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Springsure Hospital 1864-1939: The Original Springsure Hospital and the Doctors and Diseases

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LIST OF CONTENTS

Short Resume (Abstract)

1. Introduction
 - 1.1. The Town
 - 1.2. The Hospital
 2. The Doctors
 - 2.1. Doctors Section
 3. Diseases Treated in the Springsure Hospital
 4. Deaths
 5. Clinical Features
 - 5.1. A Infectious diseases
 - 5.1.1. Tetanus
 - 5.1.2. Tuberculosis
 - 5.1.3. Dengue
 - 5.1.4. Influenza
 - 5.1.5. Typhoid
 - 5.1.6. Sexually transmitted diseases
 - 5.1.7. Ophthalmia
 - 5.1.8. Measles
 - 5.1.9. Chest infections
 - 5.1.10. Hydatid
 - 5.1.11. Scarlet fever
 - 5.1.12. Erysipelas and skin infections
 - 5.1.13. Diphtheria
 - 5.2. Internal Medicine
 - 5.3. Horse riding injuries
 - 5.4. Gunshot injuries
 - 5.5. Railway injuries
 - 5.6. Motor vehicle injuries
 - 5.7. Other Trauma and orthopaedics
 - 5.8. Suicide and poisoning
 - 5.9. Lost in the bush
 6. John Dennis Fryer and The Fryer Memorial Library of Australian Literature
 7. Springsure Hospital Museum
 8. Conclusion
- Figures & Tables
- References

Abstract

The original Springsure Hospital in central Queensland, Australia, was opened over a hundred and fifty years ago. It is now a museum following the subsequent construction of two consecutive modern replacement hospitals. It is notable for the then original architectural design based on the latest Parisian model and for the connection of one of its sons with distinguished academia [1]. The back-ground history and the doctors and treated diseases are presented. Some of the challenges faced would not be expected by today's hospital staff!

1. Introduction

The original Springsure Hospital was opened over a hundred and fifty years ago and is now a museum. It is notable for the original architectural design based on the latest Parisian model and for the connection of one of its sons with distinguished academia [1]. Springsure is located at an altitude of 322 metres, 813 kms northwest of Brisbane and 334 kms west of Rockhampton with a current population of 1000. Situated above the great Artesian Basin, it has numerous fresh-water springs in the area. The name is said to derive from the comments of an Irish bullocky claiming 'there is a spring near here to be sure, to be sure!'

The site was used as a staging point by the explorer Ludwig Leichardt in 1844, prior to disappearing forever somewhere in the interior of Australia four years later. In the early days it rejoiced in the unlikely title of the 'Holy City' as wagons were not permitted in town from Saturday sunset to Monday sunrise. It was an important staging point for wagons heading west from Rockhampton to collect wool. The majority of the information is derived from contemporary Queensland newspapers, now digitised on the government National Library of Australia Trove website. Such articles are clearly not peer reviewed and of questionable veracity and spelling accuracy. For example, many articles wrote mules for males and one stated that nurses were laid at the normal rate!

The 'Terra Nullius' concept was no truer here than elsewhere in Australia. Frequent skirmishes with the indigenous inhabitants occurred with unfortunate mortality on both sides. One of the worst was the notorious Wills Massacre near Springsure in which nineteen white men, women and children were killed. In the town cemetery today, there is an early crypt containing indigenous skeletons wrapped in bark, embalming and bark wrapping of bodies being unique to the local Karinbal and Kanolu first people.

However, random acts of kindness to the indigenous people, were reciprocated. Martha



Map of Queensland, Springsure marked

Gill, a midwife, protected an indigenous lady in advanced pregnancy from a stockman's whip, took her home and delivered her baby. Some weeks later on the trail out of town, when confronted with a fierce group of indigenous warriors armed with clubs and spears about to attack, an indigenous woman recognised her, stopped the war party and waved Martha on unharmed.

1.1. The Town

The earliest settlers in Springsure in 1858 were sheep farmers, and by 1862 over a hundred thousand sheep were recorded on local properties. The first hotel opened in that year. The town was first surveyed in 1863 and by 1864, 720 people, 619 males and 101 females lived in the area but only 34 in the Springsure township. Queensland's oldest pastoral show began in 1865. By 1871, the town population had increased over tenfold to 370, while the area population had only increased from 684 to 728. Subsequently over the years rural industries with beef cattle, grain, oranges, grapes and cotton flourished. Coal mining and recently, natural gas extraction followed.

In 1887 the railway arrived. Springsure even had its own bushrangers, the Kenniff brothers who defied police for years in the late 1890's possibly with covert local assistance.

1.2.The Hospital



Original Springsure Hospital

By 1865 there was clearly a need in the area for a hospital to be built. An impromptu concert and ball in November raised £18 15s towards the cost. The promoters complimented the performers and expressed surprise to see many well-dressed people attending an impromptu event in a bush town [2]. Springsure's first hospital was built, as many Queensland Hospitals were, on elevated ground away from the town centre, in Woodbine Street on six thousand square meters between 1867-68. The site was donated by Dr Wuth, the town's initial medical practitioner [2]. The architectural design was based on the new French pavilion model initially utilised in the Lariboisiere Hospital built in Paris in 1854 and subsequently promoted by Florence Nightingale to aid the recovery of soldiers in the Crimean War [1].

The predominant aim was to build a parallel sequence of well-ventilated separate pavilions linked by corridors or separated by central lawns and gardens. At this time, shortly before the publication and acceptance of Pasteur's theories of micro-organisms as the cause of disease, it was believed that diseases were spread as a miasma in bad air. Separation of patients and their diseases with plenty of ventilation was thought to improve sanitation and reduce transmission [1]. The foundation stone was laid on 20th July by Mrs Richards in the presence of thirty or forty of the inhabitants of Springsure. Although the Queensland Health department officially opened the hospital in early 1868, the first two patients were admitted on December 14th, 1867 [3].

The Springsure Hospital stonework foundations provide a level base for eastern part of the building on a sloping block, while the western section is on timber stumps. The pavilion located to the east had a surgery, pharmacy, an office with a fireplace and the store. The western block had three bedded male and female wards with a French door for ventilation between each pair of beds along the sides and a fireplace between the two rooms. A veranda ran around three sides. The brick and shingle roof building was constructed by local stone masons, Alexander Kent and Thomas Cahill. The bricks were made from red clay on a nearby hillside. The whole block was enclosed with a paling fence. The building cost £400 and construction ran late by two months. Queensland had only been an independent state since 1859, and the State Government was close to bankruptcy till the discovery of gold at Gympie that year resuscitated finances. In May 1868, the government were able to forward £300 to cover building costs and £150 for current expenditure [4,5].

Accommodation for the first appointed doctor was a shepherd's hut on the creek bank! [4] His duties were specified in 1871 to visit the hospital from ten to twelve each morning, and also as necessary for acute problems [2]. Springsure had an alternative establishment for midwifery with private midwives, hence pregnant women were not permitted admission for birthing. The hospital soon had a large active committee to administrate the institution. Meetings were held most months in which the medical officer presented details of the number of indoor and outdoor patients, as they were termed then. The yearly figures presented at the annual general meeting are of greater interest than the monthly figures. Committee meetings while listing the members, unfortunately do not always state if the doctor is present nor give the doctor's name on each occasion. Hospital rules soon prohibited the insane, epileptics, patients with incurable diseases and children under the age of ten except for accidents and emergency surgery.

Clinical data for the first four full years was presented at the annual general meeting in January 1872 by Dr Wuth. The average number of monthly admissions for each year was 1868 - 2.8, 1869 - 3.2, 1870 - 2.2, 1871 - 4.0. Cost per patient for each year were-1868, £164 8s; 1869, £139 9s. 11d.; 1870, £130 7s. 10d.; 1871, £169 12s. 1 1/4d.

During 1871, sixty-four patients were treated in the hospital, forty-eight of them being indoor patients and sixteen of them being 'outdoor' patients. Presumably, we would describe them to-day as in- and out-patients. The average length of stay was twenty-eight days and there were no deaths. The length of stay compared with today's average of approximately three days reflects the paucity of effective treatments and the lack of diagnostic modalities. The author recalls, as a

Number of patients per year	
1868	34
1869	38
1870	26
1871	48
1873	39
1888	172
1891	94
1892	94
1893	85
1894	106
1897	172
1898	177
1899	176
1900	180
1901	189
1902	167
1903	172
1904	162 (113 males 49female)
1905	113
1906	101
1907	118 (72 males, 46 females)
1908	119 (87 males, 32 females)
1909	151 (117 males, 34females)
1910	195 (157 males, 48 females)
1911	160 (114 males, 46 females)
1914	285 (126 males, 113 females) +443 outpatients
1918	403
1919	176
1920	203
1927	389
1928	239

Table 1

house physician, patients with pneumonia remaining in hospital until radiological resolution and patients with heart attacks resting in bed for six weeks, however that was half a century ago!

A bath-house and ‘dead-house’ were erected in 1871, and an additional eleven-bedded ward adjoining the west side of the original building was built in 1879 [6]. The hospital was slowly expanded as the population increased. Forty-eight inpatients were admitted in 1871, and ninety-seven combined in and out-patients were treated in 1873, seventy-one of whom paid fees, indicating a growing need in the town. It was noted that many patients were coming from the Barcoo nearly

eight hundred kilometres to the west to Springsure for treatment. Patients paid if able but treated for free if unable to pay [7]. Five deaths had occurred during the month of May 1882, names, place of birth and ages are documented as follows, but not the causes of death. John Eagar, aged 29, born at Kerry, Ireland; Frederick Earl, 23, Chesterfield, Yorkshire, England; Phoebe Foulkes, 64, England ; Ah Sung, 36, Canton, China; and Thomas Timbrell, 59, Nottingham, England. An average age at death of only 42.2 illustrates the average life expectancy of the time and the health hazards of residence in remote communities [8].

Workload as in all hospitals was variable. In June 1883 it was reported that 'The Springsure hospital is said to be in a pleasant state, as there was only one inmate at the time our informant visited the institution' [9]. The new kitchen including comfortable quarters for the Wardsman and Matron, a dining-room for the patients and a storeroom was approaching completion [10].

In 1897 the Hospital employed its first trained nurse, Miss Alice Kemp at a cost of £25. In 1914, separate staff quarters were added, and in the first half of the following decade, an ambulance depot, and a private maternity hospital named Westray were added. Then public maternity beds were added to complement the previous maternity hospital specifically for private patients only [11]. In April 1890, the hospital had an unusually busy month. On April 1st there were 11 male and 7 female inpatients. A further 12 males and 5 females were admitted during the month, while 11 males and 1 female were discharged. 2 males died, leaving 10 males and 11 females remaining at the end of the month. The hospital also requested financial support from their state member of parliament to build a lock ward in the hospital for contagious diseases which were a significant part of the workload [12].

Dr Anderson in 1899 noted a plentiful supply of fruit and vegetables from the garden throughout the year. He considered this a valuable therapeutic addition, particularly for the bushmen who subsist for long periods on a limited diet with minimal fruit and vegetables [13].

In 1908, a former patient complained about bushmen who are ill having difficulty obtaining access to the hospital as subscribers and therefore as patients. He wrote:- 'The rules of the Springsure Hospital in connection with appointing committee men are bad in the extreme. One rule states that anyone subscribing £1 in one sum may have a vote for the remainder of the year. Another rule states that the committee elected in February shall have full control for twelve months, The result in consequence of these rules it is hard for a worker to get on the committee and that have very often to almost go begging for a ticket before they can gain admission to the hospital.' [14].

In 1911, two bathrooms, an out-patients' room, an operating room, a yardman's bedroom, and a library were added to the Hospital [15].

After the First World War, money was set aside to pay the costs of returned service men. A brass plaque was mounted in the ward inscribed by the hospital medical officer, Dr McShane as follows:- 'This ward was opened on August 20th, 1925 as a tribute to the men of the Springsure District who served in the Great War (1914-1918), particularly to perpetuate the memory of those who made the Great Sacrifice.' [4].

Mr. F. M. Forde, the local member of parliament visited Springsure. He met constituents at Begg's Hotel and gave a lecture on the Mandated Territory of New Guinea in aid of the Springsure Hospital. An orchestra played before the lecture, and local singers assisted with songs. Large attendances were requested, and it was hoped that the funds of the Springsure Hospital would be substantially augmented [16].

The maternity ward at the Springsure Hospital was officially opened in 1924 [17].

The Home Secretary advised that the building of wards for aboriginal patients by the Government would not be granted. The significance of this is not made clear. Indigenous patients and Pacific Islanders had been admitted to the general ward previously. At the time Polynesians were known by the term Kanakas, now in disuse as it was a disparaging term. Shortly after this advice, Laura Weir had an issue placing a sick indigenous male in an intensive care unit. The Home Secretary also advised that a bed screen, bath heater, and veranda blinds would be supplied to the maternity ward [18].

Springsure Hospital opened one of the private wards for the treatment of returned soldiers and sailors and was prepared for the installation of an up-to-date X-ray plant. The maternity ward had become popular and was virtually financially self-sufficient [19].

A fire at Springsure Hospital twenty yards from the main building portion destroyed a portion of the hospital lavatories. A number of men quelled the flames with buckets of water and damage was limited to an estimated £6. The wind being in a favourable quarter, more serious damage was thus avoided. A case for external toilets perhaps? [20].

A tennis court on the hospital grounds was planned [21].

Financial problems had developed by 1928, the period of the great depression. At the monthly meeting of the Springsure Hospital Committee the President reported the hospital had an overdraft of £300 with expenditure was about £330 per month. He considered the hospital would be

able to carry on until the end of the year, but alternative sources of income were essential [22].

Dr T. J. Flynn conducted Mr Hanlon, the Minister for Health and Home Affairs, on his first visit through the Springsure Hospital buildings in 1936. After the inspection, Mr Hanlon stated that he was opposed to spending money on the old hospital generally as it stood, but if the committee would do its share towards raising the necessary amount required to build a new hospital and medical officer's residence, he would meet them in an amount up to £4000 for that purpose. Mr Hanlon considered that of all his hospital inspections, the Springsure Hospital was one that required as much attention as any other he had seen, as it was useless to expect first-class attention and treatment unless the facilities were available for the doctor and nurses.

Mr Hanlon advised that the new medical officer's residence should be built adjacent to the hospital. He recommended that the committee sell the present residence and any of the present buildings that could not be utilised in the new buildings and devote the proceeds to the amount required to be raised. Mr Hanlon decided that if the hospital committee would raise £800 towards the building costs, the Government would pay £2000 and the other £2000 would be made available from Casket funds [23].

In June 1937, it was announced that the plans and specifications of the proposed new Springsure General Hospital, drawn up by the committee's architect, Mr J. Hamilton Park, have been approved by the Department of Public Works [24].

In late 1937 the hospital committee were dissatisfied with the delay in commencing the new hospital. In 1938 there was debate about the location of the proposed new hospital site. Some favoured Cassidy's Hill because of its elevated position and the better and brighter outlook for the patients. Ultimately it was located next to the first hospital between Dame and Woodbine streets [25,26].

Springsure developed a blood transfusion service in the 1940. Many citizens were groped to be called upon as required. However, it was not until the second hospital that a regular blood donation clinic with refrigeration became available [2]. The Springsure Hospital today remains as the oldest surviving pavilion plan hospital constructed in Queensland and was the first hospital constructed in inland Queensland [1].

2.The Doctors

Australian medical schools were opened in Sydney in 1856, Melbourne in 1858, Adelaide in 1885 and Brisbane in 1936. Therefore in 1867, most doctors practising in Australia had trained

and qualified overseas. Their qualifications were of a varying standard and sometimes not understood in Australia. Some were fraudulent, though this was often difficult to establish. Such issues became apparent with some of Springsure's doctors similar to the problems unearthed in Maytown Hospital during the Palmer River gold rush [27].

There is also a lack of clarity in contemporary newspapers of dates of service in Springsure, the spelling of doctor's names and whether they actually did attend the hospital. Unfortunately, reported committee meetings always listed the lay members, but sometimes omitted the doctors' names. The monthly admission data is useful otherwise to identify the hospital medical officer on most occasions and to confirm that the hospital is open and functioning. Below is the most accurate list of doctors working in Springsure Hospital and the dates of service from the available information.

2.1.Doctors Section

Dr Wuth 1860, 1868-1872; Dr James Richard Dawson 1867-1870; Dr Joseph Callaghan 1874-1875; Dr Moran 1875-78; Dr Campbell 1878-1879; Dr R.H. Paterson (appointed, never arrived) 1879; Dr Patrick White (not appointed, never arrived); Dr Drummond 1880-1882; Dr Swain 1881 (locum); Dr Symes 1883 – 1885; Dr Maxton (appointed, never arrived); Dr Apjohn (1885, died 1887); Dr Fitzgerald 1887-1888); Dr Horton (appointed, never arrived); Dr Moore 1889-1895; Dr Cooper 1895-96; Dr Simmins 1897-98, 905; Dr. Lyons 1898 (locum); Dr Neilson 1899-1900; Dr Branigan 1889; Dr. Andersen 1900-1904; Dr Mackay (appointed, never arrived); Dr Leary 1904; Dr Routh 1904-1905; Dr Moni (appointed, never arrived); Dr Parrimore 1905-97; Dr Laura Weir 1905-1910; Dr Pinchin 1911-12; Dr Ireal 1911; Dr Hopes 1912; Dr Stokes 1912-13; Dr G Brown 1913-1918 (enlisted c 1915-1916); Dr Wilson 1915-16 (locum); Dr Looslie 1918-21; Dr Lester 1921 locum; Dr McShane 1921-1935; Dr Flynn 1935-36; Dr Heard 1936 locum; Dr Thoms 1936; Dr Mears 1939; Dr Maltby 1939

Appointment details and case numbers are listed below. Medical conditions and diseases are mentioned briefly under individual doctor's section, but discussed predominantly under the diseases section.

Dr Wuth

Dr Wuth came to Springsure in the early 1860s from Dalby with his wife Elizabeth and their four children. Another six children followed. He was medical practitioner for the town before the hospital was conceived. His popularity can be judged by a Mrs Cameron travelling from Barcal-

dine for a week to bring her husband on a dray for his attention. As noted, he donated land for the hospital. He was briefly replaced in the hospital in 1870 by Dr Dawson. He cared for some presumably private patients there up to his retirement in Springsure in 1887.

Dr Wuth appears to have resumed duties in the hospital on the departure of Dr Dawson in approximately 1871. In February 1872 Dr Wuth had resigned with a breakdown in relationship with the hospital committee. The correspondence between Wuth and the hospital was copied in the local paper. First Wuth stated that he had completed four years at the hospital, the first two years without pay. He felt that his current annual salary of £100 was insufficient for the increasing workload, and in comparison, with other country hospitals. Wuth also outlined the history of the hospital to this point and the sentinel role he had played in its development [28].

Mr Dicken, Hospital Secretary, informed the Rockhampton Bulletin that the hospital had acknowledged Wuth's letter. Dicken offered an annual pay rise of £8 to £9 monthly and stated that the four inpatients currently under Wuth were merely convalescent. He also stated that the hospital been unable to retain the services of Dr Wuth and would close for three months [29].

Wuth replied that 'owing to the tenor and the offer made to me, I do not wish to be retained by your committee for one hour.' He appealed to the editor that having 'started the hospital' which was now well funded that his request was reasonable. Wuth was offended that his resignation was to be referred to a public committee in the courthouse to be attended by men unconnected with the hospital, yet he had not been notified. He noted that Mr Brown, the sickest inpatient considered that he had been insulted to be considered convalescent, and that he was further insulted to hear the meeting recommended a salary of £400 for the next hospital doctor. Wuth concluded 'there exists at present a tyranny in Queensland hitherto unknown to British rule.' [29].

The correspondence concludes with Dicken stating that the hospital was in existence and in fair working order before Wuth arrived in town. (Probably incorrect) He continues that Wuth was not legally qualified to practice medicine in Queensland for the first two unpaid years. He could therefore not be paid according to the hospital rules. Dicken states that the public meeting was called by town businessmen to ascertain how much financial support the inhabitants would provide for the next doctor [30].

Dr Dawson

Dr James Richard Dawson was the first appointed doctor to the hospital and practiced there for some four years, though there were some subsequent doubts about the date of his graduation and

the validity of his qualifications. His medical duties were specified in 1871 to visit the hospital from ten to twelve each morning, and also as necessary for acute problems [4]. As noted above, he was the doctor accommodated in a shepherd's hut on the Springsure creek.

Dr Dawson had appeared as an expert witness in a stabbing case in 1870, but in July he was himself in court charged with having wilfully given false testimony in that case, *Regina v. Mackenzie*, before the Tambo Bench. It appeared from the evidence, that defendant was medical witness in the above-mentioned case, and stated on oath that he was a duly qualified medical practitioner under the Medical Board of Queensland.

Inquiry was afterward made, and it was found that defendant had never appeared in the Queensland Government gazette as a duly qualified medical practitioner and a charge of perjury was therefore brought against him. In explanation, Dawson stated that when he gave his evidence, he was asked by the Bench whether he had sworn truly, and he replied that if his name was not in the gazette, he had reason to believe it would be soon; he further stated that when he signed his depositions, he did not read them over, but was under the impression that the words relating to "duly qualified practitioner" had been struck out. The Bench committed the prisoner to take his trial at the next sittings of the District Court at Rockhampton, on the 12th September. He had no one to go bail for him and was taken off to gaol. He has a family living up the country [31].

Subsequent development are not reported, however his death in Marble Bar, Western Australia was reported thirty years later. His now reputable qualifications were recorded as M.R.C.S. (member of the Royal College of Surgeons. London, a basic non-specialist qualification.) He was noted to be the first resident surgeon of the Springsure Hospital and that afterwards he took up private practice in Gladstone and the district. He apparently had invested a good deal of money in Queensland mines, and went to Western Australia about five years prior to his death [32,33].

Dr Joseph Callaghan

Dr Joseph Callaghan was the second appointed surgeon commencing around 1874. His departure at the end of the following year is noted. Owing to the lack of a replacement, the hospital was closed briefly causing several patients to visit Tambo [34].

Dr C.J. Moran

Dr Moran previously in the railways department, was appointed and welcomed by the Springsure hospital committee in December 1875 as there were four in-patients previously without a doctor. He resigned in February 1878 to take up a position in Blackall, and a Dr Stellar was ga-

zatted to replace him, though is never mentioned again [35,36].

Dr Campbell

Dr Campbell was noted only on his departure, though presumably commenced duties in early 1878. He resigned the following year to the regret of the hospital. As stated in the paper, 'the Hospital has been so well managed by the present Surgeon, Dr. Campbell, that the resignation of that gentleman has devolved a task of some difficulty on the Committee in choosing a successor' [37].

Dr. R. H. Paterson

The next appointed doctor was more notable for his absence than medical skills and for the animosity he generated by belatedly withdrawing his application in favour of a position in Rockhampton hospital after stating he would arrive within a few days. Seven applications considered to be of a high standard were received for the now vacant position of medical officer. Dr R H Paterson was appointed by the committee after lengthy consideration as this gentleman's testimonials were of so distinguished a character, that they learnt from credible authority that he has been chosen as surgeon to several hospitals for which he applied [37].

A Dr Patrick White, MD, MA was considered an appropriate alternative. Two weeks later the hospital stated that Dr Patterson had not withdrawn his application and a starting date was being discussed while Dr Callaghan returned as locum.

