



# Museum Matters

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September 2019

IPSWICH HOSPITAL MUSEUM Inc.

Committee :

Chairman: M. Parcell  
Secretary: J. Kingston  
Treasurer: C. Marre

## Chairman's Chatterings

The Ipswich Hospital Museum Inc. recently held its annual general meeting. The meeting was a celebration of another successful year. It was agreed by all in attendance that the current display has created a lot of interest from the community. I think it is because people are fascinated by plagues, epidemics and the like and are in awe of how they have been managed in the past. This current display really hits home as it outlines the devastation of the various infections/pandemics that have swept the world and lead to the demise of millions of people. It has also highlighted the selfless nature of health professionals who, in the face of becoming infected themselves, have worked valiantly to care for people. There has been none so selfless as Ipswich Hospital's first Director of Nursing, Ellen Raymond, who succumbed to Typhoid after caring for her patients in 1860. Interestingly it is this time 21 years ago (September 1978) that the last known person died of small pox in Birmingham, England. Janet Parker was a medical photographer who contracted the small pox virus whilst working in a laboratory, studying this deadly virus.

On a brighter note the Museum is currently planning celebrations for the Museums 10<sup>th</sup> Anniversary and Ipswich Hospital's 160<sup>th</sup> birthday in 2020. We would welcome and encourage more people to get involved in this interesting and fun committee. For information please contact us via our email for more details.

## Esteemed Visitors

Two special visitors were welcomed at the museum recently.

**Dr Mervyn Cheong** was the Director of Geriatrics in the late 1970s and early 80s. He was instrumental in the implementation of what was called "The Ipswich Model" in healthcare of the elderly and patients requiring rehabilitation. Dr Cheong was awarded an Australia Day Medal for his contribution to health care. He now spends his retirement volunteering in the home care of the elderly in the Chinese Community in Brisbane and is based at Coopers Plains. Dr Cheong shared many stories of his time at Ipswich. His deep pride in the Ipswich Hospital was obvious to everyone.



The "Ipswich Model" is known world-wide and is a patient centred model of care -categorised as a "health service for the elderly without walls". It featured a 20 bed specialised geriatric acute

inpatient and rehabilitation unit and a 10 place day hospital for geriatric patients. The unit was staffed by multidisciplinary health and allied health professional. Its focus was to guide a patient through a general hospital without barriers and help negotiated discharge home to general practice medical care and all relevant community support services.

Ipswich Hospital was awarded second place in Australia for Innovative Patient Care.



**Dr Ted Reye**, seen above with museum volunteer Libby McNalty, was appointed as a visiting specialist in 1961 and appointed Senior Orthopaedic Surgeon in 1968. Much of his hospital practice resulted from injuries in industrial and road accidents, including assisting in the retrieval of injured miners from underground. During his time at the hospital, the process of osteosynthesis (the surgical fixation of a bone by any internal mechanical means) was introduced at Ipswich Hospital for the first time in Queensland. Dr Reye retired from the hospital in 1986 after nearly 25 years valuable service to the hospital. Dr Reye continued in practice and then later worked with the Workers' Compensation Tribunal. He retired in 2002. He was also a Lieutenant Colonel in the Army Reserves for 30 years. Now living in Manly, Dr Reye still sails his 10m yacht weekly with friends. Dr Reye has always been a valued supporter of the Ipswich Hospital Museum and often visits to stay in touch.

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## Epidemics in Ipswich

The Museum's latest exhibit is "*Pestilence, plagues, poultices, poxes, pustules and pyrexias*".

In the 1880s and 1890s, Ipswich was in the grip of a number of epidemics with outbreaks of typhoid, dengue, scarlet fevers and diphtheria. In 1889, fever cases made up 25% of Ipswich hospital admissions and for the first time the annual number of inpatients was over 800.

At the end of the 1890s, a scarlet fever epidemic caused overcrowding—the result of the number of patients admitted to fever wards and the six week isolation period introduced by Dr Phillip Thornton. In January 1899, the Blackstone and Dinmore State Schools were closed to help stop the spread of the fever. It was still prevalent in March.

In the 1900s Ipswich continued to be affected by epidemics. The bubonic plague re-emerged as an epidemic in Hong Kong in 1894 and spread throughout the Pacific via the rats and fleas that lived on ships, reaching

Sydney in 1900.

Ipswich's council implemented measures to control the rat population and offered residents money for every dozen rats caught. They were sent to Brisbane for testing and some were found to be carriers of the plague, *Bacillus*.

There were four plague outbreaks in Ipswich between 1900 and 1908. Twelve people contracted the disease and five died.

Typhoid was a problem in 1903 and 85 cases were reported with half the patients being from North Ipswich. The Medical Officer believed the primary cause of the disease was flies at the rubbish tip at Devil's Gully (Marsden Parade). Two years later there was a severe outbreak of dengue fever and it killed a number of people in the area.

Isolation measures were introduced to reduce the impact on the community. Initially a separate ward was set up to deal with the high number of scarlet fever cases. Then a scarlet fever

hospital opened in Newtown under the direction of the Medical Officer of Health, Dr John Flynn. Neighbouring residents complained about this development regularly. An infectious disease hospital opened next to the Sandy Gallop Asylum in 1914 and two years later an Epidemic Hospital was built adjacent to the Ipswich Hospital.

