

## THE ST VINCENT'S HOSPITAL CLINICAL SCHOOL

### A Personal Reflection

BY BRYAN EGAN MB BS 1949

**A**BOUT MIDDAY ON the first day of a new term in the mid-1940s, twenty or so students walked across from the University of Melbourne to St Vincent's Hospital. They were soberly excited because they had a boundary to cross. They were about to become clinical students in a hospital, on their first day in the then Division III of the course.

Smallest of the general teaching hospitals, St Vincent's had placed no obstacles in their way—it could not afford to turn away the qualified. In any case,

the greater number of the group had given little thought to any other choice. As Catholics they had more or less automatically enrolled at St Vincent's after passing third year examinations. Most knew little about the Hospital that had beckoned them in their pre-clinical years, but there were a number who, while not Catholics, had actively chosen St Vincent's because of family links or because they were attracted by its friendly and reputedly less student-crowded image. Probably none were aware that although the Hospital was only half a century old, the Clinical School was in its thirty-fifth year.<sup>1</sup>

The St Vincent's Clinical School was established mainly because the 'amiable despot' who ran the Hospital, Sister Mary Berchmans Daly (a Sister of Charity and a teacher, but not a nurse) and two young surgeons, Tom Dunhill and Hugh Devine, agreed it would be a good idea.<sup>2</sup> In 1905 St Vincent's had completed a new ward building that could house eighty-eight patients but, by imaginative use of space, the Hospital could fit in some 120 inpatients. That was a meagre company for a clinical school. Nevertheless, Mother Berchmans (as she was



SISTER MARY BERCHMANS DALY. Photo SVHA

known while rectress) applied for recognition to the Faculty of Medicine in 1907. The latter decided on 19 December 1907 that, 'in view of the small number of Medical beds available and the smallest provision for Pathological work and teaching...there is not sufficient material for instruction in Clinical Medicine'. The University, however, was anxious to have another clinical school (for reasons which will become clear) and the Faculty members offered to consider the St Vincent's application again on 24 February 1908.<sup>3</sup>



THOMAS DUNHILL. Photo SVHA

Mother Berchmans took the hint. She persuaded the medical staff to agree to changes in bed allocation and, moving faster than could any hospital with a management committee, had an amended application before the Faculty on 24 February, offering to reduce gynaecology beds in favour of medical beds and to build new pathology facilities.<sup>4</sup> The Faculty was won over a year later when it had seen the new pathology department plans and in April 1909 recommended recognition of the St Vincent's Clinical School, subject to conditions about the 'pathological department' and its

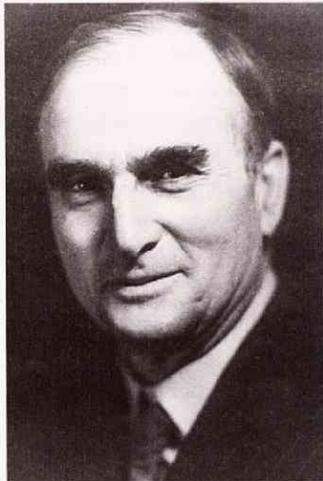
activities and, importantly, to conditions about the appointment of medical staff.<sup>5</sup> These provisions (involving University representation on an electoral college for medical appointments) were approved by both parties and the agreement was signed on 23 June 1909.<sup>6</sup>

For the University, the method of appointing medical staff was crucial. Until the St Vincent's agreement was signed the Medical Faculty could not rely on any public hospital to appoint suitable medical staff. The negotiations with St Vincent's enabled the University to constrain the boards of the Melbourne and Alfred hospitals so as to secure agreements similar to the one it was planning to make with St Vincent's. The University knew it would have allies among the hospital staffs and was emboldened to ask the Melbourne Hospital to repair a state of affairs in which the University had:

no assurance that the Lecturer on Medicine or the Lecturer on Surgery, if chosen from the actual members of the Melbourne Hospital Staff, would be re-appointed to the Staff at the next election by the Governors and Subscribers...the University has no voice in the appointment of the teaching of the students in these subjects.<sup>7</sup>

In spite of initial resistance the Melbourne and Alfred fell into line. Although clinical teaching had been occurring at the Alfred for many years, only in August 1909 did the University faculty recommend formal recognition as a 'General Hospital for Clinical Instruction'.<sup>8</sup> Moreover, within months Professors Allen and Osborne were accepted on to an advisory board set up 'to elect members of the honorary medical staff of the Women's Hospital Melbourne'.<sup>9</sup>

So the St Vincent's Clinical School in its very birth had moved mountains. Admittedly, the small Hospital had been used by the Faculty for the purposes of the University. Yet Mother Berchmans Daly, Dunhill and Devine were astute operators and had seized their own opportunity. Although the Rectress and the Superior-General in Sydney were uneasy about the partial loss of control over medical appointments, they and their Hospital gained immeasurably from the University affiliation, especially from the counsel available from Harry Brookes Allen as Dean of the Faculty.<sup>10</sup>