Dr Patterson postponed his arrival several times and finally withdrew his application in mid-June on the basis that his constitution was inadequate for the long-distance horse riding required by the position and that he had been offered a more congenial position in Rockhampton. The hospital expressed considerable dissatisfaction at the treatment received from Dr Patterson and that his prevarication had prevented the appointment of one of the other most suitable applicants [38].

Mr Denne, Secretary of the Springsure hospital wrote to the local paper stating that Dr. Paterson had previously accepted the appointment of Surgeon to that institution but resigned on learning that he had been also chosen for Rockhampton Hospital. Denne's correspondence is reported verbatim below. 'He regretted that the Springsure Hospital have been treated in this manner, as some time must elapse before they could obtain the services of another medical man. They intimated properly to Dr. Paterson their intention to hold him responsible for any loss they may sustain through his non-fulfilment of his engagement, but considered that this to be an affair which he and they most settle between them, and need not prevent him from entering upon his duties at Rockhampton shortly.' [39].

To the editor of the Morning Bulletin. Dr. Paterson and the Springsure Hospital

Sir,-In your issue of June 7 you state that Dr. R. H. Paterson " withdrew " his application for the appointment of Surgeon to the Springsure District and Hospital This is an error ; Dr. Paterson did not withdraw his application, as the following correspondence will show. On May 1, I sent the following telegram, "Yesterday you were appointed Surgeon to the Hospital and District, when can you on start? Present Surgeon leaves end of May; he will remain a few days waiting your arrival. Please reply." feThe reply from Dr. Paterson by telegram was, " Wagga, May 12. Will leave for Brisbane next week and proceed to Springsure when I arrive. Write to Grange Hill, Brisbane, which is best way to come." On the same day he wrote as follows :-" Wagga, May 12.-I received your telegram late on Saturday night, and I at once sent an answer which I hope you got early this morning. I now beg to thank you for appointing me to the vacant Surgeonship. I will do all in my power to deserve the honour which has been conferred on me. I will leave Wagga tomorrow and get to Brisbane by Sunday morning. After I get my things together in Brisbane I will start for Springsure." [39].

On May 29th Dr. Paterson telegraphed from Brisbane, "Will leave to-morrow morning and arrive in Springsure on Wednesday." On June 4, the following telegram was received from Rockhampton, "Cannot leave till Saturday at soonest." to the surprise of the Committee this was followed by a second telegram from Rockhampton on June 6th stating, "I return to Brisbane on Tuesday; resign my appointment; will write and explain." 'This was evidently sent after his appointment to the Rockhampton Hospital. In reply, the Springsure Committee telegraphed to Dr. Paterson, "The Committee hold you responsible for any expenses caused by your notice of resignation, which notice will be considered at a general meeting." I also telegraphed to Dr. Campbell, Secretary of the Rockhampton Hospital, informing him that Dr. Paterson was under an engagement to the Springsure Hospital.

Dr. Paterson's letter of explanation arrived on June 11th. It was as follows: -"Rockhampton, June 6. To-day, I sent off a telegram resigning my post at Springsure. I hope that it will not inconvenience you my doing so. I am sorry for it ; but when I came here, I heard that I would have exceedingly long rides to go, and I am afraid my constitution would not stand the work. I have been appointed to the Hospital here, and I think it will be better for me than Springsure one, I intend to return to Brisbane on Tuesday, as I do not begin duty till the first of July. I hope that you will not blame me in trying to better myself by accepting the Rockhampton appointment and resigning the Springsure one. Hoping you will soon get another medical officer, I remain, etc., B. H. Paterson."

With regard to the above, in his application Mr. Paterson stated he " was accustomed to bush riding:" and in answer to a letter of inquiry was informed the distances he would probably have to travel on horseback in the fulfilment of his duties. The Springsure people naturally feel aggrieved at the treatment they have received at the hands of Dr. Paterson: his resignation so long after his appointment, has prevented them obtaining the services of any of the highly recommended medical men who applied for the post. Joseph L. Denne [40].

Dr Patrick White

As previously noted, the committee appointing Patterson also noticed among the applications for the Rockhampton Hospital that of Patrick H. White, M.D., M.A. They considered his qualifications to be remarkably high, and should he so desire, he could be appointed to the Springsure Hospital. The committee were satisfied that the district is considered to have sufficient attractions for medical gentlemen of superior attainments. No evidence can be found that he actually attended Springsure Hospital [37].

Dr Drummond

Dr Drummond was certainly at the Springsure Hospital by 1880. In 1881 his annual report related stated the hospital had been open during the entire year and was in a flourishing condition. He reported that seventy-nine patients had been treated in the hospital in 1880, with three deaths, seventy-two discharges and two still as inpatients. Dr Drummond also played a role in assisting the hospital finances. A few benevolent thespian gentlemen, including Dr. Drummond, provided some dramatic entertainment before a full playhouse in Springsure. All performed their parts very creditably, with frequent applause. A handsome sum was then added to the funds of the hospital. He also requested either to resign or three months leave of absence to visit Europe. It was proposed and carried unanimously that Dr Drummond's resignation be not accepted, but that he be granted leave of absence, and required to find a substitute during his absence. Dr Drummond was re-elected surgeon for the year [41,42].

A month later the hospital noted that Dr. Drummond was about to start for England. He had endeared himself to all classes in town, and he and his family were wished a pleasant voyage and a safe return. Dr Swain of Glendarriwill was booked as his locum [43].

Dr Swain (locum)

In 1882, the identity of the hospital surgeon is not clear, either Dr Drummond or Dr Swain. As previously noted, there were five deaths in the months, and the number of admissions and

discharges presented. Dr. Brannigan wrote that owing to current ill health he was obliged to leave Rockhampton, and that circumstance ended the possibility of his accepting the position of Springsure Medical Officer now vacant [44].

Dr. Symes

Dr Symes is first mentioned as the Springsure Hospital surgeon in 1883. Mr. C. R. S. Renny, the hospital secretary was taken ill with a progressively more severe haemoptysis. Dr. Symes was then absent in Rockhampton giving evidence in a court case. A telegram requested his urgent return and assistance, however by the time he returned with Dr. Thurston to assist, Renny had lost too much blood. He gradually sank while the doctors did what they could, but it was too late, their efforts were in vain and Renny died. No diagnosis is given but tuberculosis would seem the most likely [45].

Mr. Barnett was admitted to the Springsure Hospital under the care of Dr Symes with a gunshot injury requiring surgery [46].

The following year Dr Symes appears to have resigned, then gave his resignation a second thought and re-applied for the position. There were several additional applications for the appointment of surgeon including the present surgeon, and another who has previously resided here. The committee felt that this spoke well for this district as it showed medical men have gone further and fared worse. The meeting was animated and the election caused considerable excitement. However, Symes proved that he had the confidence of the majority of subscribers, as the number of votes in his favour was considerably in excess of those for the other applicants [47].

In 1885 at the annual meeting of the members of the Springsure Hospital Dr. Symes was the only applicant for the appointment of surgeon and was declared re-appointed [48].

Dr Symes submitted his resignation later that year. A special general meeting of subscribers to the hospital was called to elect a surgeon to fill the vacancy caused by his resignation. A considerable amount of interest was shown, and the proceedings were again animated throughout. There were five applications for the appointment, but of these only two were put to the vote; Dr, Brownrigg, of Maytown, who had been in Springsure as locum for Dr. Symes a short time ago and Dr Maxton, of Gympie. After a close contest Dr. Maxton was declared duly elected by a majority of one vote [49].

Dr Maxton

However, Springsure Hospital was surprised and offended when only two weeks later, Dr.

Maxton suddenly discovered he would be unable to accept the appointment. Another Dr. Pater-son! Sadly, non-arrival would occur yet again. Dr. Maxton's proceeding was considered to say the least of it, very peculiar, and an unfortunate circumstance that he did not know he would be unable to accept the appointment if elected, before he put in his application. The committee was consequently put to the inconvenience and expense of another election. Fortunately, Doctor Symes consented to remain as locum [50].

Dr Maxton appears to have returned to his practice in Gympie for he appears in the news again in two years. His brother, James V. Maxton was committed for trial on a charge of obtaining money under false pretences. The paper notes he is well connected, and his brother is a Doctor of Medicine, at present practising in Gympie! [51].

Dr L Apjohn

Three weeks later another Springsure Hospital committee elected Dr Lloyd Apjohn as hospital surgeon. There were several applicants for the vacancy, but as Doctor Apjohn was already in the hospital having come as locum team for Doctor Symes and possessed high qualifications, he was declared duly elected by a considerable majority [52].

The following year a story was related that, as a horse lover, he was referred a valuable horse with a nasal carcinoma. Dr Apjohn was able to excise the cancer successfully, while the horse was under an anaesthetic delivered by a colleague. The horse became one of his long-term survivors! [4].

In January 1887, Dr Apjohn was called to a suicide, as described in the diseases section, but the lady was deceased long before his arrival [53].

By the end of the year he found it necessary, through continued ill health, to resign his appointment as Surgeon to Springsure. The Committee accepted his resignation and instructed the Secretary to insert advertisements in the Rockhampton, Brisbane, Sydney, and Melbourne papers for applications to fill the vacancy [54].

Sadly, the severity of Dr Apjohn's illness became apparent only two months later in October 1887 when he died on a train journey. He had been failing fast for some time, and it was the opinion of many that he was too ill to undertake the journey, and their surmises proved only too true. He had engaged a special train to convey him from Springsure. His death was much regreted in Springsure as he had earned an excellent reputation as an excellent, painstaking doctor [55].

Dr. FitzGerald

The Governors of the Springsure Hospital met to elect his successor from twenty-one applicants. After two or three adjournments seeking further particulars a few of the applicants, Dr Fitzgerald, of Aramac, currently acting as locum for Dr. Brannigan at Barcaldine was elected [56-58].

An editorial in the Capricornian around the time of Dr Apjohn's resignation recorded the death in the Springsure Hospital of Alfred Gundril of Anakie having travelled there for medical advice. His brothers serving in India were his only known relatives. It also expressed appreciation that the schoolteacher was preventing children affected with typhoid fever from going to school, indicative of another outbreak. The Capricornian thought may cause a little friction, but save a lot of sorrow, and finally recorded another riding accident requiring hospitalisation [59].

The death of Edward Perry, a native of Ireland, aged about fifty-five years who had recently been under the care of Dr FitzGerald in the Springsure Hospital was recorded. He was found dead close to the Clermont Railway in transit from Emerald [60].

Three months later at the annual meeting of the Springsure Hospital committee, Dr. Fitzgerald was re-appointed surgeon, however he resigned six months later [61].

Dr Horton

The Governors of the Springsure Hospital held a special general meeting to appoint a new surgeon to replace Doctor Fitzgerald. There were sixteen applicants for the vacancy, and considerable interest was taken in the proceedings. The choice of the Governors eventually fell on Doctor Horton of New South Wales, who was expected to arrive in a week or two. There was only one inpatient at the time of the meeting. No more is heard of Dr Horton for several years till he comes fourth in a fresh ballot for the position [62].

Dr. Wilkie

Dr Wilkie was elected in early 1889 and reappointed at the annual general meeting [63].

Dr Moore

Dr Moore replaced Dr Wilkie before the end of the year and rapidly established an excellent professional reputation. When he took leave in October to get married the paper wrote, 'during the Dr's residence amongst us he has, by his kindly manner, strict attention to his professional duties, and uniform courtesy to all, made many and sincere friends, and we shall, one and all, be

very pleased to welcome his return with his bride to Springsure, and trust they may be spared to live long among us.' [64].

Dr. Moore was reputedly a very competent surgeon and remained at his post for five years. In 1895 he obtained the services of Mr. and Mrs. Fryer at a salary of £78 a year, afterwards raised to £90. It was an appointment of subsequent great significance for Springsure and the University of Queensland. Mr Fryer as the wardsman not only had to be gardener, messenger and nurse to the male patients but also made up most of the prescriptions. Dr Moore later became Superintendent of Public Health for Queensland. His last visit to Springsure was for the opening of the new hospital by Thomas Andrew Foley, MLA in 1940 [65].

At the annual meeting of the Governors of the Springsure Hospital, the salary of the doctor was raised from £250 to £300 per annum and Dr. Moore was re-elected surgeon [66].

Dr Moore attended the monthly meetings of the hospital committee reporting details of the hospital occupancy. In February he reported that at the commencement of the month there were four indoor and seven outdoor patients receiving medical treatment. During the month nine indoor and three out-door patients were admitted, and during the same period four indoor and five outdoor patients were discharged, leaving at the end of the month nine indoor and six outdoor patients [67].

Mr Kimbery died in Springsure Hospital following severe trauma in a train accident [68,69].

At the May monthly meeting the Surgeon's report for last month showed eleven male and seven female patients present at the commencement of the month. During the month twelve males and five females were admitted, eleven males and one female were discharged, two males died, leaving ten males and eleven females remaining at the end of the month. This is the largest number of patients treated in the hospital during any one month for a long time past [70].

In June 1890 Dr Moore reported that there were ten males and eleven females on the books at the commencement of the month; thirteen males and one female were admitted during the month, thirteen males and one female were discharged, leaving thirteen males and three (sic) females remaining at the end of the month, figures which do not add up! [71].

In 1992, a boy, young Packer, spent a month in the Springsure Hospital under Dr. Moore following an accident on the railway line causing severe damage to his left hand [72].

At the annual meeting of the Governors of the Springsure Hospital, Dr Moore reported that ninety-four cases had been treated successfully during the year with no deaths, exactly the same

number as 1891. Dr. Moore was re-elected at the same salary and on the same terms as last year [73].

At the monthly meeting of the Committee of Springsure Hospital, Dr Moore reported that one patient, Mary Juster, aged twenty-two years, had died from dropsy of the lungs. The Surgeon reported that at the end of the month there were three indoor and one outdoor patients, during the month five indoor and three outdoor patients were admitted, seven outdoor and one indoor patients had been discharged, and there were remaining one indoor and two outdoor patients. During the month, Dr Moore displayed other talents when he was elected vice-President of the School of Arts [74].

Moore cared for Mr Bragg when he and Patrick McMahon mistook an arsenic and soda mixture for beer in 1893. Bragg survived in Springsure Hospital after successfully taking emetics but McMahon died the following day [75].

Moore splinted the fractured arm of the daughter of the Rev. Mr. Kewell and removed a bullet from the thigh of James Maxwell following an accidental shooting. Mr Ross was admitted to Springsure Hospital under Dr Moore having been briefly knocked unconscious in a riding accident in which he sustained a fractured zygoma and arm. [76,77].

At the 1894 annual meeting of the Governors of Springsure Hospital, the medical officer reported that during the year eighty-five patients were treated, the cases being of a varied nature, forty-nine contributing to the surgical side, and thirty-six to the medical side. Two deaths occurred during the year. Dr. Moore was re-appointed at the same salary and on the same terms as last year [78].

In May, Dr Moore treated Ambrose Hunt in the Springsure Hospital with a severely lacerated foot sustained from well-digging machinery. Six days later the wound had developed erysipelas [79,80].

Mr. Tames Dallow went to the Springsure Hospital under Dr Moore for treatment of a lacerated leg [81].

Dr Moore was present at the October monthly meeting of the Committee of the Springsure Hospital, and in December, he treated the young son of Mr. F. H. B. Turner in Springsure Hospital when he was knocked unconscious in a riding accident [82,83].

At the Springsure Hospital monthly meeting in February, Dr Moore reported there had been one hundred and six admissions in 1894, fifty-four on the medical side and fifty-two on the surgi-

cal side. He applied to have the rent of the medical officer's residence abolished. It was noted that Mr. Wells, an old ailing resident of Consuelo station and recent patient of Dr Moore had died in spite of his medical skills [84].

At the April monthly meeting of the Hospital Committee, Dr. Moore successfully applied for one week leave of absence. An indigenous gentleman named Cubby was admitted to the Springsure Hospital with severe head injuries sustained in a riding accident while under the influence of alcohol [85].

The following month Dr. Moore accompanied by his family, left after last six years as resident surgeon to the hospital amidst general regret at his departure. Dr. Cooper was appointed locum tenens until a permanent appointment is made [86].

Dr John Moore, Medical Officer to Springsure Hospital between 1889 and 1995 announced his retirement in 1928 after fifteen years as the Commissioner of Public Health for Queensland. He was educated at Ranelagh School, Athlone, and from there entered the Ledwich School of Medicine, Dublin, graduating at the Royal College of Surgeons, Dublin, in 1884. After three years as a surgeon in the mercantile marine, he arrived in Brisbane, registering with the Queensland Medical Board in 1888.

He when he returned to Europe in 1895 where subsequent studies gained him F.R.C.S., Ireland and D.Med (Brussels University). On another visit to Ireland he gained a Diploma for Public Health. He was probably held the highest qualifications of any doctor in Springsure's first hospital. On returning to Brisbane he spent most of the rest of his career as a general practitioner in Esk, Queensland and as Commissioner of Public Health for Queensland [87].

Dr Cooper

The following month at the Hospital Committee meeting, the hospital board meeting paid tribute to Dr Moore announcing that at the end of April 1895 our esteemed medical officer, Dr. T. I. Moore, after residing amongst us for over six years, resigned, and left with his family for New South Wales. Subsequently Dr. H. 1. Cooper who had been carrying on the work since Dr Moore's departure as locum tenens, was duly elected by a majority of votes cast, Dr Booth came second and the elusive Dr. Horton came fifth with two votes [88,89].

Two months later, Dr. Cooper announced his engagement to Miss Linda Mayhew, of Brisbane [90].

In July Joseph Rowen, an orphanage apprentice lad from Glendarriwell station, was admitted

to the Springsure Hospital presumably under Dr Cooper, having sustained a clean fracture of the right arm [91].

Dr Cooper apparently became ill shortly after his engagement and Dr Booth took over as locum for a period. In September 1896, at the time of a nearby murder, Dr Simmins at Springsure was noted by the Crown Prosecutor to be the closest doctor to the crime [92].

John Campbell was admitted to the Springsure Hospital having been accidentally shot in the hand and thigh. The identity of the surgeon who successfully removed the bullet from the thigh is uncertain [93].

Dr Simmins

Thomas Hannan sustained a fractured ankle while horse riding in 1898 and was treated by Dr Simmins in the Springsure Hospital [94].

Dr Simmins presented a detailed report of cases admitted during the year which will be presented under treated diseases. There had been one hundred and seventy-two inpatients admitted during the year. He was reappointed in February 1898 under the same conditions as before [95].

The following month Dr Simmins treated a man gored through the thigh. A few days later, Simmins had had enough of the animosity shown to him by several member of the Committee and tendered his resignation after two and a-half years' service [96].

The Springsure Hospital committee was often bedevilled by petty but spiteful animosity and power struggles. Big egos in a small-town threatening violence! Sometimes the doctor became a pawn in such struggles. Both sides indulged in branch stacking of proxy votes. Dr Simmins was one such competent but unfortunate doctor. In May a special meeting of the Springsure Hospital committee expressed full confidence in Dr. R. B. Simmins [97].

In June, a man was admitted to the hospital with fractured ribs, though again the identity of the treating doctor is unclear [98].

Dr Simmins immediately obtained a position as medical officer in Claremont as recognition of his widely acknowledged ability. Like some of his predecessors in Springsure, he had talent elsewhere. He played piano accompaniment to a Clermont concert. His subsequent medical career included drilling a fractured skull for a presumed cerebral haematoma, falling accidentally of a train, appearing as a witness in a fatal poisoning and dying of heart failure in May 1906 [99-101].

Dr. Lyons

Dr Nielsen had been appointed as medical officer to Springsure Hospital by July 1898 and Dr. Lyons has been accepted as his locum tenens [102].

Dr. Lyons had enough time as the locum to report one month's figures. On the first of August there were eighteen male and three female patients in the institution. During the month twelve non-paying males, one paying male, and nine females were been admitted, making a total of forty-three. Of this one paying male, fourteen non-paying, and eight females had been discharged cured or relieved; two males had been removed to Dunwich, and one had died, leaving eighteen males and four females in the hospital on the 31st. The diagnosis of the two patients transferred to Dunwich Hospital is not stated, though that establishment was known then as a leprosarium, a benevolent asylum and a migrant station.

The outpatients treated numbered thirty-eight males and thirty-five females, a total of seventy-three. Of these thirty-four males and thirty-one females, a total of sixty-five, had been discharged, leaving still under treatment four males and four females, a total of eight. The death was Fred Bowstead, from pneumonia [103].

Dr Nielsen 1898

Following Dr Simmins departure in 1898, Dr. Nielsen, formerly surgeon to the friendly societies, was elected the Resident Surgeon for the Springsure Hospital from four candidates by a large majority, an almost unanimous verdict. The secretary said when a doctor was appointed it was the usual practice to wire the result of the election straight away, and he thought he should send a wire to Dr. Nielsen informing him of his appointment and asking him to take up his duties on the 3rd of August.

The hospital secretary expressed dissatisfaction about doctors applying for the medical position, possibly accepting, then refusing the position. He said, 'about eleven years ago we elected Dr. Watson, of Townsville, as Resident Surgeon, and when we wired him of his appointment, he wrote asking us about the place, the private practice, and whether it was a suitable residence. Two days afterwards he wrote and refused to accept the position.'

The question as to whether a trained nurse was necessary was discussed in 1898. The secretary said, 'We have Dr. Simmons's opinion that we do not require a trained nurse. Dr. Cooper and Dr. Brannigan were all of the same opinion.' Dr. Nielsen commenced two days later on the 5th of August [104-108].

Dr. Nielsen announced at the annual meeting that a hundred and seventy-seven patients were treated during the past year, an increase of five on the numbers of the previous year. Clinical details appear subsequently. Dr. Nielsen was re-elected medical officer at the same salary and on the same conditions as last year [109, 110].

Two weeks later. Dr Nielsen gave the monthly figures, during the month ten outdoor patients and twelve indoor patients had been admitted for treatment. The average daily attendance of patients had been, indoor 4 outdoor 8.4, total, 12.4 [111].

Dr Branigan 1899

Dr Branigan appears on the fringes of Springsure. He was predominantly working in Port Curtis. In 1892, Dr. Brannigan wrote that circumstances prevented his ever accepting the position of Medical Officer at Springsure as he was now obliged to leave Rockhampton Hospital owing to ill health. However, in 1899 he apparently, perhaps as a locum for Dr Nielsen, cared for a boy, Joseph Cooney, at the Springsure Hospital, who had a broken clavicle and serious injuries to the back of the head and face from a riding accident [112-114].

Dr Nielsen 1900

At the monthly meeting of the Committee of the Springsure Hospital, the medical officer's report showed that at the commencement of the month there were four indoor and seven outdoor patients receiving medical treatment. During the month nine indoor and three out-door patients were admitted, and during the same period four indoor and five outdoor patients were discharged, leaving at the end of the month nine indoor and six outdoor patients [115].

Later in February 1900 at the thirty-second annual meeting of the governors of the Springsure Hospital, Dr Nielsen reported that a hundred and seventy-six patients were treated during the year, a decrease of one on the number of the previous year. During the year there had been only a few cases of influenza, typhoid, scarlatina, dengue and measles with no major outbreaks. The hospital was extremely busy only for a few weeks at the end of last year. There had been three deaths in the hospital during the year, one dying one hour after admission from haemorrhage from the lungs (in seven minutes). Another from heart disease, and another from paralysis. There were also two deaths of out-patients from chronic diseases. Dr. F. W. Nielsen was reappointed medical officer at the same salary and conditions as last year [116].

Dr Nielsen reported to the 1901 annual meeting of the governors of the Springsure Hospital that during the year a hundred and eighty patients were treated, being one more than the previous

year. He continued that the past year was eventful from the fact that there was no serious epidemic disease. The infections ward was not used, which he thought was a matter for congratulation for the whole district. The daily average of patients for the year had been twelve [117].

