



Port Augusta – then and now

Transcript – OH 803

Interview with Dr John Thompson recorded by Sally Stephenson on the 26th November 2006 for the State Library of South Australia Oral History Collection.

DISK 1

This is Sally Stephenson interviewing Dr John Thompson, OAM, at his home in Port Augusta on the 26th November, 2006, for the State Library of South Australia's J.D. Somerville Oral History Collection. The interview focuses on Dr Thompson's work as a doctor in Port Augusta and for the Flying Doctor Service in outback South Australia from 1940 to 1980.

Dr Thompson, I'd just like to start with some brief questions about you and your family, before we move to the main part of the interview. Would you tell me your full name, please?

John Robert Thompson.

Thank you. And when were you born?

I was born in Quorn on the 25th October, 1914.

And what were your parents' names?

Myrtle Alice was my mother, and Horace Thomas my father.

And what was your mother's maiden name?

Myrtle Alice Mackay [pronounced 'Mackie'], M-A-C-K-A-Y.

What work did your parents and grandparents do?

My mother was brought up in a family, the Mackay family, amongst other things duties took him into the South Australian Railways and he used to be in charge of various divisions of the South Australian Railway. One of the divisions was the Northern section which extended from Peterborough to Quorn to Oodnadatta, and he was the Superintendent in charge of that Northern Division for South Australian Railways.

So that was on your mother's side. What did your paternal grandfather do?



He came out from Scotland. There's a record of the trip in the Port Adelaide Maritime Museum, describing the ship and the people on it, including himself. And he landed in Port Adelaide and spent a short time in Adelaide and then migrated up to Quorn.

What work did he do there?

He ran a carpentry business and a grocery shop. And when the family grew up my father went into the same business and he was essentially a carpenter, although he ran the grocery shop as well. But as a carpenter he built many of the homes in Quorn and built the centre in Port Augusta, used to be the Catholic school – the museum section in Port Augusta. (pauses) It was built where the old convent used to be.

He didn't build the convent itself; he built the building after that, that's on the site.

No, he built the Outback Centre.

The Wadlata?

Wadlata, yes.

I know you mentioned, as your father was the carpenter, that meant he also had to double as the town's undertaker.

He did that, yes.

Were you very aware of that at the time, and as you were a young boy growing up?

Yes, I knew that.

What was that like for you?

All right. I don't know, it didn't seem to affect me very much. I remember, as a very young child, going down to the so-called 'carpenter's shop', which was behind the grocery store, and he employed several men as carpenters and actually they built their own coffins. But mainly they were contractors and built many of the buildings and houses in Quorn, including some in Port Augusta such as Wadlata.

So were you aware, then, of your father bringing cadavers home? Did he go and collect the bodies?

Oh, he didn't bring them home with him.

What, to the work?



Yes.

When you were a young boy growing up in Quorn, what were some of your favourite pastimes?

I was never an expert at any special sport, but I played all sports. Concentrated mainly on tennis – actually met my wife at tennis.

Can you tell me some more about that?

(laughs) Well, she was quite a good tennis player and when I played tennis I met her there and that was the beginning of our life together, actually. And my best friends all played tennis, and I was associated with the game for a long time. When I first came to Port Augusta I was President of the Port Augusta Tennis Association for quite a long period.

So when you played tennis and, going back to Quorn, were you playing against neighbouring towns? Did you travel for matches, or was it all within the town?

Not particularly. I used to play at the Methodist tennis courts mainly. But each year they had a tournament, a tennis tournament, and there was always one also at Port Augusta and we tended to play in those.

Now, I know you've told me that one of the events that you used to enjoy in Quorn was the annual seaside picnic. Can you tell me about that, please?

My grandfather came out from in Scotland in the early days. After a short period in Adelaide he made his way north and settled in Quorn. He eventually became Mayor of Quorn for a very long period and, as Mayor, he sponsored a picnic train from Quorn to Port Augusta every year, and the train and many motor cars moved most of the population (laughs) of Quorn to Port Augusta for the day, but that happened once a year.

And you used to go as well?

Oh, yes. I can remember in the early days going by train. They used to run two special trains from Quorn, one train couldn't take all the people, they used to run a couple of trains; and then later, when motor cars became common, we used to come down by car.

I've seen a photo of the train and it looked as though it was decorated for the occasion.

Yes, it always had a banner in front of it.



Was that something that everybody looked forward to, that picnic?

Most of Quorn decided to come to Port Augusta for the picnic. It used to be – I can remember being a member of the Quorn High School Cricket Club. We always came down in the morning and played a match against the Port Augusta High School, and when that was over we adjourned down to the beach to the picnic. And most occasions – I can remember quite well – most occasions, the picnic used to be in the beach area. Once or twice it was here, but – – –.

Can you just describe what you mean by ‘here’? When you say it was here – – –.

Across the bank there’s the gulf and there’s a beach there, and once or twice the train used to stop – the railway line used to go round the embankment and then right along the wharf, and the other end would join up where the railway continued: the main line went through the station and then west; but this branch line came around the wharf where they used to unload the ships, often into trains.

What games did you play at those picnics? Apart from the cricket that you played before, were there beach games?

I can remember the bowlers used to play, they used to have a bowls tournament. There always used to be the cricket for the high school against the Port Augusta High School. I can remember down on the beach the children used to have sand castle competitions. It was quite a picnic day, and towards evening the first train went back; then about an hour later the second train went back to Quorn.

Thank you. You grew up in the 1930s, during the Great Depression: did that have much impact on life in Quorn?

The wartime had the same impression which it had on every country town: there were a lot of people away on active service, and I can remember that period in Quorn as a child. But I was quite young then and I can’t give you any specific descriptions of the time. But I can remember there used to be regular troop trains through Quorn, full of military personnel and equipment, which was going north to Darwin for the defence of Northern Australia.

So this is in the 1940s.



Yes. The main route to Darwin used to be up through Quorn and used to go to Alice Springs and then by road to Darwin. And all the defence personnel and equipment went up through Quorn.

I'd like to talk now, ask you a few questions about your school days. I know initially you went to school in Quorn, didn't you?

Yes.

Do you remember much about what the school was like?

