886; he was at Warrnambool and then Mt. Gambier (he bought W.C. Sangster's practice.) Retired to Toorak Vic. Sometimes allotted registration number 1117 and some records duplicate his registration with number 1020.

⁶⁹³ He practised at Riverton briefly and in 1868 came to Adelaide and joined Dr. J.M. Gunson. He was registered in Victoria in 1870 and he died at Carlton three years later.

⁶⁹⁴ Initially he practised at his house in Florence St. Goodwood, at the Mitcham post office and Bickfords in Hindley St. He was later in Angas St. Adelaide and was medical officer to the Mitcham Destitute Board.

	[1853-1898]	LRCP LRCS Edin 1877
206	O'CONNOR Charles ⁶⁹⁵	1 April 1874 MRCS Eng 1870 LSA Lond 1873
642	O'CONNOR William Lawrence	8 May 1902 MBBS Melb 1902
825	O'DAY Gerald Patrick ⁶⁹⁶	9 February 1911 MBBS Melb 1910
346	O'FLAHERTY Leonard Smith ⁶⁹⁷ [d. 1905]	5 December 1883 LRCP LRCS Edin 1883 LAH Dub 1879
237	O'GRADY Jeremiah James ⁶⁹⁸ [c1845-1877]	30 October 1876 Army Surgeon, 1867
836	O'GRADY John James ⁶⁹⁹ [d.1966]	8 June 1911 LRCP&S Edin 1910 LFP&S Glas 1910 DO Oxon 1921

Sometime member of the Adelaide Hospital board and of the council of the state childrens department.

He had a house at Goolwa and spent an annual holiday there. He was found dead in his boat near the Murray mouth. His practice was purchased by Dr. T.A. Hynes, who by a bizarre coincidence also perished when fishing on the Murray. Obituary *Observer* 15 & 22/1/1898 pp. 31 and 16 and *Ib.* 5/3/1898 p. 27.

⁶⁹⁵ Known to have been at Mintaro in the early 1880s. In *AMPI*.

⁶⁹⁶ He was briefly at Denial Bay, where in 1914 he had a serious accident on his motor bike when riding to a patient at Penong. After his recovery – he was unconscious for several months - he went to and remained in Melbourne. His name is sometimes seen as O'Dea.

⁶⁹⁷ Practised at Hindmarsh and was appointed Colonial Surgeon, Northern Territory in 1889 in succession to Percy Woods. He returned from the Territory in 1897. Later went to Peak Hill, WA. Omitted from the *Northern Territory Dictionary of Biography*.

⁶⁹⁸ Under the 1844 *Ordinance* Army and Naval surgeons were automatically entitled to be registered. He came to Maitland from India but died about ten months later. *SA Register* 6/10/1877 has an obituary.

⁶⁹⁹ At Port Augusta and Millicent, after service WWI; became a well known Adelaide ophthalmologist.

628	O'LEARY Arthur Pryce Evelyn ⁷⁰⁰ [d.1929]	12 September 1901 LRCP Lond MRCS Eng 1889
303	O'LEARY Morgan Philip JP ⁷⁰¹ [1844-1925]	2 November 1881 MRCS Eng LK&QCP Irel 1871
996	O'NEILL Sydney ⁷⁰²	MBBS Adel 1917 FRCS Irel 1922
782	OPIE James Archelaus ⁷⁰³	8 April 1909 MB Melb 1906
688	O'REILLY Susannah Hennessy ⁷⁰⁴	9 February 1905 MB Sydney 1905
80	O'SULLIVAN Matthew ⁷⁰⁵	7 October 1851 MD Dublin 1851

⁷⁰⁰ Practised at Glenelg. Hony. physician SA Institution for the Blind, Deaf and Dumb. In 1916 he commanded a Red Cross unit which went to Romania. His father was surgeon-general and a brother was a fleet surgeon RN. In 1902 at Crafers he married the daughter of John William Bakewell, sometime member of the colonial board of advice of the SA Company. He died in England.

⁷⁰¹ He was at Port Lincoln, where he was in charge of the quarantine station and medical officer to the casualty hospital. He did a locum at Glenelg for B.P. Morison in 1882. In 1884 he went to Yankalilla and then Victor Harbour, where he died. Shortly after arriving at Victor he had a serious trap accident and this seems to have affected his health which declined particularly from about 1895: it appears he retired about 1902. He left a widow but no family. Obituary *Chronicle* 14/11/1925 p. 48.

⁷⁰² He was the first Adelaide graduate to obtain the FRCS Irel. Went to Perth and later Auburn Victoria. Served RAN WWI.

⁷⁰³ Practised at Kapunda after registration, and later became a prominent Lismore NSW surgeon. Obtained the FRACS 1932. His given names as on the register are probably reversed.

⁷⁰⁴ She was BSc Syd 1903 and ChM Syd 1907: practised in Macquarie St. Sydney. RMO Adelaide Hospital 1905 and in 1906 went to the Queen Victoria Hospital, Melbourne. Daughter of the Sydney doctor and bookman W.J. O'Reilly.

⁷⁰⁵ The MD is suspect as in Victoria he registered the LK&QCP Irel 1851 and MRCS Edin 1837. He is difficult to trace as there was another doctor of the same name registered at the same time in Victoria, and neither of them appear on the register after 1863. However he is known to have been at Geelong after he left SA. In *AMPI*.

877	OTTLEY John ⁷⁰⁶ [c1862-1912]	14 November 1912 LRCP LRCS Edin 1880
602	OWEN Arthur Geoffrey ⁷⁰⁷	7 December 1899 MB Melb 1899
783	OWENS Edward Matthews JP ⁷⁰⁸	8 April 1909 LSA 1866 MRCS Eng 1866 LRCP Edin 1867 MD Brux 1898
386	PALMER John Richard ⁷⁰⁹	8 September 1886 LK&QCP Irel 1873 LRCS Irel 1873 LMid RCS Irel 1874
233	PAOLI Francesco ⁷¹⁰	4 October 1876 MD ChD Bologna 1866
489	PARDEY Charles William ⁷¹¹	3 November 1892 MB Melb 1883 ChB Melb 1884

⁷⁰⁶ He went to Hergott Springs (Marree) for the South Australian Railways (the line had reached there in 1884.) He died at Oodnadatta a few weeks later of "...fever and ague followed by apoplexy of the heart." He was an ex-naval surgeon and was at White Cliffs NSW before coming to SA.

⁷⁰⁷ He passed his third year examination at Adelaide in 1897 and had to complete his degree in Melbourne because of the hospital 'row.' It appears he spent only one year at the Adelaide Hospital before returning to Melbourne, where he remained. ChB Melb 1901; MD Melb 1903.

⁷⁰⁸ *SA Govt. Gazette* 12.2.1931 shows the incorrect initials. He was at Mt. Lofty and left there in 1913 for Victoria. He became a Brisbane eye specialist and member of the Queensland medical board.

⁷⁰⁹ Was in Melbourne before coming to SA where he was at Hindmarsh, Port Wakefield, Hergott Springs (1886,) Peterborough (1888,) Port Lincoln (1889, where he took over from G.P. Atkins when the latter went to Victoria,) Port Adelaide (1892,) Gumeracha (1892,) and Mundoora (1894.) He was possibly also at Murray Bridge and other places. He moved to Goodwood 1890.

⁷¹⁰ He was at Mt. Pleasant in 1876 (where he offered free vaccination) Gladstone in 1881, and he went from there to Brisbane in about 1886, later practising at Russell River, Cairns. He then went to Charters Towers and in 1893 returned permanently to Italy.

⁷¹¹ He was at Wangaratta after qualifying, then the Sydney Hospital and Hillston NSW. In 1893 he was briefly at Peterborough and was then appointed medical officer to the Fremantle quarantine station. Later went to Goodwood SA then Byron Bay NSW.

240	PARKER Alfred Henry ⁷¹²	8 December 1876 LSA & LRCP Lond 1870
758	PARKHOUSE Devon ⁷¹³ [1883-1973]	16 January 1908 MBBS Adel 1907
252	PARKINSON John Taylor ⁷¹⁴ [1847-1891]	20 July 1877 MRCS Eng 1868 MBChM Aberd 1872
421	PART John Shepley ⁷¹⁵	6 February 1889 MRCS Eng LRCP Lond LSA Lond 1888

⁷¹² At Mintaro after registration, then Port Lincoln (1879) and later was asst. colonial surgeon and medical officer Mt. Gambier hospital. In 1884 he became involved in the Bordertown smallpox outbreak and the related hysteria, and made an incorrect preliminary diagnosis. A.A. Lendon was sent by the government from Adelaide to take absolute control of the situation. Lendon quarantined Parker and his wife: Parker immediately resigned as assistant colonial surgeon and went to Mannum. He claimed to be LSA and L&LMidRCP Edin 1870. In about 1886 he set up practice in Post Office Chambers, Melbourne, and in 1888 moved to Beechworth.

⁷¹³ Apart from service AAMC WWI he was in general practice at Woodville all his professional life. His papers are in SLSA PRG 300.

⁷¹⁴ Came from Newcastle-on-Tyne on the *Darra* in 1877 to Crystal Brook, where he remained for fourteen years until his death at the age of 44. A fountain in that township commemorates his service. He also practised at Redhill. He spent 15 months in Europe 1888-9 and A.F. Smith was his locum. See *SA Register* 31/1/1891 p. 211 and 6/2/1891 p. 253, as well as *Observer* 31/1/1891 p. 32 and *Ib.* 7/2/1891 p. 31. for details of his death and obituary. His son became a doctor.

⁷¹⁵ Known to have been briefly at Gawler and then Port Augusta from 1891.

170	PATERSON Alexander Stewart <i>JP</i> ⁷¹⁶ [1833-1902]	8 April 1867 LRCS Edin 1856 MD Edin 1857 MD <i>aeg</i> Melb 1865 MD <i>aeg</i> Adel 1877
337	PATTON William Johnston ⁷¹⁷	4 July 1883 MRCS Irel 1878 MB Dublin 1880 FRCS Irel 1882
423	PEARE Humphreys Robert Henry ⁷¹⁸	6 March 1889 L&LMid K&QCP Irel
159	PEARSE William Henry ⁷¹⁹	LRCS MD Edin 1851 LSA Lond 1851

⁷¹⁶ After graduation he became a ship's surgeon and then tried his luck on the Ovens (Vic.) goldfields before becoming resident medical officer of the Yarra Bend Lunatic Asylum in Melbourne. He was second in charge when appointed resident medical officer Parkside and later became medical superintendent. On the death of R.W. Moore in 1884 he became colonial surgeon (retired 1896). Member medical board 1878-1898 (president from 1890.) He resigned in disgust when A.D.L. Napier was appointed to the board, and while the government would not support him, they deeply regretted his departure. Married a daughter of Dr. George Mayo. Paterson's contemporaries seem to have regarded him as a poor teacher and a lazy government officer. In 1897 five years before his death Edward John Woods built for him *Springhill Lodge* 416-20 Carrington St., where he lived and conducted a limited practice. In 1913 it was acquired by the YWCA. His beach residence is at 2 Athelney Ave. Brighton. See *SA Register* 7/1/1092 pp. 54, 56 and *Observer* 11/1/1902 p. 33 and *Ib.* 18/1/1902 p. 33. In *AMPI*.

⁷¹⁷ He had mental hospital experience in England and had worked at the Dublin hospital before coming to SA, where he was initially at Laura and Gladstone before going to Jamestown to succeed J.A. Cockburn. He returned to Ireland in 1887 because of his health and was succeeded by Alexander Pentland.

⁷¹⁸ Beyond the fact that he was at Kadina from 1889, nothing is known about him.

⁷¹⁹ Known to have been at Clare in 1865. In *AMPI*.

156	PEEL Robert ⁷²⁰ [1837-1894]	26 October 1864 MRCS Eng 1861 LK&QCP Irel 1879
735	PELLEW Leonard James CBE ⁷²¹ [1880-1957]	14 February 1907 MBBS Adel 1906

⁷²⁰ Came to SA in 1864 from Stockton-on-Tees, as medical officer at the Adelaide Hospital. The next year he was at Kooringa and from 1865-68 was assistant colonial surgeon at Mt. Gambier (James Jackson succeeded him.) He was master of the Mt. Gambier Masonic lodge. In that latter year he accompanied G.W.Goyder on the Northern Territory expedition – he was subsequently criticised for neglect of his duties. Peels Well, near Palmerston, was named after him (it is now ‘Doctors Gully.’) In 1872 he established himself in practice on North Terrace, opposite the Institute Building, and from 1876-77 represented Hindmarsh Ward on the Adelaide City Council. He returned to Europe in 1879 (and obtained his Irish licentiate). He came back briefly to Adelaide and announced that he was going to Melbourne. It seems that he went to NSW and in the early 1880s was hony. physician to the Sydney Hospital and was active in the BMA (NSW Branch.) By 1883 he was practising in Collins St. Melbourne. He was declared insolvent in 1886 and finally returned to Adelaide in 1890. His attempted to re-establish himself in the west end but his health began to seriously decline. He died aged 55, from an epileptiform fit in the General Havelock Hotel. The previous year his name had been restored to the Victorian register. See *Northern Territory Dictionary of Biography* vol. 1 pp. 236-7. A sad picture overall suggests an alcohol problem. See *SA Register* 13/1/1894 p 93: *Observer* 13/1/1894 p. 29. SLSA has resources on him including images. In *AMPI*.

⁷²¹ Practised at Balaklava in succession to C.H.J. Souter and in 1913 he was at Port Augusta. Served AAMC WWI. He returned there and from 1918 practised in Victoria Squ. Adelaide. Some sources give his dates as 1885-1951, and they are incorrect. He was surgeon to the SA Fire Brigade, officer of health for West Torrens and president, SA National Football League. Peter Gorrie succeeded him at Port Augusta. Father of Dr. R.A.A. Pellew MBBS Adel 1934 and Dr. L.J.T. Pellew MBBS Adel 1932. His CBE was awarded in 1957, shortly before his death that year. Obituary, *Advertiser* 5/11/1957 p. 2.

289	PENDLETON Richard Warren ⁷²² [1841-1899]	1 December 1880 L & LM K&QCP Irel 1866 LRCS Irel 1865 LM Dublin 1866 MK&QCP Irel 1881
129	PENFOLD Christopher Rawson ⁷²³ [1811-1870]	6 November 1858 LWCA Lond 1833
908	PENNY Harold John ⁷²⁴	18 December 1913 MBBS Adel 1913
109	PENNY Robert Banks ⁷²⁵ [1817-1887]	3 April 1855 MRCS Eng 1842 LWCA Lond 1843
292	PENTLAND Alexander JP ⁷²⁶	2 March 1881 LRCS Irel 1877 MB Dub 1878
433	PERKS Robert Howell ⁷²⁷	5 June 1890 LRCP Lond 1882 MRCS Eng 1881 FRCS Eng 1884 MD

⁷²² He commenced practise at Liverpool but came to SA because of his health. He was at Laura after registration and then went to Port Augusta where he practised for about six years. He damaged his spine in a carriage accident and because of his impairment he returned to England in 1887 where he started a medical home at Brighton. His brother was A.G. Pendleton *CMG*, SAR Commissioner (retired 1909.)

⁷²³ *ADB* 5 pp. 429-430. The first SA wine growing doctor, and he was also first chairman of the Burnside district council. He died at Magill and is buried there in the (Church of England) St. George's churchyard. In *AMPI*.

⁷²⁴ Served AAMC WWI and was at Parkside Mental Hospital 1919-1928. Went to Western Australia: later to Tunstall Staffs, England.

⁷²⁵ Surgeon-superintendent of the *Princess Helena*. Came from NZ in 1850 and after a brief spell at Robe spent his life at Bordertown, where he established a pastoral property, *Charla*. He died there, aged 70. He had served both in the Army and the Navy. *Charla* survives and Dr. Penny is still remembered as a worthy pioneer. He rests in the Bordertown cemetery. During the Bordertown smallpox scare (1884) he was accused of making an incorrect diagnosis. However he had been out of practice for some years and the criticism was unfair. See *The Story of the Tatiara* 1845-1947 pp. 29-30. In *AMPI*.

⁷²⁶ Practised at Port Lincoln (from 1882,) Kapunda and Jamestown before going in 1891 to West Maitland NSW. He retired to Sydney. He left Jamestown in 1889 for Europe, presumably on a holiday.

⁷²⁷ First medical superintendent of the Adelaide Hospital, 1889-95, when he had the misfortune of direct involvement in the 'row' and resigned. At the time of that appointment he was working at the Royal Albert Hospital, Devonport, England. See *SA Register* 17/8/1889 p. 325.

		Brux 1883
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767	PERN Norman ⁷²⁸	9 July 1908 LRCP Lond MRCS Eng 1900
42	PHILLIPS James Pryce JP ⁷²⁹ [1822-1903]	3 April 1849 MRCS Eng LSA Lond 1843
46	PHILLIPS Robert ⁷³⁰ [1817-1853]	3 April 1849 MRCS Eng LSA Lond 1843
965	PHILLIPS William James Ellery MC ⁷³¹ [1892-1953]	14 October 1915 MBBS Adel 1915
333	PICKERING William Murray ⁷³² [1849-1928]	2 May 1883 MB ChM Glas 1875
853	PITCHER Cyril Frederick ⁷³³	14 December 1911

⁷²⁸ Served in the Boer War as a civil surgeon and became principal medical officer Bloemfontein concentration camp. Later served with the Transvaal Mounted Rifles. After a brief stay in SA went to Darlinghurst NSW.

⁷²⁹ Born Redruth, Cornwall, trained at St. Bartholomews and came to SA 1849 as ship's surgeon on the *Samuel Boddington*. Sometime member of the Adelaide Hospital and medical boards. He lived on North Tce. in a thatched pise cottage next to the Adelaide Club, and was in practice for 54 years. Dr. Humphrey Marten lived on the eastern side of his house. At his death he was the oldest medical practitioner in SA. His home was on Dr. C.G. Everard's city acre. In 1872 he was sent by the colonial surgeon to Port Lincoln to investigate a diphtheria epidemic which had a 33% mortality. Broken Hill investment enabled him to retire around 1888. See *SA Register* 22/4/1903 pp. 390-2 and *Ib.* 17/6/1903 p. 368. Another obituary is in the *Observer* 25/4/1903 p. 21. His daughter Catherine married Dr. S.K. Ellison [q.v.] In *AMPI*.

⁷³⁰ Practised at Port Elliot and then went to Forest Creek (Castlemaine) Vic., where he died, aged 36, and is buried, *vide SA Register* 16/6/1853 p.2. In *AMPI*.

⁷³¹ After service AAMC WWI joined the Malayan medical service for twelve years and later went to Cyprus and Jerusalem, as chief medical officer Palestine. His MC was for his work evacuating wounded under heavy shelling at Roisel. He retired to Cannes and there he died.

