ADDENDUM

SECTION 3

BIBLIOGRAPHY & SOURCES

ACRM Newsletters 1991

AFRM Newsletters 1991-2007

Australian Medical Workforce Advisory Committee (1997), The Rehabilitation Medicine Workforce In Australia: Supply and Requirements, AMWAC Report 1997.3, Sydney

Minutes of AFRM Annual General Meetings 1993 – 2007

Written submissions from:
- Dr Peter Colville (Vic)
- Dr David Burke (Vic)
- Prof Dennis Smith (SA)
- Dr Pesi Katrak (NSW)
- Dr Bill Stone (Vic)
- Dr Tom Woolard (NSW)

Interviews:
- Prof Richard Jones (NSW) August 2007
- A/Prof Ben Marosszeky (NSW) 6 March 2008
- Prof Bob Oakshott (NSW)

ADDRESS TO THE AGM OF THE NSW BRANCH OF THE AUSTRALIAN ASSOCIATION OF PHYSICAL ANDREHABILITATION MEDICINE
GIVEN BY DR GEORGE BURNISTON
NOVEMBER 21 1986

I have to thank our president, Bob Oakeshott, for my being here tonight to talk to you. A few weeks ago Bob 'phoned' me and said that my name had cropped up frequently in the records of the Association – presumably the Federal body of the Association. I was surprised to learn this, although I had served two separate terms as President of the Federal body. I could only hope that references to my name had occurred under good and proper circumstances, and not in association with any possible misdemeanours! Be that as it may, I was pleased to accept Bob's invitation to speak at this Annual General Meeting of the NSW Branch of the Association, having regard to the significance of this particular meeting.

Bob suggested that my talk might take the form of a recollection of some of the personalities I had encountered as colleagues within our specialty down the years. I later realized, and I suspect that Bob had known when he invited me to speak, that what I might finally talk about would amount to a History – although a brief one – of rehabilitation medicine from the days when it was know as physical medicine to its present, broadly based image of rehabilitation medicine.

Some of you may know – many won't – that my own entry to the practice of rehabilitation was through the field of orthopaedics – and this occurred whilst I was serving with the medical services of the Royal Air Force in the UK, to which I had been seconded during my service with the Royal Australian Air Force in the Second World War. How this occurred must be recounted elsewhere, but to make a long story short, I was privileged as a young Medical Officer, with rank of Flight Lieutenant, to be attached to the Royal Air Force Orthopaedic Service, which was planned, organized and virtually directed by the late Reginald Watson-Jones who was civilian consultant in orthopaedics to the Royal Air Force, and was later to be knighted and to serve as orthopaedic surgeon to the British Monarch.

Watson-Jones introduced me to the importance and place of rehabilitation in the management of severe trauma. The Royal Air Force Orthopaedic Service consisted of orthopaedic and traumatic surgical units at Royal Air Force hospitals, and a number of superb rehabilitation units which were closely integrated, both administratively and clinically – there were, as I recall, three or four Royal Air Force Medical Rehabilitation Units.

I spent approximately 15 months working at one of these units and visiting others. What I observed, and in what I was involved, was (I believe) the first demonstration anywhere in the world of a multidisciplinary rehabilitation service. In saying this, I am aware that during the First World War Robert Jones, another distinguished orthopaedic surgeon and no relation to Watson-Jones, had established a form of rehabilitation, generally vocational in nature, for the British Army, and based at Shropshire.

Watson-Jones' conception was far more sophisticated and brilliant, and I have seen nothing like it since – having regard, as it did, to both medical and vocational rehabilitation.

Later, when I was recalled to Australia, I was charged with the responsibility of developing rehabilitation in the Royal Australian Air Force Medical Service. One of the first things we did was to eradicate the older concept of convalescent depots and replace them with medical rehabilitation units.

The success of the Royal Australian Air Force's wartime rehabilitation program has been well and accurately documented by Dr Alan S Walker in volume IV of the "Medical Services of the Royal Australian Navy and the Royal Australian Air Force", so I won't repeat it here. Suffice it to say that, regardless of what the Army and Navy did, the medical rehabilitation services of the Air Force were far more advanced, and demonstrated what could be achieved through multidisciplinary care under good medical leadership to reduce the degree of disability and

handicap in instances of severe physical and psychosocial impairment. Colleagues who worked with me in establishing medical rehabilitation in our Air Force included the late Dudley Longmuir, who later worked with me in the Commonwealth Rehabilitation Service.