Nothing specifically. I started school in Quorn and went through the Quorn Primary School. I then went to the Quorn High School and went to Leaving Honours standard, but there was no Leaving Honours course in Quorn; it was the first year, second year, third year. Second year you did your Intermediate; third year you could do your Leaving, which I did; but there was no Leaving Honours students in Quorn and I then went to Prince Alfred College for a couple of years.

Can you describe for me what that was like, moving from a country town down to Adelaide for your schooling?

Yes. Well, I had two quite happy years at Prince Alfred College, which was really invaluable because I met many of the people who later did the medical course with me, so that I made many contacts in those two years in Adelaide. Can't tell you anything more, except that when I went to the University [of Adelaide] I spent the six years that you did Medicine, the course was six years long, and I lived for that six years at Wesley College in Hyde Park.

I'd like to come back to that in just a moment, but, before we talk about your Medicine, I'm just interested to know what made you first start to consider a career in medicine.

Oh, I don't know. I think probably considerable influence from my family, particularly my mother. I think she decided she'd have a son to be a doctor, (laughs) and I was directed in that area, in that region.

Do you think she saw certain characteristics in you that she thought would be good as a doctor?

Oh, I don't know. I think she viewed the doctor as somebody important in the community and decided that her son should be a doctor.



Out of interest, do you remember the doctor in Quorn when you were growing up?

The main one I remember was Dr Watson. There was an original doctor when I was a small child, Dr Gibson was in Quorn for a long while, but I only knew him as a young child. Dr Watson I knew better. And then there was, when I was old enough to be in the medical course, there was an Austrian doctor who was in Quorn.

And they were all quite highly-regarded in the community, then, from what you say – – –.

Yes. Well, Quorn had only one doctor at that stage.

Now, you were telling me, if we come back, when you were studying Medicine, that you stayed at Wesley College. What memories do you have of staying there? I know you've mentioned to me in the preliminary interview that half of the students there were theological students but the other half were taking other courses.

Yes. Well, I have very good memories of that.

I'm just moving your hands away from the microphone a little. Thank you.

The students there were varied. About half were theological students and others were University students. And there were several medical students, people studying Law and Engineering. But it was a very good place to stay while you were attending university. Facilities for study were excellent and we were very well cared for in the six years that I lived at Wesley College.

How did you use to get from Wesley College to the University for lectures?

Pushbike. I had a pushbike for years in Quorn. I took it to Adelaide when I went to the University, and the day I graduated through Medicine I sold it to a theological students. (laughs) The day I got the results.

I'd just like to look back over that first part of your life before we then talk about your career in Medicine. Who do you think had the biggest impact on you as you were growing up and then studying down in Adelaide?

I presume the people that provided for me were mainly my parents. But Wesley College was a very good place to grow up and study there. I remember the people who ran Wesley College at the time were quite prominent people in the Methodist Church. The Reverend Principal was a very prominent person in Adelaide and he later became the man in charge of the Methodist University College for university students. And the man



that was second to him in the College was the Reverend Eckersley, who was quite well-known in the Methodist Church at that time. But those two people ran the College, and they had a matron there that directed the domestic staff, looked after the meals and all sort of thing. It was quite a good place. Wesley College was a very nice area: there was a college, and then there was a creek right through the property – we used to go across a bridge to the second building in the College, which was where the Principal lived, but they also had accommodation there for students.

Did you have any lecturers at the University, do you think, who were particularly influential or memorable characters, perhaps?

Not specifically. They always used to have, especially in the Medical School, when you started Medicine there was always an initiation ceremony (laughs) at which the Medical Students' Society gathered all the prospective young doctors together, made them give speeches and put [acetaminophen] in their hair, which (laughs) was a terrible smell. They had these initiation ceremonies, but apart from that you then became part of the medical course.

Were there many other country students studying Medicine?

I can't remember the proportion, but it would be quite a percentage. The number of people studying Medicine then was in the low twenties each year. The course is much bigger now. There'd be twenty to thirty new students start Medicine each year.

Were there any women students when you were going through?

Yes, but they would only be two or three medical students in each year.

Your father died, didn't he, during your final exams in 1938; how did that affect you?

Of course, obviously the loss of my father was quite a hurdle in my lifetime. He'd provided everything for me from when I was born, and being an only child it was quite a traumatic experience. But it happened right at the end of my medical course. I remember doing – we'd finished all the papers and we had a few oral exams to complete, and I remember the honorary doctors concerned put mine in a day or so early so that I could return to Quorn when my father was buried. But it was rather a traumatic end to my medical course.



I think you were saying that was one reason why, after your year of residency at the Royal Adelaide Hospital, you then decided to take up a position in Port Augusta, is that right?

I did a year at the Adelaide Hospital, which was more or less routine for all students in those days, and I came back to Quorn and Dr Symons, Eric Symons, he lived in this house, he was a Port Augusta boy, he'd been here all his life and he got in touch with me and said was I interested in coming here. And I worked for a year here with him, and he said he was going to Adelaide then; would I be interested in buying the practice. But when I came here with I had no intention of being here permanently.

And I think you mentioned in the preliminary interview you were only going to come for a year to be near your mother.

Yes, to be near Quorn, yes.

What was Dr Symons like?

He was known as 'Brickie' Symons: he was a short man and he'd been in the Army. He didn't have a particular military bearing, but you could tell he'd had military experience. I had a very good year here with him. Later, when he went to Adelaide, if we went to Adelaide – – –. (sounds of movement)

Excuse me, I might just move the microphone so that – – –.

I'm sorry.

There we are.

Whenever we went to Adelaide, we always visited. He lived at Magill and he worked there, he had a practice at Magill, and we always visited them every time we went to Adelaide. As I say, I lived here in this house with them for a year before I bought the practice.

So when Dr Symons left in 1940, you were the only doctor, so how many years were you working here as the only doctor in Port Augusta?

Oh, for several years I was by myself – could be three, four, five years. But periodically I'd get an assistant for a month. The people that ran a medical service in Adelaide to supply doctors to various country areas if anybody was ill, if anybody was on holidays, I had an arrangement with them if they ever had a spare doctor I'd take him. So there were various doctors that came here for a month or two months, and then I'd go for two or three months by myself. But I always took help and then Dr Ian was the first



partner I ever had. He came here and he was here for a year or two and lived here for a while and he got married, and he – I've forgotten how many years he was here. And then eventually Bob Cooter, Dr Cooter – still lives in Adelaide – he came here for eight, nine, ten years. And there were various other doctors that came. But those who stayed for any length of time were Dr John Meakin[?] and Dr Robert Cooter: they were here for several years. And of course Ian Furler[?] was here for several years as well.