⁷³² Practised at Wilmington until his death. He married there in 1883 and his wife, who died in 1939, is buried at Mitcham. Pickering is interred at Wilmington with John Clayton Rae MA, "Faithful unto Death." Rae [1864-1929] was educated at St. Edmund Hall Oxford and ordained in 1889. He ministered in Queensland and Victoria before becoming Rector of Melrose/Wilmington in 1919. It has not been possible to throw any light on their relationship. Pickering left three sons and a daughter. He was registered in Victoria in 1883.

⁷³³ After service AAMC WWI he practised at Hindmarsh. Obituary, Advertiser 13/5/1955 p. 2.

	[d.1955]	MBBS Adel 1911
643	PITT Herbert Reginald ⁷³⁴	8 May 1902 MBChB Melb 1901

⁷³⁴ He was reported as deceased prior to 1907.

951	PLATANOW Alexander Constantinovitch ⁷³⁵ [d.1948]	10 June 1915 MBBS Russia [sic]
892	PLAYER Charles Ernest ⁷³⁶ [d.1936]	12 June 1913 LRCP&S Edin LFP&S Glas 1894
1000	PLOTZ Oscar Arnold	See ARNOLD, Oscar
733	PLUMMER Rex Garnet ⁷³⁷	14 February 1907 MBBS Adel 1906
615	PLUMMER Violet May ⁷³⁸ [1873-1962]	6 September 1900 MBChB Melb 1897
445	POGGIOLI Vitaliano ⁷³⁹	7 August 1890 MB ChM Bologna 1876
1012	POMROY Harry Roy ⁷⁴⁰ [1895-1943]	12 December 1918 MBBS Adel 1918 FRCS Eng 1925 FRACS
790	POOLE Frederick St. John ⁷⁴¹ [1881-1952]	13 January 1910 MBBS Adel 1909

⁷³⁵ He practised on Kangaroo Island, at Yorke Peninsula, Redhill, Karoonda and Morgan before going to Sydney. His name is also noted as Platanov. The date and precise details of his Russian qualifications are not known.

⁷³⁶ Practised at Mallala.

⁷³⁷ He practised at Moonta and Orroroo before settling at Kensington Rd. Norwood.

⁷³⁸ BSc Adel 1893; she was a victim of the hospital 'row' and had to complete her studies in Melbourne. Founder of St. Anns University College for Women, North Adelaide. Sister of Dr. Rex Plummer. Obituary, *Advertiser* 18/6/1962 p. 7. SLSA B25677/10 is an image.

⁷³⁹ He was briefly at Renmark (1890,) and later Barraba NSW: he was registered in that state the same year. Later he practised at Tumberumba.

⁷⁴⁰ Served AAMC WWI and afterwards went to Franklin Harbour. Specialised and became Hony. Surgeon Adelaide Hospital (he succeeded Henry Newland in 1938.) He worked in orthopaedics at Repatriation General Hospital during WWII and died there, shortly after Dr. L.O. Betts. *Advertiser* 10/3/1943 p. 6.

⁷⁴¹ Practised at Goodwood and Penola before settling at Buller Tce. Alberton in 1920. Son of Canon F. Slaney Poole and brother of Hon. Thomas Slaney Poole, Judge of the Supreme Court and Grand Master of Freemasons. President BMA (SA Branch) 1932-33. *Who's Who* 1936 p. 109.

382	POOLER Edward Leslie ⁷⁴²	7 July 1886 MD ChM Dub 1885 LMidK&QCP Irel 1885
196	POPHAM Francis William Home ⁷⁴³ [1849-1903]	22 October 1872 LSA Lond 1871 MRCS Eng 1872 LRCP Edin 1872
100	POPHAM William Home ⁷⁴⁴ [c1820-1871]	4 April 1854 MRCS Lond 1847 MD Aberdeen 1852
414	POTTS Walter Alfred Beevor ⁷⁴⁵	4 July 1888 LSA Lond 1882 MRCS Eng 1886
316	POULTON Benjamin ⁷⁴⁶ [1851-1921]	2 August 1882 MB Melb 1874 ChB Melb 1879 MRCS Eng 1880 MD Melb 1883 MD <i>aeg</i> Adel 1884

⁷⁴² Practised at Gladstone (1886,) Quorn (from 1887,) Stirling West and Aldgate/Crafers (from 1898.) In 1891 he was severely injured when thrown from his horse.

⁷⁴³ Son of Dr. W.H. Popham: practised at Gawler until his death (at Victor Harbour.) He had served on the German general medical staff in the Franco-Prussian War of 1870. In 1894 he was involved as co-respondent in a spectacular divorce case, *Wear v. Wear*. Popham escaped with part of his reputation intact due to the readiness of the BMA (SA Branch) to publicly defame and ridicule the divorcing parties. See *SA Register* 28/1/1903, pp. 212, 214. There is a portrait (p. 20) in Coombe's *History of Gawler* and articles in *Quiz* 6/2/1903 p. 4, *Observer* 3/1/1903 p. 34 and *Ib.* 7/2/1903 p. 24. In *AMPI*.

⁷⁴⁴ Born in Ireland, died at Gawler, where he practised, and was a member of the district council. Father of Dr. F.W.H. Popham. He had been briefly at Glenelg before going to Gawler. Ship's surgeon, *Neptune*, 1853. In *AMPI*.

⁷⁴⁵ Came from Willesden, London, to Broken Hill and then Bordertown (1889.) He was at Serviceton in 1890 and later (1893) went to Harrow, Vic.: he was registered as dentist in that state.

⁷⁴⁶ Born at Geelong Vic.: after graduation he was briefly at Wangaratta Vic. And Aramac, Qu. The medical register shows two dates of registration, 1882 and 1884; probably the latter is correct. Jnr. house surgeon Adelaide Hospital 1884. Prominent teacher (surgery) and clinician, president BMA (SA Branch) 1893-94, 1912-14. Dean, Faculty of Medicine, 1893. He is remembered as a surgeon who tended to be indifferent to the suffering of his patients. Lived and practised at 50 North Terrace, Adelaide. SLSA has a number of images. Obituary *SA Register* 23/7/1921 p. 10, *Ib.*, 5/8/1921 p. 8. N *AMPI*.

287	POWELL Arthur Worsley ⁷⁴⁷	1 September 1880 LFP&S Glas 1880
909	POWELL Harold MC ⁷⁴⁸ [1881-1963]	18 December 1913 MBBS Adel 1913
479	POWELL Henry Arthur CMG VD JP ⁷⁴⁹ [1868-1944]	4 February 1891 MBBS Adel 1891 FRACS
239	POWER William Dudley ⁷⁵⁰	8 December 1876 LRCP&S Edin 1875
355	PRICE Charles Richard ⁷⁵¹	4 June 1884 MRCS Eng LSA Lond 1879
601	PRICE Thomas Arthur ⁷⁵²	5 October 1899 MB ChB Edin 1899
599	PRIOR Guy Percival Underdown ⁷⁵³ [d. 1950]	7 September 1899 MRCS Eng LRCP Lond 1898

⁷⁴⁷ On the resignation of A.H. Parker in 1884 he was appointed assistant colonial surgeon Mt. Gambier. He resigned the position in 1889.

⁷⁴⁸ After WWI (surgeon-lieutenant RAN) he practised in St. Vincent St. Port Adelaide and lived at Largs Bay. Brother of H.A. Powell. Obituary *Advertiser* 11/7/1963 p. 8.

⁷⁴⁹ As Colonel Powell he commanded 2 Australian General Hospital WWI. Foundation Fellow RACS. He practised first at Angaston and in 1896 went to Kadina to take over from the ailing W.N. Robinson. He served as mayor, before moving to Adelaide. Hony. asst. gynaecologist Adelaide Hospital. Married into the Yalumba wine family. See *SA Register* 9/1/1919 p. 74. An obituary is in the *Advertiser* 8/6/1944 p. 6 and there is a portrait in *Who's Who* 1936 p. 58.

⁷⁵⁰ Went to Maitland NSW.

⁷⁵¹ Practised at Clarendon and Hamley Bridge.

⁷⁵² *SA Govt. Gazette* 12.2.1931 shows incorrect initials. He also held the DPH RCP&S Edin & Glas. Came to SA from England to take up a position at the Adelaide Hospital but only stayed five months. Practised as an ENT specialist Toowoomba Qu. President BMA (Queensland Branch) 1934, 1937.

⁷⁵³ He was engaged in England for the Adelaide Hospital and then went to Suva, Fiji. He then returned briefly to Penola before going to NSW where he joined the Public Service in 1903 and became medical superintendent of Rydalmere and Parramatta mental hospitals. Some sources show his third name as Underwood. He collected the type of *Eucalyptus ficifolia* in the Rydalmere grounds.

519	PROCTOR John Smith ⁷⁵⁴ [1870-1941]	5 April 1894 L&LMidK&QCP Irel 1891 LRCS Irel 1891
929	PRYDE Alan ⁷⁵⁵	8 October 1914 MBBS Melb 1914
734	PULLEINE Robert Henry ⁷⁵⁶ [1869-1935]	14 February 1907 MB Syd 1898 MB <i>aeg</i> Adel 1913 FRACS
534	PULLIN Frank Bingley ⁷⁵⁷	7 February 1895 L&LMidRCP Edin 1879 LFP&S Glas 1879
394	PURVES Charles William ⁷⁵⁸	6 April 1887 LRCS LRCP Edin 1883
778	RAIL John Andrew Angwin ⁷⁵⁹	11 February 1909 MBBS Melb 1904
571	RANDELL Allan Elliot ⁷⁶⁰	3 February 1898 MBChB Melb 1897 MB ChB Adel <i>aeg</i> 1897

⁷⁵⁴ At Happy Valley/Clarendon, Kapunda, Morphett Vale and Mt. Pleasant until WWI, when he enlisted.

On demobilisation he practised in Adelaide. He came from Limerick, Ireland. Father of Dr. Basil Proctor.

Obituary *Observer* 27/2/1941 p. 2: SLSA PRG 647 are his papers.

⁷⁵⁵ Briefly at Renmark and then went to Launceston. President BMA (Tasmanian Branch) 1937-38.

⁷⁵⁶ *ADB* 11 pp. 306-7. Because of the hospital 'row' he had to complete his studies interstate. An obituary is in *Proceedings of the Royal Geographical Society of Australasia SA Branch* vol. XXXVI pp. 18-9. See also *Advertiser* 14/6/1935 p. 24. SLSA and Barr Smith Special Collections have resources and references. PRG 280/1/40/187 is a wonderful group photograph with him fast asleep.

⁷⁵⁷ He was at Townsville Qu. and then registered in NSW in 1892: the same year he was reported to have set up at Kew Vic. He was appointed medical officer for Flinders and Kangerong Shires and is known to have practised at St. Arnaud and Mornington. He left for Yankalilla in 1894 and may have then gone to Sedan.

⁷⁵⁸ Practised at Port Augusta (1887), Glenelg (1888), possibly Peterborough, then Angaston, Eudunda and Milang.

⁷⁵⁹ He went to Capetown and then London, where he was a dermatologist at St. Johns Hospital.

⁷⁶⁰ Passed his fourth year examination at Adelaide and was forced by the hospital 'row' to graduate at Melbourne. Served AAMC WWI, then went to WA, first at Karridale and later Perth. He was a nephew of Captain Randell of River Murray navigation fame.

742	RATTEN Victor Richard <i>CBE</i> ⁷⁶¹	9 May 1907 MD Chicago 1907
232	RAWLINGS Joseph Henry ⁷⁶² [1841-1879]	5 July 1876 MRCS Eng 1866 MD Edin 1866 MD <i>aeq</i> Adel 1877
728	RAY William ⁷⁶³ [1883-1953]	10 January 1907 MBBS Adel 1906
110	RECK Frederick William Augustus ⁷⁶⁴	3 April 1855 MD Hanover 1851
231	REES John <i>JP</i> ⁷⁶⁵ [c1851-1893]	5 July 1876 MRCS Eng 1875 L&LMid RCP Edin 1875

⁷⁶¹ *ADB* 11 pp. 334-335. Like most of the American graduates his registration was accompanied by rumblings of local discontent. He went to Hobart as surgeon-superintendent of the public hospital, and there he was taken to court and accused, with zealous vindictiveness astonishing even for the BMA, of forging his diploma. Served AAMC WWI. His CBE must have been a blow to his adversaries.

⁷⁶² Arrived SA on the *Golden Sea* in 1876 and practised at Moonta as a locum for John Fisher. He then became junior house surgeon Adelaide Hospital before entering private practice. His MD was for a thesis on hydatid disease. He died at Dr. F.W. Bailey's residence, Norwood. Obituary *SA Register* 6/10/1879 p. 13.

⁷⁶³ Rhodes Scholar 1907: BSc Oxon 1909 BSc *aeq* Adel 1914. Hony. physician Adelaide Hospital, Dean Faculty of Medicine 1927-28. First director of medical studies Adelaide Hospital. Sometime member of the council, UofA. Father of Dr. John Ray MBBS Adel 1936. He was police medical officer for many years until 1935 when his appointment was 'terminated.' Of him it is said that he promised much but was an eventual disappointment. Obituary *Advertiser* 8/6/1953 p. 3 and there is a portrait *Who's Who* 1936 p. 111.

⁷⁶⁴ He was the first doctor in Port Augusta, and was established there by 1862. In *AMPI*.

⁷⁶⁵ After some years as surgeon superintendent to the SA Emigration Service, he came to SA in 1876 and practised at Port Wakefield before going to Hindmarsh in 1878. He was appointed Health Officer to the Hindmarsh Corporation in 1884 and in 1883 had been elected mayor: he was the first holder of that office to acquire and wear mayoral robes. He died of tuberculosis; he is sometimes confused with John Rees MRCS LRCP 1888 (NSW and Qu.) *SA Register* 22/7/1893 p. 150 has an obituary detailing his interesting family connections with clergymen, military and civil engineers and admirals. See also *Hindmarsh Town: a History of the Village* for a number of references.

176	REES William Carey ⁷⁶⁶ [c1846-1879]	7 July 1868 MB Melb 1867
362	REID John ⁷⁶⁷	3 December 1884 MB MCh Aberdeen 1882
640	REISSMANN Charles Henry ⁷⁶⁸	11 April 1902 MBChB Cantab 1898 LRCP Lond MRCS Eng 1898 MD Cantab 1902 MD <i>aeg</i> Adel 1902
36	RENNER Frederick Emil ⁷⁶⁹ [1821-1893]	5 July 1848 MD Jena 1847 MD <i>aeg</i> Adel 1877
882	RENNIE Henry Charles Cadell ⁷⁷⁰	19 December 1912

⁷⁶⁶ He was one of the first two Bachelors of Medicine of the University of Melbourne: the preceding graduates were either passed under special regulations or were *aeg*. He arrived SA per *Aldinga* in 1868 to take up his duties as second house surgeon at the Adelaide Hospital. He left early in 1869 to go to England. MRCS Eng 1870; MD Melb 1872. Practised at Gippsland 1873-74 and then Melbourne, where he was associated with both the Childrens and Melbourne Hospitals. Died aged 33 at South Yarra. In *AMPI*.

⁷⁶⁷ Practised at Port Germein; left there 1886 for Melbourne. MA Aberdeen 1887.

⁷⁶⁸ Lecturer in forensic medicine 1911-14. BA Cantab 1895 MA Cantab BSc Lond 1894. Came to SA from NSW. Elected FRS SA in 1904. Appointed asst. physician consumptive department in 1904. *SA Register* 27/7/1909 p. 285 contains his sensible views on the management of tuberculosis. In 1897 he was elected to the Neurological Society of the UK.

⁷⁶⁹ Son of Professor Theobald Renner [1779-1850] of Jena. He was in partnership with Dr. C.J.F. Bayer before going to Wentworth NSW 1857-70. He was medical officer to Charles Todd's Overland Telegraph party and to his care and attention is attributed the fact that during that massive undertaking across the continent the team did not have one death. Renner Springs, NT is named after him. Later he practised at Kapunda, Hahndorf, Carrieton, Koolunga and Peterborough, where he was health officer, and where he died and is buried. *SA Register* 7/5/1924 p. 83 provides details of his medical life. SLSA can point to resources including images and diaries, the latter published in 1983. In *AMPI*.

⁷⁷⁰ Son of Prof. E.H. Rennie, Angus professor of chemistry 1884-1927. House surgeon Adelaide Hospital then to Broken Hill as assistant to Dr. Melville Birks. Went to England and took the MRCS and then enlisted in the RAMC. Contracted tuberculosis in the trenches in France and was invalided home in 1916. He became resident medical officer at Bedford Park but his health declined rapidly and he had to retire. He

	[1891-1925]	MBBS Adel 1912 MRCS Eng LRCP Lond
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went to Victor Harbour, and there he died. See *Optimist* no. 4 p. 21 and *Ib.* No. 5 p. 17 and *Observer* 5/9/1925 p. 41.

549	RENNIE John Taylor ⁷⁷¹	6 August 1896 MD Michigan 1884
967	RICE Patrick William ⁷⁷² [1889-1952]	14 October 1915 MBBS Adel 1915
388	RICHARDSON Arthur JP ⁷⁷³	3 November 1886 MRCS Eng 1875 MD Brux 1877
806	RICHMOND Walker ⁷⁷⁴	14 July 1910 LSA Lond 1879
263	RICHTER Paul ⁷⁷⁵ [?1841-1880]	7 August 1870 MD Berlin 1865
614	RIDDELL James ⁷⁷⁶	2 August 1900 MBChB Melb 1899
213	RIDDELL Robert ⁷⁷⁷	7 October 1874 MD MChir Ireland 1871 [sic]
886	RISCHBIETH Harold ⁷⁷⁸	13 February 1913

⁷⁷¹ At Mannum around 1900-1903. In that latter year he went to Oodnadatta as locum for J.B. Kennedy who took an extended overseas holiday. However Rennie was a scoundrel who stole the certificates of a doctor of the same name who died in Queensland in 1890. The impostor was unqualified and untrained. He was a bigamist, twice insolvent and was gaoled twice for false pretences. He 'practised' in all the eastern states and died in NSW.

⁷⁷² Served AAMC WWI; afterwards general practice, Torrensville. Noted gynaecologist. *Advertiser* 8/3/1952 p. 2 has an obituary and SLSA B 26285/128 is an image.

⁷⁷³ At Auckland NZ 1880s to about 1886, then Teetulpa SA (where there was a gold boom,) Glenelg (1887 – where he succeeded the unfortunate Hugh Ferguson,) and Orroroo/Walloway 1890. He then went to Port Augusta (1892) and around 1896 from there to Kalgoorlie.

⁷⁷⁴ *SA Govt. Gazette* 12.2.1931 shows the incorrect surname Redmond. He was at Denial Bay in 1911, and no doubt was one of the many doctors who went there and fell out with the dyspeptic Farmers Medical Board.

⁷⁷⁵ Little is known about him: he may have died at Melrose in 1880, about a month after he settled there. See letter to *SA Register* 12/2/1880 p. 346, written by Dr. A. Forsyth of Laura and obituary *Port Augusta Dispatch* 30/1/1880 p. 7.

