



NEWSLETTER

AUGUST 2022

President's Report

August 2022

As I attempt to write this report, I find it hard to believe that we are well into the second half of the year.

The main focus has been to complete the Standards Review. This was a huge challenge and required many hours of work for the team.

Thanks to Errol, our fearless leader, our review team and supported at all times by the other members of our committee we did manage to meet on time all the targets set for us.

The first field visit on 29th March by a Museum and Galleries manager and the two assessors gave us the opportunity to show the museum off and as well get to know what was expected of us to achieve the standards required.

The second field visit on May 31st also gave us the opportunity to invite our stakeholders to afternoon tea and for them to have knowledge of what we were undertaking and the comments being made by the experts.

We waited anxiously for the report to arrive and we are pleased to say it was positive and set the guidelines for the final stage of this long journey.

In the coming months and with much hard work we did meet the standards required and we have managed to implement some of the recommendations that the team suggested already.

The final sessions on 23rd and 24th June gave all of our Management Committee members an opportunity to attend workshops which were not relevant to our success or failure but gave people the chance to broaden their knowledge on cultural awareness of Indigenous issues and recruitment of volunteers.

These sessions were held at the new Museum of Art which gave many of us the opportunity to view this magnificent building and collection of art.

Very happy to say that in summary we were successful in achieving the standard required and a certificate which we will proudly display.

Unfortunately the work does not end there. We are still required to work on a forward plan and complete the changes (some manageable but

others not, as considerable funding would be required.)

Work on displays has continued and our Treasurer Kay applied for a grant to restore and frame photographs of the hospitals of Rockhampton and surrounding districts. When completed this will tell the history of these hospitals and will be displayed on the verandah walls. We gratefully acknowledge the \$3,300 grant from the Commonwealth Government's Culture, Heritage and Arts Regional Tourism project.

The photos look absolutely beautiful and the work is almost completed.

Thank you Kay, Errol and Del K who have worked tirelessly to get this job finished - you need to feel very proud of what has been achieved.

I would also like to thank Daphne who has initiated some much needed fund raising events.

A planned Trivia Night at the Victoria Tavern on Friday evening 26th August at 6:30 pm is hoped to be a big success.

Daphne has worked hard in obtaining the venue free of charge the host for the evening who will set the questions and sponsors and donated prizes to be won on the night.

I hope we can all support this night and enjoy the rewards of this fund raising event.

Tuesday work group continues to gather and all though our numbers are sometimes low because to Covid, family commitments, etc. the ongoing work will continue.

The comments written in the visitors book are very encouraging and rewarding.

I would like to invite all to visit the Hospital Museum and see the work that has been done.

I thank everyone for their support. I especially thank the Heritage Village staff and volunteers as they continue each week to welcome us and meet our demands.

Del Leitgeb
President

My nursing experiences 1939—1945**Olga Evans née Glazebrook (1921-2018)****Nursing 1939 – 1945 U3A Presentation by****Olga Evans née Glazebrook 06 Apr 2002****Part 2**

I had been at the hospital one week only. As I looked out of the window of the ward where I was working one Sunday morning, I couldn't believe my eyes as I saw my brand new white hat going off to church on the head of the nurse I had just replaced as Junior Nurse. Not a good start. I soon learned that nothing you owned was sacred. Mark the tops of your stockings with your name, hang them out on the line, only to find later that they were gone. A particular nurse would take them and cut the name off the stocking.

Money, what little we had, was often stolen from our rooms. The same nurse that wore my hat to church was handing over her duties to me – I was now the "Junior on". Among the duties I had to attend to were the sputum mugs. TB patients waiting to go to Westwood were nursed on a small verandah of the Mens Medical Ward. I had to collect the mugs, and empty them ugh!. I hated that duty – then put them on to boil in a large kerosene tin on a gas stove, where they boiled away for about half an hour. Then they had to be lifted off the stove, carried into the pan room. and taken from the boiling water. What a frightening task. The most dangerous steaming article I had had to handle up to then was a boiling kettle to make a cup of tea.

To make matters worse, she said to me in a kindly though superior second Junior voice, don't strain yourself "Baby Doll" (as she used to call me) – "Get someone to help you", then quickly darted off. As she had gone up in position now, who could I ask? There were no male wardsmen then. As it was, I had to put my hands behind my back to everyone I spoke to, so I didn't know who to ask for help. I can't remember now but somehow the mugs got back to the patients who needed them. There was no Chest Clinic at the hospital then.