At the conclusion of the Second World War in 1945, there were no medical rehabilitation services in the States' health services. I found it a great concern and disappointment that the lessons learned in the medical services of the armed forces were not emulated in the civil public hospitals.

With the completion of hostilities, there was an immense problem of resettlement back into civilian life of thousands of service men and women. This task was undertaken by the Ministry of Postwar Reconstruction - a department which functioned without a written ACT. One of the problems the department faced was the return to civil life of thousands of disabled ex-service men and women who were not eligible for help through the repatriation department.

Douglas Galbraith, a physician of Melbourne who, before the war, had established and directed as an annex of the Children's Hospital in Melbourne, the Frankston Orthopaedic Centre for Handicapped Children – a centre for intensive physiotherapy and education instruction of the children to enable them to pursue an occupation and who had served in the Army and was in chare of the Army's convalescent program – was appointed by the Minister for postwar reconstruction to be coordinator of rehabilitation within the Ministry of Postwar Reconstruction. Douglas recruited a number of medical personnel, including myself – although I was still serving in the Air Force – and, also, Dudley Longmuir of Victoria, Graham Andrews of South Australia, Gordon McLean of Brisbane, and Colin Anderson of Western Australia, to be Deputy Coordinators of rehabilitation in our respective States.

The program that Douglas Galbraith developed and planned as coordinator of rehabilitation within the Ministry of Postwar Reconstruction, was enacted principally through the then Department of Social Services, and although I and my colleagues in other States were appointed to Postwar Reconstruction, we worked in cooperation with officers of the Department of Social Services, and of the Department of Labour and National Service.

When the Ministry of Postwar Reconstruction ceased to function in the late 1940's, the scheme it had developed continued within two departments – that is, Social Services and Repatriation. The principal responsibility for rehabilitation remained with the Department of Social Services, because a Government decision had been made to establish a rehabilitation program for invalid pensioners and recipients of other social service benefits. The interim scheme which developed within the Department of Postwar Reconstruction later became the Commonwealth Rehabilitation Service.

However, before the Department of Postwar Reconstruction closed down, Douglas Galbraith was obliged to give up his work as coordinator of rehabilitation because of ill health, and I was asked to continue his work in the capacity of Acting coordinator.

This was a time in my life when I had to make important personal decisions. I had planned and, indeed, had made definite arrangements, to return to the UK after demobilization from the Air Force to undertake training in orthopaedics surgery. However, loaded down as I became with responsibilities as Acting coordinator of rehabilitation, and later acting as the first principal medical officer of the Department of Social Services, I was obliged to give up my plans to become an orthopaedic surgeon – a decision which, once made, I did not regret.

At that time, that is, in the early 1950's there were no rehabilitation services in the large public and teaching hospitals system. Of course, there were physiotherapy services – largely associated with orthopaedic departments within the hospitals – and almoner, or medical social work, services. Occupational therapy was largely unknown in the hospital system as, also, was speech therapy. This latter discipline was largely regarded as a service to be provided in paediatric hospitals. It was not possible, therefore, for the interim rehabilitation

scheme of the Department of Social Services to buy, as it were, rehabilitation services from the public hospitals system.

A Government decision was made that the Department of Social Services should develop its own rehabilitation centres, which it proceeded to do in each State – this project, in itself, is another important story which some day must be told, but which time does not permit me to enlarge upon tonight.

I must say, now, with hindsight, that the decision that was made for the Department of Social Services to develop its own rehabilitation services was essentially wrong. What happened as a consequence was the development of an autonomous rehabilitation service, essentially for social services beneficiaries, administered by a Federal Department in isolation from the mainstream of medical care, which of course remained a State health responsibility. The Department of Social Services could not visualize its rehabilitation service as a health program.