⁷⁷⁶ Practised at Port Augusta 1900-14, then Kapunda in succession to E.M. Glynn. A foundation FRACS, he was the father of Dr. F.S. Riddell and grandfather of Drs. P.S. and T.F.J. Riddell.

⁷⁷⁷ Practised at Jamestown 1874: he returned to Exeter, England. In *AMPI*.

⁷⁷⁸ Prominent Adelaide surgeon; father of Drs. R.H.C and H.G. Rischbieth.

	[1875-1943]	MRCS Eng LRCP Lond 1903 BS Cantab 1904 FRCS Eng 1908 MD Cantab 1909 MD <i>aeg</i> Adel 1920
141	ROBERTSON Robert <i>JP</i> ⁷⁷⁹ [1830-1899]	8 January 1861 LFP&S Glas 1852
324	ROBERTSON William ⁷⁸⁰ [1861-1940]	3 January 1883 MBChB Melb 1882 MB <i>aeg</i> Adel 1905
510	ROBIN Vincent John Renouf ⁷⁸¹	7 December 1893 LSA Lond 1892 MRCS Eng LRCP Lond 1893
793	ROBINSON Matthew Edward	10 February 1910 MB Melb 1909
567	ROBINSON Robert Alexander McWilliam ⁷⁸²	7 October 1897 LRCP & S Edin LFP&S Glas 1894
185	ROBINSON William Newman ⁷⁸³	21 October 1869

⁷⁷⁹ He worked in Glasgow hospitals and after emigrating was initially at Mt. Barker and then Adelaide. He became Health Officer to the City of Adelaide but had a dispute with the corporation in 1885 and resigned as public vaccinator in 1888. Initially the council had tried to get rid of him and when this failed they reduced his salary and attempted to prevent him from attending meetings. Became FFP&S Glas 1878: he had returned to Scotland for a rest and the SA government had appointed him as an emigration agent. In March 1889 he delivered quads, all of whom died. He came to SA first on the *Hoogly* in 1855, made three subsequent voyages and finally emigrated on the *Ramilles* in 1860. In 1898 David Morrison took over his practice. See obituary in *SA Register* 1/11/1899 p. 227; *Loyau* p. 202. SLSA B 11250 is an image and he is in *AMPI*.

⁷⁸⁰ He appears to have remained in practice for about fifty seven years. Around 1900 he went to Petersham NSW and later returned to SA. He had been in practice with S.J. Magarey and later P.S. Messent.

⁷⁸¹ He was one of the first students to commence medical studies at Adelaide, but failed an exam and left to obtain his qualifications in England. He was at Nuriootpa, Hawthorn Vic., and then went to Port Douglas, Qu., where he died. *SA Govt. Gazette* 12.2.1931 shows him as J.R.R. Vincent. [?d.1904.]

⁷⁸² Practised at Moonta, Coolamon NSW and later Brisbane. *SA Govt. Gazette* 12.2.1931 shows his name as Roberston. Some records give him the registration number 567B.

⁷⁸³ Correct qualifications are MD 1867 ChM 1868 Queens University Ireland. He practised at Kadina/Wallaroo for 23 years and in 1897 ill health forced him to take a vacation. He went to Europe and did not return, dying at Florence. He had married at Kadina in 1873. He was in practice at that latter place

	[1843-1918]	MD Dublin 1867
409	ROGERS Richard Sanders <i>JP</i> ⁷⁸⁴ [1861-1942]	16 May 1888 MBCChM Edin 1887 MD Edin 1893 MD <i>aeg</i> Adel 1897 ChM <i>aeg</i> Adel 1891
993	ROLLAND James Alexander ⁷⁸⁵ [1892-1964]	9 July 1917 MBBS Adel 1917
695	ROME John Arthur Denzil ⁷⁸⁶	17 July 1905 LRCP&S Edin LFP&S Glas 1903
608	ROSEBY Edmund Rupert ⁷⁸⁷	5 April 1900 MB Syd 1900
911	ROSS James McBain ⁷⁸⁸	18 December 1913 MRCS Eng LRCP Lond 1901
683	RUGG Harold ⁷⁸⁹	8 December 1904 MRCS Eng 1874 LRCP Edin 1875
67	RULE John ⁷⁹⁰	1 April 1851

with a Dr. Chambers, surgeon to the Wallaroo Mines. (See footnote Henry Chambers.) In 1870 he was convicted of obtaining money by false pretences and gaoled for four months: this does not seem to have had any affect on his practice! In *AMPI*.

⁷⁸⁴ *ADB* 11, p. 442. BA Adel 1882; MA Adel 1899; DSc Adel 1936. A particularly interesting man who practised briefly at Port Wakefield (1888-1891) before moving to Adelaide. The illustrator who collaborated with him for thirty years while he studied orchids was Rosa Fiveash, the foremost Australian botanical artist of her day. The government appointed him coroner during the WWI absence of Ramsay Smith. See *Advertiser* 1/4/1942 p. 8. SLSA has extensive resources including a biography and images. In *Pearn*.

⁷⁸⁵ Practised at Millicent until 1927 when he went to Mile End. Hony. clinical assistant Ophthalmic dept. Adelaide Hospital and sometime member of the Opticians Board. Father of Dr Bryan Rolland MBBS Adel 1943. Obituary, *Advertiser* 22/2/1964 p. 10.

⁷⁸⁶ *SA Govt. Gazette* 12.2.1931 shows incorrect initials.

⁷⁸⁷ ChM Syd 1902: he was asst. RMO Parkside Lunatic Asylum and medical officer, Adelaide gaol. He later went to Boggabri NSW.

⁷⁸⁸ Practised at Minlaton, Broken Hill and then Adelaide.

⁷⁸⁹ He was registered in SA nearly thirty years after he qualified: known to have been at Victor Harbour and then North Adelaide.

	[1775-1864]	MD New York 1802 MRCS Eng 1806
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⁷⁹⁰ With the Royal Navy in Jamaica until 1825 when he practised in Cornwall. Came to Sydney in 1835 and then went to Nelson, Moititia and Wellington NZ. He returned to London around 1845 and was back in Sydney in 1850. He was only briefly in SA before going to Victoria, where he died, aged 89, at Maidstone.

In *AMPI*.

514	RUSSELL Alfred Edward James ⁷⁹¹ [1869-1905]	11 January 1894 MBChB Adel 1893
850	RUSSELL Ernest Albert Harold <i>OBE VD</i> ⁷⁹² [1885-1969]	14 December 1911 MBBS Adel 1911
607	RUSSELL Herbert Henry Ernest <i>OBE VD</i> ⁷⁹³ [1875-1951]	1 March 1900 MBChB Melb 1899 MBChb aeg Adel 1899 LRCS LRCP MRCP Edin 1899 LFP&S Glas 1899 FRCP Edin 1903 MD Adel 1905
709	RUSSELL Walter Henry ⁷⁹⁴ [1880-1930]	8 March 1906 MBBS Adel 1905
813	RUSSELL-CARGILL	See CARGILL, J.A.R.
622	RUTLEDGE Charles James ⁷⁹⁵	14 March 1901

⁷⁹¹ Brother of Drs. H.H.E. and E.A.H. Russell, and cousin of Dr. W.H. Russell. He was medical superintendent of the Adelaide Hospital 1895-98 in succession to Dr. R.H. Perks, when it was difficult to avoid the interminable arguments and he was dismissed by the Kingston government. He then practised briefly at Unley. See *SA Register* 14/6/1905 p. 380 for the sad account of his decline after he contracted typhoid. Married a sister of Dr E.A. Johnson.

⁷⁹² Hony consulting obstetrician Queen Victoria Hospital; he had a distinguished service record with the AAMC WWI. Brother of Drs. H.H.E. and A.E.J. Russell and cousin of Dr. W.H. Russell. President BMA (SA Branch) 1943-44, sometime Commissioner St. John Ambulance. There is an obituary, *Advertiser*, 12/5/1969 p. 8 and there is a portrait *Who's Who* 1936 p. 113.

⁷⁹³ Brother of Drs. A.E.J. and E.A.H. Russell and cousin of Dr. W.H. Russell. Hony. obstetrician Queen Victoria Hospital. President BMA (SA Branch) 1926-27. Member SA medical board 1926-49. The Adelaide Hospital 'row' forced him to complete his studies in Melbourne. Medical Officer of Health for Unley for more than thirty years, and he was in active practice for fifty one years. Principal medical officer 4th Military District 1915-1919. Hony. Asst. bacteriologist Adelaide Hospital 1904. Obituary *Advertiser* 12/7/1951 p. 3 and portrait *Who's Who* 1936 p. 144.

⁷⁹⁴ Brother of A.B. Russell (MBBS Adel 1919) and cousin of Drs. A.E.J., H.H.E. and E.A.H. Russell. Practised at Kadina, Yorketown (until 1926) and Semaphore, where he died. Mayor of Yorketown for five years and details of his work are in *SA Register* 26/6/1926 p. 765.

⁷⁹⁵ Came to SA from Victoria (where he was also registered as a dentist) and was at Tarcoola (1901.) In 1908 he was appointed medical officer to the BHP Iron Knob quarries and Hummock Hill (Whyalla) railway. He later went to Mile End.

		LRCS Irel 1886
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219	RYLEY John Rutherford ⁷⁹⁶ [c1838-1884]	15 May 1875 LRCS Edin 1862 FRCS Edin 1868
381	SALMON Harry Robert ⁷⁹⁷	7 April 1886 MB Melb 1885
745	SALTER Sarah Maud	See CAMPBELL, S.M.
119	SANDIE William Gray ⁷⁹⁸ [1822-1861]	7 April 1857 LRCS Edin 1844 MD St Andrews 1844
726	SANDISON Alexander ⁷⁹⁹	8 November 1906 MBChB Edin 1906 MB <i>aeg</i> Adel 1906
244	SANGSTER John Ikin (snr) ⁸⁰⁰ [1848-1926]	26 January 1877 MRCS Eng 1876 LRCP Edin 1877

⁷⁹⁶ He also claimed the LRCP Edin 1879 and MD Pennsylvania 1879. He was at Queenstown, Invercargill, Westland and Auckland NZ between 1862-70. At that latter place he tried to cut his throat and was committed to the Lunatic Asylum (it was his second suicide attempt.) On discharge he went to Fiji 1870-73. He has also left traces at Sydney (1873,) Roebourne WA (1874,) Champion Bay WA, Africa, Edinburgh, Temora, Tenterfield, Gulgong and Mudgee NSW. Finally at Sydney he committed suicide with opium, aged 46. A manic depressive, his life is a sad and restless record. In *AMPI*.

⁷⁹⁷ He was in Adelaide only briefly and went to Ballarat East in 1886.

⁷⁹⁸ Although registered in SA as William, other important records show his name as John, and they are probably correct. Arrived Melbourne May 1853 as surgeon superintendent of the *Sea*. Worked at Melbourne, Richmond, Carisbrook and Beaufort. Between 1857-60 he was at Penola and Mt. Gambier. With his family he returned to London in 1860 and he died at Liverpool, aged 39. In *AMPI*.

⁷⁹⁹ MD Edin 1911: practised at Port Lincoln then Streaky Bay, until AAMC WWI. He was then at Woodville/Port Adelaide.

⁸⁰⁰ *SA Govt. Gazette* 12.2.1931 shows him as J.J.K. Sangster. Father of Drs. J.I. Sangster jnr. and W.C. Sangster. Nephew of Dr. John Forster. Came to SA from the Leeds General Infirmary and was initially at Adelaide and then Strathalbyn before going to Kooronga, where he remained thirty one years until 1910. See *SA Register* 8/2/1926 p. 488 for obituary. He is in *AMPI* because he worked as a druggist at Castlemaine from 1872.

515	SANGSTER John Ikin (jnr) ⁸⁰¹ [1872-1915]	11 January 1894 MBChB Adel 1893 LRCP Lond MRCS Eng 1897
799	SANGSTER William Clifford ⁸⁰² [1885-1961]	14 April 1910 MB Melb 1908 BS Melb 1909 MD Melb 1911
250	SAWTELL Tom Henry ⁸⁰³ [1851-1891]	20 July 1877 MRCS Eng 1874 LRCP Lond 1876
48	SCHMIDT Richard William ⁸⁰⁴ [d. 1868]	2 October 1849 MD Berlin 1847
609	SCOTT Frederick Steele ⁸⁰⁵ [1874-1931]	5 April 1900 MB BCh BAO Royal Univ Ireland 1898
45	SCOTT Henry ⁸⁰⁶ [1810-1880]	11 July 1849 MRCS Eng 1832 FRCS Eng

⁸⁰¹ Son of Dr. John Ikin Sangster snr and brother of Dr. W.C. Sangster. House surgeon Adelaide Hospital and then at Yorketown before going to Burra where he remained until 1910 and was succeeded by A.R. Caw. He died aged 43 at North Adelaide. He had been at Glenelg from about 1897-1907 and had returned to Burra with D.M. Steele. Sometime mayor of Burra. See *Burgess* v. 2 p. 463.

⁸⁰² Practised at Mt. Gambier before and after service AAMC WWI. He then went to Melbourne and overseas before returning to Adelaide where he became an ENT specialist (FRACS.) Obituary *Advertiser* 19/9/1961 p. 6.

⁸⁰³ His father was Edwin Sawtell, Adelaide jeweller and optician. He had been surgeon-superintendent of three immigrant ships and arrived in SA in 1853. Practised at Kent Town and later went to Europe: he died at Hyeres, France, aged 40. *SA Register* 13/9/1890 briefly details his story and there are other details in *Ib.* 18/3/1891 p. 531, 3/6/1891 p. 437 and *Observer* 21/3/1891 p. 30.

⁸⁰⁴ He was at Willunga before going to Victoria. There he practised at Castlemaine, Dunolly, Avoca (where he was declared insolvent,) Smythes Creek, Clunes, Durham Lead and Mt. Bolton. In 1866 the Amherst coroner censured him for perceived negligence that resulted in a maternal death. In *AMPI*.

⁸⁰⁵ He established a practice in Unley with his father-in-law Dr. A.H. Gault. Was assistant surgeon to Benjamin Poulton at the Adelaide Hospital 1913-16 and later hony. dermatologist Parkside Mental Hospital. Father of Dr. J.L.S. Scott. *Advertiser* 9/6/1931 p. 8 has a brief note about him.

⁸⁰⁶ Known to have been at Norwood in 1852 and he made several voyages as surgeon superintendent 1855-59, including the *Telegraph* in 1855. He was registered in Victoria in 1853. He died at Norwood. In *AMPI*.

		1854
684	SCOTT Malcolm Leslie ⁸⁰⁷ [1882-1931]	12 January 1905 MBBS Adel 1904 FRCS Eng 1909 MS Adel 1919 FRACS
478	SEABROOK Leonard Llewellyn ⁸⁰⁸ [1864-1916]	4 February 1892 MBChB Adel 1891
214	SEABROOK Thomas Edward Fraser JP ⁸⁰⁹ [1835-1908]	20 October 1874 MRCS Eng 1870 MD St Andrews 1861 MD <i>aeg</i> Adel 1877
829	SETZKE Edgar Ferdinand ⁸¹⁰	9 March 1911 MD Greifswald 1888 Staats exam 1890
645	SHACKELL Percy Moira ⁸¹¹ [d.1905]	12 June 1902 MB Melb 1900 BS Melb 1901
517	SHANAHAN Patrick Francis ⁸¹² [d.1936]	1 March 1894 MBChB Adel 1893

⁸⁰⁷ Went to England in 1908 to obtain his Fellowship. Practised at Mt. Barker from 1910 until AAMC WWI. He was then at Adelaide where he was associated with the Adelaide and Childrens Hospitals, and the University. *Advertiser* 3/11/1931 p 19 has some details of his death.

⁸⁰⁸ Son of Dr. T.E.F. Seabrook. At the Adelaide Hospital then Terowie (1894) and later medical superintendent Broken Hill Hospital. He left there in 1901 for Darwin but evidently returned to the Hill. See *SA Register* 10/11/1916 p. 93.

⁸⁰⁹ Father of Dr. L.L. Seabrook: he was at Gladstone SA and when his wife returned to England in 1886 he went to College Park and that same year to Silverton and then Broken Hill. He is recorded as house surgeon at the hospital there in 1895. In 1901 he went to Darwin to relieve Dr. Frederick Goldsmith for a year. See *SA Register* 3/8/1908 p. 310. Known as Fraser Seabrook.

⁸¹⁰ At Broken Hill until 1909 when he went to Sydney. There is evidence that he had no qualifications that could be registered.

⁸¹¹ *SA Govt. Gazette* 12.2.1931 gives the incorrect surname. At Kapunda in 1902 and he then went to Malcolm WA where he married: a few months later he died. His Victorian registration no. was 2189.

⁸¹² He was at Orroroo/Carrieton, Hawker (leaving there in 1903 for Arltunga NT,) Waukaringa (1894,) Curramulka, Port Vincent and Oodnadatta before going to WA.

228	SHAND Henry Miller ⁸¹³ [c1853-1903]	5 April 1876 LRCS Edin 1875 MBChB Aberdeen 1875 MD Aberdeen 1877
338	SHAW Alfred JP ⁸¹⁴ [c1832-1886]	1 August 1883 LAH Dublin 1856 LRCS Irel 1861 LRCP Edin 1863
634	SHAW Helen ⁸¹⁵	9 January 1902 MBBS Melb 1901
463	SHEPHERD Arthur Edmund CBE DSO VD ⁸¹⁶ [d. 1942]	3 September 1891 LFP&S Glas 1890 L & LM RCP&S Edin 1890
572	SHIELDS Oswald Clive Graeme ⁸¹⁷	3 February 1898 MBChB Melb 1897
475	SHIELS Edward Esdale ⁸¹⁸	4 February 1892 LRCP LRCS LM Edin 1883
895	SHIERLAW Norman Craig MC ⁸¹⁹ [1883-1917]	14 August 1914 LRCP&S Edin LFP&S Glas 1909 FRCS Edin 1912
976	SHIPWAY Graham Stewart ⁸²⁰	10 August 1916

⁸¹³ Spent the whole of his time in SA in practice in the Victor Harbour/Port Elliot/Middleton area.

Because of indifferent health (perhaps reflected in his resignations as public vaccinator and government medical officer in 1883-4,) he did not involve himself in public life. He died at the North Adelaide Private Hospital and was the first European cremated in the Adelaide Crematorium. He was a man of principle who refused lodge appointments because of the low remuneration and their use of the unregistered to provide services.

⁸¹⁴ He practised in Queensland and Victoria (registered 1867) before coming to SA, where he was govt. medical officer on Kangaroo Island. He then went to Kadina, where he was found dead in his bed.

⁸¹⁵ She was an RMO at the Adelaide (1902,) Brisbane and Womens Hospitals, Melbourne, and then established herself in Harley St. London.

⁸¹⁶ In 1898, during the 'row' he was appointed hony. surgeon Adelaide Hospital and retained the appointment until 1903. Associated with distinction with the AAMC WWI and afterwards as principal medical officer, Repatriation. See *Advertiser* 29/4/1942 p. 10.

