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CHAPTER 3

The Clinical School at St Vincent's Hospital

Before allowing the ailing Mother Berchmans Daly (she suffered from diabetes with the co-morbidities of the person suffering from diabetes) to exit in 1920 from the scene of her greatest accomplishments, mention must be made of another important event. She may not have been the major contributor in achieving it, but without her input and the sanction of Mother Francis McGuigan, the Superior-General she was to replace in Sydney, it would never have seen the light of day. One is alluding of course to the foundation of the clinical school at St Vincent's Hospital Melbourne.

Although it was officially opened in 1910 it had been accepted as such by the University of Melbourne in 1909, 14 years before such an event occurred at St Vincent's Sydney.¹ Amazingly, not so, according to the University of Melbourne. In a letter from the Registrar of the University of Melbourne, Mr A.T.J. Bell to the Chief Executive Officer of St Vincent's Hospital, Mr E.W.R. Grace, dated 13th of March 1968 is the following paragraph:

According to our Calendar, St Vincent's Hospital was not an approved Medical School in 1910. Between 1911 and 1915, Mr D. Murray Morton was the representative of the St Vincent's Clinical School on the Faculty. As he is recorded by St Vincent's as the Dean in 1910 and 1913 it may be fair to conclude that he was the representative on the faculty by virtue of holding the office of Dean.

This is an extraordinary statement since both the Hospital and the University of Melbourne had signed the relevant document on the 23rd of June 1909 recognising the Hospital as a clinical school of the University of Melbourne.²

There are many versions as to who was mainly responsible for the application to Melbourne University to establish a clinical school at St Vincent's Hospital.



Figure 46 Michael Ulick O'Sullivan, foundation senior gynaecologist to St Vincent's Hospital. Resigned in 1907 after a disagreement with the nursing staff, c. 1920.

Hugh Devine claims it was mainly Thomas Dunhill's idea.³ Mother Alphonsus O'Doherty remembers being told the idea came from Richard Rawdon Stawell, the eminent physician who had spent the years 1893 to 1903 as the pathologist to St Vincent's Hospital. A close friend of Thomas Dunhill's, he allegedly cured the Catholic Archbishop of Melbourne, Thomas Carr, of a chest infection after the ministrations of Michael U. O'Sullivan (Figure 46), a gynaecologist, and Augustus L. Kenny (Fig. 10), an ophthalmologist, proved unsuccessful.⁴ The community of the Sisters of Charity believed that it all started with Mother Berchmans Daly, the dynamic Rectress at that time. Come what may it is an historical fact that in 1907 the Sisters of Charity decided to apply to the Council of Melbourne University to have St Vincent's Hospital recognised as a clinical school as had already occurred at their parent St Vincent's Hospital in Dublin.⁵ In the Annual Report of 1906-1907 an extract from the British Medical Journal of September 1907 is quoted as follows:

St Vincent Hospital, Dublin

The Hospital, containing 165 beds has attached to it a crowded dispensary and three special dispensaries. The whole practice of the Hospital is available for Clinical Instruction which is carried on during the session in the most systematic manner, from 9 to 12 o'clock in the forenoon. Two successive classes, and a special class for junior students, visit the wards each morning under the guidance of the physician and surgeon on duty, by whom instruction at the bedside is given in various details of diagnosis and treatment, and every facility is thus given to students for learning the practical part of their profession. They attend the lectures delivered on special subjects and the operations performed in the theatre. Post-mortem examinations are made in the pathological theatre by the pathologist, and frequent opportunities given for the examination of morbid specimens. A special day is devoted to lectures on pathology. There is a museum in connection with this department. Instruction is also given daily in the dispensaries, from 10 to 12 o'clock on a great variety of cases, the treatment of such diseases as are there met with forming a most important part of every practising physician's daily work. There is also an Xray department in charge of a specialist. Eight resident medical officers and 16 resident pupils are appointed annually from amongst the most deserving members of the class. The fees for clinical attendance are the same as at the other Dublin hospitals.