The meeting then moved that Dr F. W. Nielsen be reappointed medical officer at the same salary and conditions as last year. Friction between the doctor and a committee faction suddenly surfaced though the issue appeared to have much more to do with small town politics than the doctor's competence. A ballot was demanded and taken. It resulted in forty-four votes being recorded for Dr. Nielsen's reappointment and fifty-two against. The anti-Nielsen faction had enrolled many voting subscribers and surprised the pro-Nielsen faction.

It was resolved that applications should be called for the position of medical officer at a salary of £350 per annum, applications to be in within eight weeks [117].

Dr Nielsen resigned because of unnecessary spite against him. Dr. Nielsen was immediately invited to Taroom, where he and his family remained, beloved by all his patients till his death, many years later. Some unpleasant opinions appeared in the local papers from the opposing factions where the doctor again appears an unfortunate and undeserving pawn in a petty power play by small town big egos. The last word is from Nielsen himself as below.

To the Editor. - Sir, - Having read the correspondence in your paper relative to the Springsure Hospital, I will reply in a few words. As to the last meeting of governors, it is quite enough for me to quote the good old axiom that votes should be weighed as well as counted. Therefore, when I see the quality of those given in my favour as compared with those on the other side, I am perfectly content, and the dignity of my profession is amply vindicated, I am etc

F. W. Nielsen M.A., M.R.C.S [118]

In April a medical officer, again of unknown identity reported the monthly figures of ten indoor and ten outdoor patients had been admitted and the average daily attendance of patients was 11.4 [119].

Dr Anderson

A special meeting of the governors of the Springsure Hospital was held later in April 1901 to appoint the medical officer. The anti-Nielsen faction demanded the omission of his application which was carried by a hundred and five votes to ninety-two, though it seems unlikely he would still seek the position. Dr Anderson was selected in a ballot of the remaining seventeen candidates. He was to come one of the most successful and popular of Springsure's doctors [120].

At the July monthly meeting of the Springsure Hospital Committee, Dr. Anderson reported that during the month seven indoor and thirteen outdoor patients had been admitted, the average daily attendance being 19.2 [121].

An indigenous gentleman was the focus of the October 1901 monthly meeting of the Springsure Hospital Committee. Jimmy Hopkins, who had been an inmate of this Hospital for a considerable length of time was incurable. The local Protector of Aborigines had twice been written to and requested to arrange for his removal, but no reply had been received and no action had been taken. A letter was sent to the Home Secretary, the Hon J. F. G. Foxton, calling attention to the situation. The following month arrangements were being made for his removal by Archibald Meston, the Queensland Protector of Aborigines [122].

THE concept of the office of the Protector of Aborigines originated in the British House of Commons in 1838 with the intent they watch over the rights of Indigenous Australians, guard against encroachment on their property, learn the Aboriginal language and to protect them from acts of cruelty, oppression and injustice. The role was unfortunately expanded in Australia to include social control and oppression, including dictating whom individuals were able to marry and where they lived and managing their financial affairs.

It is distressing to read that Matthew Moorhouse, who was the first Protector of Aborigines in South Australia, and a qualified doctor with M.R.C.S. actually led the 1841 Rufus River massacre, which slaughtered some thirty to forty Aboriginal people including women and children. Many of his other endeavours for the indigenous people were benevolent in the patriarchal British style of the period. It is also reported that his concern for Aboriginal welfare and justice won him respect from many settlers and affection from the natives. [123].

Dr Anderson reported that during the month of September 1901 fourteen patients had been admitted and thirteen discharged cured or relieved, that there had been one death, and that the average daily attendance had been 13.1. The average attendance of patients in October had been 10.9 [124,125].

Dr Anderson cared for Alexander Drummond when he was accidentally shot but unfortunately, he died from the effects of the wound on the following day [126].

A meeting of the Committee of the Springsure Hospital The report of the Medical Officer showed that the average daily attendance of patients for the month had been slightly over eighteen [127].

Dr. Anderson's appointment during the year as medical officer to replace Dr. Nielsen was noted at the 1902 annual meeting of the governors of the Springsure Hospital. He reported that during the year one hundred and eighty-nine patients were treated, being an increase of nine on the preceding year. The average daily attendance of patients had been 13.5, a hundred and forty were cured or relieved, four had died and eight remained on the 1st of January [128,129].

Dr. Anderson reported at the monthly meeting of the Springsure Hospital committee that six indoor and eight outdoor patients had been admitted in the month and that the average daily attendance had been 14.00 [130].

Dr. Anderson reported to the monthly meeting of the Committee of the Springsure Hospital that twenty-three patients had been treated in April, of whom one had died and twelve were discharged, cured or relieved [131].

Dr. Anderson reported to the monthly meeting of the Committee of the Springsure Hospital that in May month three indoor and nine outdoor patients had been treated and that the average daily attendance of patients was fourteen [132].

Dr. Anderson reported to the monthly meeting of the Committee of the Springsure Hospital that during August eight male and six female patients had been admitted and that the average daily attendance of patients had been 8.77. The same issue reveals that Dr. Anderson is also a committee member of the rifle club [133].

Dr Anderson reported to the monthly meeting of the Committee of the Springsure Hospital that during September four indoor and eight outdoor patients had been admitted, and the average daily attendances were indoor, 4.86, outdoor, 13.14, total, 18.32 [134].

Dr. Anderson reported to the monthly meeting of the Committee of the Springsure Hospital that during October the average daily attendance had been 2.25 indoor and 15.06 indoor patients [135].

In the December monthly meeting, Dr Anderson reported that seven patients had been admitted in the month, that nine outdoor patients had been treated, and that the average daily attendance had been 6.7 indoor and 14.9 outdoor patients [136].

In the January monthly meeting, Dr Anderson reported that the average daily attendance of patients for the month had been slightly over eighteen [137].

At the Springsure Hospital 1903 annual general meeting in February Dr Anderson reported

that hundred and sixty-seven patients had been treated in the past year in the Hospital, with three deaths. Dr. Anderson also gave a clinical report and was reappointed medical officer at a salary of £300 per annum with the right of private practice [138].

At the monthly meeting of the Springsure Hospital Committee, Dr Anderson reported that in February 1903, fourteen outdoor and thirteen indoor patients were admitted and that the average daily attendance had been 7.3 indoor and 16 outdoor patients [139].

At the monthly meeting of the Springsure Hospital Committee, Dr Anderson reported that in April eight indoor and nine outdoor patients had been treated in the month; that eleven indoor and eleven outdoor patients had been discharged; and that the average daily number of patients had been 7.06 indoor and 18.06 outdoor [140].

In May, Dr Anderson reported that the average daily attendance of patients for the month had been 20.8. [141]. The monthly reports of the Medical Officer showed that in May ten patients had been admitted to the institution and sixteen discharged and that the average daily attendance had been twenty-four [142].

The monthly report of Dr. Anderson showed that four patients had been admitted to the institution in August 1903 and eight discharged, that there were eight patients under treatment on the 31st of August, that the daily average number of patients for the thirty-one days had been 11.8, and that ten outdoor patients had been treated [143]. Dr Anderson reported that ten patients had been admitted and six discharged with a daily attendance average of ten. A Mr. Bloxsom had written last month complaining about Dr Anderson. No details are available and the Committee found no lapse of duty on the part of the Medical Officer. It was resolved to call tenders for building a buggy shed at the doctor's residence, according to the cheaper plan and specification submitted. An alternative form of transport to horseback [144].

Dr. Anderson 's reports for November showed that the average attendance of patients for the month had been indoor 2.5 and outdoor 8.2, for a total of 10.7. [145]. Dr. Anderson reported six indoor and nine outdoor patients had been admitted in November and the daily average attendance had been 5.8 indoor and 13.7 outdoor patients [146].

At the annual meeting for 1904, Dr. Anderson reported that one hundred and seventy-two patients received treatment in the previous year [147]. Dr. Anderson 's reports for February showed that the average number of patients in the institution had been 8.1 and the average number of outpatients 5.6 [148]. In April 1904 Dr. H. Anderson, after four years, resigned his position as

medical officer of the Springsure Hospital which was accepted with much regret. The Hospital Committee decided to invite applications for the position of medical officer at a salary of £250 per annum, with the right of private, the applications to be in not later than the 23rd of May. His report showed that the average attendance of patients for the month had been 4.3 indoor and 4.1 outdoor patients [149]. Dr. Anderson reported that eight patients had been admitted in April and that the average attendance had been 5.2 indoor and 4.2 outdoor patients [150].

Dr Mackay

Dr. Mackay was appointed from seven applicants to the position of resident surgeon in succession to Dr. H. Anderson at the Springsure Hospital Committee monthly meeting. Dr Mackay is not heard of again and appears to have never arrived [151].

Thirty-two residents of the town and district farewelled Dr. Anderson at a dinner at Scott's Hotel. The Chairman's speech is quoted verbatim: - "*We the undersigned cannot permit your departure from Springsure without expressing our appreciation of your sterling qualities as medical practitioner and gentleman. Professionally you have been unfailingly correct in your diagnosis of all cases for treatment during the term of more than three years that you have had charge of the Hospital here, as well as in cases outside and afforded relief to sufferers by your excellent skill as a medical man and surgeon, The residents generally desire to express their gratitude for the many kind services rendered without the semblance of ostentation, and you have exhibited great earnestness in advancing the welfare of our local institutions. Thereby you have gained the admiration and esteem of the populace. In bidding you farewell we earnestly desire that this memento of our esteem may serve to remind you of your residence in our midst, and we trust you may long be spared to pursue the career of your noble profession. On behalf of the ladies of the town and district, we regret, the departure of Mrs. Anderson, who has won their hearts by her kindly and sympathetic disposition. In conclusion, we would express a sincere hope that yourself and family will enjoy a full measure of health, happiness, and prosperity.*"

The address, which was signed by about thirty residents, was then presented by the Chairman with the remark that a. copy of it engraved and framed, would be forwarded to Dr. Anderson in his new home. He then called on all present to drink the health, prosperity, and happiness of Dr. Anderson and Mrs. Anderson, coupled with the name of Mr. Anderson, Dr. Anderson's father, who was also a guest of the evening. The. toast was heartily drunk.

Dr. Anderson, in reply, said the address was as unexpected as it was undeserved. He feared they had overrated his ability. Mrs Anderson wished him to offer her warmest thanks and deepest

gratitude to her lady friends in the town and district. During the term of his residence in Springsure he had been fully conscious of his many faults and shortcomings and the liberal indulgence that had been extended to him was a friendly action for which he regretted he could not adequately thank them. Their support and co-operation in his professional work had made his task easy and his life pleasant. A memento of his sojourn amongst them was scarcely required: but as they had kindly furnished one, he hastened to assure them that the events of that day would remain with him a gratifying recollection. In bidding them farewell he wished to give expression to the earnest hope that their expectation that his days of prosperity and peace, were near at hand would soon be realised. In conclusion, he desired to express the wish that when the present condition of stress and gloom had given place to a happier state of affairs he might once more find himself amongst them. Mr. Anderson returned thanks. Several songs and recitations were given and the proceedings were brought to a close with the singing of "Auld Lang Syne." [152].

Dr. W. A. E. Leary

Dr. Leary was found and appointed in place of the elusive Dr. Mackay and the lamented departing Dr. Anderson at an adjourned meeting of the governors of the Springsure Hospital. It was agreed that as Dr. Leary arrived by train in the morning, Dr. Anderson would be released from duty and leave in the afternoon for Proserpine [153].

Dr. Leary's stay was very abbreviated, he tendered his resignation as Medical officer after two weeks owing to family reasons, and it was accepted with regret. It was decided to call for applications for the position at a salary of £250, with the right of private practice, the applications to be sent in by the 6th of September. Dr. Leary was able to present the figures for June 1904, there had been three new indoor and two outdoor patients treated, and the daily average had been 5.03 indoor and 4.6 outdoor patients [154].

Dr Routh

Dr Routh was appointed as locum for Dr Leary in 1904. His first monthly report showed that three patients had been admitted and two discharged, and that the daily average had been 3.3. He wrote stating that the Hospital and its instruments were in exceedingly good order reflecting the greatest credit on the Committee, its officers, the late surgeon, and the nursing staff, but sought authority to destroy all drugs that he could not use [155]. Later that month, Dr. Routh informed the Springsure Hospital Committee that he declined to act any longer as locum tenens for Dr. Leary but expressed his willingness to continue if requested as permanent medical officer of the institution at the same salary. Dr. Routh was unanimously appointed and the Secretary wrote to

Dr. Leary inform him of Dr. Routh's permanent appointment [156].

The following month, Dr. W Routh appointment was confirmed ahead of another candidate. He reported that in the past month, there had been one death, twelve males and thirteen females had been admitted, and eight males and four females had been discharged, leaving eight males and thirteen females in the institution on the 1st of August. The large increase in the number of patients had necessarily entailed increased expenditure for supplies. The committee finally decided to forward a rent account, made up till the 30th of June, to their last favoured medical officer, Dr. Anderson! [157].

Later that month, Dr Routh reported that the average daily attendance of patients for the month had been 7.1 indoor and 16.6 outdoor. Friction surfaced between the secretary and a member, of little consequence, but indicative of ongoing committee petty power struggles. The Medical Officer's residence was noted to be in bad condition needing urgent repairs [158].

The next month, Dr Routh reported that nine indoor and six outdoor patients had been admitted, eight indoor and eleven outdoor patients discharged and that the average daily attendance had been 6.7 indoor and 17 outdoor patients. The repairs to the Medical Officer's residence were nearly completed [159]. At the first monthly meeting of 1905, Dr. Routh, withdrew the resignation he had previously offered. He reported that fifteen patients had been admitted and seventeen patients discharged, one death had occurred and that the average daily attendance of patients had been six [160].

In February Dr. Routh resigned as Springsure Hospital surgeon again! [161].

At the annual meeting of the governors of the Springsure Hospital it was noted that Dr. Anderson, who had fulfilled the duties of medical officer for over three years, resigned his position in April last as he was appointed to a similar nature at Proserpine.

Dr. Routh being selected for the position and was still in attendance! He reported that since he had charge of the hospital from the last week in July, he had under his care eighty-six patients. There had been only two deaths, one from blood poisoning, the other from tetanus. In the whole year he reported that one hundred and thirteen male and forty-nine female patients had been treated, that a hundred and three males and forty-three females had been cured or relieved, and that three males and two females died. Eight males and three females remained in the Hospital at the end of the year. The average daily attendance for the year was 6.6 in-door and 9.0 outdoor patients.

Dr. Routh also rearranged the dispensary and relabelled the bottles to in a thoroughly efficient state. He also tendered his resignation again, which was accepted and the Committee invited applications for the position of medical officer to be considered at the annual meeting of governors [162]. Dr. Routh reported that the average daily attendance of patients for the previous month had been 8.6 indoor patients and 11.7 outdoor patients, for a total of 20.3. Dr. Routh was asked if he would accept the daughter of Mr. J. H. Squire under his tuition as she was anxious to take-up nursing as a profession and wished to learn the groundwork in the Hospital. Dr. Routh was willing to take her subject to the Committee's permission. A patient admitted that morning was considered contrary to rule twenty and Dr. Routh agreed to remove the patient as soon as he found suitable accommodation which happened the following day [163].

By March Dr. Routh withdrew his resignation again and then reapplied for the position of Medical Officer along with Dr. D Maclean. The committee voted thirty-seven to thirty-two in Routh's favour and he was reappointed! [164].

In April Dr. Routh reported that twelve patients had been admitted in the month and thirteen discharged and that twenty-three outpatient had received relief. The average daily attendance patients for the month had been in-door 8.4, outdoor, 13.3. Routh had employed a woman for the day owing to the illness of the house-keeper and was informed casual assistance must be provided by the Working Committee. He was also asked to explain how the patients for whom no tickets of admission could be found had been admitted [165].

Dr Routh's report to the Springsure Hospital Committee showed that in June nine indoor and one outdoor patient had been received and nine indoor and four outdoor patients discharged, the average attendance being 5.7 indoor and 12.9 outdoor patients.

The hospital was honoured with a visiting doctor from Germany. Dr. Routh escorted Dr. J.K. Hein around the Springsure Hospital and Hein's report is quoted verbatim: - "Dr. Routh was kind enough to show me through the Hospital. I must say that I never saw one that was better kept. I certainly did not. expect to see such a fine and up-to date hospital in a small country town. It reflects well on the generosity of this committee towards their sick brethren and it shows everywhere the care that doctor, nurse, and management take in keeping it up to the standard of such institutions" . High praise for a small Australian rural hospital over a century ago [166].

Dr. R. Moni

Dr. R. Moni was the only applicant to replace Dr Routh and at a special general meeting of the

governors of the Springsure Hospital, he was elected [167]. Two months later, the monthly report showed that in the month nine indoor and seven outdoor patients were admitted to the Springsure Hospital and that the average daily number of patients treated was 5.4 indoor and seven outdoor, for a total of 12.4. The doctor was not identified [168]. Dr. Ricardo Moni, of Tambo, having been successfully elected in the place of Dr. Routh declined to accept the appointment tendered his resignation as surgeon. Another no-show! Subsequent steps to procure a medical man resulted in the appointment of Dr. G.W. Parrimore, Melbourne on a salary of £250 [169].

Dr Parrimore

According to Elizabeth Gilmore's unreferenced history of Springsure Hospital, Dr Parrimore arrived in late 1905 just before the very wet season of 1906, when it rained off and on for about six weeks, and there was a severe epidemic of dengue fever. She reported that one person brought the bubonic plague back from North Queensland, but fortunately there were no rats to carry the infection and there were no further cases. The public were not informed, and her friends merely thought she had a specially bad attack of dengue. The truth would have certainly caused widespread panic! [4].

The details of the past year were presented at the annual general meeting of the Springsure Hospital by Dr. G.W. Parrimore confirming the outbreak of dengue fever. He reported as follows: - *I have the honour to report that I took charge of your Hospital on the 4th December 1905. As regards the work done in the institution in the year. I find from the books the one hundred and three patients were treatment with a mortality of one. Since my arrival here an outbreak of dengue level caused an influx of patients for a few weeks, and the working capacity of the staff was severely tried. I am pleased to say it proved itself thoroughly efficient and the epidemic is now practically over. During the year the average daily attendance of patients had been 6.3 indoor and 11.5 outdoor, for a total of 17.8 The reports of the last month showed that three indoor and four outdoor patients had been admitted and eight indoor and three outdoor patients discharged, and that the average daily attendance of patients had been 8.2* [170].

The Springsure Hospital, on the advice of Dr. Parrimore, decided to advertise the position of trained nurse at a salary of £40 per annum at the monthly meeting [171].

In June, an epidemic of upper respiratory infections occurred associated with eye infections [172].

Louis O'Brien died in the Springsure Hospital under the care of Dr Parrimore from the effects of phosphorus poisoning [173, 174].

Dr Parrimore after nearly a year as medical officer, tendered his resignation in favour of a more advantageous position. The resignation was accepted with regret and steps taken to replace him. Dr Parrimore said he had been fortunate enough to obtain as locum tenens a highly-qualified surgeon. Dr Parrimore also presented the annual report for 1906. One hundred and nine patients were admitted, a decrease attributed to the absence of any outbreak of an infectious disease such as that of dengue fever in the early part of 1903. Seventy-two male and thirty-seven female patients were admitted, and a hundred and three were discharged cured or relieved. Two died, both hopeless from the time of admission, leaving six on the books on 31st of December last. The average daily attendance of patients was 1.8 indoor and 4.4 outdoor [175].

Dr Laura Weir 1907-1910

A most significant event occurred in April 1907 for the Springsure Hospital, the appointment of Dr. Laura Weir, the first female doctor. She was born in 1882, the daughter of Graham Weir, well known as the editor of a collection of Australian verse and as a professor of elocution. Dr Weir graduated M.B Ch B, with second class honours from Melbourne University where she had worked with some distinction in the customary course at Melbourne Hospital. She was registered as a legal medical practitioner in 1907 and, as a friend of Dr Parrimore commenced her first appointment in Springsure that year.



Laura Weir

The significance of this appointment is easy to underestimate in the twenty-first century when female medical graduates outnumber their male counterparts, and evidence suggests that their patients' rates of death and readmission are better than the male counterparts' rates. The first woman to practice medicine in Australia was Emma Constance Stone. She was born in 1856 in Hobart. In

1882 she met Reverend David Egryn Jones, an English migrant. When he decided to study medicine, she followed suit. She was forced to leave Australia to study medicine since the University of Melbourne medical school would not admit women. She graduated from the Women's Medical College of Pennsylvania, and was awarded her MD from the University of Trinity College, Toronto in 1888, less than twenty years before Weir was appointed to Springsure. Dr Stone played an important role in founding the Queen Victoria Hospital in Melbourne.

After working in London and qualifying as L.S.A., she returned to Australia in 1890 to become the first woman to be registered with the Medical Board of Victoria. The first female to enter an Australian medical school was Georgina Dagmar Berne. She entered Sidney University studying arts, but in 1886, she transferred to the medical course. After a brilliant first year and then experiencing a hostile dean and multiple exam failures, she continued studies in UK and Paris, graduating with L.S.A. in 1891 and LRCP, MRCS in 1893. She returned to work in Australia in 1895 but sadly died of tuberculosis in 1900.

The first female to graduate from an Australian medical school was Constance Ellis who qualified from the University of Melbourne as a Doctor of Medicine in 1903. She subsequently specialised in obstetrics, gynaecology and pathology. Laura Weir entered medical school three years before Constance Ellis graduated, and her first appointment was in Springsure as a new inexperienced doctor. Her achievements should not be underestimated. She would appear to be more competent and confident than the graduates of a century later who require a few more years postgraduate training in supervised hospital positions before working in remote isolated practice!

While the older men were initially reluctant to see her, her skill and objectivity soon became respected in town during her five-year tenure. In a remote male-dominated tough rural society she rapidly gained a reputation as a very skilled and competent doctor. She also became an accomplished horse woman able to visit patients in rural areas day or night. The Sydney paper at the time opinioned that Melbourne women doctors usually do well in the matter of appointments, and that a woman is at the head of one hospital in Melbourne which is entirely officered by women [176, 177].

Dr Weir presented the hospital reports for the next two months. In April, the average daily attendance of patient has been 3.1 indoor and 9.7 outdoor, and in May, the average daily attendance had been 2.3 indoor and eleven outdoor patients. In May, two indoor and six outdoor patients were admitted and three indoor and eight out-door patient were discharged with the death of one female inpatient [178, 179].

At the 1908 annual general meeting the following year, the committee with much pleasure stated that Dr. Laura Wier was appointed to the position of permanent medical officer to this institution following the resignation of Dr. Parrimore and that during her term of office she had given us every satisfaction. Dr. Wier reported that the number of patients treated in the year was a hundred and eighteen, seventy-two males and forty-six females. The number of inpatients had been thirty-eight, twenty-four males and fourteen females. Two deaths occurred, one male and one female. The number of patients discharged cured or relieved had been a hundred and ten leaving two indoor and four outdoor patients under treatment on the 31st of December.