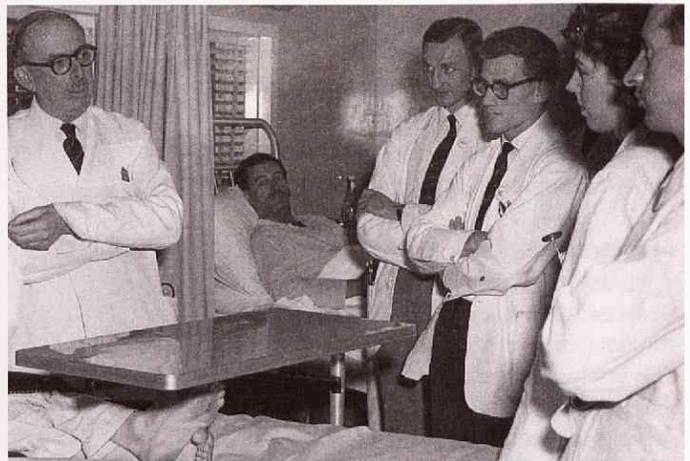
SIR HUGH BERCHMANS DEVINE.  
Photo SVHA

The early students were happy and in its second year the school allegedly attracted 'nearly a dozen' from the Melbourne Hospital because of greater 'personal comfort' at the smaller hospital.<sup>11</sup> It continued as the smallest school but had its occasional high fliers, like its two Rhodes Scholars, F R Kerr of 1913 and John C Eccles of 1925.<sup>12</sup>

In the 1940s, like its sister schools, St Vincent's lost teachers to war service and outdated facilities remained so. Yet there was little grumbling from students: instead they formed a

students' association in 1945 to provide a better collection of books, some more furniture for their common room and to try and arrange monthly clinical meetings to which honorary medical staff would be invited.<sup>13</sup> That the uncomplaining St Vincent's students thought these things were needed reflected discredit upon their experience—the University thought the same about all of the schools.

The year of 1947 was one of change and it was planned as no minor one. John Medley, the Vice-Chancellor, told the St Vincent's Rectress, Mother Gerardus Sholl, that the Clinical School records were to be integrated as 'part of the Medical school' rather than continue as 'separate and distinctive entities', that the University would monitor the students' hospital work by means of full-time clinical supervisors in medicine and surgery, and that there would be interchanges of students and teachers between schools.<sup>14</sup> The drive for change came from the Stewart Lecturer in Surgery, Sir Alan Newton of the Royal Melbourne Hospital, who was articulate, determined and physically failing, but hard working. In late 1947, he reported to the Medical Faculty that he had formed a 'Department of Clinical Instruction...embryonic, unofficial, inexpensive and homeless' made up of himself and the three clinical supervisors. In his report about the clinical schools since 1910 Newton reflected that (with the new regime resulting from the negotiations after the birth of the St Vincent's school) the University had 'decided to appoint all clinical lecturers and



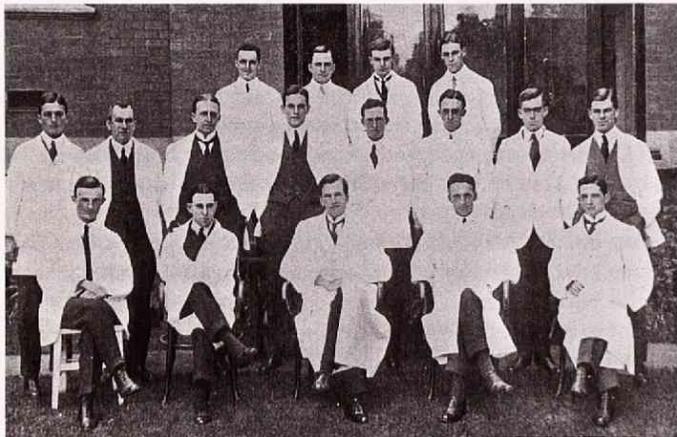
JOHN HAYDEN TEACHING UNDERGRADUATE MEDICAL STUDENTS. c1940 Photo SVHA

tutors, [and] to collect all fees for clinical teaching'. However, Newton pointed out, the schools had 'developed along their own lines after the fashion of London hospitals with their own officers and each in competition with the others'.<sup>15</sup>