About this time, that is in 1952, I took leave from my work with the Department of Social Services and accepted a Fullbright Fellowship which took me to America and the UK for approximately 15 months. During that time, I undertook postgraduate training in physical medicine and rehabilitation and on my return to Australia became the first principal medical officer to be appointed, in a permanent capacity, to the Department of Social Services.

However, whilst I was in London, working with Frank Cooksey at Kings' College Hospital, I first became acquainted with Naomi Wing. When I look back, the circumstances were a little humorous. Whilst working with Frank Cooksey, it was my practice to spend some time at other hospitals and one of these was St Thomas's Hospital, where I was working with neurologists learning the mysteries of electromyography. One afternoon, I had a call from Frank Cooksey telling me that a doctor from Australia would be calling at the Department of Physical Medicine at Kings College Hospital on the following afternoon, and could I be there to have tea with her.

I was told the name of the doctor was Wing, and I immediately visualized somebody of Chinese ethnic background. Certainly, I had never heard of her before. I was therefore surprised the following afternoon when I met Naomi for the first time. Naomi had been in general practice in Cooma and had later developed an interest in rheumatic diseases, and indeed, had an appointment at the Royal South Sydney Hospital. She and her husband, Lindon, were doing Postgraduate study in UK – Naomi in rheumatology and Lindon in occupational medicine. Naomi told me, then, that what she had observed in the UK had persuaded her that when she returned to Sydney, she planned to develop a rehabilitation centre at the Royal South Sydney Hospital. I applauded her plans in this regard.

When I returned to Australia, towards the end of 1953, I first became aware of the Association of physical medicine, which was largely based in Melbourne, mainly because of the influence of people such as the late Frank May and Lee Wedlick, who were outstanding practitioners at that time in the specialty. At the time I joined the Association in 1954, it had changed its name to the Australian Association of Physical Medicine and Rehabilitation.

The 1950's saw the birth of hospital rehabilitation services in NSW at least and probably also throughout Australia.

You will recall that I first became acquainted with Naomi Wing when I was working with Frank Cooksey in Britain during 1952. On her return to Australia, Naomi began her great work in developing the rehabilitation centre at the Royal South Sydney Hospital. This task was not an easy one, for Naomi developed the centre against not insignificant resistance by other ember of the medical staff at the hospital, but despite this, she set resolutely about planning and raising money from all sources to establish a rehabilitation centre. Some of us here tonight, who are very few in number, will recall how Naomi foraged about and found old huts, and had them transported to the Royal South Sydney Hospital site, and converted these huts into a rehabilitation centre. I am sure that anybody who would have opposed her plans and efforts

would have rued the day that they did so. The story of the development of her centre and how it eventually blossomed into the program that is presently conducted at Royal South Sydney Hospital is a story in itself. Naomi seemed to know the right people who could give money, knew how to intimidate politicians browbeat hospital administrators and turn her medical colleagues at the hospital from opponents to supporters of her efforts. – Unwilling though they may have been, but still supporters. She also had the ability to collect, and make staunch allies of, a team of allied health professionals around her. Her rehabilitation program was well located in an industrial area, and it has continued to contribute very strongly to the overall provision of industrial rehabilitation services in this city, and indeed this State.

Naomi always claimed that hers was the first hospital rehabilitation service in NSW. Actually, the Sydney Hospital had been contemplating the establishment of a rehabilitation centre before, or at least the same time as, she was planning her centre at Royal South Sydney Hospital. I can well recall, having retuned from my Fullbright Fellowship overseas, meeting with a group of medical staff, mostly orthopaedic surgeons, from the Sydney Hospital, who were keen to develop a rehabilitation centre, orthopaedically based, at the old Prince of Wales Hospital which the Sydney Hospital had acquired as an annexe for its orthopaedic activities. I met with that committee on a number of occasions, before I eventually moved to Melbourne to take up my position on a permanent basis, as Principal Medical Officer of the Department of Social Services. Eventually a centre was established and its planning and early organisation was greatly influenced by Dr. Rodney Myers, whose father (Professor Myers) had been Professor of social medicine and Dean of the Faculty of Medicine at Queensland University. Rodney Myers came to Sydney after I had become Principal Medical Officer to the Department of Social Services and was resident in Melbourne, and became the senior Medical Officer of the Department of Social Services in Sydney. He had spent 12 months or so studying physical medicine and rehabilitation at the Mayo Clinic in the USA and it was because of his training in the USA and his great interest in rehabilitation that he became the obvious choice to be appointed the Senior Medical Officer of the Department of Social Services in NSW.