It is obvious that the Sisters in Melbourne wished to follow the Dublin example.⁶ Mother M. Berchmans Daly had an application ready for the recognition of St Vincent's Hospital as a clinical school and it was considered by the Faculty of Medicine on the 19th of December 1907. Faculty turned the application down because "in view of the small number of medical beds available and of the small provision for pathological work and teaching ... there was not sufficient material for adequate instruction in Clinical Medicine."⁷ It was also opposed by George Adlington Syme, the leading surgeon at St Vincent's, who

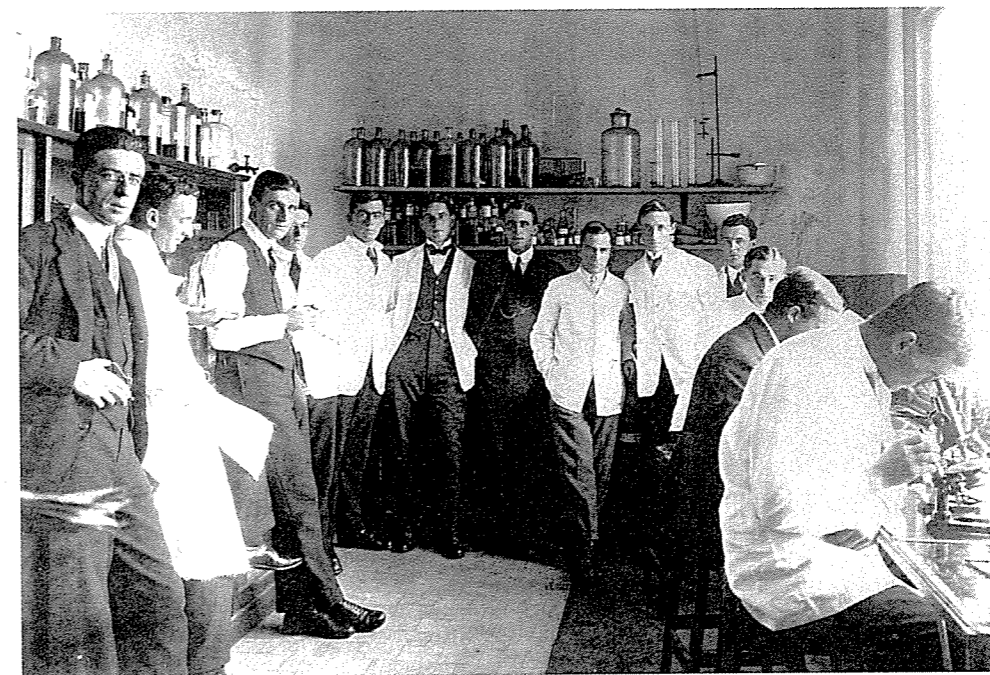


Figure 47 The first floor of the Pathology Department (the Southall Wing) with Leo Doyle (third from the left) teaching medical students, c. 1919.

maintained that the bed complement of 88 at the hospital was insufficient to instruct medical students adequately. The Medical Faculty at the university proposed to further consider the application on the 24th of February 1908. Faced with this challenge Mother Berchmans Daly had an amended application prepared by the 24th of February stating that the hospital would reduce the number of gynaecology beds in favour of medical beds and would provide new pathology buildings.⁸ Once again Faculty turned the application down because there was no pathology department in existence. They must have underestimated the organising ability of the Mother Rectress. Within a year plans were drawn up to build a Pathology Department, financed by Mr Southall a wealthy resident of Richmond. By April 1909 Faculty had recommended recognition of the hospital as a clinical school. The Pathology Department was formally opened in 1910 (Figure 47).

There was a sting in the tail however. The University wanted to have a say in medical appointments by establishing an electoral college, whereas previously the Rectress, after receiving advice from eminent practitioners in Melbourne, (and with the agreement of the Superior-General in Sydney), had the sole say in all medical and surgical appointments. When this condition was agreed to (somewhat unwillingly on the part of the Congregation), and Faculty was mollified by the imminent construction of the Pathology Department, the agreement was signed by both parties on the 23rd of June 1909. St Vincent's Hospital became the first of the Melbourne hospitals to be officially "recognised" as a clinical school by the University of Melbourne.⁹ This gave the University the important leverage they were seeking to persuade the committee of management of the Melbourne Hospital and the Alfred Hospital to follow in the footsteps of St



Figure 48 Douglas Shields. Surgeon to inpatients and surgeon to the Governor General of Australia. Failed the MS examination four times, c. 1910.

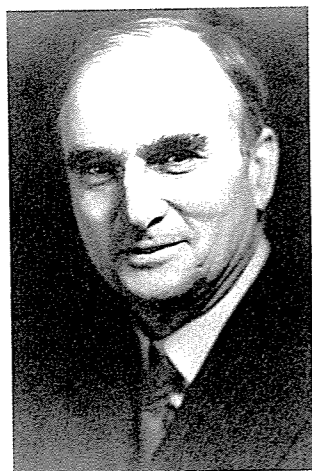


Figure 49 Hugh Devine, surgeon to inpatients and pioneer colorectal surgeon, c. 1928.