⁸¹⁷ Some records show his first name as Oscar. Appointed hony. surgeon, Port Augusta Hospital, 1898, and soon after went to Woodend Vic.

⁸¹⁸ He was practising in Waymouth St. in 1888, four years before registration.

⁸¹⁹ Practised at Adelaide as an ENT specialist from 1912. He died of wounds received during the first battle of Bullecourt and is buried in Vraucourt Copse Cemetery, Flanders.

	[1890-1956]	MBBS Adel 1916
52	SHOLL William Horatio ⁸²¹ [c1808-1876]	2 October 1849 [See footnote.]
446	SHONE William Vernon ⁸²² [b.1860]	2 September 1890 MRCS Eng 1893 LRCP Lond 1883 [sic]
785	SHORNEY Herbert Frank ⁸²³ [1878-1933]	11 November 1909 MB Melb 1899 BS Melb 1901 MD Melb 1903 FRCS Eng 1907 MD <i>aeg</i> Adel 1909
535	SHUTER Richard Ernst ⁸²⁴	4 April 1895 MB Melb 1891 ChB Melb 1892 MB <i>aeg</i> Adel 1895 MD Melb 1902
896	SIMMONS William Foster ⁸²⁵	11 September 1913

⁸²⁰ After service AAMC WWI he went to Victor Harbour. Husband of Dr. Hilda Shipway (née Reynolds) MRCS Eng LRCP Lond 1922. Obituary, *Advertiser* 27/1/1956 p. 9. SLSA B 26285/128 is an image.

⁸²¹ He was a surgeon in the Spanish army and then went to Perth before coming to Adelaide where he practised until 1860, when he went to Wallaroo. He remained there until his death. The original medical register entered no qualifications but he was LSA Lond MRCS Eng 1832. His son, Lionel Henry Sholl, was a prominent SA public servant. His name appears on the register and in *SA Govt. Gazette* 12.2.1931 as Scholl – an incorrect spelling to which the descendants were particularly sensitive. See *SA Register* 2/12/1876 p. 14 and *Ib.* 30/12/1872 p. 18. SLSA B 23568 is an image. In *AMPI*.

⁸²² He was born in Warwickshire and arrived in SA in 1890. On registration he went to Strathalbyn (where he would be elected mayor) and remained there until 1904 when he went to NZ. Later he settled at Rowella, Tasmania. Both his qualifications were obtained in 1883. See *Observer* 11/4/1896 p. 16.

⁸²³ He completed his third year studies at Adelaide and then had to go to Melbourne because of the hospital 'row.' After graduation he practised in Victoria and NSW (Balranald) and then went to London. He returned to Adelaide in 1908 and became a leading ENT surgeon and ophthalmologist, holding an honorary ophthalmic surgeon appointment at the Adelaide Hospital for twenty five years. He was Charles Gosse lecturer 1926-33. His name is commemorated by the Shorney Medal and the Shorney Memorial Library. See *SA Register* 20/8/1909 p. 505 for an account of his European studies, and *Advertiser* 3/5/1933 p. 14.

⁸²⁴ At Port Augusta after registration; he married Dr. William Markham's daughter. Served AAMC WWI and afterwards went to Melbourne as resident surgeon Victorian Eye and Ear Hospital.

		MB Syd 1913
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⁸²⁵ *SA Govt. Gazette* 12.2.1931 shows an incorrect name. ChM Syd 1916: served AAMC WWI and then practised at Bexley NSW.

548	SIMPSON Frederick Wright ⁸²⁶	4 June 1896 MD Cooper College San Francisco 1894 Licence British Columbia Medical Council 1895
931	SIMPSON Marie	See BROWN, M.
852	SINCLAIR William Malcolm ⁸²⁷	14 December 1911 MBBS Adel 1911
279	SINGLETON Francis Eliot Corbet ⁸²⁸	3 March 1880 LRCP LRCS Edin 1874
750	SLEEMAN Benjamin ⁸²⁹	13 November 1907 MBBS Melb 1904
116	SMALES Richard ⁸³⁰ [c1809-1871]	2 October 1855 MRCS Eng 1832

⁸²⁶ Was at Booleroo Centre and Renmark after registration. His American qualifications did not attract enquiry or controversy. He later went to Hill End NSW and then to Europe around 1900. There is evidence that he had no qualifications that could be registered.

⁸²⁷ He was at Gladstone, Crystal Brook and then Toowoomba Qu.

⁸²⁸ Son of F.C. Singleton, Clerk of the SA Legislative Council. He was for some years medical officer to the Akaroa Hospital NZ and came to SA possibly in 1879, when he did a locum, and again in 1886. He went to Tasmania the following year and in 1888 commenced in Spring St. Melbourne as an ENT specialist. He had been registered in Victoria in 1878.

⁸²⁹ He was at Renmark, Goolwa and then went to Tasmania.

⁸³⁰ *SA Govt. Gazette* 12.2.1931 shows his name as Swales. Arrived in SA as surgeon superintendent of the *Nashwauk* which ran aground near Moana near the end of its voyage. He was an alcoholic and so drunk at the time that Dr. Knipe [q.v.] had to attend the passengers. Smales' life ended with his suicide by poison at Noarlunga. He also held but did not register the LSA Lond 1830. The *Nashwauk* was more than thirty kilometres off course when it grounded so obviously Smales wasn't the only drunk on board. He was the son of a naval officer and had been in partnership with a surgeon, Parsons, in London. See *SA Register* 15/7/1871 p. 15. In *AMPI*.

559	SMEATON Bronte ⁸³¹ [1873-1956]	4 February 1897 MBChB Adel 1896 MRCS Eng LRCP Lond 1898 FRACS
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⁸³¹ Father of Dr. B.C. Smeaton MBBS Adel 1928 who died in 1950. After graduation he went to Hawker, Murray Bridge, Nairne and Strathalbyn before settling at Mt. Barker. He left there in 1902 to become medical superintendent of the Adelaide Hospital. Served AAMC WWI and returned to become a leading Adelaide surgeon. President BMA (SA Branch) 1921. Foundation FRACS. Sometime member of the dental board. Obituary *Advertiser* 21/12/1956 p. 3.

425	SMITH Alfred Alexander ⁸³² [1863-1939]	1 May 1899 LSA Lond 1886 LRCP Edin 1886 MRCS Eng 1889
408	SMITH Alfred Frederick ⁸³³ [1857-1905]	7 March 1888 LRCS Irel 1885 LM & LK&QCP Irel 1886
827	SMITH Arthur Lionel Hall	9 March 1911 MBBCh Cantab 1908 MRCS Eng 1897 MRCP Lond 1909
225	SMITH Arthur William ⁸³⁴ [1848-1879]	17 November 1875 LSA Lond 1869 MB Lond MRCS Eng 1870 MD Lond 1872

⁸³² At Guys Hospital for some years until he joined his brother Dr. O.W. Smith at Clare. There he remained, retiring in 1925, and there he died. A prominent sportsman he was sometime president of the SA Golf Association. There is an obituary in the *Advertiser* 18/9/1939 p. 10.

⁸³³ He came from Perth to Crystal Brook in 1888, later that year went to Peterborough and in 1891 left for Mornington Vic. He returned to practice at Redhill in 1891-97, leaving there for Quorn. He was at Strathalbyn in 1898 and Robe in 1899, and he went to WA in 1901. He died at Gladstone SA, aged 48, in 1905. Possessing a common name that often appears in public records without any distinguishing initials makes tracing him difficult. In 1893 he was engaged in a dispute at Redhill with a prominent local quack, Adelbert Gerney, who had been gazetted as a public vaccinator for some ten years. Smith wanted Gerney's appointment revoked as he had no medical qualifications, but the Central Board of Health refused to do this because of Gerney's satisfactory attention to his duties. See also Dr. R.W. Stewart footnote re an 1892 libel action.

⁸³⁴ During his brief time in practice in SA he was at Kent Town, Auburn and Mt. Gambier (as locum for James Jackson) where he died. In *AMPI*.

961	SMITH Geoffrey Wien ⁸³⁵ [1894-1973]	14 October 1915 MBBS Adel 1915
26	SMITH Hugh ⁸³⁶ [c1822-1860]	5 January 1847 MD Edin 1842 MRCS Edin 1842
525	SMITH James	1 November 1894 LRCS Edin 1864 LRCP Edin 1865 Brigade surgeon Lt Col British Army
49	SMITH John ⁸³⁷	2 October 1849 LRCS Edin 1835
546	SMITH Louis Laurence ⁸³⁸ [1830-1910]	7 May 1896 LSA Lond 1852
259	SMITH Otto Wien ⁸³⁹ [1853-1932]	13 February 1878 MBMCh Edin 1875 MD Edin 1889 MD <i>aeg</i> Adel 1915
371	SMITH Robert ⁸⁴⁰ [d. 1899]	1 July 1885 Lah Dublin 1880 L&LMid RCS

⁸³⁵ Son of Dr. Otto Wien Smith and nephew of Dr. A.A. Smith. Practised at Clare: served AAMC WWI.

The name is often hyphenated to Wien-Smith. Prominent teacher of first aid.

⁸³⁶ Some registers omit his first name. He was born Co. Antrim, Ireland and came to SA in 1846. He was in the Woodville area around 1849 and went to Bendigo about 1853. In addition to the practice of medicine in that town, he also founded a bank. Obituary *Observer* 14/4/1860 p. 3. In *AMPI*.

⁸³⁷ He was registered in NSW in 1845 and Victoria 1860, but nothing is known about the time he spent in SA. He might be one of the John Smiths in *AMPI*. Not to be confused with the unregistered John Phin Smith.

⁸³⁸ *ADB* 6. Names also seen as Lewis Lawrence. He arrived in Melbourne in 1852 as surgeon superintendent to the *Oriental*. He established himself as a winegrower and promoter of quack remedies. He has left no public records of his activities in SA, but he served in the Victorian parliament. Author of *Our Doctor; or, the Colonial Medical and Surgical Handybook* and *Medical Household Sketches*. He registered in Victoria in 1862. In *AMPI*.

⁸³⁹ Father of Dr. G.W. Smith and brother of Dr. A.A. Smith. Practised at Clare where he was a notable pillar of local society. He was a founder of the Stanley Wine Company. See *Advertiser* 31/5/1932 p. 10. SLSA D 43958 is a photo of him in his De Dion Boulton.

⁸⁴⁰ Came to SA from Yarrowonga Vic., and practised at Penola and Naracoorte. He went to Broken Hill in 1888 and died at Omeo, Vic.

		Edin 1881
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940	SMITH Walter Leonard <i>MC</i> ⁸⁴¹ [1890-1971]	17 December 1914 MBBS Adel 1914
554	SMITH William Ramsay ⁸⁴² [1859-1937]	3 September 1896 MBChM Edin 1892 MB <i>aeg</i> Adel 1904 MD Edin 1913
229	SMITH William Romanis ⁸⁴³ [d.1899]	5 April 1876 MRCS Eng 1875
597	SMYTH Robert ⁸⁴⁴ [1867-1909]	3 August 1899 LRCP&S Edin LFP&S Glas 1896
632	SNOW Frances ⁸⁴⁵	9 January 1902 MB Melb 1901
22	Von SOMMER Ferdinand ⁸⁴⁶	7 July 1846 MD Jena [nd]

⁸⁴¹ Served AAMC WWI, then at Gawler, Morgan and finally practised at 254 Parade, Norwood, for many years up to his death. His *MC* was awarded for his fearless devotion to duty.

⁸⁴² *ADB* 11, pp. 674-5. BSc Edin 1888 BSc *aeg* Adel 1903 DSc Adel 1904. The *bête noir* of the SA profession for more than forty years. Father of Dr. Vivian Ramsay Smith *RAN* MBChB Edin 1913, who after graduation went to Paris and later became a naval surgeon. Also see *Advertiser* 29/9/1937 p. 24. SLSA has extensive resources relating to him.

⁸⁴³ Known to have been at Laura after registration. Obituary *SA Register* 24/8/1899 p. 5.

⁸⁴⁴ Born at Salters Springs, he practised at Peterborough for about ten years before his death at North Adelaide, aged 42. He is buried at Alma (near Owen.)

⁸⁴⁵ Resident medical officer Adelaide Hospital 1902. Went to Natal, South Africa.

⁸⁴⁶ Name also appears as von Tommer. The University of Jena is southwest of Leipzig. There are few known SA references to von Sommer, however he was a geologist who arrived in the state from Victoria and left for WA in 1847 where he worked until 1851 investigating coal deposits. In 1846 he is recorded as superintendent of the Burra mine where operations had commenced in 1845. In *AMPI*.

58	SOTSLOWSKY Anton ⁸⁴⁷ [1818-1862]	2 July 1850 MD Vienna 1847
461	SOUTER Charles Henry Joseph ⁸⁴⁸ [1864-1944]	6 August 1891 MD ChM Edin 1887
485	SOUTER John Clement JP ⁸⁴⁹ [c1834-1909]	2 June 1892 ChM Aberdeen 1863 MD Aberdeen 1869

⁸⁴⁷ *SA Govt. Gazette* 12.2.1931 shows Sotolowsky and other sources Sokolowsky. He practised at Clare in the 1850s and also farmed. He was accidentally killed on his horse when knocked off the saddle by a tree branch. He was ship's surgeon on the *Alfred* in 1848 and accompanied the Jesuit priests who were to establish Sevenhill. In *AMPI*.

⁸⁴⁸ *ADB* 12 pp. 20-21. Son of Dr. J.C., brother of Dr. J.F., and father of Dr. R.J.DeNeufville Souter MBBS Adel 1923 [d.1969.] A poet and literary figure of some importance in his day, who wrote under the pseudonym "Dr. Nil." He practised at Bingera (where he worked with his father) and Hillston NSW (where his first wife died of septicaemia in 1889.) Father and son then went to Orange before coming to SA. In 1889 he was appointed as a Magistrate in NSW. He was at Balaklava (1891) before moving to Adelaide. See Paul Depasquale, *A Critical History of South Australian Literature 1836-1930*, pp. 231-7. Although the SA medical register shows his qualifications as Edinburgh, they were from Aberdeen. For a time he lived and practised from what is now the Queen Adelaide Club, on North Terrace which he took over from the late Thomas Cawley in 1906. He appears to have left there in 1922 and went to the country to live. As well as his poetry he was a creative carver of mallee roots, wrote songs and composed. His poetry is unique in that it is quite enjoyable, easily understood, does not attract – or need - academic literary criticism or analysis to discern meanings that although not there, are still found by the fake *cognoscenti*, and they do not offend with bad taste or vulgarity. SLSA holds his papers and B 6340 is an image. Obituary *Advertiser* 24/8/1944 p. 4.

⁸⁴⁹ Father of Drs. C.H.J. and J.F. Souter. At Coonabarabran, Gulgong, Murrumburrah, Emmaville, Bingera (where he was in practice with C.H.J.) and Orange NSW, then Maitland (1892,) Cowell (1903) and Summertown SA. FCS Lond. He was a talented artist and collector of books, china and coins.

541	SOUTER John Francis ⁸⁵⁰ [c1867-1916]	5 September 1895 MBChM Aberdeen
977	SOUTHWOOD Albert Ray ED ⁸⁵¹ [1895-1973]	10 August 1916 MBBS Adel 1916 MD Adel 1920 MS Adel 1925 MRCP Lond 1934
145	SPICER Frederick ⁸⁵² [1820-1905]	1 April 1862 MRCS Eng 1842 LSA Lond 1843
584	SPRING William Ambrose ⁸⁵³	2 December 1898 MB Melb 1896
208	SPROD John ⁸⁵⁴ [1850-1921]	1 July 1874 MRCS Eng 1873

⁸⁵⁰ Son of Dr. J.C. and brother of Dr. C.H.J. Souter and uncle of Dr. R.J.DeN. Souter. Practised at Lake Cargelligo, Guyra and Glen Innes NSW before coming to SA, where he practised at Maitland and then Uraidla/Summertown. Known as Francis Souter. In 1915 he accompanied a troop transport to Cairo where he became ill: he returned to SA and died of tetanus a few months later. His son also served in WWI. See *SA Register* 28/2/1916, pp. 510, 512.

⁸⁵¹ Son of J.A. Southwood MP: served AAMC WWI and had a subsequent distinguished military and public service career. Succeeded Ramsay Smith in 1931 as chairman of the central board of health. He was also part-time director-general of public health and involved in important campaigns in the community interest and which brought great benefits. He was an outstanding medical administrator who managed the state hospital system with a small staff in the days before the uncontrolled proliferation of bureaucracy made actual health matters irrelevant in the context of ensuring their self-perpetuation. Obituary, *Advertiser* 5/1/1973 p. 6. SLSA has numerous references to him. Father of Dr. R.T. Southwood MBBS Adel 1955.

⁸⁵² Appointed asst. colonial surgeon 1862, resigned 1864 to enter private practice at Kensington: moved to King William St. near the Supreme Court in 1866. Appointed to the Adelaide Hospital board in 1870. He returned to the UK in 1875. Obituary *Observer* 13/5/1905 p. 34. In *AMPI*.

⁸⁵³ ChB Melb 1898: he was only briefly in SA before going to Traralgon Vic. and then Ballarat.

⁸⁵⁴ Father of Dr. Milo Sprod; practised in the Sturt area and then Kensington. Obituary in *SA Register* 24/1/1921 p. 188 and see also *Observer* 29/1/1921 p. 34 and *Ib.* 5/2/1921 p. 26. In *AMPI*.

774	SPROD Milo Weeks ⁸⁵⁵ [1882-1934]	14 January 1909 MBBS Adel 1908
816	SPROD Lica	See DELPRAT, L.
87	STEDMAN Horton ⁸⁵⁶	5 April 1853 LWCA Lond 1840
629	STEEL William Hart ⁸⁵⁷	12 December 1901 MBChB Glas 1898
792	STEELE David MacDonald <i>MC and Bar</i> ⁸⁵⁸ [1886-1964]	13 January 1910 MBBS Adel 1909
941	STEELE Kenneth Nugent ⁸⁵⁹ [1889-1956]	17 December 1915 MBBS Adel 1914
380	STEVEN Alexander ⁸⁶⁰ [1844-1937]	3 March 1886 MBChM Edin 1866 MRCS Eng 1868 MD Edin 1869
498	STEVEN Edward Miller ⁸⁶¹ [1869-1924]	2 March 1893 MBChB Edin 1891

⁸⁵⁵ Son of Dr. John Sprod, husband of Dr. Lica Sprod (nee Delprat.) Practised at Mannum and then Moseley St. Glenelg where in 1925 he became officer of health. In 1909 he went to Europe for two years. See *Advertiser* 1/1/1935 p. 4.

⁸⁵⁶ Practised at Yankalilla/Normanville and was also at Clare with C.H. Webb [q.v.] In *AMPI*.

⁸⁵⁷ His name is sometimes recorded as Steele. Practised at Preston, Vic.