I should also mention at this point that after I had returned from the USA and UK in early 194, I met a recent young medical graduate at Sydney Hospital whom, I was told, was anxious to study physical medicine and hoped to be able to proceed abroad for this purpose. I was told that it would be easier for me to meet him at the hospital than for him to come and meet me. I willingly visited the hospital and met a young junior resident medical officer in a white suite and sitting in a wheelchair! That was my first meeting with Bradney Norington. Brad, had been severely crippled with poliomyelitis in the later stages of his undergraduate medical training, and I believe it was for that reason that he was interested in the whole question of medical rehabilitation and believed that, as a handicapped person himself with medical training, he could make a worthwhile contribution. Brad with some assistance from myself, but with (I believe) great assistance from Dr Selwyn Nelson, travelled to the UK by sea and I believe – Brad can correct me here – met his future wife. It is possible that he had met her beforehand – so the story goes – but in any event, she was a trained nurse and eventually became his wife and his great supporter, which she continues to be. Brad spent a year or two in the UK and obtained his diploma in physical medicine. While he was abroad, he and I kept in frequent touch and on his return; he was able to take up a number of appointments. One was as a sessional consultant to the commonwealth rehabilitation service. The second was as a sessional consultant to the rehabilitation services of the repatriation department, in which I know he played an important pioneering role, and the third was as part time Director of Physical Medicine and Rehabilitation at the newly established rehabilitation centre at the Prince of Wales Hospital. What I have just said is a very brief synopsis of Brad Norington's work. If I were enlarging this talk into a larger volume, I could devote at least one chapter to Brad's work. In any event, as you know, he went on to play a very important central role in establishing the College of Rehabilitation Medicine, and for all his efforts in his field of rehabilitation he was eventually awarded the CBE, among other honours.

I mentioned Selwyn Nelson's name earlier. I first met Selwyn in the mid to late 1950's at his request at the Royal Prince Alfred Hospital. As a physician practicing in the field of rheumatology, Selwyn was very interested in the possible establishment of a rehabilitation

centre at the Royal Prince Alfred Hospital. With regard to those possibilities, I should now tell you about the 10th World Congress of the International Society for Cripples in London, in 1957.

I had been invited by the committee organizing that conference to come to London and to read a paper, which I subsequently did. When I arrived in London, I ran once more into Naomi Wing, who also was attending the conference. Then by chance whilst walking in a London Street, I met (quite unexpectedly) Adrian Paul. I had met Adrian earlier at various medical meetings and similar functions in Sydney, and I knew him to be a young general practitioner practicing at Gosford, where his father before him had conducted a general practice for many years.

Adrian had just come to London from Edinburgh, where he had been attempting (unsuccessfully) to obtain the Edinburgh membership of the College of Physicians. He was exploring the possibilities of taking up a hospital appointment in London and doing further studies. He was very interested to learn that I was in London to attend the 10th World Congress of the International Society for the Welfare of Cripples and asked whether it would be possible for him to attend also. This was easily arranged, and indeed, I also helped Adrian get some accommodation at London House, where I was staying at the time. Throughout that week, Naomi Wing and I had many discussions with Adrian and I was able to tell him that prior to my coming to London, I had been part of a delegation of officers from the Department of Social Services who, on the instruction of the Minister of the time (now Sir William McMahon) had met with Sir Herbert Schlink, Hal Selle and other officers of the Royal Prince Alfred Hospital to discuss the possibility of establishing a rehabilitation centre there. Sir Herbert was a very ambitious man, whose idea was to establish a large, sprawling, medical centre over almost the whole of the Camperdown area which I am sure had had hoped would embrace also the Royal Alexandra Hospital for Children – and he believed that a first class rehabilitation centre should be part of this plan. Because of the Department of Social Services' involvement in rehabilitation through the Commonwealth Rehabilitation Service, he had approached the Minister for Social Services to determine the possibility of Commonwealth funding for his proposed centre. Unfortunately, this did not prove possible, since there was no way at that time by which the Department of Social Services could directly fund a health institution in a State. The Department felt that such funding should come, if at all, from the Commonwealth Department of Health. This little debacle is a story in itself and indeed, the confusion that existed at that time regarding relative responsibilities of the Commonwealth and States for establishing rehabilitation services. I came to realize that the existence of the Commonwealth Rehabilitation Service conducted by the Department of Social Services, and not the Commonwealth Department of Health, actually retarded the development of rehabilitation services in State health programs. Time does not allow me to expand upon this, this evening, but some other time I hope I shall be able to explain my view on this matter in more detail and at greater length.