Vincent's. St Vincent's did not have a committee of management – instead it possessed in Mother Berchmans Daly an individual who, in modern management jargon, was a superbly efficient chief executive officer, finance officer, publicity officer and human resources officer who could function much faster than any committee of management and who, according to David Murray Morton, did not make a mistake with any of her medical appointments.¹⁰

The University Council fixed the maximum number of students to be admitted at 40. This was soon increased to 48 due to the great number of students wishing to be enrolled at St Vincent's. Of the hospital staff, Drs Lewers and Latham were appointed Clinical Lecturers in Medicine and Drs Summons and A.E. Rowden White Medical Tutors. David Murray Morton and Douglas Shields (Figure

48) were appointed Clinical Lecturers in Surgery and Thomas Peel Dunhill and Hugh Berchmans Devine (Figure 49) Surgical Tutors. Similar appointments were made for the gynaecologists, the ophthalmologists and the Ear Nose and Throat surgeons. The pathologist, the clinical pathologist and the director of the bacteriological department were likewise approved as teachers by the University. Strangely Herman Lawrence, the dermatologist at the hospital with an international reputation, was not included in the list of university approved Lecturers and Tutors announced in the annual report of St Vincent's Hospital for 1910-1911.¹¹ The first dean of the clinical school was David Murray Morton, the senior surgeon, who was also the chairman of the senior medical staff.

Of the five candidates sitting the final year examinations in 1910 (as the original members of the clinical school), four were successful. Their results were exceptional. Allan G. Malcolm obtained the Exhibition in Medicine and in Therapeutics, Dietetics and Hygiene. Francis E. Keane was awarded the Jamieson Prize in Clinical Medicine and Sydney J. Newing (the elder brother of Bill Newing) obtained first place in Obstetrics and Gynaecology. There was one woman graduate, Miss Mary Glowrey (Figure 50), who obtained honours.¹² Being a female she was not accepted as a resident medical officer at St Vincent's Hospital. Mary Glowrey had to go to Christchurch, New Zealand, for her residency training. Her subsequent career is dealt with fully in Chapter 5: Outpatient Physicians who for Many Reasons Never Became Inpatient Physicians at St Vincent's Hospital.

The medical students were housed in a two storey wing which also had sleeping quarters for the resident staff and accommodated the Xray department. The cost of this building was defrayed by a donation of £1500 from Mr D.G. Cullen and was called the D.G. Cullen Wing.¹³ It stood until the early 1990s when it was



Figure 50 Mary Glowrey, the first woman graduate from the clinical school of St Vincent's Hospital. Final year medical student, 1910.

demolished. The accommodation for the students met their every expectation and more, if the letter of thanks sent by the secretary of the Medical Students Society to the Mother Rectress, dated 23rd October 1910, is anything to go by. The letter states inter alia:

The committee consider that the way in which the students' rooms were erected and furnished was far beyond their expectations. The students at your hospital are of course the most immediate gainers but in all probability the whole medical school will be ultimate gainers as with the example of St Vincent's treatment of students as a guide the other hospitals may be stimulated to an attempt to reach the same ideal ... I desire to convey to you the heartiest thanks of the whole Medical Students Society and I hope that the students will endeavour to prove themselves worthy of the trust you have reposed in them by giving over to them such a splendidly fitted up set of rooms.¹⁴

The clinical school continued to live up to all expectations. In 1913 Frank R. Kerr, a former student of the hospital, was elected Rhodes Scholar for Victoria, and of the 10 students who sat the final year examination, 8 gained places in the honours list.¹⁵

In the annual report of 1913-1914 it was stated that since 1910 a total of 41 students had passed the final examinations and that the resident staff for 1914 was entirely drawn from graduates of the clinical school.¹⁶ The brilliant student John Carew Eccles (Figure 51) topped his final year in 1925 and was made Rhodes Scholar for that year. Described in the annual report of 1924-1925 as "probably the most brilliant student our Clinical School has produced, and with it all one of the most likable and unassuming ... we send with him our best wishes for future successes and the hope that he will one day return to reflect more glory on his Alma Mater." Eccles was later made a Fellow of the Royal Society, knighted and shared the Nobel Prize for his neurophysiological researches in 1963. He never returned to work in his Alma Mater.¹⁷

The clinical deans were appointed from the inpatient staff at the hospital and alternated between physicians and surgeons. Between 1910 and 1938 they included David Murray Morton, Alexander Lewers, Leslie Latham, Alfred Edward Rowden White, Hugh Devine, J. Forbes Mackenzie (Figure 52) and Charles Gordon Shaw (Figure 53).¹⁸ These were honorary appointments until 1966 with the appointment of the first paid dean. The deans attended meetings of the Medical Faculty at the university and at the outset arranged for the clinical instruction of the students. By the late 1920s the organisation of student teaching