In mid-1948, invited to meet with the St Vincent's medical staff, Newton explained that his aim was to make the 'Melbourne school...one Clinical School rather than three'.<sup>16</sup> Within a year of that statement, however, he could see that he had failed, due, he thought, to 'vested interests in the clinical schools'.<sup>17</sup> His work was ended incomplete; he resigned in July 1949 and died on 4 August.<sup>18</sup> The post he had occupied was abolished in 1952. At that time the Dean of the Faculty, Professor Sydney Sunderland, stated that Newton had 'elaborated' the original proposal.<sup>19</sup> Sunderland and others may well have feared that if an expensive staff structure resulted from Newton's plans it would threaten existing proposals for University clinical chairs and departments in medicine and surgery.<sup>20</sup>

Whatever the benefits of the short Newtonian era, it was clear at its end that the Melbourne clinical schools still had problems. All three were inspected in 1952 by a Californian academic and hospital director, R J Stull, and were found wanting, especially in clinical academic appointments and in physical facilities.<sup>21</sup>

By 1952 the twenty or so students we saw walking across to join their later much criticised clinical school had almost all successfully graduated and dispersed to medical careers. They had remained less critical of their school than was the University Faculty; perhaps the point was that all of the clinical schools were so much a part of their hospitals that any deficiencies in the one were overcome by the good qualities of the other. The 'St Vincent's twenty', anyway, had quickly found a sense of belonging through the impromptu teaching by residents as well as senior staff: they had surmounted the almost universal initial feeling of being unwanted, unnecessary extras. Quite soon they had found that St Vincent's was the centre of their lives and most had helped make it so by spending as much time as possible as 'resident students', when they especially felt useful and 'wanted', even if sometimes it was in the lowly role of 'toastmaker' for 10pm supper in the residents' quarters. These sorts of experiences were scarcely peculiar to St Vincent's. The other clinical schools had their own cultures and stories—though probably not as dispiriting as the story at St Vincent's then about the inroads made into student health by tuberculosis. Of the members of the group we have followed, half a dozen had their courses or their lives delayed and changed, many spending long periods as patients at St Vincent's.<sup>22</sup>



ST VINCENT'S HOSPITAL CLINICAL SCHOOL STUDENTS AFTER GRADUATION 1919.  
NOTE SISTER MARY BERCHMANS DALY'S NEPHEW, DR J J DALY, IS IN THE MIDDLE  
ROW, FIFTH FROM LEFT. Photo SVHA

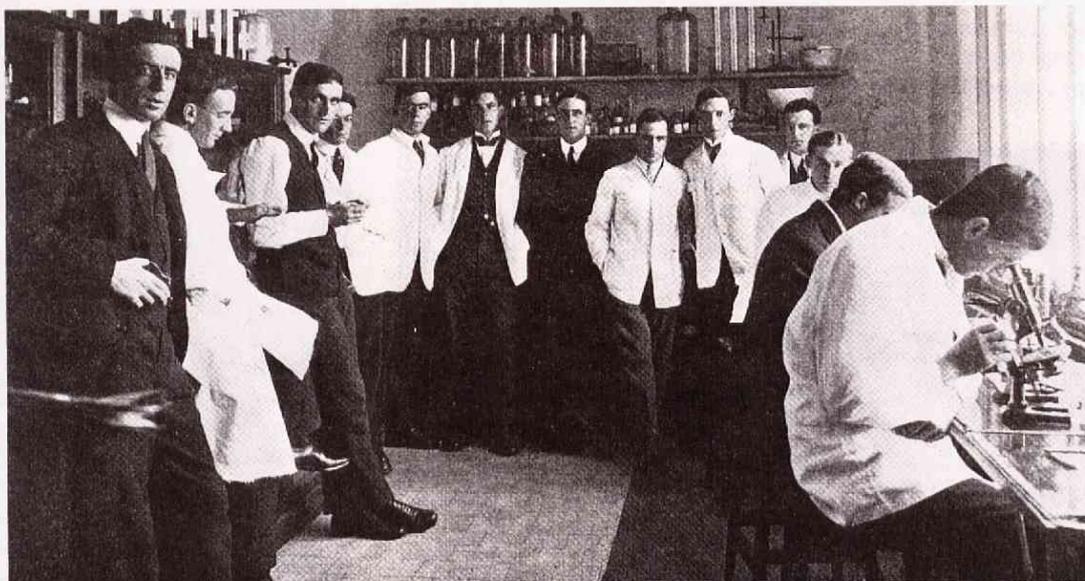
From the early 1950s the St Vincent's School experienced forty years of growth. There was a greater University academic clinical presence as the Departments of Medicine (from 1959) and Surgery (from 1965) took root and flourished. Later in the period, University ranks were given to senior medical staff members to mark involvement in teaching.