⁸⁵⁸ Brother of Dr. K.N. Steele: Served AAMC WWI; practised at Burra for many years. The Military Cross and Bar is a rare gallantry award combination. After service at the Adelaide Childrens Hospital he went to the Brisbane Hospital. He was at Port Lincoln in 1925. Obituary *Advertiser* 28/2/1964 p. 5.

⁸⁵⁹ Brother of Dr. David Steele; served AAMC WWI; practised in Moseley St. Glenelg. Sometime North Adelaide footballer and state cricketer. Portrait *Who's Who* 1936 p. 117.

⁸⁶⁰ Worked in London and Bristol hospitals before coming to Australia in 1885. He practised at Bordertown and then Lillimur Vic. before going to Collingwood. He was city medical officer (Melbourne) for the AMP society 1887-1923. He retired and lived on for many years in South Yarra.

⁸⁶¹ His middle name is sometimes written as Millar. He was born at Montrose, Scotland and came to SA on the *Torrens* in 1893. He was at Clarendon, Mt Lofty, Booleroo Centre (1897-1906), Tumby Bay (where he established the hospital), Millicent (?1908), Streaky Bay (1912) and later Broken Hill, where he became involved in controversy over pulmonary occupational diseases. In 1920 he issued a writ for libel against the *Barrier Truth*. In 1909 on his return from a tour of America and Europe he compiled a report for the S.A. Government on the medical inspection of school children and prepared a book for publication. His wife was a midwife. See *SA Register* 3/2/1902 p. 365 and *Ib.* 15/1/1924 p. 160 (obituary.)

348	STEVENSON James Robert <i>JP</i> ⁸⁶² [c1862-1945]	5 December 1883 MBChM Edin 1882
439	STEWART Hugh George ⁸⁶³	3 July 1890 MBChM Glas 1889 MD Glas 1909
438	STEWART James Allen ⁸⁶⁴	3 July 1890 MBChM Glas 1888
893	STEWART John ⁸⁶⁵ [1875-1922]	12 June 1913 LRCP&S Edin LFP&S Glas 1901
901	STEWART John ⁸⁶⁶ [1879-1945]	13 November 1913 MBChB Glas 1907
308	STEWART Robert ⁸⁶⁷ [1860-1900]	1 February 1882 MBChB Melb 1881 MD Melb 1886 MD <i>aege</i> Adel 1886

⁸⁶² Father of Dr. R.J. Stevenson (MBChM Syd 1923, who died in 1926.) He came to SA from the Kimberley Hospital, South Africa and after registration worked at Morphett Vale, Noarlunga, Uraidla, Port Augusta and Orroroo (where in 1892 he was married.) In 1893 he commenced practice at Peterborough, remaining there until 1908. He left Peterborough for Kangaroo Island and stayed there until 1913 when he moved to Cummins. He remained there for the rest of his professional life, dying at Tumby Bay. Some records suggest that he was registered in NSW in 1888, and that around 1900 he may have gone briefly to Footscray Vic. Obituaries in *Observer* 12/4/1945 p. 2 and *Advertiser* 18/4/1945 p. 5.

⁸⁶³ He was at Snowtown in the 1890s: he left SA and on his return in 1908 was re-registered. He went to Pinnaroo and was the first doctor in that place.

⁸⁶⁴ It is tempting to believe that H.G and J.A. Stewart were brothers. J.A. was also at Snowtown in the 1890s; he returned to England and lived at Brighton.

⁸⁶⁵ At Georgetown for a year and then Adelaide, where he died. Obituary *SA Register* 28/8/1922 p. 564.

⁸⁶⁶ Practised at Gladstone where he succeeded W.M. Sinclair. He is reported as being MA and BSc.

⁸⁶⁷ Resident medical officer Melbourne Hospital and then established a practice in Holden St. Hindmarsh. He married a daughter of Allan McFarlane of Lake Alexandrina. Buried Hindmarsh cemetery and obituary in *Observer* 13/10/1900 p. 15. His death was from suicide by narcotics and the sad details are in *SA Register* 9/10/1900 p. 7.

242	STEWART Robert Walter <i>JP</i> ⁸⁶⁸ [d. 1921]	15 January 1877 LRCP Edin 1873 MRCS Eng 1874
143	STIASNEY Oscar Joachim ⁸⁶⁹ [c1816-1863]	2 July 1861 MD Giessen 1859
301	STIRLING Edward Charles <i>Kt CMG</i> ⁸⁷⁰ [1848-1919]	7 September 1881 MRCS Eng 1872 MB Cantab 1873 FRCS Eng 1874 MD Cantab 1880 MD <i>aeg</i> Adel 1882
284	STOCK William Henry ⁸⁷¹	7 July 1880 LFP&S Glas 1867 LK&QCP Irel 1868
856	STODDART Harold William Downing ⁸⁷²	14 December 1911

⁸⁶⁸ Worked at St. Bartholomews Hospital London and the Royal Albert Hospital Devonport and came to SA in 1876 as surgeon superintendent of the *Duntrune*. He went to Port Pirie in 1877 and remained there until 1908, when he went to Sydney or England – depending on which source is to be believed. He was medical superintendent of the Port Pirie Hospital for sixteen years. Married a daughter of A.F. Lindsay *MHA*, a Buffalo pioneer. In 1914 it appears he returned to Port Augusta as medical officer to the Commonwealth Railways at the commencement of construction of the East-West railway. However it is possible that there may have been another, unregistered, R. Stewart in the north around this time. In 1892 he sued a Port Pirie chemist for writing a defamatory letter to Dr. A.F. Smith of Redhill requesting him to take over Stewart's practice at Port Pirie which was alleged to be failing because of his intemperate habits. An obituary is in *SA Register* 12/11/1921 p. 108.

⁸⁶⁹ He came first to SA in 1849 from Hamburg and when unregistered was practising from 1854 at Salisbury (and Gawler,) and owned a house at 18 Commercial Rd. Salisbury from which he sold medicine. In 1856 he was involved in adverse controversy over the death of a patient and this appears to be the reason for his formal medical studies in Germany. He returned to Australia in 1861, staying in Adelaide only long enough to register before going to Victoria. However, Stiasney claimed always to be a qualified doctor, though admitting that he was not registered. There are variant spellings of his name. In *AMPI*.

⁸⁷⁰ *ADB* 6, p. 200. BA Cantab 1869 MA Cantab 1872 MA *aeg* Adel 1877 DSc Cantab 1909 DSc *aeg* Adel 1909. In January 1884 he performed the first South Australian operation for abdominal hysterectomy. Between 1881 and 1895 he lived at 96-100 LeFevre Tce. North Adelaide

⁸⁷¹ He came to SA from Clifton Hill, Victoria (registered there in 1869) and practised at Penola. Later returned to North Fitzroy.

	[1887-1969]	MBBS Adel 1911
685	STOKES Alfred Francis ⁸⁷³ [1881-1943]	12 January 1905 MBBS Adel 1904
186	STONE Robert Holden ⁸⁷⁴ [c1808-?1879]	21 October 1869 LSA Lond 1833
393	STOW Charles Lethbridge ⁸⁷⁵	6 April 1887 MRCS Eng 1882 LRCP Edin 1883
947	STRACHAN James Charles Power ⁸⁷⁶	11 February 1915 MBBS Adel 1914
442	STRANGMAN Cecil Lucius ⁸⁷⁷ [1867-1942]	7 August 1890 LRCP LRCS LM Edin 1889 LFP&S Glas 1889
673	STUCKEY Edward Joseph OBE ⁸⁷⁸	14 January 1904

⁸⁷² Practised at Wallaroo, Waikerie and then Glenelg for many years, where, in his old age, he was the despair of pharmacists (and general practitioners, including the author) because he would only prescribe small quantities of drugs. As a young man he had played football for Norwood. In 1935 he became medical officer of health for Glenelg in succession to Milo Sprod. In 1945 he became involved in an unpleasant Supreme Court dispute over a patient's will that had been made out in his favour. Obituary, *Advertiser* 9/10/1969 p. 6. He was much into horse racing.

⁸⁷³ Practised at Glenelg: served AAMC WWI. President BMA (SA Branch) 1936-37. Was at Great Ormond St. London in 1907/8. Father of Dr. J.L. Stokes MBBS Adel 1941. Portrait in *Who's Who* 1936 p. 118.

⁸⁷⁴ Migrated to Melbourne from Kent in 1861 and was at Williamstown and Melbourne until coming to SA in 1869. Practised at Kadina, Salisbury (until 1875) and Yankalilla before returning to Gisbourne Vic. In *AMPI*.

⁸⁷⁵ At Darwin in 1887: the following year he was appointed assistant Health Officer and in 1889 he returned to England. He has escaped the attention of the *Northern Territory Dictionary of Biography*.

⁸⁷⁶ After service AAMC WWI he went to Creswick Vic.

⁸⁷⁷ Irish born, he was at Port Lincoln, Carrieton, Orroroo (1893, where he married,) and Darwin (1906-13) where he fell out with Dr. Gilruth. He served AAMC WWI. He was travelling on the SS *Matunga* which was captured by the German raider *Wolf* in 1917 and all crew and passengers taken as prisoners of war to Kiel. Later practised at Glenelg and Mt. Lofty. *Northern Territory Dictionary of Biography*, vol. 1, pp. 279-281. He was registered in Victoria in 1890. Note that in some official documents his first name appears as Charles. He was immensely popular in the Territory. SLSA B 26285/214 is an image. He had a Diploma in Tropical Medicine.

	[b1875]	MBBS Adel 1903
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⁸⁷⁸ BSc Adel 1895: London Missionary Society after graduation and went to China with his wife where they stayed 33 years: served AAMC WWI then returned to that country. Appointed principal of Union Medical College, Peking (founded 1917.) He retired to Melbourne.

675	SUCKLING Frank Martin ⁸⁷⁹ [1878-1932]	11 February 1904 MBChM Syd 1903
698	SUTHERLAND Bertram Milne <i>OBE</i> ⁸⁸⁰ [1877-1951]	14 September 1903 MBChB Melb 1903
964	SWEENEY James Gladstone ⁸⁸¹ [1884-1977]	14 October 1915 MBBS Adel 1915
500	SWEETAPPLE Herbert Algar ⁸⁸² [1861-1921]	6 April 1893 MBBS Durham 1888 LRCP Lond 1889 MD Durham 1890
406	SWIFT Harry ⁸⁸³ [1858-1937]	7 March 1888 MRCS Eng 1882 MB Cantab 1887 MD Cantab 1887 MD <i>agg</i> Adel 1888
416	SWINDELLS John Adam ⁸⁸⁴ [d.1892]	8 September 1888 MRCS Eng 1879
990	SYMONS Eric Lindsay ⁸⁸⁵ [1893-1971]	9 July 1917 MBBS Adel 1917

⁸⁷⁹ After registration practised at Riverton with R.M. Glynn. Later went to Neutral Bay, Sydney, where he died. He was a medical officer on the staff of the NSW director-general of public health and held a Graduate Diploma in Public Health from Sydney University.

⁸⁸⁰ Son of a GP at Dunolly, Vic., served AAMC WWI: FRACS 1928. He had a long association with the Royal Women's Hospital, Melbourne. President BMA Victoria Branch 1932.

⁸⁸¹ Served AAMC WWI, then practised at Orroroo and later Croydon for many years. Father of Dr. John Sweeney (MBBS Adel 1951,) Dr. Robert Sweeney (MBBS Adel 1953,) and Dr. Donald Sweeney (MBBS Adel 1963.) Grandfather of Dr. David Sweeney (MBBS Adel 1980.)

⁸⁸² Practised Goodwood/Parkside: married granddaughter of T.S. O'Halloran, from whom he separated in 1904. Military service WWI. Obituary *SA Register* 12/12/1921 p. 382.

⁸⁸³ Well known Adelaide clinician and teacher: father of Dr. B.H. Swift MBChB Cantab 1916 [1893-1969.] Dean Faculty of Medicine 1924-26: President BMA (SA Branch) 1898-99. He was the founder of the Medical Defence Association of SA. Was at Clarendon after his arrival in SA and later with Dr. C.E. Todd. Sometime medical supt. Childrens Hospital. Obituary *Advertiser* 1/10/1937 p. 31. He and Ramsay Smith were cremated on consecutive days. His MD was on diphtheritic polyneuritis.

⁸⁸⁴ From Cheshire, worked at Tanunda as a locum and later went to Glenlyon Vic.

⁸⁸⁵ Served AAMC WWI and then went to Port Augusta for some years and later moved to Adelaide. See *Commemorating the Centenary of the Port Augusta Hospital, 1875-1975* pp. 11-12.

350	SYMONS Marc Johnston ⁸⁸⁶ [c1854-1927]	5 March 1884 MCh Edin 1875 MD Edin 1878 MD <i>aeg</i> Adel 1885
367	TAAFFE John Ferdinand Hugo ⁸⁸⁷	6 May 1885 LSA Lond 1883
915	TAIT Robert Horsburgh ⁸⁸⁸	12 March 1914 MBChB Edin 1912
136	TALLIS George ⁸⁸⁹ [c1804-1868]	28 February 1859 LWCA Dublin 1839 MRCS Irel 1854
954	TANKO Cecil ⁸⁹⁰ [d. 1942]	9 September 1915 MB Syd 1915

⁸⁸⁶ He was formerly senior house surgeon at the Royal London Ophthalmic Hospital and he started in practice at Port Adelaide with J.T. Toll. He later took over the practice of Dr. Charles Gosse. Dean Faculty of Medicine 1891, 1905-08; member Medical Board, 1888-90. Honorary ophthalmic surgeon Adelaide Hospital 1885-1909 (as well as the Childrens Hospital 1896-1910) and first lecturer in ophthalmology 1886. President BMA (SA Branch) 1891-92. It appears his correct primary qualifications are MBChM Edin 1875. In 1901 at 206-7 North Terrace E.J. Woods built the unusual Gothic building, later part of John Martins, as his residence and professional rooms: the structure survives. Obituaries *SA Register* 28/2/1927 p. 11 and *Observer* 5/3/1927 p. 44. His first name is also seen as Mark. There were no children from his marriage.

⁸⁸⁷ Came to SA from Victoria, where he had been registered in 1884, and was at Balaklava until he suffered serious injuries when thrown from his horse. He returned to Victoria and practised at Rochester and Armadale.

⁸⁸⁸ He was briefly at Denial Bay.

⁸⁸⁹ *SA Govt. Gazette* 12.2.1931 shows his name as Pallis. He was surgeon-superintendent to immigrant ships 1854-56 and then practised at Portland Vic. from 1857. He then went to Penola, leaving there in 1860 for Adelaide and later Kapunda. In 1862 he was house surgeon at the Adelaide Hospital and in 1865 was appointed resident medical officer to the Lunatic Asylum and assistant colonial surgeon. In 1868 he was gazetted as sub-protector of aborigines in the South-east but soon returned to Kapunda, where he died aged 64: he did not marry. Obituary *Observer* 26/12/1868 p. 4. In *AMPI*.

⁸⁹⁰ After service in the AAMC WWI he went to Loxton and spent his professional life there. His name is on the foundation stone of the Alawoona Hall.

646	TARLETON John Willington ⁸⁹¹	14 August 1902 MB Syd 1902
108	TARRANT Richard H ⁸⁹²	3 January 1855 LAH Dublin 1847
883	TASSIE Leslie Gemmel <i>DSO</i> ⁸⁹³ [1890 -]	19 December 1912 MBBS Adel 1912
35	TAYLOR Thomas ⁸⁹⁴	18 April 1848 MRCS Eng 1841
714	TELFORD Robert Whitford ⁸⁹⁵	10 May 1906 MBChM Edin Edin 1895 LRCP&S Edin 1895 LFP&S Glas [nd]
826	TENANT John Cook ⁸⁹⁶	9 February 1911 MBChM Edin 1910
437	TERNAN Percival John Whitfield ⁸⁹⁷	3 July 1890

⁸⁹¹ *SA Govt. Gazette* 12.2.1931 shows his name as Tarlton: some records also give his middle name as Wellington. He went to Ultima Vic., and then Stanley Tas.

⁸⁹² He was registered by the NSW medical board in 1846 and worked as an apothecary in George St. Sydney. It is not known where he practised in SA but by 1872 he had returned to Sydney and is recorded at Kiama in 1876. Some records give the date of his qualification as 1837. There is no SA record of his middle name but it was Hayes. He had two nephews, Harman and William, who became medical practitioners. In *AMPI*.

⁸⁹³ Served AAMC WWI: afterwards practised at Port Pirie, where he had been before the war, and he became medical superintendent of the hospital until his retirement in 1955. He won his DSO for coolness and bravery under fire when evacuating wounded.

⁸⁹⁴ Mayor of Kensington and Norwood 1861, 1863. He returned to England and lived to a very old age. He can be confused with another Thomas Taylor, unregistered in SA, but who practised at Goolwa in the 1860s. See *Fifty Years History of the Town of Kensington and Norwood*, p. 40. SLSA B 10849 is an image. In *AMPI*.

⁸⁹⁵ He practised at Port Lincoln in association with Dr. Edward Kinmont, and in November 1906 returned to England.

⁸⁹⁶ Nothing is known of his work in SA before he returned to England.

⁸⁹⁷ Some records show his name as Ternau. He was appointed medical officer Burrundie hospital and assistant health officer NT in 1889: the hospital closed in 1890 and he went to Picton NSW and then Box Hill Vic. He is a further example of medical practitioners whose time in and contribution to the NT has escaped biographical interest.

		LM & LK&QCP Irel LRCS Irel 1886
861	THOMAS Edward Brooke ⁸⁹⁸ [1887-1949]	14 December 1911 MBBS Adel 1911

⁸⁹⁸ Childrens Hospital then to Broken Hill 1912. Served AAMC WWI and then practised at Eudunda.

222	THOMAS John Davies ⁸⁹⁹ [1845-1893]	6 October 1875 LSA Lond 1866 MRCS Eng 1867 LRCP Lond 1869 MB Lond 1869 FRCS Eng 1870 MD Lond 1871 MD <i>aeg</i> Adel 1877
92	THOMAS Morgan ⁹⁰⁰ [1824-1903]	5 July 1852 MRCS Eng 1847 LSA Lond 1847
835	THOMAS R Haydon ⁹⁰¹	11 May 1911 MD Nashville Tennessee 1906

⁸⁹⁹ Held positions at the Brompton and University College Hospitals, London before emigrating to Australia. He was in Clunes, Victoria for a few months before coming to SA as senior house surgeon Adelaide Hospital in 1877; first lecturer in medicine and therapeutics UofA 1887-1891 and a noted consultant. He was a freemason. A promising life was cut short by syphilis and he effectively retired in 1890: a medical school prize bears his name. His widow survived him forty one years. He is buried at North Road. Obituary *SA Register* 31/1/1893 p.p. 4 – 6, *Observer* 4/2/1893 p. 33. SLSA has his publications and various related papers (including PRG 1357) and B 9387/89 is an image. He was a noted contributor to the knowledge and management of hydatid disease. Son in law of Walter Duffield, miller, pastoralist and politician. In *AMPI*.