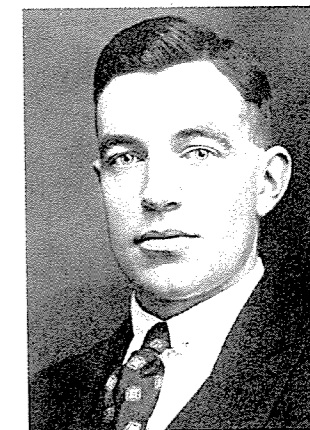


Figure 51 John Carew Eccles, the most brilliant student produced by St Vincent's. Nobel Prize winner in 1963 for neurophysiological researches, c. 1925.



Figure 52 J. Forbes Mackenzie, surgeon to inpatients and Clinical Dean. His portrait by Max Meldrum won the Archibald Prize in 1940.



Figure 53 C. Gordon Shaw, surgeon to inpatients and Clinical Dean, c. 1935.



Figure 54 Richard O'Sullivan, gynaecologist son of M.U. O'Sullivan, Clinical Dean, c. 1940.



Figure 55 Fred Colahan, pioneer cardiothoracic surgeon, Clinical Dean, c. 1945.



Figure 56 Mother M Gerardus Sholl, Mother Rectress from 1945-1950, c. 1951.



Figure 57 Sir Alan Newton, leading surgeon at the Royal Melbourne Hospital. Tried to reform clinical teaching, c. 1940.

had become somewhat chaotic. John Hayden, the future professor of medicine, on his return from study overseas was appointed to the position of clinical subdean in 1928 to rectify the situation.¹⁹ He held this position until 1936 when he was succeeded by Frank Morgan for the period 1937-1938.²⁰

Student teaching was adversely affected during the Second World War years due to the loss of clinicians to the armed forces and the shortening of the medical course by one year. In 1939 a Board of Studies had been initiated at St Vincent's to aid in organising lectures and clinical demonstrations. The deans during the war years (1939-1945) were Richard O'Sullivan (Figure 54), Leo Doyle, Frank Niall and Fred Colahan (Figure 55).²¹

The post war years were notable for the Vice-Chancellor, Sir John Medley, announcing in 1947 to the Rectress, Mother Gerardus Sholl (Figure 56), that the university would monitor the students' work by the appointment of full time clinical supervisors to each clinical school, and that there would be interchanges of students and teachers between schools. The drive for change came from the Stewart Lecturer in surgery, Sir Alan Newton of the Royal Melbourne Hospital (Figure 57). Newton stated that he had formed a Department of Clinical Instruction comprising himself and the clinical supervisors. Despite Newton being intelligent, innovative, articulate and a workaholic the attempt failed and, with his own health failing, Newton's resignation in July 1949 was rapidly followed by his death on the 4th of August 1949.²² Not all was well with the three clinical schools however. An inspection in 1952 by a Californian academic, Dr R.J. Stull, found that problems existed with clinical academic appointments (the professors of medicine and surgery had not yet been appointed) and with the physical facilities of each school. These problems were exacerbated by the steady increase in student numbers due partly to the influx of ex-servicemen. Attempts were made to rectify these and other problems at St Vincent's Hospital by the

appointment of John Hayden as the foundation professor of medicine in 1957 (Figure 58), Richard Bennett as the foundation professor of surgery in 1966 (Figure 59) and by the building program in the 1950s and 1960s.²³ The bed state was increased with the opening of the Daly Wing in 1960, and the inadequate student facilities and clinical school offices were replaced in 1964 by a new building which opened in Princes St. This coincided with Max Biggins, an inpatient physician who was intensely interested in undergraduate teaching, assuming the position of dean from 1964 to 1972.²⁴ He was succeeded by John Billings (1973-1983) both being ably assisted by the clinical supervisor Dr Maria Pisasale (Figure 60).²⁵ Billings in his turn was followed by Greg Whelan (1983-1988), now designated associate dean clinical, and Whelan was succeeded in 1989 by Wilma Beswick, who was promoted to Associate Professor of Medicine in that year. In 2006 she was still a most successful associate dean, having produced consistently excellent undergraduate and postgraduate examination results (vide infra and Chapter 16 on General Medicine).²⁶