Goods were rationed during the war and coupons were needed to purchase them. Sugar, tea, butter and materials were among those rationed.

Cotton was an example of an item which was scarce and rationed. So all linen – sheets, pillow-cases, towels – were closely watched. Before the

huge bundles of linen were sent to the laundry, the Junior nurse on had to count every article and mark it on a slip which was put in each bundle. When the linen was returned to the ward, the Junior Nurse again had to count every piece as she put it away in the cupboard. Woe betide her if there was even one piece not accounted for – someone may have wanted to take a towel for their own use.



Olga ("Baby Doll") Glazebrook (according to a more senior nurse) in 1941

Bandages were boiled and reused. Gauze from wound dressings were kept, soaked in disinfectant solution, then boiled and reused to make new dressings from a large roll of cotton wool. Swabs or cotton wool balls were made from the roll of cotton wool also. Small pieces were pulled off, teased and lightly rolled into soft balls. Often patients would help with the task. The dressings and the swabs were put in separate calico bags, tied securely with tape and were sent to the theatre for the nurse there to sterilize them in the autoclave. I was terrified of this monster, belching out steam, making hissing noises with gauges fluctuating when it was my duty to sterilize the dressings. I quickly filled the barrel with the dressings, set the gauges and quickly left, fearing the whole thing would erupt – but it never did.

I once had a pressure cooker blow its valve when I was cooking oxtail. It spewed the contents all over

the kitchen with me screaming in the middle. If that autoclave had blown a valve, I don't think I would have been here to talk to you today.

Glass barreled syringes and hypodermic needles (which had to be sharpened occasionally) and rubber catheters were wrapped in cloths, tied with tape, and together with enamel and stainless steel kidney trays and bowls were boiled in ward sterilizers for 20 minutes. These were used to set up dressing trays and IV tables and tables for small surgical procedures carried out in the ward by doctors. There were no presterilized, vacuum packed syringes, needles, intravenous and catheter packages or whatever you wanted readily available for the nurses convenience in the ward cupboard. But that's how it was and nobody complained because it was our job and we had pride in doing it well.

At the end of the war, we were deservedly puffed up with pride when the Superintendent, Dr Ross, who was a very special particular person, complimented the staff, saying that with all the recycling that had to be done, there had not been a cross infection. Well done nurses!

Could it be because asepsis was drilled into us, and constant hand washing and scrubbing up between attending to different patients was strictly observed?

Junior nurses' duties were many and varied – one being to cook a meal for the night staff, about eight nurses and one Sister-in-Charge. At about 11:30 pm, off went the Junior Nurse to the huge kitchen with a large wood-burning stove and two huge pots of porridge simmering on the stove, ready for the morning breakfast. Some of us had never cooked a meal before. My friend Leah made a valiant effort to cook the meat and 3 veg meal. All went well until she came to making the gravy. It wouldn't thicken but she served it just the same – the best she could do. When she told me about it, I went to the kitchen with her to check out the flour and if there was anything wrong with it. She had got the flour from a large drum in the corner of the kitchen. Amid peals of laughter, we told her she had used Plaster of Paris, which, when put into warm water with a bandage, was used to wrap around fractured limbs, moulding it into a neat, supportive plaster cast when it cooled. This Plaster of Paris was kept in a warm place so as it wouldn't dry out and cake.

Thank goodness the meals were served piping hot and the Sister's digestive system survived the onslaught.

I had been in the ward three months when the roster was due out for another three months. I couldn't believe it when I saw that I had been appointed Matron's Nurse, (I don't think I'd even spoken to Matron), with any spare time in the Medical Ward. I felt honoured – I was the only nurse allowed to go to the city in my uniform, except nurses going to the Technical College for lessons in Invalid Cookery. My duties were to collect the hospital mail that needed to be posted at the Post Office in town – take the pathological specimens to be examined to the Government Laboratory which was situated on the lower floor of the Customs House in Quay Street. Bring back test results and mail for the hospital from the GPO. I also shopped for personal items for Matron. When I got back to the hospital, I sorted the mail and delivered it to the various wards and the lab reports to the doctors. By that time there was very little time left to work in the wards.