⁹⁰⁰ He was assistant colonial surgeon at Robe, before coming to Adelaide. Donor of the great bequest to the Art Gallery of SA. Married, there were no children. He lived at 142 Wakefield St. Adelaide. SLSA has extensive references and B 6190 and B 45280 are images. Morgan Thomas Lane commemorates him and in 1947 the beneficiaries belatedly erected a monument in the North Rd. Cemetery: see also *AMPI*. Obituary *Express* 12/3/1903 p. 4.

⁹⁰¹ It is possible that the SAR employed him; not even the medical board recorded his first name. He became involved in the promotion of a secret remedy “The Neal Cure”, and the medical board was stirred to investigate his qualifications. He quickly left the state and the matter was not followed up. On the evidence available, he seems to have been a quack. However he might have been engaged by the government for the treatment of inebriates: see *SA Register* 6/5/1911 p. 68.

306	THOMPSON Charles Emilius <i>JP</i> ⁹⁰² [1858-1894]	4 January 1882 LSA Lond 1879 MRCS Eng 1880
23	THOMSON Alan M ⁹⁰³	7 July 1846 MD Glas 1826
828	THORNTON Francis Ruthven <i>MC and Bar</i> ⁹⁰⁴	9 March 1911 MRCS Eng LRCP Lond 1909 MBChB Cantab 1910
551	THYNE James Andrew ⁹⁰⁵ [c1865-1904]	6 August 1896 MBChM Edin 1889 MRCS Eng LRCP Lond 1892
74	TIDMARSH Richard ⁹⁰⁶ [c1805-1869]	1 July 1851 [No qualifications recorded]
473	TIECHELMANN Ebenezer ⁹⁰⁷ [1859-1938]	7 January 1892 LK&QCP Irel 1887 MRCS Eng 1888 FRCS Eng 1891

⁹⁰² He came to SA from the Middlesex Hospital and commenced practice at Hindmarsh before taking over the practice of Dr. F.W. Bailey of Norwood, on his decease. He was at Salisbury and was medical officer to the Yatala Prison for six years and in 1888 he went to Broken Hill. There he had a heavy fall from his buggy and returned to Adelaide on the Broken Hill Express: he died at the Adelaide railway station as the train pulled in. His brother was Dr. Ashburton Thompson, chief medical inspector of the NSW Board of Health. Obituary *Observer* 8/9/1894 p. 14.

⁹⁰³ It is noted in the *SA Govt. Gazette* and *SA Register* that he had been registered on 5/1/1847 by the medical board. Known to have been at the Burra Burra mine that year.

⁹⁰⁴ He was at Gawler and returned to England, but remained on the SA medical register until 1973. Served RAMC WWI.

⁹⁰⁵ He practised at Millicent, where he died when making a home visit and was greatly lamented. A wing of the hospital carries his name as a memorial. Dr. F.E. Cook of Laura replaced him.

⁹⁰⁶ There is no medical board minute regarding his registration, and no qualifications are recorded but he was MD Glasgow 1839. He left SA in 1861 and returned to England: he died at Greenwich aged 64. In *AMPI*.

⁹⁰⁷ Born near Callington and educated at Hahndorf College, he worked in Birmingham before returning to SA in 1892 where he practised at Port Adelaide and held the appointment as assistant health officer. See *SA Register* 2/12/1891 p. 429. He went to NZ and died at Hokitika. See Bob McKerrow: *Ebenezer Tiechermann: pioneer mountaineer, explorer, surgeon, photographer and conservationist: cutting across continents*. New Delhi, 2005. The Kingston government had tried unsuccessfully to lure him to the Adelaide Hospital.

918	TIPPING Frank ⁹⁰⁸	9 April 1914 MB Melb 1907 ChM Melb 1908
725	TOBIN James Richard ⁹⁰⁹ [d.1949]	11 October 1906 LM& LRCP LRCS Irel 1906
339	TODD Charles Edward ⁹¹⁰ [1858-1917]	1 May 1883 MRCS Eng LRCP Lond 1882 MD Brux 1883
764	TODD Robert Stanley Enever	14 May 1908 MBChB Edin 1904

⁹⁰⁸ He was at Hergott Springs as medical officer on the Great Northern Line, Normanton and Chillagoe Qu. Then went to West Ryde NSW.

⁹⁰⁹ At Kapunda, then Gawler until about 1928, when he moved to North Adelaide before going to London. He returned to Gawler and there he died in 1949.

⁹¹⁰ Son of Sir Charles Todd *FRS*, postmaster-general of SA, whose immortality is ensured by his construction of the Overland Telegraph, and brother in law of Sir W.H. Bragg. Sometime clinical assistant, Victoria Hospital for Children. Dr. Todd was secretary of the SA medical board. In 1910: he resigned in disgust when the Verran Labor government forced on it the registration of Herbert Basedow. President BMA (SA Branch) 1901-02. Appointed hony. Asst. Surgeon Adelaide Hospital 1902. Died holidaying at Mt. Buffalo, Vic. See *SA Register* 25/5/1917 p. 226. SLSA B 69996 & 22103/125 are images.

103	TODMAN James ⁹¹¹ [1827-1878]	4 July 1854 MD Edin 1852 MRCS Edin 1852 MD <i>aeg</i> Adel 1877
245	TOLL John Tressilian JP ⁹¹² [c1855-1900]	26 January 1877 MRCS Eng 1877 LRCP Edin 1877
121	TOMPSON John Northey ⁹¹³ [d. 1865]	7 July 1857 LSA Lond 1845 MRCS Eng 1846
79	TRACY Richard Thomas ⁹¹⁴ [1826-1874]	7 October 1851 MD Glas 1849
997	TRIADO Antonio Joseph James ⁹¹⁵	11 July 1918 MB Melb 1901 ChB Melb [nd]
120	TRIBE Henry Richard Gawen ⁹¹⁶ [1810-1878]	7 July 1857 LWCA Lond 1835

⁹¹¹ Arrived Port Adelaide as surgeon superintendent of the *Hyderabad* in 1854. He was at Port Adelaide, Magill and then Port Elliot/Goolwa 1865-69. He then returned to Port Adelaide in 1869 because of the ill health of his wife and later went to Moonta, where he died of heart disease. The *SA Govt. Gazette* 12.2.1931 shows his name as Padman, an error sometimes repeated in newspapers. See *Fifty years of the Port Adelaide Institute, Incorporated, with supplementary catalogue* p. 79. Obituary *SA Register* 30/11/1878 p. 13. In *AMPI*.

⁹¹² Born London, he came to SA at an early age. After qualifying in medicine he did further study in Paris and worked in Birmingham and Scotland. He then came back to SA as surgeon superintendent of an immigrant vessel and established himself at Port Adelaide in partnership with Dr. Robert Gething. On the latter's death in 1883 Toll became Health Officer for Port Adelaide. Married Florence Margaret, daughter of the pastoralist/politician W.R. Mortlock. He went to the South African War and saw much front line service before he was infected with typhoid and had to be invalided back to Australia. He died on board the *Australasian* and was buried at sea with full military honours. Obituary *Observer* 30 June 1900 p. 31 and *BMJ* 8/9/1900 p. 700. There is a portrait in *Quiz* 28/6/1900 p. 12 and SLSA B 6526.

⁹¹³ He went to Victoria in 1859 and died there at Blackwood. In *AMPI*.

⁹¹⁴ *ADB* 6 pp.297-8. There is a particularly interesting article on his life in *SA Register* 16/11/1874 p. 539. In *AMPI* and *Pearn*.

⁹¹⁵ After graduation was at Melbourne, Hobart and then WA. He was at Snowtown after his registration.

⁹¹⁶ Came to Australia from Plymouth and was registered in NSW 1841 and practised in Sydney. He was at Port Adelaide in the 1860s and later went to Aldinga. There he died at his residence 'Gawenhurst.' His son Henry St Clair Tripe died aged 11 at North Adelaide in 1880. In *AMPI*.

786	TRUDINGER Ronald ⁹¹⁷	13 January 1910 MBBS Adel 1909
715	TULLOH William Edward ⁹¹⁸	10 May 1906 MD Melb 1906
948	TURNER Charles Trevor <i>MC</i> ⁹¹⁹	11 February 1915 MBBS Adel 1914
542	TYNAN Edward Joseph ⁹²⁰	11 November 1895 L&LM RCSI Irel 1894 L&LMRCP Irel 1894
658	ULBRICH Waldemar Harold ⁹²¹ [1873-1904]	14 May 1903 BS Melb 1901
375	VAUGHAN Alfred Pardue ⁹²²	2 September 1885 MB Melb 1884
627	VERCO Clement Armour ⁹²³ [1876-1956]	18 July 1901 MBChM Syd 1901 MBChM <i>aeg</i> Adel 1902

⁹¹⁷ BSc Adel 1905. He was a medical missionary in the Sudan for forty years before returning to SA. See *Advertiser* 20/2/1932 p. 14. He translated the New Testament into one of the Sudanese dialects.

⁹¹⁸ The MD is incorrect; his primary degree was the MB Melb. He returned to Melbourne and practised at Murrumbena.

⁹¹⁹ He served with distinction in the Great War and on his return was medical superintendent of the Adelaide Hospital 1919-26 and held honorary surgical appointments to 1933 when he moved to Mt. Gambier. During WWII he returned to the Repatriation General Hospital to assist with the surgical load. He retired to Victoria. Uncle of Dr. Trevor Turner.

⁹²⁰ Was at Gawler after registration and later went to Coolgardie WA.

⁹²¹ Melbourne University records show his name as Ulbrick and the primary degree the MB. Died in London of appendicitis.

⁹²² Melbourne University records show his middle name as Purdue. In 1885 he took up duties as first house surgeon to the Adelaide Childrens Hospital and in 1888 he went to Box Hill Vic.

⁹²³ Nephew of Sir Joseph Verco; he was forced by the hospital 'row' to complete his studies at Sydney. Practised at Stanmore NSW.

261	VERCO Joseph Cooke <i>Kt JP</i> ⁹²⁴ [1851-1933]	29 May 1878 MRCS Eng 1874 MB Lond 1875 LRCP Lond 1875 MD Lond 1876 FRCS Eng 1877 MD <i>aeg</i> Adel 1877
910	VERCO Joseph Stanley ⁹²⁵ [1889-1971]	18 December 1913 MBBS Adel 1913
756	VERCO Reginald John ⁹²⁶ [1885-1950]	16 January 1908 MBBS Adel 1907
623	VERCO Sydney Manton ⁹²⁷ [1877-1931]	11 April 1901 MB Syd 1900 ChM Syd 1901 MB <i>aeg</i> Adel 1901

⁹²⁴ *ADB* 12 pp. 318-9. Some official records incorrectly record his middle name as Crabb. In 1883 he built the former Kermodie St. Church of Christ Chapel, rented it to the church during his lifetime and gave it to them on his death. He first consulted at 2 Molesworth St. North Adelaide in June 1878. A benefactor of Minda, he laid the foundation stone of that home in 1913. See also *Personalities Remembered*, Literary MS SLSA. SLSA has numerous other resources including images.

⁹²⁵ Nephew of Sir Joseph Verco: served AAMC WWI. Practised as a radiologist and X-ray therapist at the Adelaide and Adelaide Childrens Hospitals. In 1922 succeeded C.H.J. Souter as hony. physician to the Royal Institution for the Blind. Father of Dr. PW Verco MBBS Adel 1942. Obituary, *Advertiser* 28/7/1971 p. 8.

⁹²⁶ Nephew of Sir Joseph Verco; practised at Woodside after graduation. Served AAMC WWI. FRACS 1932. Brother of Dr. Sydney Manton Verco. President BMA (SA Branch) 1940-43. Father of Dr. Geoffrey Verco MBBS Adel 1937. An obituary is in the *Advertiser* 7/6/1950 p. 2.

⁹²⁷ Nephew of Sir Joseph Verco and brother of Dr. Reginald John Verco. Another victim of the hospital 'row' who had to complete his studies in NSW. After graduation was RMO Adelaide Hospital and then worked with his notable uncle. Assistant bacteriologist Adelaide Hospital 1903-04 and later practised at Woodside, Mannum and Yankalilla. He married a great granddaughter of Dr. C.G. Everard. *Burgess* v.2 p. 814 has a photo of him and his Woodside house.

455	VERCO William Alfred ⁹²⁸ [1867-1942]	5 March 1891 MBChB Adel 1890
148	VOGT Antonius ⁹²⁹	1 July 1862 MD Freiburg 1861
117	WALKER John ⁹³⁰ [1812-1868]	31 December 1855 MD Glas 1833
932	WALKER William James Alexander ⁹³¹	17 December 1914 MBChB Glas 1897
490	WALKER William John ⁹³² [1868-1903]	12 January 1893 MBChB Edin 1891
942	WALL Frederick Lawrence MC ⁹³³	17 December 1914

⁹²⁸ Nephew of Sir Joseph Verco, brother of Dr. Joseph Stanley Verco, and father of Dr. R.L. Verco. He and Dr. A.M. Morgan were the only two of the second lot of Adelaide medical graduates. Honorary gynaecologist Adelaide Hospital 1920-28; foundation FRACS. President BMA (SA Branch) 1909. He took over much of his uncle's practice and became wealthy because of his competence and hard work. He bought the North Terrace residence of Dr. Allan Campbell and in 1912 demolished it and constructed *Verco Building*, then Adelaide's tallest structure. This undertaking hastened the change of North Terrace from a predominantly residential to a commercial precinct. W.A. Verco also owned the land on which the Liberal Club stands.

⁹²⁹ He commenced practice at Mintaro in 1864 and was still in the district ten years later.

⁹³⁰ After obtaining his degree he practised in Ayrshire, Scotland and then Honduras, where he became a member of the governing council. He then came to SA and settled at Mt. Barker and later Strathalbyn, where he remained until 1861 when he was appointed protector of aborigines. He died in the York Hotel, Adelaide and is buried at Strathalbyn. He was married three times, his wives predeceased him and all his children died very young. His third wife was the daughter of Dr. John Rankine's brother, William. Obituary S.A. Register 13/10/1868 p. 6, *Observer* 3/10/1868 p. 7 and see *Loyau* p. 270. In *AMPI*.

⁹³¹ *SA Govt. Gazette* 12.2.1931 shows his third initial as K. He may have been one of the Denial Bay doctors who found the Farmers Medical Board unbearable.

⁹³² Practised at Port Pirie and was president of the Institute. *SA Register* 7/1/1893 p. 45 has details of his early life and career and see also *Ib.* 30/3/1903 p. 222. BA Adel 1885. SLSA has a collection of testimonials, call no. 920W.

⁹³³ Husband of Dr. A.W. Wall; practised at Norwood. Served AAMC WWI: *Croix de Guerre*. Annie Winifred Wall *née* Clarke was born at Gulnare and graduated MBBS Adel in 1922 after an exceptional academic career. He was president AMA (SA Branch) 1947. Also served WWII.

	[b.1892]	MBBS Adel 1914
888	WALL Harold Eustace McMahon ⁹³⁴	13 March 1913 MRCS Eng LRCP Lond 1908
484	WALLACE Richard ⁹³⁵	7 April 1892 LRCP Edin 1864 LFP&S Glas 1864
1006	WALLMAN Douglas Robson ⁹³⁶ [1896-1969]	12 December 1918 MBBS Adel 1918
168	WALLS Albert William ⁹³⁷ [c1845-1889]	29 October 1866 MRCS Eng 1865
364	WALPOLE George Albert ⁹³⁸	7 January 1885 LRCS Irel 1882 LM Dublin 1883 LK&QCP Irel 1883

⁹³⁴ Was at Hergott Springs in 1914 as railway medical officer in succession to John Ottley. Served RAMC WWI. Married 1916, divorced 1929. He was removed from the Victorian register in 1923 for failing to notify a change of address.

⁹³⁵ Came from Prahan Vic. to Millicent in 1892. In 1893 he left for St. Kilda Vic., and by January 1894 was in Sydney. He also claimed the MD California. He had served in the British Army and had been on the staff of the Melbourne Homœopathic Hospital. In about 1898 he became associated with the unscrupulous quack Howard Freeman and his Electro-Medical and Surgical Institute, Sydney. Wallace, who styled himself as homœopathic physician, was deregistered in NSW in 1904 (he was then in Elizabeth St.) and he later went to New Lambton. See Edward Ford, *Bibliography of Australian Medicine 1790-1900*, p. 86 for references to Wallace's disgusting activities.

⁹³⁶ RMO Royal Prince Alfred Hospital, Sydney and later at Naracoorte. Moved to Hindmarsh around 1930. Hony. anaesthetist Adelaide Childrens Hospital. Father of Dr. J.D.R. Wallman MBBS Adel 1950. Obituary, *Advertiser* 17/6/1969 p. 20.

⁹³⁷ At Auburn after registration and then took over Hugh Ferguson's practice at Strathalbyn. Later he was at Waterloo (east of Manoora), Saddleworth, Riverton (where he took over W.T. Hayward's practice.) Hamley Bridge and Mannum. He was working there at the time of death in Adelaide at the age of 44. In *AMPI*.

⁹³⁸ Migrated from England 1883 as surgeon-superintendent of the *Pathan*. Practised at Albany WA 1884, Rosedale Vic. 1886 and Tibooburra NSW 1891. In about 1886 was hony. surgeon SA Institute for the Blind, Deaf and Dumb. Later went to Queenstown and Devonport Tas. and then East Malvern Vic. FRCS Irel 1907 FRACS 1933.

249	WARD Austin George ⁹³⁹	20 July 1877 MRCS Eng 1875
63	WARK David ⁹⁴⁰ [1807-1862]	1 October 1850 MD Aberdeen 1841
448	WARREN Sydney ⁹⁴¹ [1855-1891]	8 January 1891 LSA Lond 1885
720	WATERS Frederick William	21 July 1906 MRCS Eng LRCP Lond 1895
841	WATKINS Arthur Moorhouse ⁹⁴²	13 July 1911 MBBS Melb 1911
537	WATSON Alexander Hugene Henry ⁹⁴³	4 April 1895 LRCS LRCP LM Edin 1881 LFP&S Glas 1881
711	WATSON Archibald ⁹⁴⁴ [1849-1940]	12 April 1906 LSA Lond 1880

⁹³⁹ He worked at the West London Hospital and after migrating, was briefly at Two Wells and Yankalilla, before being appointed junior house surgeon Adelaide Hospital in 1877. He remained there until 1882.

⁹⁴⁰ Better remembered as a politician/pastoralist than a doctor. He came to Australia from Aberdeen in 1841 and was registered in NSW that year, going to Encounter Bay some months later. He went to Magill in about 1846 and it was there that he died, aged. 55. He was a member of the East Torrens district council and MP Murray 1857-72. Did not register his L or MFPS Glasgow. SLSA has some material on him and see *Observer* 8/3/1862 p. 7. In *AMPI*.

⁹⁴¹ Emigrated from Nottingham and went to Bordertown and then Elliston, where he died unexpectedly. There was disquiet that an inquest was not held as he had been in excellent health.

⁹⁴² Served AAMC WWI, then practised at Roseville NSW.