So there was at most a four-man partnership, I think, wasn't there at one stage. How did the partnership work? Did you all do everything, or did some doctors specialise?

Yes, we all did everything. First of all, the surgery used to be behind chemist shop, but when we got two or three doctors it wasn't big enough so we established a clinic. We owned the house there because Dr Furler lived there for a while, had the house and he lived there, then we converted that into a surgery which was the present, so the surgery that we had could only take one or two doctors, then we could have three or four doctors at the surgery we had there, and then we had several doctors. From that we formed more or less two distinct practices: one practice here, and the other practice down near the chemist shop in Commercial Road.

How were your surgeries set up? Were you able to do minor procedures there?

There were two surgeries in Port Augusta – just one for a long period, and then two. Very little surgery was done in the actual surgeries. Pretty well everything was done at the Port Augusta Hospital. All surgery and all minor surgery was done there, even sutures. We didn't do very much at the surgery in the street.

Well, I'd like to ask you more about the Port Augusta Hospital. What was it like to work there?

Well, the original hospital, I've got a photo of it down there. That was up on the hill behind the gum trees and the extended backwards where there was the domestic area, and then the first major building when I came here was a new nurses' home. It was a two-storey building, so it was the first major procedure, and that was the new nurses' home. The maternity block was where it is now. That has moved down the hill. And then eventually they built the new hospital and closed the original one.

When you were working there it was the old hospital.



For years it was the old hospital: men's ward, women's ward. High percentage of Aboriginal patients. Most really sick Aboriginal people from the North came to Port Augusta.

What sorts of – – –.

(refers to microphone?) I'm sorry, I'm not dealing with this very well.

That's fine. What sorts of medical problems did the Aboriginal people have who'd come down from the North?

I suppose they had the ordinary illnesses that we have, except that –

I'll just adjust the microphone again.

– infections were more common with the Aboriginal people. We saw them much later than usual, so many of their conditions were neglected. They came in from long distances, they came in by train from the North–South line and from the East–West line, depending on which way the trains were running. Anything from Kingoonya, Tarcoola, came this way; but Rawlinna went to Western Australia, to Kalgoorlie, but if there was somebody really sick and the trains were running this way, Rawlinna patients would come here to Port Augusta if that was the convenient way for the train to come. Saw some very sick people brought in from the line. The railways were the only means of getting to Port Augusta until the Flying Doctor Service came here, and then they'd pick up patients from along the line. But the Flying Doctor Service tended, although they'd go to Tarcoola or places like that, they tended to deal with people from the North, from Maree, Oodnadatta, and then up the Birdsville Track.

I'd like to come back to the Flying Doctor Service later if I might. But just if we come back to, at the moment, your work in Port Augusta and in the hospital in particular: what were the operating theatres like then, for example?

Reasonably satisfactory. Fairly primitive, back about 1940, but they were kept up-to-date as time went by and most surgery was done there. We did some very major surgery in Port Augusta in those days, referred some of it away, but most of the surgery was done here.

Can you tell me which operations you did do here?

Well, all fractures – covered everything, pretty well, with fractures. The usual operations: appendices and gall bladders, hysterectomies. The bowel surgery we did



quite a bit but tended to refer bowel surgery to Adelaide, especially for malignancies. But we did almost the full range of surgery. Very rarely sent any fractures away. We used to treat fractured spines and all those conditions in Port Augusta.

Did you have your own X-ray equipment?

Oh, yes.

Who took the X-rays?

(laughs) In the very early days, actually the matron of the hospital. But the deputy matron also knew how to use the X-ray machine. The doctors took an occasional X-ray, but mainly the senior nursing staff and the matron did the X-ray work. And then, of course, as time went by, you got a person specialised in X-ray work.

We're used to so many different specialists now, but from what you say you really had to do most things yourself, although the matrons helped. But who would have assisted with giving anaesthetics when you did your surgery?

The matron of the hospital, mainly.

And what were the anaesthetics like in the 1940s and '50s.

They were all ethyl chloride and ether, open ether.

Was there some danger associated with those anaesthetics?

Oh, yes. We used to do several a day, for fractures and things like that, and appendices and hernias, remove gall bladders. We used to do quite a lot of surgery. The usual process in the very early stages was myself to put the patient to sleep and then the matron take over and you'd scrub up and do the operation. But in the fairly early stages I started to get partners and then they took over, but while I was here by myself the senior nursing staff were the main anaesthetists, and particularly the matron.

You mentioned to me in the preliminary interview that there were two matrons: there was Bessie Symons and then Mary Fitzgerald. Can you tell me some more about those two ladies?

Matron Symons – Bessie Symons – she was here when I came to Port Augusta and she sort of ran the whole nursing staff like a business manager. All the nurses were frightened of the Matron, but she ran a real workshop: full nurse training, the doctors gave some lectures but Bessie Symons gave all the nursing lectures, and it was a full-time training school. She was an exceptional person, and I kept in touch with her until she



died. She went to Adelaide and then she went down to a centre at Glenelg and we visited her right up until the time she died. But I think every Saturday night she came here for an evening meal and then went to the picture show.

Did she have any family of her own?

Yes. I didn't know anything about the family.

And then the second matron that you've mentioned was Mary Fitzgerald.

Yes.

Now, there was a story there about something you said to her in the ward. Can you tell me that story?

She was the old-fashioned matron. Very efficient. She actually came from Quorn. Her people had property near the Quorn Reservoir. But she was experienced on the West Coast and she came here and she ran the nursing profession for many years. She was the typical, old-fashioned matron. All the nurses were frightened of her, but she ran a very good nursing school. It was a full-time nurses' training school, where the doctor gave some lectures, she gave a lot of the nursing lectures, and she was quite a remarkable person. Very well-known in the district, had quite a reputation. (laughs)

Can you expand on that? What do you mean, she 'had quite a reputation'?