After three months, the next roster for the following three months was posted up and I anxiously searched the list to see where I had been placed - still Matron's Nurse. At first this seemed to be a bit special, but I found I wasn't fitting in very well with the short time I was in the wards, and what's more, I felt I wasn't learning very much, and six months of my first year had already passed. If I stayed another three months in Matron's office, nine months would have passed and the first exams would not be far off. I had enjoyed working as Matron's nurse, but that is not what I had come for.

So very bravely or foolishly – I'm not sure which - I took my 5 ft 1 in slender frame to see Matron. Matron Green was a very tall woman who held herself very erect. Her height seemed to be increased by the length of her straight coat frock which went from neck to the ankle almost, together with a long, limp veil, which fell to the waist. Looking back, I wonder how I, as a comparatively new nurse, had the audacity to question the Matron's decision.

[Editor's Note: This 1930 photograph will give you a good idea of how daunting Matron Green might have been to a 5 ft 1 in nurse.]



The nurses are identified as (Back Row L to R): F. E. G. Easton, A. Cameron, Nellie Towers, G. F. Green; (Front Row L to R): R. York, Vera Collins, Matron Sarah Maud Green, J. I. Fullerton, Edna May Weber and Christina (Tot) Healy (seated on ground).]

However, I asked her could I be placed in a ward rather than continue as Matron's nurse, saying I was concerned I wasn't getting enough ward experience. She looked down on me from a great height and quietly said she would think about it. She was very understanding and agreed to my request and I was back in the wards.

There were 50,000 American soldiers camped on the outskirts of Rockhampton during the war. They had the money, the silk stockings and the candy. There were very few of our young men around – they were away at the war fighting for our country. Off duty nurses were only too ready to be entertained by the "Yanks" on their off duty nights away from the busy life in the wards.

Leah, our Plaster of Paris nurse, was asked to a ball by an American soldier. Nobody had any coupons or any money or an evening dress to give her. What to do? No evening dress – no ball!! Then Leah had a bright idea – her Grandmother had some rich, red velvet curtains in her lounge room. "I wonder whether she'd lend them to me?", she said. Well Grandma obliged and Leah borrowed them. We wrapped one around her and seamed up the sides having a split in the centre back for leg room (without cutting or damaging the curtain). We created a glamorous shapeless sheath evening gown. But it needed a strapless bra to set the gown off. Who's got one – no one. Once again – no coupons. It was war-time, remember and the shortage of commodities made one resourceful. So not to be daunted, we

somehow "borrowed" a roll of 3-inch wide Elastoplast from the ward. We popped cotton wool buds on her nipples and then proceeded to strap her up creating a very flattering uplift bra which would have done Berlei proud. Off Leah went to the ball with Bill and we went to bed and made sure we were asleep when Leah came home and wanted to undress. I'm sure the pain of removing the makeshift bra was worth it as Leah married the American soldier who took her to the ball. She moved to America by ship with other war brides, thus not completing her training. By the way, Grandma's curtains were returned in perfect condition.

The American soldiers treated us well, but sometimes were a little persistent. After a night out, they would ask for another date. "Can I call you? Who do I ask for?" In desperation the nurse, anxious to sign in before the curfew, would think quickly if she didn't want another date, and say ask for Polyhaemia – or another medical term.

There would be peels of laughter from the nurses as one called out "There's an American here who wants to speak to Polly Haemia."

The American Army doctors allowed us to see surgery ahead of our time. More than 60 years ago we saw what was almost keyhole surgery. One of the American doctors from the camp was admitted with an acute case of appendicitis. One of his colleagues operated on him. We were amazed at the one inch cut and that the patient was up and about the next day and allowed to return to the camp that day.

So one of my friends, Leah, married an American serviceman, went to the US as a war bride, and didn't complete her training. Ivy, our other friend, moved to Brisbane after training, I to Mount Morgan for three years and then married and moved to Rockhampton. The three are now all over 80 years of age and some 62 years later, the bond of friendship we formed at the commencement of our training is still there. We contact each other on birthdays and at Christmas and have many a laugh recalling our experiences.

I have only touched on a small part of the most wonderful four years of life as a trainee nurse at the Rockhampton General Hospital.