To replace poor office and student facilities a new building opened in 1964 in Princes Street, about the time when Max Biggins began a long period, first as 'Dean' and then as Clinical Dean—he had always been a notably keen and affable teacher. He was followed by John Billings (1973-82) and Greg Whelan (1982-88). While the School grew, in what would later be seen as measured fashion, its needs nevertheless outgrew the numbers of patients available for teaching and links were made with suburban and country hospitals. Goulburn Valley Base Hospital and Warrnambool and District Base Hospital began taking St Vincent's students in 1989. The associations continue and grow. The close association with Preston and Northcote Community Hospital (PANCH) extended from 1973 to 1997.

As the 1980s ended, an extraordinary wind change occurred. It blew through health care and hospitals and eventually transformed clinical schools. At St Vincent's the first big step was the amalgamation with the Geelong Hospital to form the St Vincent's Hospital and Geelong Hospital Clinical School on 1 January 1990. Yet who could have envisaged the continuing problems for clinical schools caused by the shorter stay of inpatients, the 'day of surgery' admission system, the building of a completely new inpatient facility at St Vincent's, the heart-breaking closure of PANCH, the large increase in student numbers and the MB BS curriculum changes integrating clinical training into the curriculum throughout the students' course? Wilma Beswick became Clinical Dean in 1989 and has steered the School through it all—fortunately from a fine new base in Regent Street into which the School moved in 1992.<sup>23</sup>

There are some assertions to be made which serve as a sort of excursus to my reflections about the School:

1. The St Vincent's Hospital-Geelong Hospital Clinical School has for some years 'made the running' in academic results—especially in the Dean's Honours listings (introduced in 1993).
2. There is no longer a natural constituency from which many of the students come. Students besiege (metaphorically) the School for entry.
3. Self-identification by medical graduates is still primarily with their clinical school. The partiality that this attitude implies may have to do with the personal type of care they experience along with the teaching.
4. The spirit of Alan Newton may well feel satisfaction because of the role of clinical studies nowadays.



MEDICAL STUDENTS IN THE 'PATHOLOGICAL LABORATORY'. FROM THE 1917-18 SVH ANNUAL REPORT. Photo SVHA

- 1 Personal knowledge and experience of author
- 2 Egan B, *Ways of a Hospital: St Vincent's Melbourne, 1880s-1990s*, Allen & Unwin, Sydney, 1993, p45; *Una* 1 Oct 1935, p304; Ivo D Vellar 'Thomas Peel Dunhill: Pioneer Thyroid Surgeon' *Australian and New Zealand Journal of Surgery*, 1999, 69 pp375-387 (esp p380 & p385) and 'Hugh Berchmans Devine: Surgical Visionary and Great Australian' *ibid*, 2000, 70 pp801-812 (esp p802 & p803)
- 3 Medical Faculty Minutes 19 December 1907, book 3 (microfilm box 2)
- 4 *ibid* 24 February 1908
- 5 *ibid* 22 April 1908
- 6 *ibid* 1 July 1909
- 7 *ibid* 27 July 1908
- 8 Medical Faculty minutes 23 August 1909, 16 December 1909, 24 February 1910, book 3 (microfilm box 2) UMA. See also Ann Mitchell *The Hospital South of the Yarra*, 1978 passim concerning teaching at the Alfred Hospital up to 1910
- 9 *Australasian Medical Gazette*, 20 May 1910
- 10 See Egan B, *Ways* op cit pp48-52
- 11 *Speculum*, May 1911 p10
- 12 St Vincent's Hospital, *Annual Reports*, 1913 p8, 1925 pp14-15
- 13 Egan B, *Ways* p165
- 14 JDG Medley to Mother Gerardus Sholl 19 February 1947, St Vincent's Hospital Archives
- 15 Report by Sir Alan Newton, Medical Faculty minutes 20 November 1947, (microfilm box 3) UMA
- 16 Minutes of honorary medical staff at St Vincent's Hospital 28 June 1948, SVHA
- 17 Second report by Sir Alan Newton, Medical Faculty minutes 19 May 1948 (microfilm box 3) UMA
- 18 Russell K F, *A History of the Melbourne Medical School 1862-1962* Melbourne University Press, Carlton, 1977, p183
- 19 Memorandum on Position of Director of Clinical Studies by Professor S Sunderland, Medical Faculty minutes, 18 September 1952, (microfilm box 4) UMA
- 20 See Egan B, *Ways* p167
- 21 Report by Dr R J Stull to Dr H H Schlink (President of Australian Hospitals Association) August 1952, copy in SVHA
- 22 See Egan B, *Ways* pp115-118
- 23 The preceding three paragraphs are the result of personal experience, re-perusal of Egan B, *Ways*, reading of St Vincent's Hospital and Geelong Hospital Clinical School Reports of the ten years to 2000 and discussions with graduates, including Dr W Beswick and Mr I Vellar. Opinions expressed are those of the author. Goulburn Valley Base Hospital later became Goulburn Valley Health and Warrnambool and District Base Hospital is now included in the South West Health Care Group.