⁹⁴³ At Redhill after registration, succeeding A.F. Smith. He then went to Port Broughton and Port Germein.

⁹⁴⁴ Held also the MD Paris 1880 & Gottingen 1878; MD *aeg* Adel 1885; MRCS Eng 1882; FRCS Eng 1884. First Professor of Anatomy UofA 1885-1919. Served South African and First World Wars. Remembered as a very good teacher and wonderful eccentric, but his defects of character were brought out during the hospital 'row'. He did not register until twenty one years after he had taken up his Adelaide appointment. See Jennifer M.T. Carter: *Painting the Islands Vermillion: Archibald Watson and the brig Carl*, MUP 1999, for an account of his blackbirding and kidnapping activities. *ADB* 12 pp. 394-5. SLSA has extensive references. In *Pearn*.

166	WATSON John Benton ⁹⁴⁵ [c1825-1869]	25 September 1866 LAH Dub 1847 MRCS Irel 1850
201	WAY Edward Willis ⁹⁴⁶ [1846-1901]	3 July 1873 LRCP Lond MRCS Eng 1870 MB Edin 1871 MB <i>aeg</i> Adel 1877
39	WEBB Charles Houlton <i>JP</i> ⁹⁴⁷ [1818-1870]	2 January 1849 LWCA Lond 1845
184	WEBB John Holden ⁹⁴⁸ [1843-1908]	9 September 1869 MRCS Eng LRCP Lond 1866
992	WEBB John Newton ⁹⁴⁹	9 July 1917 MBBS Adel 1917
624	WEBSTER Edgar Ernest ⁹⁵⁰	11 April 1901

⁹⁴⁵ He died at Moonta "...because of intemperate habits," aged 44. After acquiring his qualifications he was in Natal, South Africa before migrating to NSW. In *AMPI*.

⁹⁴⁶ Brother of Sir Samuel Way, Chief Justice and brother-in-law of Drs. A.J and W.M. Campbell. Dean of the Faculty 1894; first UofA lecturer in obstetrics and diseases of women. President BMA (SA Branch) 1892-93. Sometime member Council, UofA, and City Health Officer for Adelaide. Associated with the Adelaide, Adelaide Childrens, St. Margarets hospitals, and the Home for Incurables. He was also medical officer to the Dry Creek Prison in 1873 in succession to John Fisher. Funeral details are in *SA Register* 30/9/1901 p. 785 and *Ib.* 1/10/1901 p. 795. SLSA has resources including images and there is an obituary in *BMJ* 23/11/1901 pp 1547-48. In *AMPI*.

⁹⁴⁷ Born in London, arrived SA per *Hooghly* 1848 and went to Burra. He moved to Castlemaine Vic. then returned to SA and after a brief time in Adelaide practised at Clare (he was the first doctor there) from 1849 until his death "...from general decay of the whole system." He was chairman of the district council 1869-70. See *Observer* 21/11/1857 p. 4 and *Ib.* 11/6/1870 p. 9. In 1861 he was charged that having accepted a place of profit in the gift of the district council, namely surgeon to the poor of the district, he afterwards acted as a councillor: he was fined £10. He also owned the *Clare Inn* and *Commercial Hotel*. In *AMPI*.

⁹⁴⁸ He went to Melbourne in 1869 and established himself as hony. surgeon Melbourne Hospital 1883-1908. He had worked at St. Marys Hospital, London, and had been assistant surgeon, British Army. He pioneered management of medulloblastoma, although his work waited a century before recognition. In *AMPI*.

⁹⁴⁹ Served AAMC WWI: DPH Lond 1920; went to Brighton, Vic.

⁹⁵⁰ Practised in Melbourne.

51	WEHL Edward <i>JP</i> (Johann Dietrich Eduard) ⁹⁵¹ [c1823-1876]	2 October 1849 MD Hanover 1848
762	WEIDENBACH Arnold Edwin	See ARNOLD, E.
	WEIN-SMITH	See SMITH
842	WEIR Laura ⁹⁵²	13 July 1911 MB Melb 1906 ChB Melb 1907
305	WELCHMAN John Arthur Cromwell ⁹⁵³ [1857-1915]	7 December 1881 MB Melb 1880 ChB Melb [nd]
633	WELD Elizabeth Eleanor ⁹⁵⁴ [1873-1969]	9 January 1902 MB Melb 1901 MB <i>aeg</i> Adel 1901

⁹⁵¹ Of him it has been said that it would be impossible to write the history of the Mt. Gambier district without it being his biography. Brother-in-law of Baron Ferdinand von Mueller. Born Celle, Hanover, he came to SA in 1849 per *George Washington* and settled at and remained at, Mt. Gambier except for a period when he went to the Victorian gold diggings in the 1850s. He died aged 53 of incorrectly diagnosed hydatid disease and is buried at Millicent without any memorial. He was the first chairman of the district council of Mt. Gambier (1863.) SLSA has recourses including images. The Wehls also were plant collectors who contributed specimens to the Museum of Natural History, Victoria. His death recorded *SA Register* 14/2/1876 p. 5 and 26/2/1876 p. 14. See also *Border Watch* 12/2/1876 p. 14. In *AMPI* and *Pearn*.

⁹⁵² Practised for a time at Muttaborra, Qu. And Ceduna. She later went to Melbourne as MO Tuberculosis Bureau, Dept. Public Health. She was the daughter of Professor William Graham Weir.

⁹⁵³ The registers show the incorrect year of graduation and post-nominals. He was born at Yackandandah and came from the Bendigo Hospital to Glenelg in 1882 to enter into partnership with Dr. Hugh Ferguson. Held appointment as hony. surgeon Deaf, Dumb and Blind Asylum. He left Glenelg for Clarendon in 1884. He later returned to Victoria and died at Shepparton. He was MBChB Melb 1879.

⁹⁵⁴ Daughter of Dr. Octavius Weld: her clinical studies were disrupted by the hospital 'row' and she completed her degree in Melbourne. RMO Adelaide Hospital 1902. In 1906 she married an accountant, Arthur Fletcher. Regrettably she has been overlooked by the torchbearers of feminine social history. Worse, *SA Govt. Gazette* 12.2.1931 lists her as E.E. Wild. NLA has biographical cuttings relating to her and SLSA B25677/28 is an image.

140	WELD Octavius JP ⁹⁵⁵ [c1833-1901]	8 January 1861 MD New York 1860
652	WELLS Clement Victor ⁹⁵⁶ [1877-1948]	8 January 1903 MBBS Adel 1902 LRCP Edin 1904
884	WELLS John Clarence ⁹⁵⁷ [d.1918]	19 December 1912 MBBS Adel 1912

⁹⁵⁵ Born at Kent, England, son of Rev. J. Weld MA: he held the BA Toronto 1856 and was BA *aeg* Adel 1877. He had gone to America in 1852. Came to SA in 1860 as surgeon-superintendent if the *Irene*, and that same year he took over the Nairne practice of Dr. Richard Coulthurst when he returned to England. In about 1873 he moved to Mt. Barker and practised there (and at Echunga from about 1883) until his death. The *Mt. Barker Courier* of 1.11.1901 contains a comprehensive obituary of this interesting, talented and popular man. He is buried at Blakiston and a substantial belfry in the churchyard was erected to the memory of him and his wife. Father of Dr. E.E. Weld. His correct given name is probably Octavus. He has a rose named after him. In *AMPI*.

⁹⁵⁶ He practised at Laura (where he took over from F.E. Cook,) Yorketown, Tea Tree Gully and Jamestown before being appointed medical superintendent Adelaide Hospital 1906-09. Served AAMC WWI (his brother was Dr. J.C. Wells, killed in action in France.) He established himself as an Adelaide dermatologist. For a time his professional rooms were in the surviving house at 261-2 North Terrace, east of Freemasons Hall. He was West Torrens Council medical officer of health for ten years, had racing interests and held many company directorships. See *Advertiser* 2/11/1948 p. 3 and portrait in *Who's Who* 1936 p. 120.

⁹⁵⁷ Died in France on active service AAMC WWI: brother of C.V. Wells. He had gone to Gawler as locum in 1914. His tragedy is that he survived Gallipoli, Egypt and France, to be killed in the final stages of the war.

291	WEST Edward deLancy ⁹⁵⁸	2 February 1881 MC & MB Irel 1880
773	WEST Gordon Roy ⁹⁵⁹ [1885-1958]	14 January 1909 MBBS Adel 1908
62	WESTON James ⁹⁶⁰ [d. 1870]	1 October 1850 LSA Lond [nd]
147	WHEELER Henry ⁹⁶¹ [1833-1909]	1 July 1862 MRCS Eng 1860 LRCP Lond 1861

⁹⁵⁸ Nothing is known about him; the qualifications are as listed in the medical register and are probably incorrect.

⁹⁵⁹ BSc Adel 1904: practised at Kaniva Vic. after graduation and was medical superintendent Adelaide Hospital 1915-19. He then entered general practice at Prospect and was Medical officer of health for the Prospect and Enfield councils. Sometime hony. anaesthetist and lecturer in anaesthetics UofA. Father of Drs. Leonard and Robert West. On the death of E.C. Stirling in 1919 he was appointed to replace him until a permanent appointment was made. Obituary, *Advertiser* 19/9/1958 p. 3 and portrait in *Who's Who* 1936 p. 122.

⁹⁶⁰ Arrived South Australia as surgeon on the *Platina* in 1839 and established the "Adelaide General Dispensary," and gave chemistry lectures for the Adelaide Literary & Scientific Association. He married in 1841 and went to Tasmania the following year, remaining there until 1849, when he returned to Adelaide: he and his wife separated. He briefly practised in the city. He joined the Victorian Gold Rush and practised in that state at Forest Creek, St. Kilda (where he was declared insolvent in 1854,) and Broadmeadows (where he was declared insolvent in 1858.) He died at Balranald, Vic. There remains some doubt that Weston held the LSA or any other legally recognisable medical qualification. SLSA B 11268 is a portrait. In *AMPI*.

⁹⁶¹ He came to SA after a term as RMO London Homœopathic Hospital and consulted at E.S. Wigg's, 12 Rundle St., and was in partnership with Dr. Allan Campbell. Being tainted with the homœopathic heresy the medical board were less than enthusiastic about his registration. He returned to London (date unknown, but probably in the early 1870s) and then came back to Australia and was registered in Victoria in 1889, disappearing off the register in 1894 when he returned to the UK and his wife died in London that year. He died at Norwich. His eldest son Charles graduated in medicine from London University in 1893. In *AMPI*.

218	WHITE James Benjamin Kelly ⁹⁶² [1849-1904]	15 May 1875 LSA Lond 1872
636	WHITE Margaret Isabel ⁹⁶³ [1871-1903]	13 March 1902 MBChM Sydney 1902
132	WHITTELL Horatio Thomas JP ⁹⁶⁴ [1826-1899]	5 July 1859 MRCS Eng 1848 MD Aberdeen 1858 MD <i>aeg</i> Adel 1877
522	WHYTE George Thomas ⁹⁶⁵ [d.1919]	5 July 1894 LRCS & LM Irel LRCP Irel 1892

⁹⁶² Born Limehouse, London, he came to SA as ship's surgeon on the *Durham*. He was registered in Victoria in 1876 and was at Casterton. He returned to SA and is known to have been at Kingston SE, Laura, Blinman (1879), Kanyaka, Wonoka Government Gums (Farina) 1882 and Melrose. Other records suggest he also practised at Sedan, Morgan, Kangaroo Island (1884 and/or 1886) and Renmark (1889) where it has been claimed that he was the first doctor. He does not seem to have been able to settle down and in 1879 he came into conflict with colonial surgeon Paterson who refused to recommend his appointment to the Blinman Hospital. A claimed MRCSE was not registered in SA. In some records his name appears as Kelly-White. In *AMPI*.

⁹⁶³ Appointed RMO Adelaide Childrens Hospital 1902. She died of typhoid the year after her graduation. She was related to the author Patrick White. Known as 'Daisy', she was educated in France and the NLA has published the diary she kept as a schoolgirl.

⁹⁶⁴ A fine consultant, teacher and advocate of the public health. He was in practice with William Gosse and had established himself on North Terrace by 1865. Appointed to the Adelaide Hospital board in 1870; president Central Board of Health 1883-1899 and first Dean of the Faculty of Medicine, 1885-86. City Coroner 1888-1899. He was appointed registrar-general of births, deaths and marriages in 1886 (the government sacked the incumbent J.F. Cleland, father of W.L. [q.v.]) *SA Govt. Gazette* 12.2.1931 shows his name incorrectly as Whittle. See *SA Register* 28/1/1899 p 197 for details of his bacteriology studies. His successor as coroner and chairman of the central board of health was W. Ramsay Smith. SLSA has extensive resources (including obituaries) and images. Obituary *Observer* 26/8/1899 p. 16. In *AMPI*.

⁹⁶⁵ He was registered in WA in 1894 and was at Gawler in about 1896. He later went to Coolgardie. Served in the South African War and RAMC WWI. Held the DPH and FRCS Irel. Died at Castlevale, Rushbrooke.

943	WIBBERLEY Brian William <i>MC</i> ⁹⁶⁶ [1891-1973]	17 December 1914 MBBS Adel 1914
297	WIGG Alfred Edgar ⁹⁶⁷ [1857-1914]	1 June 1881 LSA Lond 1880 MRCS Eng LRCP Lond 1880 LRCP Edin 1880
357	WIGG Henry Higham ⁹⁶⁸ [1858-1950]	6 August 1884 MRCS Eng LRCP Lond 1883 MD Brux 1884 FRCS Edin 1903
752	WILBE Ernest Edward ⁹⁶⁹	13 November 1907 LSA Lond 1907
830	WILCOX Ernest	13 April 1911 MRCS Eng 1882 MD ChM Edin 1883
151	WILD John Edward ⁹⁷⁰	6 January 1863 LSA Lond 1861

⁹⁶⁶ BSc Adel 1911: served RAMC WWI and distinguished himself on the Somme battlefield. He spent his professional life at Tumby Bay. Father of Dr. David Wibberley MBBS Adel 1956. He is an illustrious example of the best type of country GP. He served also in WWII. *District Council of Tumby Bay Community News* March 2009 has an article with image.

⁹⁶⁷ Son of E.S.Wigg the stationer and brother of Dr. H.H. Wigg. After registration he was for a while at Naracoorte. In 1882 he was elected honorary medical officer, Adelaide Childrens Hospital. He was also associated with the Adelaide Homœopathic Dispensary. See *SA Register* 10/5/1881 p. 407 re a claimed MD London. An obituary is in *SA Register* 4/5/1914 pp. 41 and 54 and SLSA B 25678/27 is an image. See also *BMJ* 9/5/1914 p. 1050.

⁹⁶⁸ Son of E.S.Wigg the stationer and brother of Dr. A.E. Wigg. He remained in practice for sixty six years. In 1891 he married the youngest daughter of the pastoralist George Melrose, who on her death in 1932 left him a fortune. Brother in law of the widow of Dr. Hugh Ferguson. Father of Dr. N.M. Wigg MBBS Adel 1925 and grandfather of Dr. D.R. Wigg MBBS Adel 1960. See *Advertiser* 24/4/1950 p. 2.

⁹⁶⁹ He practised at Streaky Bay then Injune Qu. and Manangatang Vic.

⁹⁷⁰ It has not been possible to find out anything about him. In *AMPI*.

724	WILKINSON Arthur Norris ⁹⁷¹ [1871-1930]	11 October 1906 MRCS Eng LRCP Lond 1895
923	WILKINSON Jeffrey Wilmott ⁹⁷²	9 July 1914 MBBS Melb 1914
919	WILLCOX Frank Mayes JP ⁹⁷³ [1873-1946]	9 April 1914 MBChM Edin 1896 MD Edin 1913
944	WILLIAMS Arthur Evan ⁹⁷⁴	17 December 1914 MBBS Adel 1914

⁹⁷¹ After graduation he went to China as ship's surgeon and settled there. He had charge of a Chinese hospital and was American vice-consul. He left China on account of his health and went to Tasmania for a while before moving to Port Pirie. He then went to Victoria and practised at Inglewood for fifteen years and Yea for four, prior to his death. He was also a registered dentist.

⁹⁷² After army service in WWI he went to Albury NSW and then Victoria.

⁹⁷³ MD *aeg* Adel 1919, DPH RCPS Edin 1902. His father was the Hon. Charles Willcox MLC. His MD was for a thesis on the internal secretions of the female generative organs. He practised in Edinburgh and returned to SA in 1913. He served AAMC WWI and then practised in Adelaide until his retirement. Name often incorrectly seen as Wilcox. Portrait *Who's Who* 1936 p. 124.

⁹⁷⁴ After graduation he was briefly at Victor Harbour. He served AAMC WWI then practised at Kooringa and Gawler. He then went to WA but returned to SA years later.

417	WILLIAMS Frederick ⁹⁷⁵ [c1819-1897]	5 September 1888 LSA Lond 1840 MRCS Eng 1841
611	WILSON Charles Ernest Cameron JP ⁹⁷⁶ [1875-1951]	7 June 1900 MB Melb 1899 MB <i>aeg</i> Adel 1900
570	WILSON Gerald Barry ⁹⁷⁷ [b.1860]	6 January 1898 LRCP&S Edin 1882
746	WILSON Hugh Campbell ⁹⁷⁸	12 September 1906 MB Melb 1906
174	WILSON John Scott ⁹⁷⁹ [1834-1893]	14 January 1868 MD Glas 1863

⁹⁷⁵ He was registered in SA forty eight years after he qualified. He practised at Blinman until about 1890 when he went to NSW for twelve months. He then returned to Blinman, where he died aged 78. Some records incorrectly show the date of death as 1899.

⁹⁷⁶ He was the grandson of the second mayor of Adelaide, Thomas Wilson. He passed his third year exams at Adelaide and because of the hospital 'row' had to complete his studies at Melbourne. Practised at Kapunda, then Wallaroo/Kadina (where he had been mayor) and came to Adelaide in 1927. He was medical officer to the Childrens Welfare and Public Relief, and Gaols and Prisons Departments. President BMA (SA Branch) 1930. A keen sportsman and ornithologist, he married a daughter of William Strawbridge, surveyor-general. See *SA Register* 3/11/1927 p. 44 for some notes on his career and *Advertiser* 21/12/1951 p. 3 for obituary. Portrait *Who's Who* 1936 p. 125 and SLSA has numerous resources.

⁹⁷⁷ He practised at Port Germein after registration. He had been on the staff of the district lunacy asylum, Cork.

⁹⁷⁸ After service AAMC WWI he practised at Foster Vic.