She noted that the work at the Hospital is predominantly medical but a good deal of minor surgery had been done in the year, mainly in the outpatient department. She considered an apparatus for sterilising instruments and surgical dressings were essential requirements for the hospital, and that it was desirable that the hospital should obtain a few of the instruments and appliances necessary in almost any case of accident such as scalpels, forceps, needles, and suture material. Dr Weir appreciated that the Medical Officer should supply most necessary instruments for any operation. In the dispensary she found large quantities of drugs past their use-by date, and the absence of a number of very necessary drugs. The committee granted her application for these and she thought the hospital dispensary to be in a fairly satisfactory condition, and, with due care, could be kept well supplied at a very small expenditure. Dr Weir thanked Nurse Hawkins for the zeal and enthusiasm with which attends to the pharmacy and every other department [180].

Dr Weir presented her report at the annual general meeting of 1909. One hundred and nineteen patients had been admitted during the year, eighty-seven were males and thirty-two females. One hundred and seven, seventy-eight males and twenty-nine females were discharged cured or relieved. The number remaining on the 31st of December last was nine males and three females. The average daily attendance of patients had been, indoor, 2.0, outdoor, 3.1; total. 3.7. No deaths occurred.

She considered the hospital throughout is in a much more satisfactory condition than at the beginning of the year, improvements having taken place in all departments. Dr Weir was sorry to receive the resignation last November of Nurse Hawkins who had been an active, resourceful, and most capable member, she had been in charge of the Springsure Hospital for two and a half years but resigned owing to ill-health, and was taking twelve months' holiday at her home in Mowbray [181].

In June, Dr Weir obtained three months leave to visit Melbourne [182].

Dr Weir reported to the Springsure Hospital Committee meeting that during December two in-door and ten outdoor patients had been admitted, and that the daily average was indoor 0.6, outdoor 9.6, total 10.2 patients [183].

The following was the Dr Weir's annual report in 1910: *'I have the honour to submit to you the following report:-The patients treated at the hospital in the year 1909 were indoor fifty-three males, ten females, total sixty-three. Outdoor sixty-four males, twenty-four females, total eighty-eight, making a grand total of one hundred and fifty-four. Of these one hundred and thirty-seven were discharged, two died and twelve remained on the 31st of December.'*

Dr. Laura Weir was re-appointed as Medical Officer at a salary of £250, and free residence. Nurse Clune was re-appointed at the same salary as last year and was voted an honorarium of £5 for extra duties in attending the typhoid patients lately in the Hospital [184].

Dr Weir reported two non-paying and one paying patients had been admitted and eighteen out-patients treated during February and that the daily average attendance was 2.7 indoor 6.7, outdoor for a total. 9.4. patients. Dr Weir also made complaints about the wardsman and housekeeper who were dismissed, early evidence of her forceful character [185]. Dr. Weir attended Richard Stanley Vigors at the Springsure Hospital when the wheel of a dray passed over his body [186]. Dr Weir reported to the meeting of the Springsure Hospital Committee that during December two indoor and ten outdoor patients had been admitted. The average daily attendance was indoor 0.6, outdoor 9.6, total 10.2. The sub-committee was appointed to draft a testimonial to Dr. Weir presumably following her resignation. As no applications for appointment as Medical Officer were received, it was decided to wire to Mr L.V. Brunk, medical agent, asking him if he could supply a medical practitioner to take up hospital duties here by the 11th of February, at a salary of £250, private practice and lodge, estimated value £250 [187].

Dr Weir reported that during the month six indoor and seven outdoor patients had been admitted, and that the average daily attendance being, indoor 3.5, outdoor 6.8, total, 10.3 patients. Dr. Pinchin's testimonials were requested for consideration at the next monthly meeting of the members of the Springsure Hospital Committee. In consequence of Dr. Laura Weir's intended early departure from this district, a social gathering was held in the Oddfellows Hall in which the residents of the town and district, and the Hospital Committee presented Dr. Weir with a handsomely framed testimonial. There was a good attendance of Dr. Weir's personal friends, but a number were prevented from attending by the late rains [188].

At Dr Weir's farewell dinner, she received a tribute of the highest praise, one given to very

few of Springsure's doctors. The vice-president, Mr. J. C. Wells, read some letters of apologies' from absentees and noticed that the dominant note throughout the correspondence was one of extreme regret at Dr. Weir's departure and of good wishes for her future welfare. He continued, *'On occasions like this it is customary to say nice things about the departing guest. All who knew the current speaker were aware that it was much easier for him to say nasty, sarcastic things than pleasant ones, but at the present occasion he was there as the official mouthpiece of the residents of the town and district, and he deemed it his duty to try and ascertain the feelings of the gathering and to give expressions to them. Therefore, he considered that he would be failing in his duty if he did not give Dr. Weir unstinted and unbounded praise, and his own regret at this particular junction was the fear that he would be unable to find words to adequately express the very high esteem in which the doctor was held by the residents generally. However, he hoped those gentlemen who followed him would make good any deficiency. When Dr. Weir came there, she had not a friend in the district, and he did not think she possessed even an acquaintance. Imagine then the feelings of a young girl almost fresh from college dumped down in a strange district, many hundreds of miles from her friends, among strange people and amid strange surroundings. Only those who have actually experienced it could thoroughly realise what this meant, add to that the fact that Dr. Weir had many difficulties to overcome and some deep-rooted prejudices to live down. How well she overcame those difficulties was well known to all and greatly redounded to the doctor's credit.*

Many of them received Dr. Weir's appointment with feelings of misgiving, but she was not long in the district before those feelings gave place to feelings of approbation, admiration, and complete confidence, and at the present instant Dr. Weir was held in the very highest admiration by the whole of the residents of the district and we have in her the most implicit and unbounded confidence. He had, on behalf of the subscribers, very much pleasure in presenting Dr. Weir with a lady's dressing bag, a framed illuminated address, and a gold muff chain. These, he was requested to state, were accompanied by the good wishes of the contributors. They hoped Dr. Weir's future would be a happy and successful one. That it would be successful he was absolutely certain because Dr. Weir appeared to possess all the elements which made for success. He hoped she would carry away with her pleasant recollections of her sojourn in the district. The residents would always be pleased to hear of her well-doing.

The residents' testimonial was as follows:- To Dr. Laura Weir, M.B, Ch.B., Melbourne. - *'We, on behalf of the residents of Springsure and district, on the eve of your departure, take this opportunity of expressing our appreciation of the good work performed by you during your four years' residence amongst us. The tact and good judgment displayed by you, together with your very skil-*

ful and successful surgical and medical treatment of many serious cases, have evoked universal approbation. We shall long remember the promptness and despatch with which you habitually attended professional calls and the long and fatiguing journeys travelled by you deserve special mention. Apart from your profession, many social qualities. While sincerely regretting your departure, we earnestly hope your future career will be eminently successful and that your life may be a long and happy one. — Yours respectfully. John C. Wells."

And the Hospital Committee testimonial was as follows:- *'Madam, it is with sincere regret that we have received your resignation as Medical Officer to the Springsure Hospital. During your term, now four years, you have been unremitting in your attention to the patients under your charge, and your skill in the treatment of the various diseases has been almost invariably successfully applied, while your treatment of the numerous cases of accident have been equally successful. To the members of this Committee you have been uniformly courteous and it has been a pleasure to consult with you. While again expressing our regret at your severing your connection with this institution that you may be equally successful in your future undertakings. Yours respectfully, on behalf of the Hospital Committee. A. J. Bean, President. J. C. Wells, Vice-president. Geo. Alchin. Hon. Treasurer. W. Fisher. Secretary'.*

In presenting the above Mr. C. A. Fifoot made a very suitable speech, during which he stated that when it was first proposed to appoint a lady as medical officer, he did his utmost to oppose the appointment, but after four years' experience of Dr. Weir, he would if it were possible to induce Dr. Weir to remain amongst them, double his effort to secure her. Mr. J. A. Milliken said he found it difficult to express the regret which he felt at Dr. Weir's departure from their midst. He had had a. good deal to do with the doctor in several capacities. As family doctor he had particular reasons for being incredibly grateful. As an old member of the Hospital Committee he always found her attentive to duties, skilful in treatment, and pleasant to work with. As a member of a friendly society, Dr. Weir was admitted to be absolutely the best doctor we had had. It might be possible, with a fair bit of luck, to get another doctor as skilful, but he was afraid it would be difficult to get one with the same amount of skill combined with the sympathy displayed by Dr. Weir

In wishing Dr. Weir health and happiness he was sure he was expressing the wishes of almost everyone, in the district. The Rev. E. H. Coulcher supported the former's speakers. Refreshments were provided, and the gathering was closed by the singing of Auld Lang Syne' and the National Anthem [189].

Dr Weir attended the 1911 annual meeting as her last meeting of the governors of the Spring-

sure Hospital to present her final report. The patients treated for the year ending the 31st of December 1910 were indoor males forty-nine, females eight, total fifty-seven. Outdoor males ninety-eight, females forty, total, a hundred and thirty-eight, making a grand total of a hundred and ninety-five. Of these a hundred and seventy-seven were discharged, relieved, or cured, seven remain under treatment, and three died. The average attendance of patients during the year had been indoor 3.4, outdoor 12.1, total, 15.5.

The Committee received and accepted with unfeigned regret, Dr. Laura Weir's resignation after four years' work. They stated that this last year has been one of extreme worry to her but she has gone through the work as efficiently as before. The Committee felt sure the entire district would sincerely regret her departure. During her four years' residence she had made many improvements in the institution and had added to the surgical and medical appliances. She had been granted a remission of the rent of her residence for this year. The Medical Officer's salary was fixed at £300 per annum, and Dr. Pinchin was appointed [190].

Laura Weir, subsequent career post Springsure

Her subsequent career as a daughter of Springsure was interesting and controversial. The iron fist in her velvet glove was first perhaps revealed in the dismissal of the wardsman and house-keeper of Springsure hospital! First, she attended a refresher course in Melbourne. Subsequent positions in Muttaborra Hospital, where she remained for three and a half years, as medical superintendent of the Ararat Hospital and Benevolent Asylum, and an appointment as a house surgeon in August 1915 in Toowoomba, were all gained in spite of opposition from male board members, and sometimes other male medical applicants.

In 1912 in Muttaborra, Dr Weir is recorded being summoned to meet five patients nearby all suffering from food poisoning from tinned mushrooms. She went to meet them in her motor car, a change from her previous horse, as she progressed towards Muttaborra in buggies. Although initially in a serious condition, they were soon reported to be improving in hospital [191-194].

In November 1915, she was appointed to the New South Wales Education Department also known as the Department of Public Instruction as medical officer in Orange with responsibility for the health of the pupils of the East Orange public school. Emphasis was placed on examination of eye, ear, throat, teeth, nose, and for ailments likely to affect the health of the children [195-197].

The most challenging and controversial episode in Dr Weir's career arose when she was em-

ployed in Cooktown Hospital. In 1926 she fell foul of the age-old curse of the public health bureaucratic system; decision making by non-expert! At the time, indigenous patients in Cooktown were placed in a low-care distant ward, and the central high-level care unit was deemed 'whites only'. Separate wards for indigenous patients were commonplace in Australia a century ago [198]. Dr Weir had a severely ill indigenous male patient who needed careful intensive nursing and medical care in the opinion of the matron as well as Dr Weir. The hospital board disagreed with her opinion and terminated her contract, citing grounds of economy in spite of spending several hundred pounds recently on a new maternity ward and on a solicitor recently appointed to the board for no visible reason [199].

Brisbane newspaper reported was a very unreasonable dismissal and the British Medical Association (Australia) agreed recommending a boycott of the hospital. Initially three replacement doctors of twenty applicants were appointed, but on the advice of the BMA all withdrew their application. Dr E. S. Meyers, the secretary of the Brisbane branch of the BMA, wrote to the Cooktown Hospital board seeking details of the dispute but received no reply [200]. The board secretary C. Olive resigned and Mr E Kingsbury, the acting chairman recommended that the whole board should resign.

The public mainly supported Dr Weir in her battle with the hospital board and endeavoured since the commencement of the trouble to get the board to veto her dismissal. Meantime the board endeavoured to appoint a replacement on a lower salary, a Dr O'Connor of Mungana. They considered that Dr Weir was too dogmatic, that she requested to have a say in the revision of the hospital rules, maintained a right to charge a private fee in maternity cases in addition to the hospital fee, and to have jazzing in the hospital when there were no serious cases. Her iron fist! [201-205]. It was reported that 'She put her foot down with a firm hand'! Dr Weir was reinstated and remained at the hospital for another year.

The following year she was back in the public eye. In 1927 she appeared as an expert witness in a high-profile alleged rape case involving a white stockman and a 'half-caste girl'. Her evidence of violent sexual assault was contradicted by her male replacement at the hospital [206]. The case was heard by Mr. Justice Douglas in the Cairns Supreme Court. Mr. B. A. Ross prosecuted, and Mr. J. P. Quinn, instructed by Mr. C. Patching, of Cooktown, appeared for defence. Arthur Thomas Nevins was accused of raping Ivy at Granaghan House where he had been horse-breaking that day. Ivy was discovered by Mary Helen Granaghan on her veranda in a pool of blood with bloodstained clothing.

Dr. Weir as the Government Medical Officer was asked on Sunday, May 8th, 1927 by the police in Cooktown to examine Ivy. Dr Weir stated that she was suffering from shock and had lost a great deal of blood. She was not quite conscious. An examination revealed that the vagina was lacerated and full of blood. The lacerations were quite recent, one was gaping, and was an inch in length. Her opinion was that Ivy had been violently sexually assaulted very recently [206-208].

Police Sergeant Guilfoyle, of Cooktown, gave evidence that he saw Ivy at the request of her employer, Mary Helen Granaghan. He found her on the back veranda, surrounded by blood stained clothes with blood on the floor. He collected Dr Weir to examine Ivy, and interviewed Nevins, the defendant who had been breaking-in horses on the property. He denied the allegation. Guilfoyle went to Nevins house finding clothes being washed and noted Nevins had a 'groin rash' or blood-stained scratches which Nevins claimed was caused by a safety razor blade falling down his trousers. In the witness box Nevins claimed that he found the blade later in the day when he felt something cutting him in the groin area staining the inside of his trousers. He also claimed one of his horses had been bleeding and some blood had stained the outside of his trousers.

Ivy was examined under anaesthetic the following day by Dr. Norman O'Connor, Superintendent of the Cooktown Hospital finding a clean-cut laceration half-an-inch long which he did not think was due to sexual intercourse, but no hymen implying past sexual intercourse. After a few more witnesses detailing the whereabouts of Nevins at the critical time, the jury retired to find Nevins not guilty within fifteen minutes. They favoured Nevin's story that he had dropped a razor blade down his trousers and forgot about it till he had sustained a few cuts from the blade!

Dr Weir left the hospital to be replaced by Dr O'Conner as Government Medical Officer [208]. Subsequently in 1941 during the absence of Dr. J. P. Major on active service Dr Weir was appointed medical officer in charge of the chest bureau at the Prahran Council municipal health centre [209]. She died in 1961 in Kew, Victoria having been her own woman, a trailblazer, a champion for medicine and her patients, a champion for women and the truth, a beautiful young lady and a spinster all her life [210].

Dr Pinchin

The Medical Officer's salary was fixed at £300 per annum, and Dr. Pinchin was appointed in 1911 [190].

The committee decided it was impossible to fill the medical officer position on the old salary of £250 pa, and it was raised to £300 at which salary Dr Pinchin was appointed in February.

However, he was another short stay doctor for he resigned in March when Dr Smeal of Melbourne was appointed to the position. According to Gilmore he came out of retirement as locum tenens [4,211]. Dr. Pinchin attended his last monthly meeting of the Springsure Hospital Committee in March. His report showed that six indoor and fourteen outdoor patients were admitted in the month; that fifteen were discharged; and that the daily average attendance had been indoor 3.1, outdoor 12.4. Dr Weir had written offering to sell the drugs at her residence, it was resolved not to purchase the drugs and to request the agent for Dr. Wier to remove them. Dr. Pinchin handed in a list of replacement drugs required [212].

The report of the unidentified Medical Officer showed that nine out-patients had been admitted in the month and that the average daily attendance of patients had been indoor 2.2, outdoor 8.6 [213].

The still unidentified Medical Officer reported that during 1911, forty-one persons, thirty males and eleven females were treated as indoor patients. Of these twenty-five males and eleven females were discharged cured. or relieved. Two males died of apoplectic seizures. and three males were in the institution on the last day of the month. The average duration of residence in the hospital was twenty-eight days. A hundred and nineteen out-patients, eighty-four males and thirty-five females were admitted, they made four hundred and thirty visits to the hospital to receive advice and medical treatment as required. Dr Stokes was appointed medical officer [214].

The Medical Officer reported that three indoor and six outdoor patients were admitted in the month and that the average daily attendance had been indoor 1.2, outdoor 10.9, total 12.1 [215].

Dr. Stokes reported to the monthly hospital meeting that five indoor patients and ten outdoor patients were admitted and that the average daily attendance had been indoor 1.9, outdoor, 10.0. He also submitted a list of required drugs [216]. After a year as the medical officer of the Springsure Hospital, in 1913 Dr. R. Stokes, once a champion footballer, has resigned as he is proceeding to another appointment [217]. A breakdown in communication between Dr Stokes and the secretary followed. Stokes heard at the previous meeting that he should give three months' notice, but he had not received any official communication to that effect. He had also not attended the previous meeting of the Committee because the secretary informed him there would be no meeting owing to the inability to form a quorum. Dr. Stokes now asked the Committee to accept his resignation under the terms of his agreement.

The Committee regretfully rescinded the motion that Dr. Stokes should give three months' notice, but now accepted his resignation in terms. Dr. Stokes reported that in January four patients

had been admitted and two discharged, leaving two under treatment at the end of the month [218]. Dr. Stokes reported to the monthly meeting of the Springsure Hospital Committee that during February five indoor and five outdoor patients had been admitted, the average daily attendance being three indoor and five outdoor. He applied for the refund of his travelling expenses from Adelaide (£15) having been Medical Officer for over twelve months.

Dr. Brown who had been newly appointed to the position as medical officer of the Springsure Hospital wrote stating he would prefer to take up his position on May 10th instead of April 10th, as the former date would suit him better than the latter [219]. Dr. Stokes reported to the monthly meeting of the Springsure Hospital Committee that during March four indoor patients had been admitted and twenty-three outdoor patients treated. He observed that his travelling expenses had not yet been paid [220].

Dr E.W. Brown

The newspapers noted the arrival in Springsure of Dr. E. W. Brown, the newly-appointed Medical Superintendent of the Springsure Hospital. accompanied by Mrs. Brown in 1913. Dr. Brown graduated M.B. and B.S. from Melbourne University in 1905. He had a varied hospital career, having served terms in the Ballarat, Perth, and Fremantle hospitals and for four years he had conducted a private practice in Beulah, Victoria. Dr. Brown the paper noted had a special interest in radiology [221, 222].

Radiology was a new and rapidly developing area of medicine. X-Rays were discovered by Wilhelm Röntgen in 1895, and the first described clinical use was by John Hall-Edwards in Birmingham, England on 11 January 1896, when he radiographed a needle stuck in the hand of an associate. Dr Brown was an enthusiastic follower of the latest developments in the early days of an emerging diagnostic modality. Dr Brown reported to the monthly hospital meeting that during June thirteen patients had been admitted [223]. Dr Brown reported to the monthly hospital meeting that during July nine indoor and fourteen outdoor patients had been treated, with an average daily attendance of indoor seven, outdoor eighteen, total twenty-seven. The purchase of an operating table at a cost not exceeding £30 was authorised, the matter to be left with the working committee and the medical officer [224].

The death of Patrick McCabe, aged seventy-seven, in the Victoria Hospital, Barcaldine, who had previously occupied the position of wardsman at the Springsure Hospital, was announced [225]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that during September twenty-three indoor and thirteen outdoor patients had been admitted, the daily

average attendance being thirteen indoor and twenty-two outdoor, total thirty-three patients, two deaths had occurred [226]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that on the 1st October 1913, twelve patients remained in the hospital. During the month thirteen were admitted, sixteen discharged, and nine remained at the end of the month. Thirty-three outpatients were treated. The average daily attendance of indoor was nine and of outdoor twenty-six patients.

The Home Secretary's Department requested particulars re children's admission when suffering from measles. Admissions were generally perceived as undesirable for a usually mild, very contagious disease of childhood, but had been left previously to the doctor's decision [227]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that six indoor and twenty outdoor patients remaining on the 1st of December. Eight indoor and five outdoor patients were admitted during the month, nine indoor and nine outdoor patients were discharged during the month. One patient died and there were four indoor and sixteen outdoor patients remaining on the 31st of December. The average daily attendance, at the Hospital for the month was indoor 4.9, outdoor 25.4, a total of 30.3 [228].

Mr. Cedric Spencer Wills died at the Springsure Hospital in 1914. A link with the history of the area, his father died in the massacre by the at Cullin-laringo in 1861. As soon as he heard of the massacre, Mr. Cedric Wills went straight to Cullin-la-ringo, where he remained until 1893. He enjoyed good health until about a year ago and was not seriously ill until the 24th of December last, when he was taken to the Springsure Hospital [229].

A buggy crash in Springsure resulted in the death of the yardman of the Springsure Hotel and injuries to six others. The more seriously injured people were conveyed to Springsure. Hospital but were making progress towards recovery. [230, 231]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that during February eleven indoor and nineteen outdoor patients had been admitted and seventeen indoor and twelve outdoor patients discharged [232]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that during May seven indoor and fifteen outdoor patients had been admitted [233]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that during July nine indoor and eight outdoor patients had been admitted [234]. Dr. Brown reported to the monthly meeting of the Springsure Hospital Committee that during July 1914 ten indoor and nine outdoor patients had been admitted. The average daily attendance being seven indoor and twenty-five outdoor; total thirty-two patients [235].

Dr. Brown reported that the wardsman's vegetable garden should soon be productive, and that the meat bill had increased owing to a rise in price and a preponderance of surgical cases in hospital, on full diet. During September eleven indoor and thirty-three outdoor patients have been admitted; the daily average attendance of patients treated being 8.2 indoor, 22 outdoor, total 28.2. He requested screen doors with the advent of summer and requested that visitors should only be admitted during visiting hours and not bring food without gaining knowledge and approval from the nursing staff.

Dr. Brown informed the monthly meeting of the Springsure Hospital Committee that he had volunteered for active service with the next Expeditionary Force. He intended going south this month and while there dealing with the matter of a new Xray apparatus. However, he noted that most of X-ray apparatus is made in Germany and the cost of installing will be about fifty percent more on account of the war, he was not certain whether the proposed increase of fifty per cent for installing applies to electric dynamo and accumulators. He proposed buying a plant should his further enquiries prove favourable [236].

Egbert Wills, aged 11, was conveyed to Springsure hospital for treatment of an accidental shooting in which a bullet entered the left leg above the boot and passed downwards to the instep [237].

Dr Brown reported to the monthly meeting of the Springsure Hospital Committee that November during October eleven indoor and thirteen, outdoor patients had been admitted, the average daily had been indoor 9.7, outdoor 32.2, total 41.9. Dr Brown applied for five weeks leave of absence and stated he had been offered the services of Dr. J. P. Wilson, a highly recommended man as locum tenens [238]. Dr Brown reported to the monthly meeting of the Springsure Hospital Committee that during December eight indoor and four outdoor patients had been admitted on the books, the daily average attendance being indoor 7, outdoor 23.1 total 30.1. Thirty-five patients had been discharged cured or relieved and one died. Ten indoor and twelve outdoor patients remained at the end of the month.

Matron Grant wrote enquiring about the nature of remarks made about her by Dr Brown at the last meeting but was informed this was privileged information given for the benefit of the hospital. She was however, granted a testimonial similar to the one given by the Medical Officer to be signed on behalf of the Committee by the President and Secretary [239].