In any event the Commonwealth did not come to Sir Herbert Schlink's party, and help him establish his centre, but nevertheless he announced that he would push ahead with his plans, regardless. When I met Adrian Paul in London, I was able to tell him that Sir Herbert Schlink was very anxious to establish a rehabilitation centre at Royal Prince Alfred Hospital should undoubtedly need a Senior Medical Director; and it might be worth his while to stay abroad for a year or two and learn something about rehabilitation. Adrian did this, and I was able to arrange for him to be appointed to Frank Cooksey's Department of Physical Medicine at King' College Hospital, where he worked for many months before returning to Australia. Eventually, Adrian was appointed coordinator of Rehabilitation on a part-time basis at the Royal Prince Alfred Hospital.

I always felt it was a great pity he was not appointed as a Director, rather than a coordinator, but I believe this had something to do with the medical politics of the hospital, and reluctance on the part of medical staff to allow the intrusion of a rehabilitation physician into the management of their cases. Adrian went on to help develop the Rehabilitation Centre in an old warehouse across Missenden Road from Royal Prince Alfred Hospital, where he remained until he was obliged to retire. Adrian played a prominent role in hospital

rehabilitation services in Sydney and a prominent role in medical politics, as President of the NSW Branch of the Australian Medical Association. Adrian was a gentle person and somewhat self-effacing and never received the recognition he should have had before his death.

Towards the end of the 1950's and in the early 1960's I became more and more aware that the Commonwealth's role in rehabilitation was too removed from the mainstream of medical care and that its existence was preventing the development of rehabilitation services in State health programs. For this reason, when I was invited to become Director of Physical Medicine and Rehabilitation at the newly established teaching Hospitals of the University of NSW – that is, Prince Henry and Prince of Wales Hospitals, - early in 1962, I eventually decided to leave the Department of Social Services.

I took up my appointment at Prince Henry and Prince of Wales Hospitals early in 1963, and was conjointly appointed to the Faculty of Medicine, within the School of Medicine, as Senior Lecturer in Physical Medicine and Rehabilitation.

The decision to establish a rehabilitation centre at Prince Henry Hospital had been made because of the last great polio epidemic in Australia which had occurred in the early 1960's and which resulted in the congregation at Prince Henry Hospital of a large number of persons handicapped with the disease. The planning of the rehabilitation centre at Prince Henry Hospital became confused by the number of persons who contributed to its planning. These consisted of orthopaedic surgeons at the hospital, Naomi Wing, Rodney Myers, Adrian Paul and others to a lesser degree, since I was still living in Victoria, myself. Plans for the rehabilitation department had been completed when the State Minister for Health, at the time, was persuaded by Rodney Mayer to invite Dr Earl Elkins, a physiatrist from the Mayo Clinic, to come to Australia to view the plans and to offer further advice. When Dr Elkins arrived, the first thing he asked after viewing the plans was "where is your dormitory accommodation?" – the centre had been planned without regard to the fact that a well organized rehabilitation centre should have bed accommodation of its own, when I took up my appointment as Director of the Department, one of the first questions I also asked was "what bed accommodation would be allocated to rehabilitation?" Jack Dickenson (later Sir Harold Dickinson) who was then Chief Executive Officer of the hospital group – surprisingly, despite Earl Elkins' comments about the need for dormitory accommodation – had not followed up urgent advice that bed accommodation was essential for a rehabilitation department. The result was that the plans were completed without regard to this essential need. I found also that the Department of Physical Medicine and Rehabilitation – a title which I quickly had altered to The Department of Rehabilitation Medicine – was to be a division within the Department of Medicine and that my academic appointment at the University would be within the School of Medicine. This, I knew was wrong and I was very disappointed that it was impossible to change the decision that had been made before my arrival on the scene. I don't want to pursue the story of the development of the Department of Rehabilitation Medicine at Prince Henry Hospital, apart from saying that eventually, through much effort, one was able to persuade the Department of Medicine at the hospital to allocate 10 beds and, of course, at the present time, apart from the Spinal Injury Unit (which is a unit of the Department of Rehabilitation Medicine) there are now at Prince Henry Hospital in the vicinity of 25 beds for rehabilitation.