She was, I wouldn't say a 'domineering' personality, but everybody took notice of her and she was the old type matron. She did a very good job in Port Augusta for years and years. Port Augusta was a full-time training school.

You mentioned to me in the preliminary interview that you had a conversation with her in the ward and everyone trembled.

Yes. (laughs) I can remember her walking into the women's ward once and there was a screen up the end of the ward and a nurse hiding behind it. And I can remember Matron Symons yelling out, 'Nurse, I'll slay you!' (laughs) But it was something you'd never see nowadays, she was a real old-time matron.

If you're thinking back to the hospital, what sort of an atmosphere was it like to work in? Was it very efficient, or -- --?

Yes, quite efficient.

Was it a happy place or a sad place?



Yes, I think so, yes. But on occasions when they gathered together, I always remember – there were several times you all got together, but for meetings and that, used to have doctors' meetings and hospital board meetings, but every year at Christmas time they had a hospital Christmas, and they were very memorable occasions. But the modern matron was nothing like the old-time matron. I remember the sisters in charge of Flinders Ward, Light Ward at the Adelaide Hospital, they were real characters, they were like the mayor of the town in their various wards. Nobody argued with them or anything. And it was the same here with the senior nursing staff, but particularly the matron.

Did that also go for the doctors, did the doctors not argue with them?

Probably expressed a difference of opinion if you had one, but they ran the hospital, that was it. Sister Evans was a character. I've got some things around the house that she to give me at Christmas time and things like that. But she did all the X-ray work and nobody interfered with her. It's probably a different story these days, but she ran the X-ray Department for years and years.

Talk a little bit about the patients: what types of patients were there, and where had they come from?

There was quite a high percentage of Aboriginal patients with an enormous variety of complaints, often neglected – they should have been in long before they came.

Was it the bush nurses at missions who sent them down, or what made them finally come to Port Augusta for treatment?

They usually came in by train. I've seen them on the floor of the brake van, have to move them with a stretcher, been very ill. I've seen them die on the way in to Port Augusta. The train control used to provide a very good medical avenue to the doctors. Anybody that was sick along the line went to train control.

So did you also see some of the railway workers

Oh, yes; all of them. Actually, I examined people who'd work on the railways, and I examined them when they were sick, and there were nursing homes at Tarcoola and Rawlinna, then there were nursing homes in Maree and Oodnadatta, where there was a sister, and they used to contact me through train control. They used to get on the railway phone and train control could connect to me here at the house. And I used to treat these people over the line; I used to decide when they should be sent in; and



eventually, when the Flying Doctor came here, you could decide when you'd send a plant out to pick them up.

Was that difficult, making diagnoses and giving advice over the phone when you couldn't examine the patient?

It maintained a fairly good service, actually. I can remember sending planes up to Oodnadatta, I can remember my partners – Ian Furler once, there was a woman in trouble having a baby at Oodnadatta and I remember he went up in the aeroplane, looked after her at Oodnadatta and then brought her back. It went from almost next to nothing to advice on telephone to flying people out to flying doctors out; but there was practically nothing we didn't deal with. A lot of things – I mean if somebody had some complicated malignancy or anything you'd send them to Adelaide, or some complicated orthopaedic problem like spines you could send them away; but we tended to treat most things here.

I know you said that infectious diseases were common: how did you diagnose those? Did you take your own blood samples, for example, and examine them?

Yes. When I first came here, within the first twelve months, had a diphtheria epidemic where I had about eighty or ninety cases of diphtheria. The hospital filled, opened the Davenport Hall and made it a hospital, but we did all the swabs, sent them to Pirie to the laboratory, did some of the swabs ourselves – cultured them, examined them – put sisters in charge and a housekeeper down in the Davenport Hall until the diphtheria epidemic subsided. The results were fairly good. We lost the odd case, but very few. But when you were dealing with eighty, ninety, a hundred cases – – –.

So that was during the War years, too, then, that that epidemic occurred. Did that make any additional problems for you? Actually, just before you answer that question we'll just stop for a moment while I replace the card.

END OF DISK 1: DISK 2

Continuing an interview with Dr John Thompson in Port Augusta. Dr Thompson, you were just telling me about the diphtheria epidemic and that that occurred during the Second World War. Were there additional problems because it was during the War?

Not particularly.

So you had sufficient nursing staff available.



We had sufficient staff to deal with them. Had to open emergency wards at the hospital, but managed to cope with it. It was not only treating the patients, but we immunised all the school children in Port Augusta. I remember organising that at the Town Hall, getting all the material out from the Health Department and some local sisters in the town came down and helped, gave all the children injections to immunise them.

This is for diphtheria?

For diphtheria, yes.

I know you also had meningitis outbreaks in Port Augusta, too – both, I think, bacterial and amoebic?

Yes. Meningococcal meningitis and amoebic meningitis.

Can you tell me about those outbreaks?

Yes. They were unusual occasions, especially the amoebic meningitis because it was very rare. There'd been reported cases in other parts of the world, but it was a very rare complaint. But you actually saw the patient with meningitis and you'd take a sample of their cerebro-spinal fluid and put it under the microscope, and you could actually see the amoebae swimming around in the cerebro-spinal fluid. You could actually see them in the microscope. You could send the fluid away and the laboratory would also make slides and confirm the diagnosis. But amoebic meningitis was very rare, and I think it would be about fifty years (laughs) since we'd seen a patient in Port Augusta.

You mentioned that there'd been a few other cases world-wide: how did you get to learn about them? Did you have access to medical journals?

Medical journals, yes. There might be an odd case of an article written in a medical journal, but also these volumes, they're out of date now, but the *Encyclopaedia of medical practice*, you could look it up in there and you'll find something on pretty well everything there. I bought that when I came here, when I was here by myself.

So we're looking at the moment at the *British encyclopaedia of medical practice*, and I think it's in twelve volumes, isn't it?

Yes. And then you'll see the *Encyclopaedia of surgical practice* all along there and right across there, the *Encyclopaedia of surgical practice*. When I was here by myself I needed it. I used to look up various things.

I know penicillin became available early on in your career here. Did you have easy access to penicillin?



Yes. As soon as it was available, we could get it. You'd have to ring Adelaide. The Health Department controlled it, for a while it was very scarce, but you could make a submission to Adelaide and get an adequate supply.