Dr Brown reported at length to the 1915 annual meeting of the Springsure Hospital Committee Firstly he reported that during the past year the Hospital admitted a hundred and forty-three

patients. There were five deaths, but some of these cases were beyond the hope of recovery on admission, death being hastened by the strain of travelling a long distance over bad roads. In the early part of the year the Hospital was taxed to its fullest capacity, owing to an outbreak of typhoid fever, and also a big accident. Extra nurses from Rockhampton and Brisbane were engaged and expenditure during that time materially increased. The new female ward had opened.

Dr Brown planned to visit the south which would enable him to examine the availability and cost of a new X-Ray machine though the probable cost had increased at least five per cent due to war conditions. He was concerned about flies congregating around wounds being dressed and the inauguration of a proper sanitary service will be of assistance to the hospital, especially in the event of another outbreak of typhoid fever. Finally it was reported that during the year two hundred and eighty-five patients had been treated of which number two hundred and fifty-nine had been discharged, as cured or relieved and four had died. The daily average attendance had been, indoor 7.8, outdoor 25.7, total 33.7 [240].

Dr. J. P. Wilson

Dr Wilson reported that during March fourteen indoor and fifteen outdoor patients had been admitted, forty had been discharged cured or relieved and one had died. The average daily attendance being indoor 9.7 and outdoor 10.4, total 20.1 [241]. Dr Wilson submitted a list of required medical instruments His report showed that during August seven indoor and six outdoor patients had been entered on the books and sixteen were discharged cured or relieved [242]. Old acquaintances from Springsure had a chance encounter en-voyage to the battlefields of WW1 in 1915. Mr. J. Steele, of Springsure, now of the Fifth Light Horse, writing at sea mentioned that among the nurses on the transport are Miss Kemp, who thirteen years ago was a nurse in the Springsure Hospital [243].

The Medical Officer reported that fourteen indoor and fifteen outdoor patients had been admitted and thirty-two discharged cured or relieved. A dispute between Matron Neville and the nurse and yardman was brought to the committee's attention [244].

Mr Arthur H Toot died after a sudden and unexpected illness in the Springsure Hospital. His extended family visited Springsure for his funeral [245].

Dr. Wilson reported to the monthly meeting Springsure Hospital that during November 1915 seventeen indoor and thirty-five outdoor patients had been entered on the books. Three deaths occurred during the month [246]. Dr. Wilson reported to the monthly meeting Springsure Hospital

that on the 1st of January 1916 two patients were remaining in the hospital, during the month twenty were admitted, seventeen discharged, five remained on the 31st of January, Outpatients remaining on the 1st of January, eight, admitted seventeen, discharged twenty-one, remaining four. The daily average of patients was 5.4 indoor and 5.5 outdoor [247].

The Medical Officer reported to the monthly meeting of the Springsure Hospital committee that one indoor and three outdoor patients remained on 1st of the month, eight indoor and nineteen outdoor patients were admitted during March, four indoor and seventeen outdoor patients were discharged and five indoor and five outdoor remained at the end of March [248]. Mr. Stewart, aged eighty-two, died at the Springsure Hospital having been taken ill suddenly with bronchitis. He had been one of the pioneers of Central Queensland [249].

Dr. G. Brown

Dr. Brown was extended a hearty welcome on his return to Springsure from the front. He volunteered for active service in the A.I.F. and was called up in January 1915. After serving in Egypt and the Sinai desert he was invalided home, resuming duty at Springsure in August. Dr. Brown reported that during July nine indoor and eighteen outdoor patients had been admitted, nine indoor and seventeen outdoor patients were discharged, cured or relieved, and five indoor and one outdoor remained at the end of July. Dr. Brown, again at the forefront of medical progress in 1916, had brought back with him an up-to-date microscope and proposed starting a laboratory for bacteriological and chemical work at the hospital. He also reported that he had inspected an X-Ray plant, engine, and dynamo at the Emerald Hospital. The X-ray machine would be quite satisfactory for Springsure and would cost about £252. It was resolved that the matter of the purchase of an X ray plant be left in the hands of Dr. Brown with an instruction from the Committee to install the plant when he thinks the time is opportune [250].

Dr. Brown reported to the monthly meeting of the Hospital Committee that during November sixteen indoor and fourteen outdoor patients were admitted, and thirteen indoor and five outdoor patients were discharged cured or relieved [251].

James Eadie, aged fourteen years, was admitted to the Springsure Hospital after a shooting accident in January 1917 [252].

Leslie Cox was admitted to the Springsure Hospital following a riding accident [253].

The annual meeting of Governors of the Springsure Hospital noted the considerable expense of the new X-ray plant, reducing accumulated funds and necessitating strict economy. It was also

noted that Dr. Brown had resumed his professional duties after a prolonged absence with the expeditionary forces. He was reappointed medical officer at a salary of £408 and rent free while in the present residence.

Dr. Brown reported that during 1918, one hundred and sixty-four in-patients and two hundred and nine outpatients were treated, two deaths of patients had occurred and three hundred and seventy-four patients had been discharged cured or relieved. Dr. Brown informed the committee that the laboratory proved of inestimable value in the diagnoses and treatment of a large percentage of cases. However, he encouraged an urgent expenditure on equipment of £30 to £40 if proper up to date work is to be done. He considered the bacteriological laboratory is of far more value than an X-ray plant [254].

The Defence Department arranged for fees to be charged to treat members of the Defence Force who may be inpatients. Dr. Brown reported to the monthly Committee meeting of the Springsure Hospital that during April eight indoor and eleven outdoor patients had been admitted and eight indoor and eleven outdoor were discharged, cured or relieved. Two had died [255]. Dr. Brown reported to the monthly Committee meeting of the Springsure Hospital that during May nine indoor and nine outdoor patients had been admitted, eleven indoor and twelve outdoor were discharged cured or relieved. Five indoor and one outdoor patients remained on 31st July 1919 [256].

Dr. Brown reported to the monthly Committee meeting of the Springsure Hospital that during July eight indoor and eleven outdoor patients were admitted, eleven inpatients and twelve outpatients were discharged during the month cured or relieved and five indoor and one outdoor patients remained on 31/7/17 [257]. Dr. Brown reported to the monthly Committee meeting of the Springsure Hospital that during August ten indoor and twenty-one outdoor patient had been admitted and that he had to engage the services of two extra nurses owing to the increase of patients. Dr. Brown and the Secretary were authorised to negotiate the purchase of a new X-ray plant [258].

The Capricornian noted that in 1917 it was fifty years since the first patients were admitted to the Springsure Hospital [259]. Dr. Brown reported to the monthly Committee meeting of the Springsure Hospital that during December fifteen in-door and seventeen outdoor patients had been admitted and that fifteen indoor and seventeen outdoor patients had been discharged, cured or relieved [260].

Dr. W. Gilbee Brown was selected from a list of twelve applicants for the position of medi-

cal superintendent of the Maryborough General Hospital, and therefore tendered his resignation [261].

William Robert Campbell, aged 15, was admitted to the Springsure Hospital having been injured while riding. [262].

Dr. Looslie 1918-21

Dr. Looslie, Dr Brown's replacement, reported to the annual meeting of governors of the Springsure Hospital that in 1919, one hundred and nine inpatients and sixty-seven outpatients were treated in the Hospital, a considerably fewer number than was treated last year. A surprising figure, less than half of the previous year in the year of the world influenza pandemic. Springsure appears to have emerged well, perhaps thanks to its isolation in central Queensland, perhaps effective medical management and isolation, perhaps a population of predominantly young adults, perhaps good fortune. Gilmore states that most of the town caught the disease but does not mention deaths [4].

The drug account for the year showed a substantial decrease on that of last year, despite the fact that the price of drugs has in many cases risen. The lighting and X-ray plant were in good order, and the trouble with the electric plant has been corrected. In the influenza epidemic the accommodation at the Hospital was somewhat strained for a time, demonstrating the need for more nursing facilities in the isolation ward. the Hospital was utilized as a depot for free inoculation. Dr. Looslie was reappointed medical officer in 1920 on the same conditions as last year, namely. £400 per annum and free residence. Mr. Thomas Miller, a very old resident of Springsure who died in the Hospital this year, bequeathed his estate to the institution [263].

Mr. Nelson Hyland was admitted to the Springsure Hospital having sustained injuries in a motor vehicle accident [264].

Trevor Schrimp was admitted to the Springsure Hospital having been kicked by his horse [265].

Dr Lester

Dr. Lester, the presumed locum, reported to the monthly meeting of the Hospital Committee that four indoor and six outdoor patients were being treated on the 1st of January 1921, that eight indoor and twelve outdoor patients were admitted in the ensuing month, that four indoor and eleven outdoor patients were discharged, that one death had occurred, that seven indoor and outdoor patients were being treated at the end of the month, and that the daily average of indoor

patients had been 5 and of outdoor patients 10.6, making total of 15.6 [266].

Dr McShane 1921-1933

The medical officer, possibly Dr McShane, reported that during the year 1920, ninety-five in-patients and one hundred and eight outpatients were treated at the hospital. There was only one small epidemic of infectious disease, which supported the previously expressed need for increased accommodation in the isolation ward. [267]. The Medical Officer, probably Dr McShane reported that the average attendance for July had been four indoor and ninety-eight outdoor patients [268].

Money was set aside to pay the costs of returned service men. A brass plaque was mounted in the ward inscribed by Dr McShane as follows:- 'This ward was opened on August 20th, 1925 as a tribute to the men of the Springsure District who served in the Great War (1914—1918), particularly to perpetuate the memory of those who made the Great Sacrifice.' [2]. Three men were admitted to the Springsure Hospital in 1922 with ptomaine poisoning [269]. Eustice, an infant, was conveyed by ambulance to the Springsure Hospital suffering from severe scalds [270]. Dr. McShane motored out from Springsure to Cullin-laringo in 1923 to see Mrs Rebecca Allenfred who had sustained severe burns from which she died the following day in Springsure Hospital [271].

W. Fisher was conveyed to the Springsure Hospital with a dislocated hip sustained while riding [272].

John McGuire died in the Springsure Hospital from injuries sustained when he was caught in the pulley wheel of an engine [273].

Shirley Lloyd was admitted to the Springsure Hospital with a gunshot wound [274].

Dr McShane reported that the daily average number of patients in February 1924 was in-patients 4.6, outpatients 6.1. Four deaths had occurred during the year. He also referred to the wearing out of the hospital lighting plant, and the disuse for some time of the X-ray apparatus through lack of power [275].

Charles Mallet and Mr Birchley were both admitted to the Springsure Hospital with riding injuries [276].

Mr. P. Wall was admitted to the Springsure Hospital with appendicitis and peritonitis under Dr. McShane [277].

The body of the late Ted Burt left the Springsure hospital for his funeral after he died in an

accident on the Springsure racecourse [278]. Springsure Hospital Committee decided that Dr. McShane is to be paid £4 4s. for each case attended at the maternity ward [279]. Two trauma cases were admitted to the Springsure Hospital under Dr McShane in July. Fred Langlow staked himself in the thigh and Mrs Mallyon broke her leg [280]. Mr. James Neville, aged sixty-seven, died in the Springsure Hospital. He was described as ‘a very old resident of this district.’ [281]. Myrtle Russell was admitted to the Springsure Hospital suffering from sunburn and exposure after being lost in the bush for twenty-nine hours [282]. Joseph John Priddle was admitted to the Springsure Hospital with a deep laceration of his foot [283,284]. The Springsure Hospital Committee decided appropriately that the medical officer should use his own discretion in the matter of admitting patients with measles [285]. Mr. Tee was conveyed to the Springsure Hospital having severely injured his feet with his pick [286].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that eight patients were admitted during November, nine were discharged, one died, and three remained on the 1st instant. Four outdoor patients under treatment on November 1st, twelve fresh outdoor patients were treated in the month, ten outdoor patients were discharged, leaving six outdoor patients under treatment on 1st December [287]. Dr McShane was reappointed medical officer in 1925 at the monthly meeting of the Hospital committee at a salary of £450 with free residence and the right of private practice with a fee of £4 4s to be paid for each case treated [288].

At their monthly meeting Springsure Ambulance announced their caseload in the last month, had been four accidents, nine transported, one slight office visit, two severe office visits, total distance travelled two hundred and sixty-four miles [289]. The Springsure Hospital Committee decided at the monthly meeting to purchase an X-ray plant immediately, and also to open a private ward in memory of the soldiers, with suitable commemorative tablets to be placed in the ward and X-ray room [290]. Dr. McShane diagnosed heart failure as the cause of death of Patrick Donnelly, aged eighty-six who had been taken ill the previous day [291].

Adam Wakenshaw was admitted to the Springsure Hospital with neck injuries having been thrown from a horse [292]. Dr McShane reported at the monthly meeting of the Springsure Hospital Committee that in July five indoor and three outdoor patients had been admitted and that seven patients had been discharged, leaving six indoor and five outdoor patients under treatment at the end of the month [293]. Dr McShane reported at the monthly meeting of the Springsure Hospital Committee that eighteen indoor and thirteen outdoor patients were admitted during the month, the daily average being 13.3 patients [294].

William Harrow was admitted to the Springsure Hospital in 1926 having been lost in the bush for several days [295].

Mr. P. McEvoy died in the Springsure Hospital after a short illness [296].

Mr. W. A. Mills, aged 78, died at the Springsure Hospital [297].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that in June 1926 there was a daily average of indoor 5.7, outdoor 10.8 total 16.5 patients. Dr. McShane was granted three months leave of absence, and the appointment of a locum tenens was left in his hands. A bonus of £190 was voted to Dr. McShane in recognition of the very satisfactory and capable manner he had managed the hospital whilst under his control, a concept applicable in the twenty-first century only in business administrative circles, no longer in professional positions regardless of talent, academic qualifications, success, community benefit or hours of work! [298].

Dr. Barrett 1926

Dr. Barrett as locum, reported to the monthly meeting of the Springsure Hospital that four indoor and fifteen outdoor patients were admitted during September, and that eight indoor and seventeen outdoor patients were discharged, the average daily attendance being indoor 3, outdoor 10. Total 13 [299]. Mr. Brent Marshall was conveyed to Springsure Hospital having injured his eye when cutting scrub for fodder. Dr. Barrett was present at the November monthly meeting of the Springsure Hospital as locum tenens for Dr. McShane who had just returned from a three-month holiday with his wife and child visiting Melbourne and Colombo [300-304].

Mr. W. Macdonald was admitted to the Springsure Hospital having been lost in the bush [305].

Two patients were treated in the Springsure Hospital for minor trauma. Mr. Louis Priddle was kicked in the forehead by a horse and Bob Simms having lacerated fingers of his left hand [306].

Dr McShane (returned)

Dr McShane reported in 1927 that there were fifteen inpatients on December 1st and that five were admitted during the month with thirty-one discharged. Numbers that do not add up! Two deaths had occurred and seven patients remained on December 31st. The daily average attendance was indoor 4.7, outdoor 9.5. Mr. W. Fisher was admitted to the Springsure. Hospital under Dr McShane suffering from a broken arm sustained when he fell while attempting to mount a horse. The Springsure Ambulance Brigade meeting revealed attendance at eight accidents, eight transport cases, and three office cases. The mileage travelled was six hundred and eighty-one

miles. For the half-year ended December 31st, there were sixty-six accidents, a hundred and sixty transports, and seventy-six office cases, or a total of two hundred and ninety-one cases, and three thousand miles were traversed [307-309].

Dr McShane reported at the monthly meeting of the Springsure Hospital Committee that three hundred and eighty-nine patients were treated during the year. The daily average attendance was indoor, 6 8, outdoor 10 5, total 17.3 patients [310].

Dr McShane was present at the monthly meeting of the Springsure Hospital in June, July and November but gave no report [311-313].

Mrs. Nainby, a very old lady, died in Springsure Hospital of unspecified causes. Mr. Will Horsfield Wealwandangie was admitted to the Springsure Hospital with a fractured clavicle having fallen from his horse [314].

Isobel Rolfe reported that her cousin died in the Springsure hospital having had rheumatic fever for four months [315].

The body of an old man, Henry Smith, better known as Chester Pong, was found in the bush near Comet Downs station in 1928 [316].

Dr McShane reported at the monthly meeting of the Springsure Hospital that the daily average attendance was indoor 11.3, outdoor 11.8 patients, while the figures given for admissions are omitted. The Capricornian states that fifteen indoor and eight outdoor patients were remaining at the end of the month, that twenty indoor and thirty-nine outdoor were discharged during the month, and there were remaining twelve indoor and eighteen outdoor patients. Admissions should therefore have been twenty-three inpatients and forty-nine outpatients. [317].

Nichol Joseph Francis Coyne, aged 8 died in the Springsure Hospital in 1928 following a motor vehicle roll-over the previous day [318].

Dr. McShane spoke very strongly at annual meeting of governors of the Springsure Hospital on the need for ventilation of the maternity ward and between the two wards as early as possible [319].

George Sypher, aged seventy, died in the Springsure Hospital He was born at Morella station, near Surat, came to the Springsure district in 1879 [320].

Mr. Creed, one of the oldest pioneers of the district died in the Springsure Hospital aged ninety-three [321].

Dr McShane reported at the 1929 annual meeting of the Springsure Hospital that number of patients had increased steadily in recent years by year taxing the accommodation at the hospital and at times the staff had been considerably overworked though always willing and cheerful. One hundred and twenty-six males and one hundred and thirteen females were treated in the institution during the year, while two hundred and sixty-nine males and one hundred and seventy-four females received outdoor patients treatment. There were eight deaths during the year, seven males and one female. The average daily attendance was indoor 10, outdoor 11.1 total 21.1 patients [322].

Mr. Burg. Rogers, died in the Springsure Hospital as a result of severe injuries sustained in a riding accident [323].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that the daily average attendance of patients was indoor 12, outdoor 14.7, total 26.7 [324].

Cecil Campbell was admitted to the Springsure Hospital following a severe fall from his horse [325].

Dr. McShane reported at the Springsure Hospital monthly meeting that sixteen indoor and twenty-nine outdoor patients were admitted in June, that twelve indoor and twenty-eight outdoor patients were discharged; and that thirteen indoor and eleven outdoor patients were being treated on June 30th. The daily average attendance was indoor 10.0 outdoor 10.3 patients [326].

Charles Edwards, recently admitted to the Springsure Hospital, was found dead in his camp [327]. Richard Zeller died in Springsure Hospital in 1929 after a motor vehicle crash [328,329]. Dr. McShane reported at the Springsure Hospital monthly meeting that the daily average attendance had been 11.9 indoor, 21.5 outdoor patients, totalling 33.4 [330]. Dr. McShane reported at the Springsure Hospital monthly meeting that the daily average of indoor patients was 9.8 [331].

Mr. Fisher died in the Springsure Hospital in December 1929 [332].

Dr. McShane reported to the Springsure Hospital monthly meeting in 1930 that twenty indoor and fifty-two outdoor patients were treated during the month, and that twenty-one indoor and fifty-two outdoor patients discharged. No deaths occurred, eight remained at the end of January. The average daily attendance was indoor 7.7 and outdoor 6.2 patients [333]. A botanist writing to the Queenslander discussed poisoning with *Solanum auriculatum* which had caused the admission of two children to the Springsure Hospital in the past [334].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that the daily average for March 1930 was 6.5 indoor patients and 3.09 outdoor patients [335].

Mr. W. J. Sypher died in the Springsure Hospital in June [336].

Doctor J. I. Moore, the former surgeon to the Springsure hospital between 1889 and 1895 died in June 1930 after a serious illness [337].

Dr McShane reported to the 1930 annual meeting of the Springsure Hospital that a hundred and eleven males and a hundred and twelve females were admitted during the year, and two hundred and seventy-two males and two hundred and thirty females had been treated as outdoor patients. For the first time in the history of the hospital, female inpatients outnumber male inpatients, an indication of the town demographics and its developing maturity. The average daily attendance was indoor 6.29, outdoor 5.97 patients. It was noted at the meeting that Terrence South, the 11- years old son of the local postmaster had died in Emerald Hospital from tetanus [338].

Robert Callaghan was admitted unconscious under Dr. McShane to the Springsure Hospital with a fractured skull following a roadside accident [339].

Edith Alchin was conveyed to the Springsure Hospital following a gardening accident [340].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that the December daily average attendance was 7.1 indoor and 4.6 outdoor patients [341].

Miss Coombes, aged two, was admitted to the Springsure Hospital in 1931 with a serious but not fatal head injury following an accident [342].

Dr McShane reported to the monthly meeting of the Springsure Hospital Committee that he had treated twenty-one inpatients and 74 outpatients in October 1931, a daily average of 7.2 and 7.6 patients [343].

Constable Doyle was admitted to the Springsure Hospital in 1932 suffering from injuries he received when kicked by a horse [344].

Mr. J. Collins died in the Springsure Hospital aged only thirty-four of unspecified causes [345].

Dr McShane reported that twenty-eight male and thirty female patients had received attention during July [346].

Mr. L. Markey to the Springsure Hospital in 1933 following a riding accident and a young man from Mt. Playfair was admitted with a severe laceration on the foot [347,348].

Alfred Farquhar, a stockman was admitted to the Springsure Hospital unconscious following a riding accident [349].

Mr. J. J. Campbell died in-the Springsure-Hospital of septic poisoning following surgery [350].

Viva Travers was admitted to the Springsure Hospital in 1934 with a 32-calibre bullet embedded in her forehead [351].

Mr. W. H. Lane died at the age of seventy years in the Springsure Hospital [352].

Dr McShane reported to the monthly meeting that thirty-nine patients had been treated during the month. One death had occurred and five patients remained in the hospital at the end of March.

The ambulance superintendent's quarterly report in April 1935 showed that for the last nine months, fifty-one accidents, two hundred and ninety-seven transport cases, and a hundred and fifteen office cases had received attention, and the ambulance had travelled three thousand, three hundred and ninety-two miles! [353]. Mrs. E. H. Scherer died aged seventy-eight, and Mr Fred-erich Wheeler died aged seventy-seven, both in the Springsure Hospital [354,355].

Mr Kirkham was admitted to the Springsure Hospital under Dr McShane having sustained a broken thigh following a riding accident [356].

Appreciation of Dr. C. McShane's years of services to the institution was expressed at the annual meeting of the Springsure Hospital [357].

The Medical Officer of Health for Central Queensland notified the first case of diphtheria reported in the district for more than 20 years [358].

Dr C. McShane died suddenly of heart disease while still the medical officer of the Springsure Hospital. Matron Healy sent for Dr Mees, of Emerald, who made the trip by rail motor-cycle but Dr. McShane had died before his arrival. Dr McShane took up residence at Springsure 14 years ago and had been the hospital medical officer for nearly ten years. In addition to having been held in high regard professionally, he had taken a keen and active interest in the affairs of the Returned Soldiers' League, of which he was president, and in the sporting and social activities of the town. Dr McShane is survived by his wife and one child. The large number of floral tributes and messages of condolence received testified to the high esteem in which the doctor was held. Although the longest serving doctor in the first Springsure Hospital his farewell party was unfortunately his wake [359,360].

Colonel D. D. Dawson, the third son of the late Dr R. J. B. Dawson, the first doctor of the Springsure hospital in 1867, died after a long illness following a distinguished career in military and religious matters [361].

Mr. E. C. Bingle died in the Springsure Hospital after he was taken ill suddenly the day before and admitted in a critical condition [362].