All this for two shillings a day – long hours and unpaid overtime by young women who were proud to have stayed at home. We laughed and we cried

from sheer exhaustion. Sadly, there are few records of many of us who trained during that period as records supposedly safely stored were flooded out and some were lost.

So, as you journey through life and amid the faces you see and see someone who sits and appears to be doing nothing, spare a kind thought. She may be reminiscing – a worn out 1940 nurse, an unsung hero through the battles of life leading to the victory – some of which she must proudly share as she “Stayed at Home”.

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A few comments made by our external reviewers at the end of the Standards Review Program.

The final report of our external review team was six pages in length and discussed quite a few issues, responded to questions which we raised, and made suggestions for future activities. The following are a few paragraphs with general comments about our museum and the progress we have made.

Where has the museum come from since the start of the program (in March 2021)?

The ACHHA participated in the first Standards program to be run in Queensland in 2007. This exercise assisted the museum in refining and further developing their procedures and projects and to the formal opening of the museum to the public in 2009. In 2011 they undertook a Significance Assessment of their collections. In the intervening years the museum and staff have won 2 GAMAA awards and have continued to refine their collection management systems and interpretive displays to a high standard. The current Standards Review has highlighted the fact that the Museum is in a period of transition in terms of management, direction and community relationships.

What would you like to congratulate the museum for in particular?

Undertaking a second Museum Standards program has been a most useful tool for the group in assisting them post the retirement of seminal figures (Norma West and Yvonne Kelley) in their development. They are to be congratulated on going through the process again in order to review where they are, and how they need to go on in

light of future needs and projects. They have taken on board comments and suggestions for future projects in managing collection care, interpretation and communications with stakeholders and the public. Indeed, they have already taken action in a number of areas and their initiative in this is to be commended.

The Museum has achieved a great deal in the last two decades, maturing from a collection of nursing and health related objects, to a building with high quality interpretive displays, storage and collection management systems. Their Woorabinda display is an excellent example of working with a community and its leaders to develop a relevant and emotive display on Indigenous health in the regions. It is a project that should be used to demonstrate to community museums how to initiate and develop displays and stories relating to Indigenous and minority groups in a diverse regional community.

What are the strengths of the museum in documenting its collection?

The ACHHA have excellent records for their collections and continue to work on documentation of their archives. In fact, the standard of their collections management records would provide an excellent guide to other Museums with a similarly diverse collections. Digital management of those records is via several databases and the group was open to suggestions for reviewing and researching data management options.

Example of newly framed photos

Our President mentioned the grant for which Kay made a successful application to reframe more than 30 photographs for our display at the museum. The Australian Government provided \$3 m in funds to help regional and country museums to recover and attract more tourists once the borders were reopened after the Covid lockdowns. Each museum was eligible to apply for \$3000. Our grant was \$3,300 inc. GST.

Many of the photographs on the verandah have been changed. To illustrate, I have chosen just one example. This is a set of four photographs taken with wide-angle lenses to provide panoramic views of the hospitals in the past.



Clockwise from top left we have a 1915 Rockhampton Hospital photograph taken in front of the hospital as it was at that time, a photograph which shows how extensive the Westwood Sanatorium was in its hey-day, a second panoramic view of the Rockhampton Hospital ca.1930, and finally a photograph of the three houses which made up Tannachy Hospital opened by Dr Norman Charles

Talbot in 1922. The building on the right is the original house called Tannachy (the Darumbal name for the adjacent rocks in the river). In the centre is the Nurses Quarters building and the building on the left is the maternity hospital. When you visit, you will also notice that we have spent quite a lot of time updating the labels on our displays.

Association Membership
 The Association welcomes your support for our activities. If you wish to join our Association, application forms are available from Committee members, from the Contact us page of our website www.achha.org.au or by emailing secretary@achha.org.au. Please make cheques payable to Australian Country Hospital Heritage Association Inc. and post to ACHHA Inc, Box 4035, Rockhampton Qld 4700 or pay by direct deposit to our Westpac Membership Account BSB 034-210 Account No. 23-3836. To enable us to identify you, please use your family name plus Mem (for membership). Any of the Committee members listed on the final page will be pleased to assist you.

Membership Fees
 Annual membership is \$20.00 for an individual and \$30.00 for a family. Life membership is \$200.00 for an individual and \$300.00 for a family.

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