I should also mention that when I took up my appointment at Prince Henry and Prince of Wales Hospitals, I was the only medical person in the department, but I was able to persuade Professor Blackett to allocate to me, originally on a rotational basis, a medical registrar from the Department of Medicine. The first of these, whose name I won't mention because ultimately e committed suicide, and I always hoped that it was not because he felt he was being sent to "Siberia" when he was allocated to the Department of Rehabilitation Medicine. However, the second registrar allocated to me was John Baggott. John stayed on and proved a hardworking, dedicated and forthright registrar. Some of the letters he wrote to one or more bumbling medical practitioners outside the hospital were more than forthright on occasions, and although that did not particularly disturb me, it did (on occasions) disturb the medical administrators of the hospital. But nevertheless, we were making progress. John, of course

ultimately went to the UK spent some time with Frank Cooksey at Kings' College Hospital and obtained his diploma of physical medicine. The rest of his story, his appointment as a registrar to the Royal South Sydney Hospital, his rapid upgrading to Assistant Director under Naomi Wing, and, on her retirement, his appointment not only as Director of the Department of Rehabilitation Medicine, but also as Medical Superintendent of the Hospital. I am sure is well known to you all.

Another interesting story relating to the development of rehabilitation services at the Prince Henry/Prince of Wales Hospitals Group was the establishment of the Spinal Injury Unit. Originally, a Ward at the Prince of Wales Hospital Ward F in which were accommodated a number of quadriplegic and paraplegic patients and which was the responsibility of the Department of Rehabilitation at that hospital and which at that stage was under the care of Brad Norington as part-time Director. Brad will remember that the Ward was full of spinal injured patients who had come from various parts of NSW and in some instances beyond NSW. Roland Kaye-Webster, who was the Medical Superintendent of Prince of Wales Hospital at the time – this was before the time of Directors of Medical Administration had a very soft spot for spinal injured patients and it was his habit, which was well known by the patients themselves, that if he received a call from a paraplegic or quadriplegic from anywhere in NSW who needed hospital accommodation he would arrange their admission to Ward F. Brad Norington did a noble job in caring for these patients and was highly regarded by them. However, when I took up my appointment, of the first things that the Dean of the Faculty at the time, Frank Rundle, said to me was that Ward F must be cleared of these patients, since they wanted it for some other purpose – I believe for ear, nose and throat patients. I believe this paraplegic and quadriplegic holding unit was also considered to be somewhat "infradig" by the rest of the medical staff, except people like Professor Joe Murnaghan, Tom Ness and one or two neurosurgeons, who gave Brad, great support in keeping the inmates of the Ward in good health. However, it fell to my lot to try and have some of these patients resettled back into their homes or out into the community, which proved a very immense and difficult task. Time will not allow me to pursue this tonight. Eventually the inmates of the Ward were transferred to Ward I at Prince Henry Hospital and eventually it became the second Spinal Injury Unit in NSW – the other one, of course, being at Royal North Shore Hospital. The discarded quadriplegics eventually formed their own association – AGA.

Richard Jones' appointment as my Associate Director occurred in 1969, if I recall correctly, and he was given the special responsibility of developing the unit into a full-blown Spinal Injury Unit. This of course he did with admirable efficiency.