Dr T. J. Flynn

Dr Flynn led the farewell tributes to Matron Healy in 1936 following her four years valuable services and dedicated work in Springsure Hospital and wished her well for her new appointment to the larger hospital with a nurses' training school at Gin Gin. She was appointed matron from twenty applications received from all parts of Queensland. Matron Healy was presented with a cheque in recognition of her unselfish efforts and the harmony she generated with the other staff and the matron [363,364]. Dr T. J. Flynn resigned from the Augathella Hospital and wrote accepting the position of Medical Officer to the Springsure Hospital on the conditions offered, and the Department of Public Health officially approved his appointment [365,366].

Miss Gough was admitted to the Springsure Hospital having fractured her thigh whilst cycling. Dr Flynn reportedly 'set' her injured limb though no further details of the injury or procedure are available [367].

William Brown was found unconscious after a riding accident and admitted to Springsure Hospital [368].

Mr Colin Wright died from tetanus after Dr Flynn and the hospital staff treated him for six days in July 1937 [369].

Dr T. J. Flynn was present at the October meeting of the Springsure Hospital [370].

Mr V. Heeney was admitted to the Springsure Hospital having cut his foot whilst ringbarking [371].

N. Bock was admitted to the Springsure Hospital with head injuries received whilst playing football [372].

James Edgar Henney died in the Springsure Hospital in June 1938 three weeks after being accidentally shot in the abdomen [373,374].

Bert Butcher and A. Clarke were admitted to the Springsure Hospital with head injuries following an accident at the sawmill. Mr. W. Lewis has been discharged from the Springsure Hospital following an unspecified operation [375-377].

Mr. Jack Clarke died in Springsure Hospital following a riding accident [378].

Dr Flynn resigned from the position of Medical Officer to the Springsure Hospital in 1938 and was en route for the South on vacation. Dr J. A. Thoms was appointed to fill the vacancy and Dr Heard was acting as locum tenens [379].

Dr Heard (locum) Dr J. A. Thoms

Mr Hancock and his son were both admitted to the Springsure Hospital in 1939 following separate riding accidents [380].

Mr William Dennis Barrett, aged seventy-eight died in the Springsure Hospital of unspecified causes [381].

Ivan Eyles was admitted to the Springsure Hospital with a broken arm [382].

Clarence Rowlands was admitted to the Springsure Hospital having been kicked by a race-horse [383].

Aubrey Rolfe was admitted unconscious to the Springsure Hospital in 1940 following an accident with a wool press [384].

Dr R Maltby

Dr R Maltby was appointed medical officer of health to the old Springsure Hospital and transferred to the new hospital later in the year [385].

Master J. Wells was admitted to the Springsure Hospital having fallen from a horse [386].

Springsure's original hospital, one of the oldest in the State, closed in December 1940 ending an era of seventy-three years in which antibiotics, microbiology and pathology laboratories, radiology, aeroplanes and motor cars were developed, new vaccinations were well-accepted and prevented many previously common lethal infections and Australia trained its own doctors. When life expectancy increased from forty-five years to sixty-five years. Medicine of 1940 as a cognitive process would be recognisable to the graduates of 2020, whereas the medicine of 1867 would seem little better than unscientific guesswork! The new Springsure Hospital costing more than £4,500, was officially opened by Mr. T. A. Foley, the Minister for Labour and Industry [387].

3.Diseases Treated in the Springsure Hospital

Springsure Hospital opened in 1866, an era of medicine before diagnostic pathology and radiology, before intravenous therapy, in the very early days of microbiology and before antibiotics. An era before motor vehicles when doctors made their house calls on horseback. An era in which

Australia's first people were still defending their land against the European invader. The decade of the Cullin-la-Ringo massacre in 1861 when nineteen white people were killed by Gayiri warriors.

Springsure is a remote town over seven hundred kilometres north-west of Brisbane. Even in the twenty-first century there are logistical problems bringing first world medicine to the 'out-back'. It remains a beautifully brutal environment often unknown to big city dwellers where survival is measurable when health problems occur. Survival still depends upon an adequate source of water, reliable communication where there is no mobile network, functioning transport and personnel to provide assistance.

One hundred and sixty-years ago ill or injured people may not reach hospital for twenty-four hours or more, may have to swim flooded creeks with injuries, may be living alone with no hope of being found alive in extremes of summer heat and winter cold. These factors often had a significant impact on the state of health of patients when received in Springsure Hospital [27]. The majority of health problems seen in Springsure Hospital fell into the two categories of infectious diseases and trauma. Progress reports are rarely to be found, though if the problem resulted in death, this was usually published.

4.Deaths

Dr J. Callaghan reported five deaths in Springsure Hospital in the last year, namely two from cardiac disease, one from tertiary syphilis, one from tuberculosis and one from 'epitheliona'. [7].

Mrs Hogan died at Cullin-la-ringo station from a strychnine poisoning [388].

Mr Kimberly died of his injuries in the Springsure Hospital after he was dragged for a short distance under a shunting train cowcatcher. He suffered severe injuries with part of one leg being torn away [389,390].

Mary Juster, aged twenty-two years, had died from dropsy of the lungs. Cardiac failure at that early age is suggestive of congenital cardiac disease or recurrent rheumatic fever [74].

Patrick McMahon died in the Springsure Hospital of arsenic poisoning [75].

Barry Easy, a forty-five-year old boiler maker died en-route to the Springsure Hospital having been run over by a train [391].

Harry Rosen fell dead suddenly while having a friendly boxing match with William Weston in Springsure. A doctor could do nothing for Rosen, but certified that heart disease was the cause of

death. This may have been Dr Cooper or Dr Simmins [392].

Dr Simmins at the annual meeting reported seven death during the year. Case one died of a relapse from dengue fever, admitted in such a state of exhaustion no hope of recovery was entertained from the first. Case two had dropsy and heart disease. Case three had advanced tuberculosis. Case four had non-resolving typhoid. Case five died of gastritis and heart. Case six of tetanus and case seven, Bob, An Islander, of peritonitis having refused to come into the hospital, against medical advice [95,393].

Fred Bowstead died in Springsure Hospital, from pneumonia [103].

Dr Nielsen reported four deaths during the year of two white people and two indigenous people. The former two were admitted in a terminal condition. He noted the hazard of delaying admission then subjecting seriously ill patients to a long trying journey greatly reducing the chance of survival [109].

Alfred Anderson, about thirty-three years of age died in the Springsure Hospital a day after he was run over by a train at the Nogoia Bridge causing fractures of his left thigh and right ankle plus other lesser injuries. Anderson was under the influence of drink at the time [394,395].

The decomposing body of Bernard Hagaon, aged sixty-three, was found in his tent near Springsure where he had been a recent hospital inpatient, illustrating the potential health hazard of solitary remote existence with medical problems [396].

Dr Anderson cared for Alexander Drummond when he was accidentally shot but unfortunately, he died from the effects of the wound on the following day [127].

Mr. Cedric Spencer Wills died at the Springsure Hospital. A link with the history of the area, his father died in the massacre by the at Cullin-laringo in 1861. He enjoyed good health until about a year ago and was not seriously ill until the 24th of December last, when he was taken to the Springsure Hospital [229].

Mr Arthur H Toot died after a sudden and unexpected illness in the Springsure Hospital [245].

Mr. Stewart, aged eighty-two, died at the Springsure Hospital having been taken ill suddenly with bronchitis. He had been one of the pioneers of Central Queensland [249].

Mr. Thomas Miller, a very old resident of Springsure who died in the Hospital in 1920, bequeathed his estate to the institution [263].

John McGuire died in the Springsure Hospital from injuries sustained including a fractured forearm when he was caught in the pulley wheel of an engine [273].

Mrs Rebecca Allenfred died in the Springsure Hospital as the result of burns [273].

Edward Burt died from a fall causing multiple injuries while racing a horse at the Springsure Racecourse in 1924 [278,397].

Mr. James Neville, aged sixty-seven, died in the Springsure Hospital of unknown causes. He was described as 'a very old resident of this district.' [281].

Patrick Donnelly, aged eighty-six, an old age pensioner and a native of Ireland, died in the Springsure Hospital due to heart failure according to Dr. McShane He was walking from the Lullus Arms Hotel to go to the Post Office to collect his pension, on the previous day, when he was taken suddenly ill [291]. Mr. P. McEvoy, one of Mount Morgan's oldest inhabitants died in the Springsure Hospital in 1926 after a short unspecified illness [296]. Another highly respected resident, one of the pioneers of the district of Springsure Mr. W. A. Mills, aged 78, died at the Springsure Hospital [297]. Mrs. Nainby, a very old lady, died in Springsure Hospital of unspecified causes [314].

Isobel Rolfe reported that her cousin died in 1927 in the Springsure hospital having had rheumatic fever for four months [315].

The body of an old man, Henry Smith, better known as Chester Pong, was found near Comet Downs station, his horses arrived unattended at the station initiating a search which first discovered his possessions in a flooded creek and then his body illustrating the potential hazards of living alone in a remote area [316].

Nichol Joseph Francis Coyne, aged eight, died in the Springsure Hospital from head injuries sustained in a motor vehicle roll over earlier in the day [318]. George Sypher, aged seventy, died in the Springsure Hospital. He was born at Morella station, near Surat, and came to the Springsure district in 1879 [320]. Mr. Burg Rogers, of the Humbot station, Comet, died in the Springsure Hospital as a result of severe injuries sustained when a horse fell on him a week previously [323].

Charles Edwards, a seventy-eight-year-old unmarried pensioner who had been recently admitted to the Springsure Hospital, was found dead in his camp, about a mile and a-half outside town. He was a migrant from England [327]. Richard Zeller died in Springsure Hospital in 1929 from head injuries sustained while driving a car [328,329]. Mr. Fisher, a past secretary of the Springsure Hospital, died in the Hospital. He underwent an unspecified serious operation in

Rockhampton some months previously with initial improvement, but recently required readmission for treatment [332].

Mr. W. J. Sypher, an elderly retired grazier died in the Springsure Hospital in 1930 [336].

Doctor J. I. Moore, the former surgeon to the Springsure hospital between 1889 and 1895 died after a serious illness [337]. It was noted at the meeting that Terrence South, the eleven-year-old son of the local postmaster had died in Emerald Hospital from tetanus [338]. Mr. J. L. Collins, eldest died at the Springsure Hospital at the age of only thirty-four years of unspecified causes [345]. Mr. J. J. Campbell, aged fifty-seven, a former sub-inspector of Police died in the Springsure-hospital at 9 o'clock last night. He developed septic poisoning following surgery to carbuncle on the neck, a reminder of the hazards of infection and surgery in 1933 just prior to the antibiotic era. [350].

Mr. W. H. Lane, well known throughout the Springsure district as a former mail contractor, died at the age of seventy years in the Springsure Hospital [352]. A couple of old Springsure identities died in the Springsure Hospital in 1935. Mrs. E. H. Scherer died aged seventy-eight after being a short admission, and Mr Frederick Wheeler died aged seventy-seven after a few days' illness having always appeared to be hale and hearty [354,355]

Dr C. McShane died suddenly of heart disease while still the medical officer of the Springsure Hospital in 1935. Matron Healy sent for Dr Mees, of Emerald, who made the trip by rail and motor-cycle but Dr. McShane had died before his arrival. Dr McShane took up residence at Springsure fourteen years ago and had been the hospital medical officer for nearly ten years. In addition to having been held in high regard professionally, he had taken a keen and active interest in the affairs of the Returned Soldiers' League, of which he was president, and in the sporting and social activities of the town. Dr McShane is survived by his wife and one child. The large number of floral tributes and messages of condolence received testified to the high esteem in which the doctor was held. Although the longest serving doctor in the first Springsure Hospital his farewell party was unfortunately his wake [359,360]

Mr. E. C. Bingle died in the Springsure Hospital after he was taken ill suddenly the day before and admitted in a critical condition [362].

Dr Flynn and the hospital staff treated Mr Colin Wright, aged twenty-two who was suffering from tetanus but sadly he died after a six-day battle for his life. He was the only son of Mr and Mrs J. Wright, of Springsure [369].

James Edgar Henney, aged only seventeen, died in the Springsure Hospital in 1938 as a result of being accidentally wounded by a rifle shot three weeks previously. The bullet had entered his abdomen. His chance of survival was diminished by heavy falls of rain delaying his arrival in the hospital for two days [372,373]. Mr. Jack Clarke, a musterer, died in Springsure Hospital, from head injuries sustained while riding [378]. Mr William Dennis Barrett, a Springsure district grazer, aged seventy-eight died in the Springsure Hospital of unspecified cause having previously enjoyed excellent health until a few months before his death [379]. John Joseph Hynes died en-route to the Springsure Hospital from injuries received when his horse fell and rolled on him in 1939 [398].

5.Clinical Features

5.1.A Infectious diseases

Many zymotic diseases were described and possible to diagnose based on clinical features in the second half on the nineteenth century, for example tuberculosis, measles, typhoid, tetanus, dengue, influenza and sexually transmitted diseases. In the era prior to pathological testing and medical imaging, diagnosis often depended upon visible skin rashes and was less accurate than the time of the opening of Springsure's second hospital. Not all infections were clearly labelled or diagnosed. In 1897, for example, some epidemic broke out in the hamlet and around the vicinity of the mines. Several people were extremely ill. Alfred Gundrill, a young man, was brought in from the mines in a very low state to Springsure Hospital for medical treatment [399].

Treatment prior to antibiotics was largely supportive to relieve symptoms while the immune system battled microbiological foes. Vaccines were in their infancy. The smallpox vaccine had been used for more than 100 years. Rabies and typhoid fever vaccines had been developed. Diphtheria antitoxin was developed in the late 1800s

5.1.1. Tetanus: The clinical picture of tetanus was recognised since the time of Hippocrates, though *Clostridium tetani* was not isolated till 1891, six years later it was discovered that tetanus antitoxin induced passive immunity and could be used for prevention and treatment. Vaccines were not available till 1924. Standard current treatment with penicillin and metronidazole were not available in the time of the first Springsure Hospital, though penicillin use was described in the 1940s.

Tetanus was therefore a common contaminant of wounds in this and other rural areas. It was a common cause of neonatal death. It still causes an annual global mortality of over fifty thousand people though it is preventable and treatable [400]. Dr Simmins at the annual meeting reported

the case of Dick of mixed racial heritage who died of tetanus in 1898. His foot had been shattered by a gun-shot injury requiring amputation but the wound became infected with tetanus. 393 The four recorded cases of tetanus in the Springsure Hospital all died.

Dr. Routh also reported a death from tetanus at the annual meeting [163].

It was noted in 1930 at the Springsure Hospital meeting that Terrence South, the eleven-year-old son of the local postmaster had died in Emerald Hospital from tetanus [338].

Dr Flynn and the hospital staff treated Mr Colin Wright, aged twenty-two who was suffering from tetanus but sadly he died after a six-day battle for his life. Vaccination status and use of antitoxin is not reported. He was the only son of Mr and Mrs J. Wright, of Springsure [369].

5.1.2. Tuberculosis: In 1867, tuberculosis was diagnosed on the basis of being a chronic, often progressive pulmonary disease with upper lobe physical signs, wasting, sputum production, haemoptysis and ultimate death. The tubercle bacillus had been first identified by Robert Koch in 1882 as an oxygen-dependent organism impervious to gram staining, but stainable and detectable in infected tissue with methylene blue and in sputum with acid-fast stains such as the Ziehl-Neelsen stain. In 1882, Koch stated that currently one death in seven was due to TB. Koch received the Nobel Prize in Medicine in 1905 in recognition of his work.

The tuberculin skin reaction named after Charles Mantoux, though developed from earlier work by Koch and von Pirquet, became available in 1907. The accuracy of this test improved as the tuberculin protein was progressively purified, but currently may be replaced by the Gamma Interferon test. Radiology became established in the early decades of the twentieth century. Dr Gilbee Brown with his interest in radiology, would probably have been a leader in the diagnosis of tuberculosis in Springsure.

Dr Wuth treated one case of phthisis (probably TB) in 1871 [6].

Dr J. Callaghan reported one death from tuberculosis in Springsure Hospital during 1873 [7].

Dr Simmins reported a case of long-standing tuberculosis who made a surprising recovery in the era well before anti-tubercular antibiotics. The patient referred to had been treated eight years ago by Dr. Wilkie, and again by Dr. Fitzgerald for consumption. He was admitted in a state of great weakness with a large cavity in one lung, marked wasting, and the other symptoms of severe disease. Under careful nursing, however, with appropriate remedies and the 'excellent'

malt preparation provided by Messrs. Burroughs, Wellcome, and Co., he improved beyond all expectations, gained flesh, and returned to his ordinary occupation, thus showing according to Dr Simmins, how in this climate, with its dry atmosphere, phthisis, when not in its last stage, may be arrested [393].

Burroughs, Wellcome preparation was an Extract of the choicest Barley Malt, which has been made by straining an infusion of the best malted barley, evaporating the liquid in vacua, and condensing it by very special and improved method. It was recommended in the *Lancet* in 1891 as suitable for consumption and digestive disorders amongst other diseases [401].

5.1.3. Dengue: The clinical features of dengue fever were known a century before Springsure Hospital opened, though the virus was not identified till a century later. The origin of the name may come from Swahili phrase Ka-dinga pepo, which describes the disease as being caused by an evil spirit. Today nearly four hundred million people are infected globally a year and approximately forty thousand die. Dr Simmins reported to the annual meeting that there had been a considerable number suffering from dengue, some of them being relapses, and, therefore, more, troublesome. The increased severity of subsequent infection was clinically recognised then though the different serotypes were not known. Vaccine was not developed until 2016 and only supportive symptomatic therapy is available.

Dr. Nielsen was busy for his first two months in 1899 with many cases of dengue fever [109].

In 1900, Dr. Nielsen reported to the thirty-second annual meeting of the governors of the Springsure Hospital that there has been no true epidemic of dengue fever, but we have had a few cases from scattered districts [116].

Dr. G.W. Parrimore reported to the 1906 annual general meeting of the Springsure Hospital, that there had been a large number of patients admitted with dengue for a few weeks, and the staff were extremely busy [171].

5.1.4. Influenza: Little was known about the influenza viruses by 1940. There were no tests in clinical practice to distinguish influenza from other highly infectious respiratory tract infections. The name “influenza” originated in 15th century Italy, from an epidemic attributed to “influence of the stars.”

Clearly the pandemic of the highly contagious “Spanish” influenza in 1918–1919 which spread rapidly and caused an estimated 21 million deaths worldwide was a unique and extremely severe form of respiratory infection. Some thousand Queenslanders and thirteen thousand Australians

died of the disease. The influenza A virus was first isolated in ferrets in 1933, and the influenza B virus was isolated in 1936. Diagnostic testing, influenza vaccines and anti-viral treatments were only developed after the closure of Springsure's first hospital. Nevertheless, Springsure's doctors were fairly certain whenever they were dealing with an influenza epidemic.

Dr. Nielsen was busy for his first two months with many cases of influenza as well as dengue. 109 The following year he reported no true epidemic of influenza had occurred in town, but there were a few cases from scattered districts [116]. The Spanish 'Flu or Global Influenza was slow to reach Springsure when it was common in other nearby central Queensland towns by June 1919. Springsure was described as a lucky town so far [402].

William Wallace, a scalper aged thirty was found deceased at the Belmont holding, on Wharton Creek, in the Springsure district in August 1919. He had been suffering from influenza for a week prior to the discovery of his dead body [403].

Springsure was finally severely affected by the influenza epidemic in July and August. According to Dr Looslie, the accommodation at the Hospital was somewhat strained for a time, demonstrating the need for more nursing facilities in the isolation ward. Gilmore states that Looslie caught the disease himself along with most of the population and was briefly replaced by Dr Davidson from Rockhampton. The Hospital was utilized as a depot for free inoculation [4,263].

Inoculation in 1919 was in fact with a vaccine against secondary bacterial infection with *Haemophilus influenzae*, then known as Pfeiffer's influenza bacillus. It was not until the 1930s that the primary causative organism of influenza was discovered to be a virus and the bacteria detected in influenza cases were responsible for the secondary bacterial pneumonia. While the vaccine would never have prevented influenza, it may however have reduced morbidity and mortality from secondary infection. Today influenza vaccines have a proven track record preventing about 50% of infections. It was estimated that influenza vaccinations in USA during 2018-2019 prevented 4.4 million influenza illnesses, 58,000 influenza-associated hospitalizations, and 3,500 influenza-associated deaths.

5.1.5. Typhoid: Typhoid was a well-recognised clinical condition in Australia when the hospital opened in 1867. It was more common in Kalgoorlie which had no source of fresh water unlike Springsure [404]. However, the typhoid bacillus was not detected and identified till 1880 by Karl Eberth. It was confirmed as the cause of the disease by Georg Gaffky in 1884, and it is considered to have been the cause of many past outbreaks of infection with associated high mortality, for example the Athenian plague of 430BC, which killed a third

of the population including Pericles, and the disease which wiped out the English settlement of Jamestown, Virginia, USA in the early 17th century. It is thought to have caused the death of over 80,000 soldiers in the American Civil War.

The association of typhoid with poor sanitation and disposal of sewage was well known by the 1890's. Patrick Manson in his text 'Tropical Diseases' notes the frequency of the disease in Europeans soon after arrival in unsanitary places in Asia, particularly from drinking contaminated water. He writes: -'Similar testimony has come from Australia, where typhoid has occurred in the back country in lonely spots, hundreds of miles from fixed human habitation. ' [404].

William Osler was the leading global medical authority when gold was discovered in Kalgoorlie. His text 'The Principles and Practice of Medicine' describes the diagnosis and management of typhoid at the closing of the 19th century. Osler acknowledges the work of Eberth, Koch, and Gaffky in identifying the causative organism, 'a short, thick, motile bacillus with rounded ends which grows readily on various nutritive media'. He considered that 'In cities the prevalence of typhoid fever is directly proportionate to the inefficiency of the drainage and the water supply'. Osler noted that the mortality varied from 10- 30% in different outbreaks. Improved sanitation and vaccination introduced late in the 19th greatly reduced mortality.

In 1867, diagnosis was dependant on clinical features. Osler considered the presence of rose-coloured spots and splenomegaly were key features on examination. Rose spots are found in 5-30% of cases, (blanching erythematous maculopapular lesions usually 2-4 mm in diameter) usually on the abdomen and chest. The history of a pre-febrile phase with headache, malaise, bronchitis and anorexia, followed by a febrile illness with diarrhoea was strongly suggestive of typhoid. Osler considered splenic puncture to obtain a culture was rarely justified. In the pre-antibiotic era, Osler believed medications were of no avail and that careful nursing under an intelligent nurse was critical in the management of seriously ill patients in the era also before intravenous fluids. He advised a low residue diet predominantly of milk with plenty of water, but alcohol only for weakness, high fever or a weak pulse. Patients with a high fever over 102.5o F should be immersed in a cold bath every three hours, and severe diarrhoea was treated with starch and opium enemata. Acetate of lead and opium were recommended for haemorrhage. Osler recognised that neurological features, peritonism and heart failure, for which he recommended alcohol and strychnine being uncertain of the benefits of digitalis, indicated a poor prognosis [404].

The Springsure schoolteacher prevented children affected with typhoid fever from going to school indicative of a local outbreak around the time of Dr Apjohn's resignation in 1887. The

editorial considered this may cause a little friction but save a lot of sorrow. It is surprising that children with typhoid should be able or wish to go to school [405].

Dr Simmins reported one case of typhoid in 1898 and Dr Nielsen reported one in 1899 just before his arrival [109,393].

Later in February 1900 at the thirty-second annual meeting of the governors of the Springsure Hospital, Dr Nielsen reported that there have been two cases of typhoid fever occurring among non-resident people of the town [116].