What cases were you allowed to use it on?

Meningitis was one of the things that they made it available for. But anything that looked really seriously ill. There were a few things. Like anything else, at first you just got it for the odd case; and then for moderately serious illnesses, which it covered, you could get a supply; and then it became freely-available. But it only did that over a period of years. It was very strictly-controlled, in the early days.

I'm wondering, too, with the railway workers here, did you see many cases of traumatic injuries that may or may not have become infected?

Well, infection was always a possibility; but accidents on the railway were common. I had regular contact with Rawlinna, Cooke, Maree, Oodnadatta, through the train control. Train control could talk to me through the telephone, from Oodnadatta or wherever they were, and many times I had consultation with the sisters. See, there used to be hostels at those places with trained nurses in charge, and often sick people would be taken to them. And if they thought necessary they'd contact me through train control. And had a medical service which ran for years: first of all it used to be the gangers along the line, and then the gangers used to channel people to the sisters, and then the sisters would ring me when they were established; but originally there was just one or two places along the line. But gangers used to be at all depots and they used to maintain their own section of the line, twenty or thirty miles each side of each camp. There used to be an area where they all travelled by section car out to work from their camps, and accidents were fairly common on section cars.

What sorts of men were they?

There'd be somebody in control, he'd be a ganger, and then in each gang there'd be four or five fettlers. And these gangs were established all along both lines. And they patrolled, say at Cooke, they'd go so many miles that way, west, so many miles east, and they'd be responsible for that part of the track. And then the next gang would cover that next area. And then they had special bridge gangs which just went out to look after bridges. But the fettlers did the main track.



I might just pause the interview for a moment because I can hear a sound – the tune *We wish you a merry Christmas*: is there a phone or something? We'll just stop the interview temporarily. (break in recording) Just returning to the interview, this is the third part of the interview with Dr John Thompson in Port Augusta.

Another big part of your practice, I think, was obstetrics. And every time I speak to someone in Port Augusta they all seem to have been delivered by you.

(laughs) Well, it was a very big obstetric practice. We covered the whole range, from difficult cases to caesarean sections, and it was only the very rare case that we had to send away – so-called toxæmias of pregnancy, if it looked critical we'd send the patient away for further advice – but the majority of them we kept here, treated here, as we did most other complications. It was a fairly busy obstetric practice. Forgotten how many hundreds of patients I delivered, but it was a very large number.

One of your partners said that you may have delivered, for example, a hundred and fifty babies in one year.

Yes, that could be.

If that's true and you did that for forty years, then that's a lot.

Yes. Yes, you could work it out from that. A big year we'd do a hundred and fifty – that's only three a week – and the midwifery block always have a half-a-dozen people in and they only stayed in a week, so you can work out there were a lot of babies here. There were a lot of people, there used to be a home here where people would come in from Tarcoola and Cooke and the north line, they'd stay for the last week or two of their pregnancy to have the baby in Port Augusta. So we saw a lot of out-of-town people as well.

What attitude did the people from the remote areas, do you think, have to coming into hospital? Was it something they dreaded or they were comfortable with the idea? How do you think they viewed the hospital?

The midwifery cases?

Yes.

Oh, I think they were reasonably happy. I don't think they varied from anywhere else. They were just normal midwifery cases that had to travel in the long distance sometimes and wait around until they came into labour. But I don't think they were essentially different to any other midwifery service.



Just thinking about all of the patients now: were you able to develop good relationships with all of those patients? Did you see them throughout their lives, and all their families?

Yes, pretty well. I had all my Port Augusta patients, the case notes and everything, and all their families; and similarly along the north–south and east–west line, I had patients that came in regularly that had four or five children, and they'd come in periodically through the train service and come into Port Augusta, have injections for the children, have a check-up for the children generally, midwifery visits. They'd come in with broken arms and things like that, get fractures set, put a plaster on, watch it for a day or two and then they'd go back to the camp and come in in a fortnight's time or three weeks or whatever. But the station people were all connected with the Flying Doctor Service. The Anna Creek Stations and all those stations. There used to be women on certain stations, especially Kathleen MacLean[?] at Anna Creek, there used to be a lot of Aboriginals on the station and she was always ringing up and getting advice, sending patients in, and rather tragically one of the last patients was (laughs) herself: she was sick.

What was wrong with her?

I've forgotten. She had some heart trouble or something. But she was very ill.

If we talk more about the Royal Flying Doctor Service now, the base at Port Augusta was established in 1955 and you were one of the first doctors.

Yes.

You said you were on the very first flight to assess its feasibility: can you describe that for me?

The Flying Doctor Service, when they were established, took special flights. I remember John Mickan[?] elected to go to Oodnadatta and wave the flag at Oodnadatta. I think he went up to Todmorden Station, that's north of Oodnadatta, and he did that flight, and Bob Cooter did the flight to Andamooka Opal Fields, and I drew rank and did the inaugural flight to Birdsville – to Maree, to Anna Creek Station, up the Birdsville Track, Cowarie, and eventually to Birdsville. Spent several days doing that trip, seeing people all the way up the track. And I think the plane was wanted for an emergency at Maree or Anna Creek Station, that's right: Aboriginal girl fell out of a truck and fractured a femur, she had to be brought back to Port Augusta. I stayed at Cowarie Station till they came back and picked me up. But they were the early days of the Flying Doctor Service, but



they have much better planes now. They had baby Austers in those days, you could almost look out over the engine (laughs) or over the tail of the aeroplane.

But you're a very tall man, so was there enough room for you in the small planes?

Yes. There wasn't much room in them.

So there was just you and the pilot?

Myself and the pilot, yes.

And did you carry much medical equipment with you?

I used to carry a case – probably one of those attaché cases – and that was all. The nursing homes along the track, they also had a range of equipment, especially those on the railway line – Cooke, Tarcoola, Maree, Oodnadatta, the sisters had a range of equipment, you know, for treating any emergencies.

I'm interested to know more about the planes, too, and who flew them: who were the pilots in those days?

Well, the first pilot was a chap called Dick Dennis[?], and Dick was a very good pilot but he had a character of his own. He'd do something, a wrong thing, he was always in trouble with the people that controlled the airways. He didn't report or he reported at the wrong time. But he was a very good pilot. They were just very small planes.