I could go on and tell many other stories relating to the development of rehabilitation services in the health system in NSW. It has always been my regret that rehabilitation was confused with geriatrics by the NSW Health Department and indeed that the development of Geriatric Units appeared to be given higher priority than the development of rehabilitation units. I, of course, had always regarded them as one and the same thing, that is, they were both concerned with the problem of chronic medicine in any age group. Of course, now there have been developed many more rehabilitation units I the State health system, and many units which were established originally as Geriatric Units have indeed become, virtually, rehabilitation Units. The swing to community rehabilitation services was also a subsequent development, but again I have always been disappointed that community rehabilitation services were not always closely associated with specific hospital rehabilitation services.

This brief talk tonight would be complete without reference to the beginning of Postgraduate Education in Rehabilitation Medicine. The Federal body of the Australian Association of Physical Medicine and Rehabilitation had always emphasized the need to establish postgraduate training in the specialty and eventually a committee was setup which met in Sydney under the chairmanship of Selwyn Nelson, representing the Australian Postgraduate Federation in Medicine, and representatives of the Australian Association of Physical Medicine and Rehabilitation. These members were Naomi Wing, Donald Caine (who was secretary to the committee), Adrian Paul, Dr Cooney (who was then in charge of the geriatric and rehabilitation program at Lidcome Hospital) Graeme Shepherd and myself. That

committee eventually brought about the establishment of the Diploma in Physical and Rehabilitation Medicine, and for several yeas, undertook the training of young physicians in rehabilitation medicine; but it was thwarted to some extent in its efforts because of the failure of The National Specialists' Qualifications' Advisory Committee to give the Diploma proper recognition, nevertheless, The Australian Postgraduate Committee in Medicine, through Selwyn Nelson, performed (in my opinion) a very significant pioneering role in establishing postgraduate training in our specialty. This fact should go down in the history of the development of rehabilitation medicine in Australia.

You will be interested to know that long before the College of Rehabilitation Medicine was established, Don Caine and Graeme Shepherd, who was then Senior Medical Officer with The Department of Social Services in Sydney and medically responsible for the Commonwealth Rehabilitation Service in this State, had put forward a proposal that a college should be established. Don Caine convened a number of meetings at his home at Vaucluse which were attended by members of Selwyn Nelson's committee, and Selwyn himself, but we were eventually persuaded to the view that the development of a college at that stage – that is, in the early 1970's was premature.

It is interesting to contemplate the conclusions we reached at that stage, having regard to the later development of the College of Rehabilitation Medicine through the energetic endeavours of people like Brad Norington, Ben Marosszeky, Bob Oakeshott and many others. It is interesting too, to contemplate the minimal recognition that rehabilitation Medicine was originally given and its ultimate recognition as a principal specialty by The National Specialists' Qualifications' Advisory Committee. I like to feel that this recognition arose as a result of the efforts and the personal standing of a number of us, including George Bedbrook (now Sir George Bedbrook), Bruce Ford and myself, who were members of The Advisory Subcommittee on Rehabilitation Medicine to NASQAC. I believe our efforts were largely instrumental in persuading NASQAC to recognize rehabilitation medicine as a principal specialty

Of course the ultimate establishment of the Australian College of Rehabilitation Medicine, the development of its curriculum in which Bob Oakeshott played such a prominent role, the support given to the development of the college by the royal colleges and the good standing in which the college is now recognized throughout Australia, is a story in itself which some day must be written in full.

I hope that you have found some of the things I have said tonight interesting and of significance to you. It has taken a great many years to get the specialty of rehabilitation medicine established in this country and to have it regarded as well as it is by our colleagues in other disciplines. As far as I am concerned, my total medical career has been devoted to it since 1942 – that is, three years after my graduation – but I feel now its further progress and development will depend upon the high standard of work that should be maintained by all those younger colleagues who are now entering the field. The training through the college of rehabilitation medicine is of a high standard and has the confidence of other colleges, particularly of the royal colleges. It behoves all those entering the field to maintain high standards, and particularly to be concerned with research and with constant appraisal and objective review of the work you do.

Finally because this is the last meeting of the NSW Branch of the Australian Association of Physical and Rehabilitation Medicine, let us not forget the work the Association did from the 1940's onwards and former colleagues now dead who were sincere and dedicated to giving birth specialist recognition of a discipline which we now know as rehabilitation medicine.