Three years later, Dr Anderson reported a few cases of enteric fever and dysentery in Springsure [139].

In February 1910, Nurse Clune was voted an honorarium of £5 for extra duties in attending the typhoid patients lately in the Hospital, presumably another local outbreak. 185

Dr Brown reported in the early part of 1915 the Hospital was taxed to its fullest capacity, owing to an outbreak of typhoid fever. He was concerned about flies congregating around wounds being dressed and advised that the inauguration of a proper sanitary service would be of assistance to the hospital, especially in the event of another outbreak of typhoid fever [240].

5.1.6. Sexually transmitted diseases: Dr Wuth listed all the disease he treated in 1871. Sexually transmitted diseases were common with twelve cases of secondary syphilis, eight syphilitic buboes and one cases of iritis. Gonococcus also occurred with eight cases of gonococcal arthritis, and one case of geet (urethral discharge). Details of brothels or prostitutes are not published but inevitably must have been present in a community of mainly working males and frequent sexually transmitted disease [6].

Dr J. Callaghan reported one death from tertiary syphilis in Springsure Hospital in the last year [7].

5.1.7. Ophthalmia: Dr Simmins annual report stated there has been quite an epidemic of eye troubles, all successfully treated, including one case of several years' standing. Two female patients with serious troubles peculiar to their sex have been treated with good results [393].

Dr Anderson reported that purulent ophthalmia has been prevalent in the district for the last few months, many requiring admission. Although this disease is contagious, they were treated in the general ward due to the want of space [139].

5.1.8. Measles: The clinical picture of measles as a distinct disease from smallpox and chickenpox has been recognised for a thousand years. Typically, there is a fever with cough, coryza, conjunctivitis and Koplik's spots. About 0.1% of cases have severe or fatal complications. Once almost eradicated by vaccination it has become more common because of the misleading anti-vaccination lobby. Sadly, there were eighty-three deaths in Samoa in 2019 amongst the non-immune. Dr Nielsen reported at the thirty-second annual meeting of the Springsure Hospital, that Springsure had an epidemic of measles in the district during the winter, with some of the cases admitted, but they all recovered uneventfully [116].

The admission of cases of measles was generally considered undesirable but sometimes necessary in severe cases. The Home Secretary's Department requested particulars concerning children's admission when suffering from measles [227].

At a special meeting of the committee, held on October 4 1920, the question of admitting people with measles to the institution was discussed. It was decided the committee did not favour the admission of patients suffering with measles for treatment at the hospital, but that the medical officer should use his own discretion in the matter [263]. The Springsure Hospital Committee in 1924 again decided appropriately that the medical officer should use his own discretion in the matter of admitting patients suffering with severe or complicated measles for treatment at the hospital if essential, but the committee in general did not admissions of measles cases [285].

5.1.9. Chest infections: Fred Bowstead died in Springsure Hospital, from pneumonia in 1898 [103].

Dr Parrimore noted a winter epidemic in 1906 of upper respiratory infections associated with eye infections [173].

5.1.10. Hydatid: Echinococcosis is a disease that has been recognized by humans since ancient Greece, and the animal origin of hydatid cysts had been known since the mid-eighteenth century. Dr Simmins reported one case in 1898 of hydatid liver cyst disease which burst into the bowels internally. This patient, whose case was a severe one and much aggravated by hysteria, made a good recovery [406].

5.1.11. Scarlet fever: Dr Simmins annual report also in 1898 noted one severe case of scarlet fever.

5.1.12. Erysipelas and skin infections: Mr. D. Gilmour died in the Springsure Hospital after only a few days' illness from erysipelas, a potentially fatal condition in the pre-antibiotic era [156].

Mr. J. J. Campbell, age 57, died in the Springsure Hospital of sepsis following an operation on a carbuncle on the neck [350].

5.1.13. Diphtheria: The clinical features of diphtheria have been known since the seventeenth century. *Corynebacterium diphtheriae* was first cultivated in 1884. Laryngeal intubation in patients with an obstructed larynx was introduced in 1885, and soon replaced by tracheostomy as the emergency diphtheric intubation method. Diphtheria toxin was identified in 1888, and antitoxin was being produced by 1894. Widespread vaccination was achieved in the first two decades of the twentieth century. The Medical Officer of Health for Central Queensland notified the first case of diphtheria reported in the district for more than 20 years [358].

5.2. Internal medicine

Dr Wuth listed all the disease he treated in 1871. The non-infectious diseases were a mixture on neurology, gastro-enterology rheumatology and renal diseases and one case of alcoholism. STDs outnumbered alcoholism by twenty-six to one! No cases of cancer or heart disease were detected and there were no deaths [6].

Dr J. Callaghan reported two deaths in Springsure Hospital in 1874 from unspecified cardiac diseases [7].

At the monthly meeting of the Committee of Springsure Hospital, Dr Moore reported that one patient, Mary Juster, aged twenty-two years, had died from dropsy of the lungs. This is a young age to die of cardiac failure suggestive of congenital heart disease or rheumatic fever [74]. A curious skin disease, not much seen in this district, occurred in two patients. The disease is called pemphigus. Pemphigus today is subdivided into different types and known to be an autoimmune disease. The condition described in 1898 is not clear [393].

The medical officer in 1898, Dr Lyons or Simmins, reported a considerable number of heart troubles, but only one case of kidney disease [393].

Harriet Sypher died in the Springsure Hospital of respiratory failure twenty-four hours after admission. Dr Looslie tried artificial ventilation unsuccessfully. In 1919 this would suggest the "Silvester Method" invented by Dr. Henry Robert Silvester in 1858 in which a patient is laid on their back and their arms are raised above their head to aid inhalation and then pressed against their chest to aid exhalation or alternatively the "prone pressure" method introduced by Sir Edward Sharpey-Schafer in 1903. The patient is placed prone and pressure is applied to the lower

part of the ribs. External cardiac massage and mouth-to mouth ventilation did not come into common usage till the mid twentieth century.

Dr Looslie performed Harriet Sypher's autopsy which revealed a large cancer obstructing her trachea following her death with respiratory obstruction [407].

Mr. P. Wall was admitted to the Springsure Hospital with appendicitis and peritonitis under Dr. McShane. Appendicectomy was described by Charles McBurney in 1893. It is not clear if Dr. McShane removed Wall's appendix but he was reported to be progressing favourably [277]. Isobel Rolfe reported that her cousin died in the Springsure hospital having had rheumatic fever for four months [315].

5.3.Horse riding injuries

Riding accidents were the commonest form of trauma requiring hospital admission in Springsure. Forty-six were recorded in seventy-three years with five fatalities. Usually resulting in fractures, sometimes fatal, the effects were often exacerbated by occurring in remote areas with a prolonged transit time to hospital. Some victims riding alone were not immediately discovered with resulting exposure and dehydration. Only a decade or two before Springsure Hospital opened, amputation was the standard operation for compound fractures to avoid tetanus, gangrene or other infections. Lister, the father of aseptic surgery, was able to reduce compound fracture mortality rates from the historic 25% to 50% down to 9% by spraying carbolic acid on wounds, instruments, and dressings [408].

Bedrest and traction were the standard management of a fractured femur in 1867 as it had been for centuries, with all the complications of bedsores, urinary and chest infections, venous thrombosis and pulmonary emboli, osteomyelitis and bone necrosis. Hip replacement or hemiarthroplasty was developed in the 1960s and internal fixation at about the same time. CT and MRI brain scans were developed long after 1940, but limited craniotomies to remove fragments of skull fractures and to drain intracerebral haemorrhages date back several centuries.

Mr. Joseph L. Denne was treated by Dr. Moore in 1890 for a fractured femur. He was out with others mustering cattle, on the Town Commonage when his horse fell upon him breaking his leg above the knee. Once the fracture was set, he was allowed home to recover [409]. Thomas Monk was admitted to the Springsure Hospital also with a broken leg. While riding after stock on Cullin-la-ringo Station his horse ran him against a tree [59].

In 1889, Mr O'Connell, the school master at Rolleston had been thrown from his horse and

killed. Constable Cafferty was thrown from his horse and was sent to Springsure Hospital with a fractured clavicle and delirium [410]. Mr. Marshall was out mustering in 1891 at Comet Downs Station on wet ground when his horse slipped and fell resulting in Mr Marshall breaking his leg just above the ankle. He was conveyed into Comet and caught the train for Springsure. On admission to Springsure Hospital his leg was much too swollen to be set immediately [411].

Mr Turner, had been at Rainsworth Station for the last three months in 1894 and was just about to return home when he was admitted unconscious to the Springsure Hospital, under Dr. Moore. He had been up on the Comet Downs out with one of the station hands mustering some horses. When returning they branched off to avoid a deep gully causing their horses to collide violently and young Turner was thrown heavily on the ground and his horse rolled over him. He regained consciousness in hospital and appeared to be recovering well [83].

Mr Cubby, an indigenous gentleman, was admitted to the Springsure Hospital under Dr. Moore in 1895 with severe head injuries sustained in a riding accident while under the influence of alcohol. There appeared to be no problems with admitting an indigenous gentleman to a general ward in Springsure. He had been out riding to Meteor Downs with Peter Williams when he was thrown from his horse and knocked unconscious. Williams rode back into town and a buggy was sent out to bring the injured man to the Springsure Hospital. The police discovered G. Horsfield of the Shearers' Arms Hotel supplied the alcohol to Cubby and he was fined £2 with expenses for supplying drink to indigenous people at the subsequent Police Court [85].

Joseph Cooney was admitted to the Springsure Hospital with a fractured clavicle and injuries to the back of the head and face. He was out mustering on Emerald Downs in 1899 when his horse fell and rolled over with him. He was found two hours after the accident and conveyed to Emerald, a distance of fourteen miles, where he was attended to by Dr. Brannigan and then removed to Springsure. Dr. Brannigan entertains hopes of his full recovery [114].

Mr. H. Ross was admitted to the Springsure Hospital with a fractured cheek and arm plus multiple bruises. He was returning from the races in 1894 riding his horse Elastic with only a halter, when a horse immediately behind him bucked and threw his rider. Mr. Ross's horse started, then galloped off at a great rate, collided with two horses, then swerved against a tree. Both horse and rider fell heavily. At first it was thought Mr. Ross was killed, but he regained consciousness after a considerable time and was taken on to town [77].

Joseph Rowen, an orphanage apprentice lad was admitted to the Springsure Hospital in 1896 with a broken right arm. He was engaged with a number of other Glendarriwell station hands

rounding up a mob of unbroken colts into the stockyard when his horse swerved round suddenly and flung him out the saddle on to the ground. The fall was a heavy one, for when he was picked up, he was found to have sustained a clean fracture of the right arm, between the shoulder joint and the elbow [91].

Thomas Hannan was sent on to the Springsure Hospital in 1898 by the train with a broken ankle sustained when his horse slipped and fell on his foot [94].

Dr. Weir attended Richard Stanley Vigors at the Springsure Hospital in 1910 when the wheel of a dray passed over his body above the hips. He was in a serious condition but passed a good night [187].

The Springsure Hotel buggy while conveying a number of passengers to the railway station in 1914 to catch the Rockhampton mail was involved in a fatal accident. The driver dropped the reins and the horses began to gallop. The buggy toppled over negotiating a corner hurling the passengers out. The hotel yardman was killed instantly and six others were conveyed by motor cars to the Springsure Hospital with injuries. Mr McNeill was knocked unconscious. The driver was picked up bleeding from the mouth, ears, and nose, and had leg injuries, Mrs Biddulph was severely injured and suffered from shock. A little girl whose name could not be ascertained received bad injuries and Mr. J. Sullivan's son was gravely injured, though no more specific details are given beyond stating that the injured were making progress towards recovery. A motor car was despatched from Springsure to collect the doctor from Emerald to assist [412].

Leslie Cox was admitted to the Springsure Hospital in 1917 complaining of pain between the shoulders and in the chest following a riding accident. Cox was racing after some horses at Warriwilla Station when the mare he was riding either put her foot in a hole or got it caught in the fork of a fallen limb and turned completely over on top of the rider. He did not appear to be seriously injured. He was brought to Rolleston, and then by motor car to Springsure [253].

William Robert Campbell, aged fifteen, was admitted to the Springsure Hospital in 1919 for treatment after a riding accident, though his injuries were not specified. He went out to a paddock five miles from the homestead to bring in sheep but did not return by dark. Mr A McLaughlin, his employer, and his sons went searching, but were unable to locate him. Next morning, they renewed the search taking a tracker with them. Campbell was soon found, and he explained that when cantering after sheep his horse struck a log and fell. Campbell, owing to his injury was unable to move and had to remain there till found. Fortunately, he was found before exposure and dehydration exacerbated his condition [262].

Trevor Schrimp was admitted to the Springsure Hospital in 1921 having been kicked by his horse. Schrimp was the mailman, who ran what is known as the back-track weekly horse mail, station to station, across remote country, from Springsure to Mount Playfair. While catching a horse at Wealwandangie Station, twenty-eight miles out, the animal kicked him on the hip. Wealwandangie is not connected by telephone, however when Schrimp failed to arrive at Glentana forty miles distant, a telephone message was sent to the police. Sergeant Cahalane, the mailman's brother and an indigenous tracker was about to start out concerned about the delay. Shrimp could have been immobilized anywhere out the bush with the risk of death from exposure and dehydration. However the manager of Wealwandangie brought the mailman to hospital where no bones were found to be broken [265].

W. Fisher was admitted to the Springsure Hospital with a dislocated thigh in 1923. While out riding to his paddock, he tied his horse to a fence post and endeavoured to get through the fence. However his foot got caught in the bridle rein and the horse pulled away, dragging him for some distance before he disentangled himself [272].

Two men were admitted to Springsure Hospital in 1924 with riding injuries. Charles Mallet was thrown from a horse and sustained a fractured rib and collar bone. Mr Birchley was handling a young horse when he slipped and fractured his left elbow [276].

Edward Burt's body was taken to Springsure Hospital after he suffered fatal injuries from a fall in a horse race. Burt was a popular and skilled jockey riding Landlook at the Springsure Racecourse in 1924 when he fell. He sustained terrible injuries, his right arm being broken in two places, his collar bone dislocated, three ribs broken, one rib piercing the lung, and his skull was fractured. His body was released for his well-attended funeral with seventeen jockeys in their riding costumes, a couple of them carrying wreaths, heading the procession and a number of cars followed [278,413].

Mrs. A. T. Mallyon was admitted to the Springsure Hospital in 1924 with a broken leg above the ankle. Whilst driving from Keating's Hotel, Springsure, the horse bolted throwing mother and child out of the vehicle. The child was fortunately unhurt [280].

Adam Wakenshaw was admitted to the Springsure Hospital in 1925 with neck injuries having been thrown from a horse at Warrimilla [292].

Mr. Louis Priddle having been kicked in the forehead whilst attempting to catch a young horse at Rolleston was admitted to the Springsure Hospital in 1926. Five stitches were inserted in a

large, lacerated wound on his forehead on arrival. Bob Simms was also admitted to the Springsure Hospital having badly lacerated the fingers of his left hand whilst preparing a bottletree for stock feed [306].

Mr. W. Fisher was admitted to the Springsure Hospital under Dr McShane suffering from a broken humerus in 1927. He became giddy when attempting to mount a horse, and fell on his arm, breaking it above the elbow. Unfortunately, Mr. Fisher broke the same arm below the elbow about six months ago requiring surgery in Rockhampton Hospital [308,309].

Mr. Will Horsfield was conveyed from Wealwandangie to the Springsure Hospital in 1927 by ambulance with a fractured clavicle broken through a horse falling with him [314].

Mr. Burg Rogers, of the Humbot station, Comet, died in the Springsure Hospital in 1929 as a result of severe injuries sustained when a horse fell on him a week previously [323].

Cecil Campbell was conveyed to the Springsure Hospital by ambulance with broken jaw, and complications had a severe fall from a horse at Rolleston in 1929 [325].

Constable Doyle, was taken to the Springsure Hospital in 1932 suffering from injuries he received when kicked by a horse near Glen Haughton homestead. Constable Doyle, with Constable Daybell and Tracker Harry Ten-mile, were out on patrol, in the vicinity of Glenhaughton homestead, where they decided to turn in and camp. Constable Doyle was hobbling a young horse when it turned suddenly and lashed out at him, getting him with its two hooves. One landed on the constable's left jaw and the other over his heart. He bled profusely from the mouth and was in great pain, suffering from bruises and lacerations to the face and chest [344,414].

Mr. L. Markey, manager of Mantuan Downs, was transported by ambulance a hundred and fifty miles to bring him to the Springsure Hospital following a riding accident in 1933 in which he sustained either a fractured or severely bruised dislocated hip according to differing reports [347,348].

Alfred Farquhar, a stockman, employed on Meteor Park Station, twenty miles from Springsure was admitted in a serious condition still unconscious in 1933 to the Springsure Hospital. Farquhar was rounding up stock when a beast swerved under his horse's neck, his mount somersaulted over the beast and fell rolling on the rider. Farquhar was picked up in an unconscious condition and bleeding from the nose [349]. Presumably, he survived uneventfully as he appears three years later exhibiting flowers in Springsure.

A young man named Kirkham was admitted to the Springsure Hospital under Dr McShane

in 1935 having sustained a broken thigh as the result of his horse smashing him against a tree at Planet Downs. This was another delayed admission because the local ambulance could not make the return sixty-eight journey to Springsure until the following morning to allow for daylight travelling. Australian dirt roads are often challenging enough in daylight [356].

William Brown, aged sixty-three was admitted unconscious after a riding accident to the Springsure Hospital in 1936. While he soon regained consciousness, he was still suffering from concussion. He had been found in unconscious condition with low and irregular breathing near a dead horse, which had begun to decompose, on Marmadilla Station, about seventeen miles from Springsure. On recovery, Brown although still suffering from partial memory loss, was able to inform the police that he had dismounted to shoot a wallaroo, then remounted but his horse fell over a log and was killed when it struck its head on the second log [368].

Mr Norman Donovan was admitted to Springsure Hospital in 1937 with head injuries. He had been thrown from his horse at Consuelo station and was taken to Rolleston where the Springsure ambulance met him and conveyed him to the hospital [415].

Mr. Jack Clarke, son of Mrs. J. Ryan, Springsure, a musterer, died in 1938 in Springsure Hospital, without regaining consciousness from head injuries. The horse he was riding while mustering on Mantuan Downs started to buck, it reared and fell with the rider, landing him on his head and shoulders. He was knocked unconscious [378].

Mr Hancock was admitted to the Springsure Hospital in 1939 with a broken arm sustained while mustering when the horse he was riding started bucking and threw him. His son, aged twenty-four, had a fall the same day on Cullin-la-ringo Station and was admitted to the Emerald Hospital with slight concussion [379,416].

Mr Arthur Donovan conveyed to the Springsure Hospital in 1939 by with facial injuries and broken ribs sustained when he fell from his horse whilst stock riding on Glenelgin [417].

John Joseph Hynes died en-route to the Springsure Hospital leaving a widow in 1939 from injuries received when his horse fell and rolled on him. He was assisting to draft a mob of bullocks on the property, when one of the beasts collided with the horse he was riding. He was the manager of Planet Downs and ironically had survived serving with the Australian Light Horse during the Great War [398].

Clarence Rowlands, age twenty-two was admitted to the Springsure Hospital in 1939 having been kicked in the stomach by a racehorse. He was subsequently transferred by air to Rockhamp-

ton for special treatment in a private hospital for his resulting injuries. He was accompanied by Sister Fisher, of the Springsure Hospital on an ambulance plane [383].

Master J. Wells was admitted to the old Springsure Hospital in November 1940 with a fractured right arm above the wrist having fallen from a horse. One of the last admissions before the new hospital opened a week later. Mr W. Lewis was also admitted to the Springsure hospital having fractured two of his ribs. He was taking a racehorse from Rolleston to be paddocked at Springsure when his horse threw him [386].

5.4.Gunshot injuries

Accidental gunshot injuries, prior to current laws restricting availability, were another common form of trauma in Springsure. Often due to inadequate supervision and storage of weapons which permitted children to play with loaded guns, sometimes with a fatal outcome. Three died, tragically, two were males being only twelve and seventeen years old. This appeared more common than homicide in Springsure.

Mr. Barnett, an old resident of this district, was admitted to the Springsure Hospital in 1883 under the care of Dr Symes with a gunshot injury. He was loading a rifle cartridge, when it burst and shattered a portion of his left hand. Dr Symes found it necessary to amputate one of the fingers and a portion of the hand following which he was reported to be doing as well as can be expected [46].

A Sinhalese, or Sri Lankan as we know it today, was admitted to the Springsure Hospital with a gunshot wound in 1883. The victim claimed it was deliberate, but a witness, William Pearson swore that the perpetrator, Cabbington, thought the gun was not loaded, and that it was an awful accident. The journalist noted ironically that the white witness clearly had greater veracity in the law than the coloured victim, so a criminal charge and severe penalty was prevented [418].

James Marshall was admitted to the Springsure Hospital in 1894 following an accidental but potentially fatal gunshot injury. He was out with his brother Charles shooting iguanas near the Nogoia River. They got into a dingy on the river and by accident Charley's gun went off and shot his brother in his thigh. His trousers were fairly riddled and some of the shot going right through his leg, some lodged in the lower portion of the abdomen. It was initially feared that the shot had pierced a vital part of the groin, however, fortunately, Dr. Moore, was able to remove the shot, and he recovered uneventfully [76,77].

John Campbell was admitted to the Springsure Hospital in 1897 having been shot in the right

hand and thigh. He was out shooting with his brother Archibald Campbell, and John Henry Garner all together but they became separated. They were all wandering about in a patch of scrub but could not see each other. A fact that did not inhibit firing guns. Soon after they parted Garner fired at a wallaby and killed it, but simultaneously with the falling of the stricken beset he heard a cry, and proceeding to where the voice came from, found that the bullet which had brought down the wallaby having evidently passed right through it and struck Campbell. One of the fingers of the right hand had been smashed and that the bullet had lodged in the fleshy part of the thigh. The bullet was extracted, presumably by Dr Cooper or Dr Simmins, and reports stated that he was progressing favourably, and that no dangerous results were expected to ensue from his injuries [93].

Three gunshot injury cases, one fatal, were admitted to Springsure Hospital in one month in 1898. In the first the bullet smashed two fingers, passed through the thigh, and lodged in the buttock, from which it was cut out. This patient recovered completely and recovered the use of his hand. The second case was caused by the bursting of a cartridge, with the result of severely injuring the eyes and face. The third case was that of a man who had his foot shattered by the discharge of a loaded shot gun. In this case amputation was performed, but the patient died of the complication of wound infection with tetanus [393].

Dr Anderson cared for Alexander Drummond when he was accidentally shot but unfortunately, he died from the effects of the wound in the Springsure Hospital on the following day. Alexander and his brother Donald, aged twelve and eleven years respectively, left their home at Minerva Creek with a forty bore Winchester rifle to shoot marsupials. Shortly after leaving home Alexander sat on a log. Donald picked up the rifle, and not knowing it was loaded, put his finger on the trigger. The gun went off, and the bullet struck Alexander's buttock, coming out on the inside of the left thigh. The injured boy was brought to hospital by his elder brother and widowed mother the same night [127].

Egbert Wills, aged eleven, was admitted to the Springsure hospital for treatment of a gunshot injury to his leg. He was out cockatoo shooting with a small-bore Winchester rifle. He had inserted a cartridge and was drawing back the hammer when it slipped, and the cartridge exploding, the bullet entered the left leg just above the boot and passed downwards to the instep [237].