What were the runways like?

They were all right, but they were only dirt. There was no concrete or anything like that, they were all dirt tracks they landed on. Andamooka used to be quite a primitive track: there'd be heaps of sand on each side, in the sandhills.

Were there any rabbit holes or kangaroos in the way?

Oh, I think they dealt with those. But they were fairly rough areas, especially up the Birdsville Track. Some of the strips you landed on were a bit dicey, but the plane managed them all right.

You mentioned to me in our preliminary interview that you used to do a regular flight from Maree to Andamooka and Oodnadatta and that you and your partners would take that in turns. Can you tell me more about those trips, though, to the outpost clinics?



We all used to leave here early in the morning and fly to Andamooka, and there was a woman up there that always used to organise you. She'd have the patients lined up – we used to consult in the Town Hall, they used to have a small hall at Andamooka, and used to line the patients up there and examine them and I'd write notes on all of them. Then we'd fly up to Oodnadatta and get there late in the afternoon, see a few patients and then consult right up until late at night at Oodnadatta and spend the night at Oodnadatta, and then fly back to Maree and then consult there, and then fly back to Port Augusta before it was dark.

So when you were at Oodnadatta, where did you stay?

I slept at the hostel. They always had a bed for me at the hospital.

You mentioned in the preliminary interview to me that it would be really quite a big social occasion in Oodnadatta.

Oh, yes. Everybody used to come in to see the doctor, you know, station people. Oodnadatta at the time, they had a fettlers' gang there and there were a few houses around Oodnadatta, but then there was the station people that used to come in, and I think even if they didn't want to see the doctor they'd have a gathering there because they supported the bush hostels quite a lot, and so they used to gather in there and the sisters used to put on supper and things. It used to be quite a gathering when the doctors visited.

And would the whole family come in, would the whole station family come in for these gatherings?

Oh, quite a few of them.

But the children as well as parents?

Certainly if they needed to see the doctor. But usually used to see twenty or thirty patients.

Are there any particular cases that stick in your mind from your time with the Flying Doctor?

There are lots of incidents. I can remember up the Birdsville Track overflying where we were going (laughs) and discovering it at the last minute and doubling back. – the sandhills there and you could miss where you were going. It was certainly flying into the outback. I've got memories of Lake Eyre empty, Lake Eyre full of water, the Birdsville Track as dry as a bone or wet, the rivers flowing down into Lake Eyre – stayed at stations



on the bank of the river, you can walk to the edge of the river and there's a big flow of water in, but usually it was dry. Nothing special. Leaving Birdsville and landing at a station just south of Birdsville, seeing a patient, setting out for Maree, running into a blinding dust storm and turning around (laughs) and going back to the station and staying there the night. I can always remember Graham Pitts[?], we went back to the station – it was Pandie Pandie – and they gave us a piece of steak for tea. It was the nicest steak I've ever tasted. I can remember them saying, 'Well, what would you like for breakfast?' and Graham Pitts almost immediately said, 'You wouldn't have any more of that steak, would you?' (laughs) So we had another piece of steak for breakfast.

I know you said a lot of your flights were perhaps more routine medical flights to see the patients, but were you involved in any emergency flights?

Yes. It was unusual. I remember Dr Furler once went to Oodnadatta. Mary Arnold – you know, that was Matron Fitzgeralds – once I couldn't go and she went up on a flight once to help bring the patient back who needed some medical treatment. But generally speaking we managed any emergency treatment through the sisters that were situated at Oodnadatta, Maree, Tarcoola and Rawlinna. They had their own little hospitals there, and railway people in between sort of gravitated to the sisters for treatment, and if in doubt they'd communicate with us through the Flying Doctor Service. And we could give advice: we used the Flying Doctor medical kit which was set out and I could tell them what to use in the medical kit, which included antibiotics and all sorts of things like that. And if they were unhappy, then the plane would go out and pick the patient up. But before the Flying Doctor Service we had to rely entirely on the train to bring people in. Usually turned out quite well, although I must admit I've gone to the station and found that somebody had died on the way in, but that was very, very rare – can only remember doing that once on the east–west line.

The First Aid boxes were very complete, and the sisters could prescribe from that. And the sisters that were out there, they were fairly senior people, they'd been nursing for a long period, and they were quite efficient in their treatment. And they were quite accurate in telling you – if they said, 'I think this patient should get to Port Augusta urgently', well, you'd get the plane off immediately. (laughs)

If we move on now, I know you told me that you had other roles in Port Augusta and that you were actually also the quarantine officer. Could you tell me a little about that, please?



Quarantining, yes. Several of the ships that came in, the first land they touched in Australia, the Japanese ships, they used to come here and pick up ore, copper ore, because it didn't tolerate wet weather. It was rather dangerous, not satisfactory taking it to Darwin; they used to bring it down from north of Alice Springs, bags of it, loads and loads, truckloads, and it used to be lined up along here and the ship would come in and they'd load this ore into the ships. And we used to go down to the ships to quarantine them when they came in, because it was the first port they touched, and nobody was allowed on board until I'd been in and examined everybody. They had a health book and I had to check up, I saw everybody on the crew and made sure they were all reasonably healthy and then they could put a gangway in and start work on the ship. Whyalla didn't have a quarantine officer and occasionally I had to go to Whyalla. At Port Augusta they'd come to the wharf; Whyalla they used to anchor out at sea, I used to go out on a tug boat to the ship and have to climb up a rope ladder, up the side of the ship, to quarantine the ships there.

I know from the preliminary interview you said you got to know some of the Japanese officers quite well.

Oh, yes. The *Chui*[?] *Maru* and the *Spencer*[?] *Maru* were two Japanese ships that were involved in the cargo of ore, taking the ore back to Japan, and the *Chui Maru*, *Spencer Maru*, both of them used to come direct from Japan here, and I had to go on board and quarantine them. And they would usually invite me to a meal on the ship or something like that. 'What are you doing tomorrow night?' or something like that. And they'd ask some railway officials, chief traffic manager or the man in charge of the way and works or something like that, but they'd ask the chief mechanical engineer, they'd ask a few railway people, perhaps the local councilman or the mayor and myself, to have a meal on the ship; and they used to put a special meal on, used to have this big thing in front and be cooking all this Japanese food and you help yourself out of the central cooking area. Anyhow, we got to know the Japanese people fairly well and a couple of times when John Bonney[?] and I went to Tokyo and Japan, Central Shipping Company of Japan, the various officers grabbed us at the airport and took us in and took us into their central office in Tokyo and arranged various trips for us and they looked after us very well if we went to Japan. I've got a lot of things from the Japanese that used to come out with the shipping company. Before you go, I'll show you some of it.