With the demolition of the convent and the building housing the clinical school to make way for the new hospital, new clinical school premises were built in Regent St. These were opened in 1992. The increase in the number of students made the hospital inadequate for teaching purposes. Students were initially (from 1973) sent to the Preston and Northcote Community Hospital (PANCH) for some of their clinical instruction and from 1989 to the Goulburn Valley Base Hospital and the Warnambool and District Base Hospital. When PANCH closed in 1987 St Vincent's amalgamated with the Geelong Hospital in 1990 to form the St Vincent's Hospital and the Geelong Hospital Clinical School.²⁷ Wilma Beswick became dean (the youngest of the modern era deans) in 1989. She showed a keen interest in the students' welfare and a commitment to achieve the highest standard in teaching. This was facilitated by her continuing involvement in treating patients in her role as a physician attached to one of the general medical units at St Vincent's Hospital and, more recently (in 2004), by her promotion to clinician in charge of one of the general medical units at the hospital. The period of her deanship was not made easier by the amalgamations forced on the hospital to provide adequate teaching material. As Bryan Egan said in the article he wrote for Chiron in 2001 about the clinical school, not only did Wilma Beswick steer the clinical school through all these changes, but for some years the St Vincent's Hospital-Geelong Hospital Clinical School has made the running in academic results, especially in the Dean's Honours listings which were introduced in 1993.²⁸



Figure 58 Professor John Hayden foundation professor of medicine at St Vincent's Hospital (1956-1960) and president of the Royal Australasian College of Physicians, (1958-1960), c. 1950.

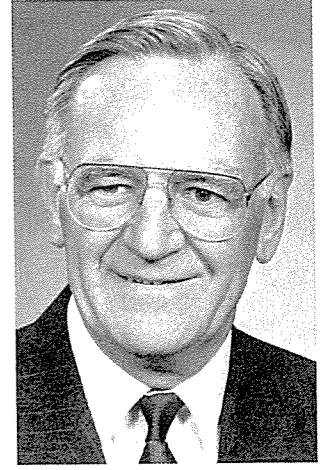


Figure 59 Professor Richard Bennett, foundation professor of surgery at St Vincent's Hospital, 1966-1990, c. 1985.



Figure 60 Maria Pisasale, clinical supervisor in the clinical school, c. 1974.

Statistics had shown that the majority of students who had performed academically above the average chose St Vincent's as the clinical school they preferred to attend for their clinical training. The reason behind their choice was obvious – St Vincent's students performed better in their final year examinations than those from any of the other clinical schools. To achieve (hopefully) a more level playing field the Medical Faculty then introduced a new system in which the better students are now spread more evenly among the clinical schools and are not concentrated at St Vincent's.

Research in 2003 by Greg Whelan, a former clinical dean, has revealed that prior to the Second World War the students at St Vincent's came from an Irish and, to a lesser extent, an Anglo-Saxon background. In the 1950s and 1960s Greek and Italian surnames appear among the students and from the 1980s onwards Asian names are dominant. Also prior to the 1950s the majority of students were from Catholic families. Those from other faiths (or professing no faith) were accepted without discrimination into the St Vincent's community and all those wishing to come to St Vincent's clinical school as their first choice could do so.²⁹ The author, who had an excellent preclinical record, opted to go to St Vincent's clinical school towards the end of his third year in 1954. He gave as his reason for choosing St Vincent's simply that he was a Catholic. The majority of the Catholic medical students prior to the 1960s-1970s came from Xavier College. What effect, if any, the demographic changes occurring after 1980 (and the closing of the nursing school at St Vincent's Hospital in 1993) will have on the practice of Catholic ethics at the hospital is discussed in the Epilogue (Chapter 24).

FOOTNOTES

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- 2 Letter from Mr A.T.J. Bell, Registrar, University of Melbourne to Mr E.W.R. Grace CEO, St Vincent's Hospital dated 13th March, 1968, SVHA
- 3 Bryan Egan, *Ways of a Hospital, St Vincent's Melbourne, 1890s-1990s*, Allen and Unwin, St Leonards NSW, 1993, p45
- 4 Ibid
- 5 Ibid
- 6 AR 1906-1907, pp11-12
- 7 Bryan Egan, *Ways of a Hospital*, p45, op cit
- 8 Ibid
- 9 Signed original printed agreement dated 1/7/1909 mounted inside front cover of St Vincent's Hospital electoral college minute book, 1924-1937, SVHA
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- 11 AR 1910-1911, p9
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- 15 AR 1912-1913, p8
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- 24 AR 1964-1965, pp17-18; AR 1972-1973, pp16-17
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- 29 Greg Whelan, notes for a lecture on the St Vincent's Hospital clinical school, 2003, SVHA