A Brief History of the Australasian Faculty of Rehabilitation Medicine.
DRAFT 6
Last updated 11/04/08

Letter from Don Caine to The Editors, ACRM Newsletter

I enjoyed *(the published)* interview with Ben Marosszeky. It was a salutary reminder to those of us who were able to study in our home language and from established homes that life has not always been as kind, and there can be very few whose pathway to medicine has been more intimidating.

However there were comments about the Diploma and about the origins of the College which prompt me to write because I think the work of early pioneers is too easily forgotten and should be recorded.

As far as I know the first suggestion for a College of Rehabilitation Medicine came in 1965 from Frank Wallace. At the time he was deputy to Sam Langford – the Principal Medical Officer to the (then Department of Repatriation. Both he and Frank were strong supporters of Rehabilitation Medicine as a separate discipline and at that time Sam was busily engaged in getting the College of Medical Administrators off the ground.

As a result of Frank's suggestion Graeme Shepherd and I wrote to the AAP&RM suggesting that at its forthcoming AGM in Melbourne (George Burniston was at the time its president) the possibility of a college should be considered.

Unfortunately neither Graeme nor I were able to attend the meeting and we were annoyed when we learnt that there had not been time to discuss our letter which had been placed on the agenda for the next AGM. We decided to establish a steering committee to set up a college and asked Naomi Wing to preside over this committee which she agreed to do. Naomi was therefore the first person to have held the chair of a committee established to set up a College of Rehabilitation Medicine. We invited Leigh Wedlick to join us and although he attended one meeting he declined and I have enclosed his letter setting out his reasons as it may be of interest to your readers and in any event it has a place in the College archives as it is almost certainly the earliest document relating to the College, now extant.

To digress for a moment – after the war Sydney University set up a number of diplomas in various disciplines of post graduate medicine so that ex-service doctors might be able to specialize without having to travel overseas. Selwyn Nelson, who at the time was vice-president of the Australian Federation in Postgraduate Medicine and of the Sydney University Committee as well, had been involved in establishing a Diploma in Aviation Medicine under the Auspices of the Federation and he thought it would be well worth establishing a Diploma in Rehabilitation Medicine. There were relatively few specialists at the time. Some like Leigh Wedlick were concerned at the possibility of a conflict of interest between the AAP&RM and a College and a diploma which would strengthen the discipline and allow time for the problems to be resolved seemed an excellent suggestion.

The College Steering Committee in effect became a Diploma Sub-committee of the Federation, with Selwyn presiding over its activities.

I was the secretary and the members were George Burniston, Kevin Coorey, Brad Norrington, Adrian Paul, Graeme Shepherd and Naomi Wing. We agreed that the Diploma would be modeled on the then existing Sydney University Diplomas and the regulations reflected this. In due course a syllabus was agreed upon and the first Diplomas were awarded in 1970 and conferred in1971. The first examination was held in 1971. Unfortunately at this time the various colleges were upgrading their requirements for fellowship and with the establishment of other colleges the Sydney University diplomas were discontinued.

N consequence the Diploma in Rehabilitation Medicine was accorded recognition up to 1972, but not in subsequent years. Notwithstanding this lack of recognition it was the only avenue available in Australia for specialization and was recognized by a number of authorities for appointment purposes. As the number of those who passed the examination and were

appointed to specialist positions increased the establishment of a College became increasingly practicable and the College was inaugurated in 1980 – just 15 years after it had first been mooted and 10 years after the first diplomas were awarded.

Now that the College is well established it is easy to forget the efforts of those earlier people who though few in number applied themselves to achieving recognition for Rehabilitation Medicine as a specialty in its own right. Those who come readily to mind are Leigh Wedlick and Frank May in Melbourne, Bunt Bunnell and Suzette Blight in Adelaide and George Burniston, Adrian Paul,
Selwyn Nelson and Naomi Wing in Sydney.

I don't think that the old should attempt to mould the future on the basis of an experience which becomes less relevant as each day passes. I do think they have a role to play in recording events that are past. Hence this letter.

Donald Caine
12th October 1987