So has that led to a special interest in Japan and the Japanese for you?



Yes. When we were in Japan the shipping company looked after us very well. Their managing director took us to lunch on the, then the various captains and that that we knew would grab us and say, 'Hey, you've been out with the top brass for dinner; come and see how the ordinary Japanese live', (laughs) and they'd take us out for tea.

And was it very different? Was the tea very different to your lunch with the top brass?

Well, the food wasn't any different, but they used to go to a small café and you'd sit on a seat, you know those little pits, and there'd be a table there and they'd bring the food and put it on the table and you'd help yourself, and it used to go on half the night. The Japanese people were very good to us when we went to Japan.

I also wanted to ask you in particular about the Aboriginal health. I know now that Aborigines account for around one-third of hospital admissions and you've said that they also made up a large proportion when you were working at the Port Augusta Hospital. How did the Aboriginal health problems, do you think, compare with those of the white population of Port Augusta?

There were a large number of Aborigines here out at the reserve. There were a large number brought in sick, from the east-west and the north-south line. Some of them were very ill; some of them were infectious, used to have to be isolated. There were a whole variety of Aboriginal patients and there used to be a special section of the hospital. Normally they went in the ordinary section, but there was a special section out at the back where we used to keep some of them.

Why was that?

They may have been infectious or a bit mentally-affected. An area where they could be isolated. But usually they went into the wards with the ordinary patients.

You mentioned in the preliminary interview that you and Bonnie[?] had attended the opening of the Umeewarra Children's Home in 1942 and that that would have been set up by Merle Kendall [?] and Kathleen Simmons[?]: do you remember, what was that home like?

It was quite a good home. It was a reasonable building. It was like a college – not as elaborate, but it was like a college dormitory. They used to bring these Aboriginal children that were neglected or needed special treatment or special education, they had a whole home full of these children and they had a dormitory, dormitories in which they lived, a series of houses, they had these dormitories, and they looked after and brought these children up until they got to the stage where they went out into the community.



And that was Miss Kendall and Miss Simmons. They did a very good job for the Aborigines in need. As I say, they looked after them, fed them, especially attended to health affairs, and when they reached adult age they went into the community.

Were they educated there, too?

Yes, they had a degree of schooling which most Aborigines in the bush didn't have, but probably not as good as schooling education, but Miss Simmons and Miss Kendall did a very good job. They came down from somewhere up on the Gulf of Carpentaria, came right down here and established the reserve.

But there were other Aborigines living on the reserve as well, were there, apart from the children's home?

Yes. Same as it is now, there was a whole string of huts out there, and then the children's home as well.

What were the huts like?

Fairly primitive, but liveable.

And in general, what did you think the conditions were like there on the reserve?

Fairly primitive. But I can remember when I first came here they were in tents. I remember going out in the middle of the night and trying to see a patient in a tent.
(laughs)

How did you find the right tent?

Well, they were looking for me. But there's not much light in the middle of the night.
(laughs) The main light was a small fire they used to light.

And how did they respond to being seen by a white doctor?

Oh, they accepted it. I think they were quite grateful for it. Think we had a reputation – I mean, they'd be fairly ill with pneumonia or something like that and you'd give them an antibiotic and they'd get better, and I think they were very grateful. They were certainly very eager to see the doctor if they were not well.

What changes have you noticed in the Aboriginal health care over the years?

Oh, from just being seen-as-required, they've had their own permanent doctors in Port Augusta that have looked after them. And John Bowley[?] – saw him recently – he came



from the Bowley family at Nectar Brook and he was in Sydney for a long while and then he took an interest in Aborigines, and he came back here and he was interested in Aboriginal health. He used to go out there and help them. But there's been a big improvement in their health generally.

The other area I was thinking of that we hear more about nowadays is mental health, particularly for people living in remote areas, and how important it is: was there much mental health support for people on remote stations or even living in Port Augusta in the early years?

I think if there was a mental illness, if it was not a psychosis but a psychoneurosis, an anxiety state or depression or something like that, but mainly say an anxiety state, you would tend to treat them locally. If they were really psychotic you would send them to a mental hospital in Adelaide. You'd put them in the ambulance and send them to Adelaide.

Was that, depression and anxiety or the neuroses, were they things that you saw commonly?

It wasn't too bad in Aborigines. You could treat most of them here. More severe cases you could put in hospital. Mainly you could give outdoor treatment. But the psychosis, where they were completely defective mentally, you'd send them to Adelaide.

Sorry, I was thinking of your white population as well as the Aborigines, so was that — — —?

The same applied to them.

But we're hearing more about depression in farmers and, for example, that wasn't something that you saw particularly often?

No. Well, Bill Salter[?] used to come here regularly. He was a practising psychiatrist. A lot of them you could refer to him. Severe ones you could certify and send to Adelaide, and the mild ones you could treat in hospital. Perhaps get Bill Salter to see them when he came up. He used to make a regular visit.

How frequently would he have come?

I think it was about once a month.

Well, thinking about your career as a whole now, from your perspective what do you think have been the most memorable changes in medicine?



The general co-operation and the organisation of a medical service has improved enormously. First of all, you have a series of specialists who are prepared to come into the country. Those specialists in Adelaide, if you see a person you're concerned about, he will see them in Adelaide, you can refer them to him. So you have him visiting here, you can send patients to him in Adelaide, and indigent patients or something like that you can send them to the various hospitals in Adelaide. If they have a bad mental defect, you can arrange certification here in Port Augusta and have them taken to Adelaide, or the milder ones you can refer to Adelaide for consideration.

The co-operation, then, seems to be a major change that you've noticed. Has, for example, the various new technologies and surgical procedures made an impact?