James Eadie, aged fourteen years was admitted to the Springsure Hospital, probably under Dr Brown in 1917, having been shot in the leg at Rainmore Station, Mr. C. L. R. Foot's selection, nine miles from Springsure. Initially James said that at about eleven a.m. a blackboy or indigenous youth as we would say today, rode up to the place and demanded a Jersey bull there, but

that he told the blackboy that he could not take it. Eadie then alleged that the blackboy rode away 200 yards, got off his horse, went behind a bush, and fired at him with a rifle, hitting him in the leg. The blackboy, he added, then jumped on his horse and galloped away. Mr. Foot started for Springsure with him and when he reached Mr. McLaughlin's homestead, he asked Mr. McLaughlin to send out a car and to report the matter to the police. When the car arrived at Springsure the boy told the same story to Acting-Sergeants Cahalane, but after further interrogation he admitted that his statement was not true and then said that he was left alone on the homestead and that he took Mr. Foot's Winchester rifle to practice shooting and, while carrying the muzzle downward, the rifle exploded, the bullet going through the calf of his left leg. The burnt portion of the boy's trousers confirmed his story that he had accidentally shot himself, while holding the muzzle close to his leg. The bullet entered the inner portion of the calf and took a downward course, leaving a large hole at the exit above the outer portion of the ankle. Had any of the arteries been severed the boy would in all probability have lost his life, but he recovered uneventfully [252].

Shirley Lloyd was admitted to the Springsure Hospital with an accidental gunshot wound to the abdomen. She had been playing with her brother William on their veranda with a loaded rifle which had been left in the house loaded by the former owner of Craigmores, Mr. G. F. Evans. This appears not to be a serious criminal act in 1923! The gun had been found by the children without the knowledge of their parents. Mr. William, who recently purchased Craigmores station was startled by a report from a gun, followed by a scream. Hurrying on to the back veranda he saw the boy holding a rifle, and the girl a few feet away with blood on her clothes. Dr McShane and the ambulance were summoned from Springsure, and it was found that the bullet went through the outer skin of the abdomen, but that the wound was not deep and a full recovery after extraction of the bullet was expected [274].

Viva Ray Travers, aged thirty-eight, was admitted fully conscious to the Springsure Hospital in 1934 following an accidental shooting at the Yarri holding thirty-five miles from Springsure. She had a thirty-two-calibre bullet embedded in her forehead and was transferred to a private hospital in Rockhampton where an operation would be performed to extract the bullet [351].

Three weeks after being accidentally shot in the abdomen, James Edgar Henney, aged seventeen, died in Springsure Hospital in 1938. His chance of survival was diminished by heavy falls of rain, another hazard of the Australian bush, more usually in the wet season, delaying his arrival in the hospital for two days [372,373].

5.5. Railway injuries

The railway line linking Springsure to Emerald was opened in 1887, a mixed blessing as all forms of transport have potential hazards, especially for unsupervised children, or for the careless or inebriated.



Springsure Station

Mr Kimberly was removed by special train to the Springsure Hospital following a shocking accident on the Central Railway at Bogantungan. The driver of the goods train was shunting into the station when he heard a shriek and looking out saw a man under the cowcatcher. He stopped the train and found Kimberly underneath. He had been dragged for a short distance, suffering severe injuries with part of one leg being torn away. Although alive on admission, he died of his injuries [389,390].

Barry Easy, a forty-five-year old boiler maker died en-route to the Springsure Hospital having been run over by a train. Barry Easy, a forty-five-year old boiler maker died en-route to the Springsure Hospital following a mysterious railway accident. He boarded a train and was seen getting into a sleeping carriage, with a tool bag. When the train reached Blackwater, a telegram was received by the station-master there, stating that Easy had been found lying on the rails in a mutilated state. Previous to that hour his disappearance had not been noticed. At about 6 a.m., a railway employee, walking along the line, discovered Easy's body not far from the Emerald station. One of his legs was severed from the trunk, and the other was held to the thigh by a few threads of flesh [391]. One would expect death to have been instantaneous.

Alfred Anderson, about thirty-three years of age, was admitted to the Springsure Hospital on St. Patrick's Day with fractures of his left thigh and right ankle plus other lesser injuries which it was feared, would prove fatal. Anderson was under the influence of drink when he was run over by a train at the Nogoia Bridge. His mate, who had also spent the day in Emerald, was lying close beside the line at the time the train passed along, also in an unconscious state from the effect of

liquor. Sadly, Anderson died from the effect of his injuries the next evening [394 395].

A boy named Packer was admitted to the Springsure Hospital with a severe injury to his left hand. He was playing unsupervised between two railway trucks, which were stationary, However, another lot of trucks were shunted collided with the stationary ones, which then passed over the child's hand. Dr. Moore found it necessary to amputate the fingers as they were bruised to a pulp but he could spare the thumb. The wound healed perfectly and the boy was in good spirits on discharge after about a month in the Springsure Hospital [72].

Emerald station was burned to the ground resulting in three people needing admission to Springsure Hospital with burns. A guard named Stemp, a porter named Mason, and a child were severely burned about the head and arms, and a special train was arranged to take them to the Springsure Hospital. It appears that at about nine o'clock on Saturday night, a paraffin oil lamp which was used in the station burst and set the building in a blaze. The lamp room, which contained a number of tins of this oil, also caught fire, a gasoline engine then burst and the station, lamp room, and telegraph office were soon burnt to the ground [419].

5.6.Motor vehicle injuries

The first motor vehicle arrived in Springsure in 1910, hence up to that time the doctors attended country patients on horseback or driving sulkies. Inevitably accidents occurred with a new form of transport as with trains. Mr. Nelson Hyland was admitted to the Springsure hospital and then transferred to the Rockhampton General Hospital with injuries to his back, a broken jaw and abrasions on the body. He had tried to get out of a car while it was still moving to open a gate and fell [264].

Nichol Joseph Francis Coyne, aged eight, died in the Springsure Hospital in 1928, z in the era before seat belts, from head injuries sustained in a motor vehicle roll over earlier in the day. The car was being driven from Telemon Station, about twenty-three miles away by Mr J. G. Eerie into Springsure. It was about three miles from its destination, and just entering a good stretch of road on the Tambo road, when both wheels on the driver's side blew out, presumably on the same sharp object, and the car immediately overturned. His brother and two sisters and the driver escaped without serious injury [318].

Richard Zeller died in Springsure Hospital in 1929 from head injuries sustained while driving a car. While negotiating the Bauhinia range, his car slipped back down the grade owing to the brake failing to grip and struck a tree. A branch of the tree pierced the hood of the car, striking Zeller on the head injuring his skull. Mr. Barnes, the other occupant of the car, was uninjured. He

conveyed Zeller to Rolleston meeting the Springsure ambulance which then conveyed him to the Springsure Hospital but he died the following day [328,329].

Robert Callaghan was admitted unconscious to the Springsure Hospital in 1930 and was treated by Dr. McShane for a fractured skull and a gaping wound in his head sustained in a roadside accident. Callaghan and a party of footballers left Springsure in a motor lorry at an early hour for Rolleston. Arriving at Staircase Gully, which is situated about ten miles from Springsure, on the Springsure-Rolleston road, they pulled up to put some water in the radiator. Stepping off the lorry Callaghan fell over an embankment about four feet deep and struck his head against a rock. When picked up he was unconscious and had a gaping wound in his head. He was immediately rushed to Springsure Hospital and regained consciousness later that night [339].

When Mr. Colin Coombes fettler, at Minerva, and Mrs. Coombes were taking their two-year-old child on a motor trolley to a doctor at Springsure on Saturday night in 1931 when the trolley became derailed, owing to a brake-rod having dropped. All three were injured and the child was in a serious condition, suffering from a fractured skull. The father sustained slight concussion, a cut on the back of the neck necessitating six stitches, while one finger was almost severed. The mother received injuries to her leg, and it is thought the leg would have to be amputated. All were inmates of the Springsure Hospital [342].

5.7.Other Trauma and orthopaedics

In 1871, Dr Wuth treated eleven trauma cases including one scapular and one fibular fracture [6]. Many cases with significant problems appear to have recovered well, but this was not always the case. An unfortunate inmate with a broken leg in 1883 had some relatively unsuccessful surgery resulting in a shorten leg. The problem was reviewed in the Rockhampton Hospital, but they could not improve the situation [420].

Mr. Devitt, the railways contractor, was reported to be an inpatient in the Springsure Hospital following an assault, though his injuries were not specified. The men employed on the Springsure Railway were discontented over payment issues in 1886, and consequently several riotous demonstrations had occurred including one in which Devitt was attacked. Police reinforcements were sent from Emerald [421].

Miss Kewell, the little daughter of the Rev. Mr. Kewell, Methodist Minister was taken to the Springsure Hospital in 1894 with a broken left arm just above the elbow joint. An accident occurred while playing in her father's garden. The fractured limb was duly set and fixed in splints [76].

Ambrose Hunt was admitted to the Springsure Hospital under Dr. Moore with a severely lacerated foot. He was engaged in well sinking on St. Helens station in 1894 when owing to his temporary inattention his foot was caught in the coupling tackle and was severely injured. He was brought into Anakie and Mrs. W. Pacy very kindly did her best to bind up the wounds. On the following evening, the young man was taken by his father by train to Springsure. Mr. Hunt, senior said that the accident was the result of the young fellow's own neglect and through no fault of others. Six days later he was said to be progressing as well as can be expected considering the extent of the damage, but erysipelas has taken place. An ominous addendum! [79,80].

Mr. Tames Dallow went to the Springsure Hospital under Dr Moore for treatment of a lacerated leg. A ladder slipped while he was on it, turning over as it fell and lacerating his leg. The paper regreted that erysipelas had occurred in the wound, again an indicator of the potentially fatal nature of this infection prior to antibiotics [81].

Harry Rosen fell dead suddenly while having a friendly boxing match with William Weston in Springsure in 1896. A doctor could do nothing for Rosen, but certified that heart disease was the cause of death. This may have been Dr Cooper or Dr Simmins [392].

A Pacific Islander, then described as a Kanaka was admitted in 1898 suffering from a laceration of the palm of the hand. Initially his recovery was delayed by his having to work while under treatment, and his reluctance to stay without contributing to the funds of the institution [393].

Tom Murray was admitted to the Springsure Hospital in 1898 having been gored by a bullock. Mr. Penrose, the butcher, and some more men were engaged branding cattle, and Murray was keeping the branding irons hot. Being an old man, and not regularly active, Mr. Penrose repeatedly told him to keep away from the cattle but no doubt thinking he was more active than he really was, he ventured too near the bullocks, when one of them charged and gored him through the thigh [422].

Dr Simmins gave some details of admitted trauma cases over the past year at the 1898 Springsure Hospital annual meeting. Many cases of accidents had occurred, including two severe fractures of the leg. In one case the leg had been broken for the fourth time. Another interesting case was that of a man who had his jaw broken in two places and his nose badly fractured. Another patient had one of his cheek bones broken and his head badly cut up by the falling of a tree. Another has had his frontal bone fractured owing to an accident from a trolley. Another trolley accident resulted in a severe lacerated wound in the thigh [423].

Mr J. McKerr was admitted to the Springsure Hospital in 1898 with fractured ribs where he

progressed favourably. He had been riding on a trolley with a few men, mostly lengths men on the line, when he fell off and the trolley ran over him, breaking three of his ribs [98].

Eustice, an infant, was conveyed by ambulance to the Springsure Hospital in 1922 with severe scalds [270].

Mrs Rebecca Allenfred, the housekeeper at Cullin-la-ringo Station died in Springsure Hospital as the result of burns one day previously. She had bathed her feet in benzine apparently as a cure for corns and tired feet, then lit a match in her bedroom. Her skin and clothes ignited. She suffered nearly a hundred percent burns before the flames were extinguished with a blanket. Dr. McShane motored out from Springsure, and ordered her removal to the hospital, but she expired some hours after admission [271].

John McGuire died in the Springsure Hospital in 1923 from injuries sustained, including a fractured forearm, when he caught his arm in the pulley wheel of an engine. Presumably, the injuries were more severe than just a fractured forearm [273].

Fred Langlow was conveyed to the Springsure Hospital in 1924 having staked himself in the thigh whilst pursuing a bullock. The Ambulance covered a hundred and eighty miles to Rowan and back in twelve hours to attend Langlow. An average speed of fifteen miles an hour gives some idea of the nature of dirt roads in the outback [280].

Joseph John Priddle was attended by the Springsure Ambulance and afterwards conveyed to the Springsure Hospital having been severely injured as the result of cutting his right foot with an axe. He had left his home to collect a load of firewood with his 17-year-old son, Joseph Priddle, on a dray drawn by three horses. They had felled a small tree and the father was cutting it into lengths, when his axe glanced off, striking him on the foot, cutting through the boot and inflicting a serious cut which bled profusely. He was subsequently admitted for treatment suffering a good deal from shock and loss of blood. Dr. McShane, who attended Priddle, found that an artery had been severed [283,284].

Mr. Tee, a lengths man, was conveyed to the Springsure Hospital in 1924 by the Ambulance Brigade with a lacerated foot. His pick slipped while working on the railway near Dilly. and cut his instep through to the bone [286].

Mr. Brent Marshall was conveyed to Springsure Hospital in 1926 under Dr. Barrett having injured his eye when cutting scrub for fodder [302].

Bob Simms badly lacerated the fingers of his left hand whilst preparing a bottletree for stock

feed in 1926. He was conveyed to the Springsure Hospital [306].

Robert Callaghan was rushed unconscious to Springsure Hospital in 1930 with a head injury to be treated by Dr. McShane for a fractured skull. A party of footballers in a motor lorry heading for Rolleston stopped at Staircase Gully to put some water in the radiator. Stepping off the lorry Callaghan fell over an embankment about four feet deep and struck his head against a rock. When picked up he was unconscious and had a gaping wound in his head. He regained consciousness later that night [339].

Edith Alchin was conveyed to the Springsure hospital by ambulance having put a garden fork through her foot whilst digging in the garden [340].

Miss Coombes, aged two, was admitted to the Springsure Hospital in 1931 with a serious but not fatal head injury from an accident in which her parents also suffered mild injuries. The girl's injuries were initially thought to be fatal, but she was later reported to be in a serious condition but improving [343].

An un-named young man from Mt. Playfair was admitted to Springsure Hospital in 1933 having sustained a severe laceration on the foot from an axe whilst fencing [347,348].

Miss Alice Gough was admitted to the Springsure Hospital in 1936 with a fractured thigh, presumably the femur. Miss Gough has only lately learnt to ride and while cycling down the Hospital Hill her machine got out of control. In attempting to turn to avoid the creek crossing she was thrown heavily amongst the rocks at the side of the road. Her injured limb was set by Dr Flynn though no further details of the injury or procedure are available [367].

Mr V. Heeney was conveyed by private car to the Springsure Hospital in 1938 for medical attention having cut his foot whilst ringbarking on Planet Downs, Duaringa [371].

Sporting injuries had not been prominent previously in Springsure. N. Bock was admitted to the Springsure Hospital with head injuries and abrasions received whilst playing football [371].

B. Butcher and A. Clarke were admitted to the Springsure Hospital following an accident while cutting fire blocks at the sawmill in 1938. A knot in the piece of wood struck the saw, causing it to throw the timber up, hitting Butcher on the head and causing a compound fracture of the skull. The log ricocheted on to Clarke, who suffered lacerations to the right cheek and slight concussion. Clarke was discharged from the institution later, but Butcher was still unconscious in a critical condition. A month later he was still unconscious. He was therefore transferred by air ambulance to Rockhampton and on to Brisbane. Several months later he was discharged from

the Brisbane Hospital to the care of his family but was considered unfit to resume work for some time. Presumably, he had suffered severe permanent brain damage [376-377].

Mr. W. Lewis has been discharged from the Springsure Hospital, having undergone an unspecified operation in 1938 [377].

Ivan Eyles was admitted to the Springsure Hospital in 1939 with a broken arm after a fall from the veranda whilst playing at the home of his parents [380].

Aubrey Rolfe, of Buckland Plains was transferred by ambulance to the Springsure Hospital with a head injury in 1940. He was seriously injured by the collapse of a wool press and was unconscious when admitted [384].

5.8.Suicide and poisoning

Dr Apjohn was called to Cullin-la-ringo station in 1887 to see Mrs Hogan but she has died from strychnine poisoning before he arrived. She had been suffering from some peculiar mania and had contemplated suicide for some time. Sadly, she left a five-months-old son [53].

Patrick McMahon, a hawker over seventy years of age, died in the Springsure Hospital of arsenic poisoning. McMahon and Bragg, a travelling saddler, were sharing a drink of horehound beer in McMahon's camp. About eight o'clock at night Bragg said he should go to bed, but McMahon persuaded him to have another drink of beer from the bottle in his pocket. Bragg drank some and complained it was bitter and burned his throat. McMahon also had a large drink and realised it was the wrong bottle. It was poison, arsenic and soda which he used for curing skins and washing his horses' shoulders. Bragg took some emetics, vomited and recovered but McMahon did not and died the following day [75].

Louis O'Brien, a 68-year-old resident of Sapphire Town, a man considered for some time to have psychiatric problems, made a deliberate attempt to poison himself by eating the heads of two boxes of matches in 1906. He then presented himself at the residence of Mr. G.D. St. Omer stating that he was tired of life, and that he was the victim of a conspiracy. He had, however, repented and suffering severe pain he collapsed. He was removed to the Springsure Hospital, presumably under the care of Dr Parrimore, but unfortunately died two days later from the effects of phosphorus poisoning [174,175].

Three men were admitted from Rolleston to the Springsure Hospital in 1922 in a serious condition with symptoms of ptomaine poisoning from eating some contaminated tinned fish. Pto-
maine poisoning is acute gastro-enteritis resulting from the consumption of contaminated food

containing micro-organisms or toxins. They were reported to be improving [269].

A botanist writing to the Queenslander in 1930 mentioned the case of two children previously admitted to the Springsure Hospital suffering from poisoning with *Solanum auriculatum* or *Solanum mauritianum*, a weed originating in South America. It is also known as bugweed or tobacco weed. The berries can cause skin irritation, and nausea and respiratory problems if ingested. While non-toxic to birds, it has been reported to cause severe illness and death in mammals [334].

5.9.Lost in the bush



The Bush Near Springsure

This concept may seem strange to city dwellers. The Australian bush is a beautiful but brutal environment with few direction markers or evidence of civilisation. Over three-quarters of rural areas today have no mobile network. Flights over central Australia at five hundred kilometres per hour may not reveal any sign of habitation or roads for ten to twenty minutes equating to a hundred kilometres or more. The harsh climate, particularly intense heat in high summer and dehydration can make a walk of less than twenty kilometres life-threatening.

Myrtle Russell, age two and a half was admitted to the Springsure Hospital, with sunburn and exposure having been lost in the bush for twenty-nine hours in 1924. She made a rapid recovery. An improbable story of long-distance walking and survival follows. Mrs. Russell put Myrtle and her baby to sleep in the tent right close to the bank of the water hole, then the social group gathering had a swim and lunch. When Mrs Russell looked into the tent her baby was asleep but Myrtle had gone! The party searched and could not find her, and it was thought she must have fallen into the river. After a while they picked up her tracks.

At this stage they enlisted the aid of two indigenous bushmen, Sandy Salmon and Jack Pierce,

both skilled trackers. They followed her track for twelve miles travelling in a circle such that she eventually ended back to within a mile of the camp. Her tracks showed she went down to the river again then up to where their house and sheep yards are, then back again, to the river and down into Shadeville. She climbed up one of the stony ridges there in front of the house and they thought she slept all night beside a log. Next morning she went towards Skinner's and then turned round around came back to where she was found. She left the camp sometime between 11 and 12 on Friday morning: and was found, next day about 3:p.m. She was lying bogged in a mud hole. She had had a drink in a little drop of water and then crawled through the water, and her arm had got stuck in the mud; and she stayed there. One side of her face was buried in the mud [282].

The hazards of the remote Australian bush were again revealed by the admission of William Harrow, a single man in search of work in 1926, to the Springsure Hospital. He was walking from Brisbane to Cairns and to Ravenshoe, and then to Rockhampton when he lost his way in the bush for several days, experiencing severe privation and agonies in forcing his way through prickly pear. He emerged near Fernlees in the last stages of exhaustion, his body full of pear spines. He was placed on the train to Springsure, where he is making a good recovery [295].

Mr. W. Macdonald was conveyed to the Springsure Hospital suffering from severe exposure having been lost in the bush in December 1926. He was found by a search party organised by the police near Planet Downs [305].

6. John Dennis Fryer and The Fryer Memorial Library of Australian Literature

A significant person in the town history Nurse Rosina Richards came to Springsure in 1883 and married Charles Fryer to become matron and wardsman respectively of the hospital. Rosina and Charles had four sons, William, Charles, Henry and John who all grew up in Springsure and enlisted in the services in WWI. Charles was killed in action in 1917, and the other three survived the war though with serious wounds requiring ongoing treatment.

John Denis Fryer was born on 11 September 1895 in Springsure. He attended Rockhampton Grammar School and went on to win a scholarship to The University of Queensland (UQ) in 1915, aged 19. However, World War I had commenced the previous year and soon after starting his first term at the University of Queensland, Fryer volunteered for military service in the Australian Imperial Force. He was commissioned in 1916 and served in France and Belgium in 1917, but in August 1918 he was gravely wounded in a German attack.

Fryer returned to Australia July 1919 and in March 1920 he resumed university again, enthusiastically studying classics with honours. He enjoyed university life to the full, played rugby

for the university, was vice-president of the dramatic society and edited the student magazine, Galmahra. Interestingly, Galmahra, an Aboriginal word for 'poet, seer, teacher or philosopher, was named in honour of Galmahra (Jackey Jackey), a member of a tribe of the Merton district near Muswellbrook in New South Wales. Jackey Jackey was a guide and companion to explorer Edmund Kennedy on the Cape York Peninsula expedition in 1848, surviving Kennedy's death.

Sadly by mid-1922 Fryer developed tuberculosis. He became too sick to sit his final honours examinations and returned home to Springsure and died on 7th February 1923. He was buried in Springsure Cemetery. John was a most popular student. After his unfortunate death, his grieving fellow students founded a library with public donations. Named after him, the Fryer Library opened in 1927, becoming a unique collection of letters, books, manuscripts, photographs, architectural published or unpublished material of Australian literature and Queensland History including the four Fryer brothers letter home from the war.



John Fryer, A. I. F

7.Springsure Hospital Museum

Once the second hospital was opened, the old hospital was used by the nurses as a dance hall. The old hospital was restored in 1988 and opened as a museum on 19th August 1989. In 2016, an exhibition was held in the now heritage listed old hospital to display copies of the four Fryer brother's letters and postcards sent home detailing their war experiences and injuries. Medical equipment from WWI was also displayed. The Springsure Hospital today remains as the oldest surviving pavilion plan hospital constructed in Queensland and is the first hospital constructed in inland Queensland.



John Fryer, Gravestone, Springsure

8.Conclusion

The early doctors of Springsure were thus confronted with living in a shepherd's hut, becoming skilled horse riders to reach remote patients, operating on horses for cancer, treating severe influenza, plague and dengue, while struggling to maintain harmonious relations with nursing and administrative staff. Surgery for major trauma was required following serious accidents with horses and cattle, cars and trains and gunshot wounds. Nevertheless, Springsure Hospital has endured and been twice updated. Broad-based agricultural towns and hospitals persist whereas mining communities such as Mungana and Mayfield are often now just deserted ghost towns [27,424].

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