⁹⁷⁹ Former house surgeon Glasgow Lock Hospital. Initially he practised at Mt Barker, then Callington and Penola. He returned to Mt. Barker in 1871 and left for Kadina in 1872. He later returned to Penola and then went to Wentworth NSW before coming to Port Adelaide. He was house surgeon, Adelaide Hospital, 1875-82 and was then appointed Northern Territory colonial surgeon at Darwin. He left there for Wilcannia on the Darling River. He made a fortune from the silver boom, sold up and did not practice after about 1887 but devoted his time to travelling the world. He died in the Grosvenor Hotel, Sydney. He also claimed the ChM Glas 1875. He is sometimes confused with another Dr. J.S. Wilson who practised in Victoria and NSW. He is not recorded in the *Northern Territory Dictionary of Biography*. See *SA Register* 1/12/1893 p. 421 and *Observer* 2/12/1893 p. 26. In *AMPI*.

1009	WILSON Laurence Algernon ⁹⁸⁰	12 December 1918 MBBS Adel 1918 FRCS Edin1922 FRACS 1931
345	WILSON Thomas ⁹⁸¹	7 November 1883 LSA Lond 1882 MRCS Eng 1883
631	WILSON Thomas George <i>Kt CMG</i> ⁹⁸² [1876-1958]	MBCChM Syd 1899 MD Syd 1904 MD <i>aeq</i> Adel 1904 FRCS Edin 1901
854	WILTON Alexander Cockburn ⁹⁸³ [b.1888]	14 December 1911 MBBS Adel 1911
582	WOOD Ellen Maude ⁹⁸⁴	7 July 1898 LRCP&S Edin LFP&S Glas 1897
870	WOOD Francis Aldersley ⁹⁸⁵	13 June 1912 MBBS Melb 1904

⁹⁸⁰ Hony. surgeon, Adelaide Childrens Hospital and lecturer, surgical diseases of children. Father of Dr.

L.L. Wilson.

⁹⁸¹ Came to SA from Wagin, WA, and later went to Queensland.

⁹⁸² *ADB* 16 pp 567-568. FACS 1924 FRACS 1929 (Foundation Fellow) FCOG Lond 1929 (Foundation Fellow.) Outstanding leader and teacher in obstetrics and gynaecology whose memorial is a travelling scholarship in obstetrics. President BMA (SA Branch) 1922. Served AAMC WWI. Father of Dr. C.G. Wilson. See the *Advertiser* 1/1/1942 p. 7 and *Ib.*, 17/3/1958 p. 3 (obituary.) Portrait in *Who's Who* 1936 p. 126.

⁹⁸³ Born at Port Fairy, Vic. Initially at Booleroo Centre and Redhill, then served AAMC WWI. Afterwards practised at Clarendon.

⁹⁸⁴ With Harriet Biffin took over the position of Edward Kinmont at the Adelaide Hospital, however they were paid half Kinmont's salary. She was practising at Elizabeth St. Sydney by 1900.

⁹⁸⁵ Practised at Leongatha, Vic and Booleroo Centre (1912.)

344	WOOD Percy Moore ⁹⁸⁶	7 November 1883 MRCS Eng 1878 LRCP Lond 1879
5	WOODFORDE John JP ⁹⁸⁷ [c1810-1866]	28 December 1844 LWCA Lond 1832 MRCS Eng 1833
398	WOODS George ⁹⁸⁸ [b c1863]	6 July 1887 LM&LK&QCP Irel 1886 LRCS Irel 1886
598	WOODSIDE Robert Neville ⁹⁸⁹	7 September 1899 BM Melb 1896 ChB Melb 1897

⁹⁸⁶ House surgeon and obstetrician Guys Hospital London, and later worked in the service of the P&O Steam Navigation Company. He came to SA and in 1885 was appointed government surgeon at the Northern Territory Yam Creek gold field. That place was on the Overland Telegraph near Grove Hill railway station. Later he became medical officer and protector of aborigines Northern Territory in succession to R.J. Morice. Wood resigned in 1889 after an argument with the government resident and went to London to get married, and returned to Melbourne. He then went to NSW and settled at Strathfield. He is another unfortunate omission from the Northern Territory biographical records. His

father was C.W. Wood *QC*. He was another who could not resist collecting aboriginal skulls for “science.”

⁹⁸⁷ Surgeon to the Survey Dept. and accompanied Col. Light in the *Rapid*. He had been apprenticed to his father (John Woodforde MRCS 1804) and after qualifying had travelled in the Middle East. He was a prominent early colonist, environmentalist, member of the first natural history society of SA and coroner. His daughter married a son of T.S. O’Halloran. For a time he lived at *Belmont*, 71-75 Brougham Place. He attended Col. Light in his last illness. Gazetted *JP* in 1851. Died of heart disease. The solicitor Rupert Ingleby succeeded him as coroner. SLSA has relevant resources including images. Obituary *SA Register* 12/4/1866 p. 2. In *AMPI*.

⁹⁸⁸ Practised at Clarendon for some twenty years before he left for England in 1907. He may have returned to Millicent, vide *SA Register* 23/8/1910 p. 559 – an argument over remuneration for attending the destitute.

⁹⁸⁹ *SA Govt. Gazette* 12.2.1931 shows incorrect initials. In 1899 he was house surgeon, Adelaide Hospital and in 1900 he was at St. Vincents Hospital, Sydney.

83	WOOLDRIDGE Henry ⁹⁹⁰ [1812-1902]	6 April 1852 MRCS Eng 1834 LSA Lond 1835
456	WRIGHT Francis George ⁹⁹¹ [d. 1897]	5 March 1891 LRCS LRCP & LM Edin 1878
424	WRIGHT Robert L ⁹⁹² [d. 1891]	1 May 1889 LRCS Irel 1882 L&LMid K&QCP Irel 1883
262	WRIGLEY Frederick Hamilton JP ⁹⁹³	29 May 1878 LAH Dublin 1876 LRCP Edin 1877

⁹⁹⁰ A native of Winchester he came to SA on the *Simlah* in 1850 and the *Hydaspes* in 1851. He practised at North Adelaide for nine years. He was registered in Victoria in 1863 and was at South Yarra 1863 – 1890. He returned to SA and died at Glenelg. Some records show his name as Woolridge. He was married three times. Obituary *Observer* 19/7/1902 p. 31. In *AMPI*.

⁹⁹¹ Commenced practice at Snowtown in 1890 and the following year set up at Redhill. He went to Bordertown in 1892 and moved to WA in 1894 (West Kimberly, Derby.) E.L. Erson bought his practice. Subsequently he went to NSW and died at Berrigan.

⁹⁹² He was medical superintendent of the Pt. Nepean Vic. Quarantine station and then went to Maryborough Qu. and in 1886 left for Wellington NZ. He went to NSW in 1887 and to Peterborough SA in 1889. There he established a “medical club” and managed it under highly suspect circumstances, finally absconding with the funds – probably the first Australian example of medical benefit fraud. He then went to NSW and practised at Dungog and Goodooga until he moved to Franklin Tas. in 1891. He died of typhoid in the Hobart General Hospital a few months later. He seems to have been a peripatetic scoundrel. His middle name is not known – indeed, he may well not have had one, and it appears that the “L” was inadvertently excised from his Licentiate post-nominals and accidentally attached to his name.

⁹⁹³ He came to Australia from the Coombe Lying-in Hospital, Dublin, and had been SA emigration surgeon. He was at Balranald NSW and then Balaklava and later Port Wakefield He left there in 1881 for Glen Innes NSW and later become district surgeon, Sydney Hospital. He was also recorded as at Maitland NSW. He was appointed coroner for NSW generally and thereafter his address was Glebe.

971	WUNDERLY Harry Wyatt <i>KZ</i> ⁹⁹⁴ [1892-1971]	11 May 1916 MBBS Melb 1915 MRCP Lond 1925 MD Melb 1927
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⁹⁹⁴ *ADB* 16 pp. 592-593. Born Camberwell Vic., he came to SA and took over a practice at Mt. Barker. He joined the Adelaide Hospital as assistant pathologist and then became senior assistant physician to the tuberculosis service. In 1938-39 he investigated the incidence of pulmonary TB in young men, using for the first time in Australia 35mm photo-fluorography of the lungs. He became one of the world's leading figures in the fight against TB and was director of the tuberculosis division of the commonwealth health department 1947-57. Obituary, *Advertiser* 16/4/1971 p. 5.

2	WYATT William JP ⁹⁹⁵ [1805-1886]	28 December 1844 LWCA Lond 1827 MRCS Eng 1828
60	WYLDE Robert Tracy JP ⁹⁹⁶ [1820-1903]	2 July 1850 MRCS Eng 1843
963	WYLLIE Hugh Alexander MC ⁹⁹⁷ [b1893]	14 October 1915 MBBS Adel 1915
59	YATES William Augustus ⁹⁹⁸	2 July 1850

⁹⁹⁵ *ADB* 2, pp. 626-7. He had been hony. surgeon to the Plymouth Dispensary and came to SA in 1837 as surgeon superintendent of the *John Renwick*. He held many positions in the colony, including protector of aborigines, inspector of schools, honorary colonial naturalist, visiting magistrate, acting coroner, member of the Adelaide Hospital board, member and sometime secretary of the medical board. He bequeathed the whole of his substantial estate (the value of property alone was £100,000) to found the Wyatt Benevolent Institution. In 1841, with the patronage of Governor Grey, he established the South Australian Book Club. See *SA Register* 12/6/1886, 14/6/1886, 15/6/1886, 6/7/1886. SLSA holds extensive references including images. His only son, a talented artist, was murdered in 1872: three days after the inquest the murderer hanged himself. In *AMPI*.

⁹⁹⁶ After qualifying he practised in London and came to SA in 1850 as surgeon superintendent of the *Trafalgar*. He went back to England and passed his FRCS but did not pay the fees and returned to SA in 1860. He became a prominent practitioner with a particular interest in ophthalmology and entered into partnership with Melville Jay. He retired in 1891 and returned to England, but later came back to SA and lived at Semaphore, where he died. Sometime member of the Adelaide Hospital board and the medical board. He was a keen supporter of cremation and following a public lecture in 1890 “on the dangers of earth burial” the cremation society was formed (and the lecture was printed as a booklet.) He was one of the first cremated in the new Adelaide Crematorium which had opened in the year of his death. He also wrote in 1876 a book *On Annuals, Basket Plants and Climbers*. Wylde Rd., which runs from West Terrace to the vicinity of the old crematorium (demolished 1969) commemorates him (2004.) The first authorised cremation in Australia took place in Victoria on 11 December 1892. See *SA Register* 30/11/1903 p. 221 for cremation details and *Observer* 5/12/1903 pp. 25, 34. SLSA has resources. In *AMPI*.

⁹⁹⁷ Served AAMC WWI and remained in London as house surgeon Prince of Wales Hospital, Tottenham. He became a clinical psychologist but retired in the 1930s. In 1922 he received an hony. commission to investigate the treatment of TB.

	[c1815-1890]	MRCs Eng 1838 MD Edin 1839
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⁹⁹⁸ Born Calcutta, he came to SA in 1850 and lived with the Rev. George Stonehouse at Camden Park and practised in the Brighton/Glenelg area. He left for Bendigo in 1853 and at some stage returned to England because he was re-registered there in 1861. In that year he went to NZ and practised at Dunedin. In *AMPI*.

817	YEATMAN Charlton <i>OBE</i> ⁹⁹⁹ [d.1959]	12 January 1911 MBBS Adel 1910
314	YEATMAN John Walter ¹⁰⁰⁰ [1858-1942]	3 May 1882 MRCS Eng 1881 LSA Lond 1881
807	YOUNG Andrew Stephen ¹⁰⁰¹	14 July 1910 MBBS Melb 1907
471	YOUNG David Hastings ¹⁰⁰²	7 January 1892 MBChB Edin 1891 MB <i>aeg</i> Adel 1894
200	YOUNG William Talbot ¹⁰⁰³	3 July 1873 MRCS Eng 1851

⁹⁹⁹ Medical Superintendent Adelaide Hospital 1913-1915 before serving AAMC WWI. After the war he went to Port Pirie (1919-27) and then Mt. Gambier (1928-34) before settling at Malvern. Father of Dr. J.C. Yeatman and son of Dr. J.W. Yeatman. Obituary, *Advertiser* 6/2/1959 p. 3.

¹⁰⁰⁰ Born at Auburn SA, he went to England to obtain his qualifications. On his return he was at Koolunga 1882, Naracoorte 1886 (which year he was married and also registered in Victoria,) Saddleworth 1887 and then Auburn 1888. He remained there for many years until he went to Summertown and then retired to Seacliff. See *Advertiser* 20/7/1942 p. 7. Grandfather of Dr. Mark Sheppard MBBS Adel 1942. *Adelaide Church Guardian* Aug. 1942 p. 6 has an obituary.

¹⁰⁰¹ It appears that he never practised in SA, but died before taking over a practice at Yankalilla.

¹⁰⁰² He practised at Kooringa (1892) and then Snowtown, where in 1894 his wife died. He later moved to Perth.

¹⁰⁰³ Practised in Victoria 1866-73 and worked at Yankalilla and possibly Melrose after arriving in SA. He later practised at Strathalbyn (1886) and Myponga in 1891. He held, but did not register in SA the LSA Lond 1854. At the time of achieving his MRCS he was at Madras. In *AMPI*.

SOUTH AUSTRALIA.

LEGALLY QUALIFIED MEDICAL PRACTITIONERS.

Laid on the table of the Legislative Council, 11th October, 1864, and ordered to be printed.

AMENDED RETURN to a RESOLUTION of the LEGISLATIVE COUNCIL (9th August, 1864), for a LIST of the LEGALLY QUALIFIED MEDICAL MEN practising in the COLONY, with a DESCRIPTION of their QUALIFICATIONS, as exhibited to the Medical Board, and WHERE OBTAINED.

Names of Practitioners.	Qualifications and where obtained.
<i>Medical Board.</i>	
R. W. Moore (President)	Member of the College of Surgeons, England.
William Wyatt (Secretary)	Member of the College of Surgeons, England, and Licentiate of Apothecaries Hall.
H. Duncan	Licentiate of the College of Surgeons, Edinburgh, and Doctor of Medicine, Glasgow.
J. Woodhouse	Licentiate of Apothecaries Hall, and Member of the College of Surgeons, England.
George Mayo	Licentiate of Apothecaries Hall, and Fellow of the College of Surgeons, England.
	By exam.
William Gosse	Licentiate of Apothecaries Hall, and Member of the College of Surgeons, England.
J. Phillips	Ditto
C. J. F. Bayer	Doctor of Medicine, Erlangen, Bavaria.
Charles Davies	University of France.
Alex. Chas. Kelly	Member of the College of Surgeons, England.
Matthew Moorhouse	Ditto
Robert Montgomery	Member of the College of Surgeons, Edinburgh.
Thomas Y. Cotter	Licentiate of Apothecaries Hall, England.
Henry Chambers	Licentiate of Apothecaries Hall, and Member of the College of Surgeons, England.
Laurence Healy	Ditto
William Parr Hill	Member of the College of Surgeons, England.
George Lawson	Faculty of Medicine and Chirurgery, Glasgow.
Thomas Taylor	Member of the College of Surgeons, England.
Frederick E. Renner	Doctor of Medicine, Jena.
M. H. S. Blood	Member of the College of Surgeons, England.
Chas. H. Webb	Licentiate of Apothecaries Hall, England.
John Forster	Member of the College of Surgeons, England.
Daniel Baroh	Doctor of Medicine, Aberdeen.
Henry Scott	Member of the College of Surgeons, England.
R. G. Jay	Licentiate of Apothecaries Hall, England.
Edward Wahl	Doctor of Medicine, Jena.
W. H. Sholl	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
Octavius Hammond	Member of the College of Surgeons, England.
James F. Knipe	Ditto
R. T. Wyld	Ditto
Louis Joseph Maurau	Ditto
William Hull Lewis	Ditto
B. F. Frankie	Ditto
J. M. Gmason	Ditto
John Fisher	Ditto
Foster Steadman	Licentiate of Apothecaries Hall, England.
Morgan Thomas	Member of the College of Surgeons and Licentiate of Apothecaries Hall, England.
H. G. F. Esau	Doctor of Medicine, Gottingen.
J. S. Mackintosh	Doctor of Medicine, Edinburgh.
Henry Ayliffe	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
Richard F. Burton	Licentiate of Apothecaries Hall, England.
Frederick Forward	Ditto
Sinclair Blue	Doctor of Medicine, Glasgow.
George Nott	Member of the College of Surgeons, England.
J. M. Mustarde	Member of the College of Surgeons, Edinburgh.
Thomas H. Mayne	Member of the College of Surgeons, England.
W. H. Popham	Doctor of Medicine, Aberdeen, and Member of the College of Surgeons, England.
Edward Mortimer	Doctor of Medicine, Giessen.
James Todman	Doctor of Medicine, Edinburgh, and Member of the College of Surgeons, England.
Robert Gething	Doctor of Medicine, Edinburgh.
H. J. R. Lacroix	Doctor of Medicine, Hanover.
R. B. Penny	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
A. McIntyre	Licentiate of the Faculty of Physic and Surgery, Glasgow.
William Lane	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
Richard Smales	Member of the College of Surgeons, England.
J. S. Millner	Doctor of Medicine, Glasgow.
John Walker	Ditto

List

List of legally qualified Medical Men (continued)—

Name of Practitioner.	Qualifications and where obtained.
Henry Richd. Gawen Tripe	Licentiate of Apothecaries Hall, England.
Lloyd Herbert	Member of the College of Surgeons, England.
Carl Bosch	Doctor of Medicine, Nassau.
W. H. Motherall	Licentiate of Apothecaries Hall, England.
James Croft	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
John Meredith	Ditto ditto
W. B. Dickenson	Ditto ditto
H. T. Whittell	Member of the College of Surgeons, England, and Doctor of Medicine, Aberdeen.
E. H. Geyer	Doctor of Medicine, Berlin.
Samuel Myles	Member of the College of Surgeons, England.
George Tallis	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, Ireland.
Herman H. Brack	Doctor of Medicine, Magdeburg.
John J. Magee	Member of the College of Surgeons, Edinburgh.
Augustus E. Davies	Licentiate of Apothecaries Hall, England.
Octavius Weld	Doctor of Medicine, University of New York.
Robert Robertson	Licentiate of the Faculty of Medicine and Chirurgery, Glasgow.
Thomas Graham	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England.
John Morgan	Ditto ditto
Frederick Spicer	Ditto ditto
Thomas Baynton	Ditto ditto
Henry Wheeler	Member of the College of Surgeons, and Licentiate of the College of Physicians, London.
Charles Clark	Honorary Fellow of College of Surgeons, England, and Licentiate of the King and Queen's College of Physicians, Dublin.
Francis E. Goldsmith	Member of the College of Surgeons, and Licentiate of Apothecaries Hall, England; also, Licentiate of the College of Physicians, Edinburgh.
John Edward Weld	Licentiate of Apothecaries Hall, England.
William T. Clindining	Member of the College of Surgeons, Licentiate of Apothecaries Hall, and Licentiate in Midwifery of the Royal College of Surgeons, England.
Samuel K. Ellison	Member of the College of Surgeons, England.
Lambert Butler	Member of the College of Surgeons, Ireland.

Compared with the Register,

R. W. MOORE,

President of the Medical Board of South Australia.

Colonial Surgeon's Office, October 10, 1864.