Well, I tended to do far more surgery in the country than is done nowadays. A lot of the things that I did would be sent to Adelaide by ambulance. But I still use the ambulance, there were still patients I sent to Adelaide, but many of the things that would go to Adelaide now immediately we dealt with in Port Augusta.

Do you think that this change is a good thing?

I think so, because I don't think the general practitioner these days, he does Colles' fractures and Potts' fracture of the ankle or something like that, but if you get fractured femurs and things like that, I think they're mainly dealt with by specialists now and I think the doctor's obliged to refer them to specialists.

I'm interested to know whether you think that, having worked as a doctor in the country, are country doctors required to have particular characteristics?

I think they've got to deal with more problems locally than the Adelaide doctors do. You think twice about sending some things to Adelaide, you deal with them here. The further you are from Adelaide the more likely you are not to refer patients, but there is a certain class of patient you always refer, and these days there's a very big problem with medico-legal things. I mean, if you don't send a patient to Adelaide with a fracture and something goes wrong, there's always the possibility of legal action. It's not very common. But a lot of things I treated now automatically go to Adelaide.

So do you think doctors in the country, given that you had to deal with more things, did that mean that you needed to be more self-reliant or maybe more self-assured?



Yes, you certainly did, certainly from a surgical point of view. You had to deal with all sorts of surgical emergencies – with fractures and ruptured ulcers and things like that. You did all those, you didn't send them away because, say a ruptured ulcer, for instance, you could operate and fix it here by the time you could get the patient to Adelaide, and they couldn't afford to wait.

Were there ever any doctors, perhaps, who came out to the country but for some reason didn't have a suitable character and didn't like it and returned to the city very quickly?

Oh, I wouldn't comment on that. Some people are more adjusted, say, to running a country practice than running a city practice. But generally speaking I don't think it's a matter of what you do [as] what is your judgment on when to refer a patient. For instance, thirty years ago, forty years ago, I did a lot of work which nowadays automatically would be referred to Adelaide. If somebody come in with a fractured femur, I used to treat it; but nowadays it would be referred to Adelaide immediately.

I might just pause for a moment while I change the compact flash card.

END OF DISK 2: DISK 3

This is the third compact flash card for the interview with Dr John Thompson in Port Augusta. We were talking about your medical career in general. Are there any particularly fond memories that you have of your time in medicine?

I suppose it didn't represent a big part of my work, but the duties that I had with the Flying Doctor Service I remember particularly. There were various emergencies and, combined with the flying doctor, I'd say through the railway train control, there'd be accidents and various things on the line, you had to deal with a lot of things at a considerable distance and arrange transport out or to get the aeroplane to take you out. And that was a variation that didn't come into most general practices. It was an element in Port Augusta which created quite a measure of interest.

And I had a lot of co-operation from various sisters, particularly at Maree, Oodnadatta, Tarcoola and Cooke. There used to be very efficient sisters in these areas, and they would ring you with all sorts of problems associated with medical practice and you either had to tell them what treatment to use out of the Flying Doctor Service box or their First Aid railway boxes, tell them what antibiotics or other treatment that was required, or arrange to get the patient to Port Augusta, either by train or by air. And I suppose if there was doubt, the treatment was to bring them in. But the sisters managed a very, very good service in those outback spots.



We'll move now just to your life outside of medicine: what interests did you have and do you have?

I suppose, associated with my work, I always had quite a considerable interest in the St John Ambulance and for many years I was an adjudicator in the interstate St John Ambulance Competitions. That involved going to the various states each year and adjudicating their annual competition. There used to be about three or four doctors in Australia who used to do that, and we used to meet regularly each year in Sydney or Brisbane, one of the capital cities – and including Port Augusta – that used to conduct the ambulance competitions. They were one of the main features that I spent with St John Ambulance, although I did all the lectures and things for the ambulance in Port Augusta for many, many years.

Used to play a very big part in the railways, I remember when I first came to Port Augusta Mr Bill Ridgeway[?] was in charge of ambulance services in the Commonwealth Railways, and he took me under his arm and took me through the ambulance process, (laughs) and was a great help to me in the early days.

You've also mentioned to me that you and your wife enjoy bowls.

Yes, we've always played bowls. My wife particularly. She competed in Adelaide several times. But we were always keen bowlers and we went to various tournaments, such as Loxton and through the Riverland, with our friends each year. But regret that we're getting too old to play now. (laughs) But we still keep an interest in bowls.

I know you've got a son and a daughter: do you get to see them very often?

Yes, we see them – the ring frequently on the telephone, but we see them periodically. My son was here about a week ago. He's a doctor at Murray Bridge. And my daughter works at the Guardianship Board at –

You mentioned yesterday, I think, at Modbury Hospital.

– at Modbury, yes, she works at the Guardianship Board at Modbury, and she's married to a doctor in Adelaide.

Do they have children?

Yes. Robert has a son, William, who's a specialist in medicine in Perth, and he's got a daughter who's a teacher in Tokyo, and he's got a son in Murray Bridge in Adelaide. My daughter has got a daughter in Sydney and she's got a daughter in Brisbane – I'm sorry;



she's got a daughter in Melbourne and she's got a daughter in Sydney. The daughter in Melbourne is a social worker and the one in Sydney works in an office.

And do you have any great-grandchildren yet?

Yes, the one in Tokyo has two children; William in Perth has a couple of children, their grandchildren up there. (shows photograph) The one on that end is the one in Tokyo, and these other two children are in Perth.

I wonder whether any of them will be the fourth generation in medicine.

(laughs) I don't know.

Well, we'll finish the interview in a moment, but are you able to summarise your very long and productive life? How would you summarise it?

Actually, I suppose I've been fortunate. It's been a very happy life and I suppose a very productive one, because I've always enjoyed my work. I came to Port Augusta with Dr Symons, lived here for a year with him, had no intention of ever staying here and at the end of the year he moved off so I bought the practice. But I didn't have any intention of staying this long.

And sixty-six years later we're sitting in the same house.

(laughs) Yes, the same house. But it's been a very happy life. We've had a couple of trips around the world, we've been most places – through Africa, through South America and through North America, through Europe – so we've had quite a good life, actually.

Well, thank you very much for your time, Dr Thompson, and for agreeing to the interview.

END OF INTERVIEW.