Despite state border patrols initially slowing the advance of pneumonic influenza (Spanish flu), it soon spread quickly with over 3000 cases reported in four weeks in the community. On May 30, 1919 a record number of cases—288—were reported and by the time the outbreak subsided in June, 41 people had died.

Infantile paralysis or polio emerged in the 20th century and Ipswich Hospital was first affected in 1914-15. The disease became a bigger problem in the 1930s, 40s and 50s.

*Extracted from "By the Bremer: Memories of Ipswich" which used several sources of information.*

## Poultices

A poultice, also called a cataplasm or foment, is a soft moist mass, often heated and medicated, that was spread on cloth over the skin to treat an aching, inflamed or painful part of the body. It was used on wounds such as cuts and boils. The word "poultice" comes from the Latin *puls*, *pultes*, meaning "porridge".

One of the most common poultices made by the nurses of the Ipswich Hospital was an Antiphlogistine Medicated Poultice (containing natural kaolin clay, glycerin, boric acid, salicylic acid, peppermint oil, eucalyptus oil and methyl salicylate).

The tin of Antiphlogistine was placed in a saucepan of boiling water and boiled for 15 minutes. Meanwhile the nurse would assemble a warmed tray on which the poultice was to be spread; a metal spatula warming in a jug of

boiling water; 2 warmed bowls for transporting the poultice to the patient; a piece of old calico with the corners cut off obliquely; a single layer of gauze smaller than the calico; a roll of cotton wool and a bandage.

The patient was screened, the area washed and dried and covered with a warm dry towel. The nurse returned to the treatment area to prepare the poultice.

The heated paste was stirred with the warm spatula and the heat of the poultice tested on the nurse's hand to prevent burning the patient. The paste was spread over the calico to a thickness of 7.5mm and covered by a thick layer of cotton wool to keep in the warmth and secured with a bandage.

It would be replaced every 12 hours or more often if required.

Modern antibiotics have largely replaced poultices in modern medicine but they are still used in veterinary clinics.

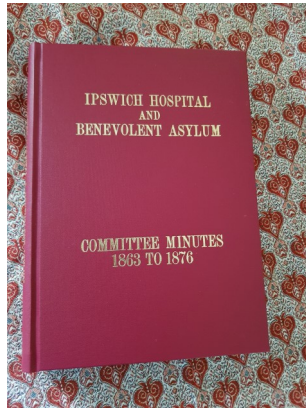
Antiphlogistine is sometimes called Denver Mud because it was originally manufactured from clay that was found in the Denver area. It was first developed in the very early 20th century.



## Hospital Committee Minutes

The hand written minutes of "The Ipswich Hospital and Benevolent Asylum Committee Minutes 1863 to 1876" have been transcribed by museum staff. As recipients of the Viva Cribb Bursary the museum was able to have these edited and will be available on Picture Ipswich and on the museum web site.

The museum has taken the further step of having one printed copy of the transcriptions produced. This is available for use within the museum.



## Excerpt from the Minutes

September 21, 1865

*Two Nurses, Mrs. Farrell & Bridget Murray, were reported by the Matron as having been found intoxicated and incapable, in consequence of attending to their duties. Resolved that Mrs. Farrell's case be reserved for consideration at the end of the Month. B Murray having been reprimanded & cautioned was allowed to resume her duties. Resolved that an Advertisement be inserted twice in the "Courier" and the "Queensland Times" for a competent nurse.*

## Isolation Ward Patient Memories

*By George Stoltz (brother of Museum volunteer, Pat Camplin)*

In 1954 my family resided in Maryborough where my younger sister, Margaret, developed the symptoms of scarlet fever. This was an isolated case in Maryborough. I remember her having the "strawberry tongue" - one of the main symptoms of scarlet fever. The family doctor advised that scarlet fever could only be contracted once. This later proved to be incorrect.

A year or so later our family moved to Ipswich. Shortly after a scarlet fever epidemic spread through Ipswich particularly affecting the children of my age. I think I was about 11 or 12 years old. My symptoms were a high fever, rash on the stomach and a strawberry tongue. When I was diagnosed it seemed only children of my age were most vulnerable. The outbreak of scarlet fever had already taken hold on the juvenile population of Ipswich and medical authorities deemed it appropriate that all children diagnosed with scarlet fever be hospitalised in an isolation ward. A disused hospital facility in Chelmsford Avenue was re-opened to isolate and treat Ipswich children. After being diagnosed I was bundled off quickly to the isolation ward going from Dr Shera's in East St via home to collect pyjamas, dressing gown, slippers and tooth brush. I knew one other child patient who attend the same school, the Christian Brothers College Ipswich, now St Edmunds.

I remember there being about 40

children admitted to the isolation ward at one time. The average stay was about 10 to 14 days. In most cases the children did not feel ill but we had contracted the symptoms. We were visited daily by the doctor who administered an injection to the upper leg. After this a pin-sized drop of blood appeared and the injection left a little visible mark. The children counted these marks on their upper legs and the child with the most injection marks had some status amongst the other children. It was almost seen as a competition who had the most injection marks.

While we were confined to bed during the day we were allowed to leave our bed and sit at the front of the wards



*View of Epidemic Ward from Chelmsford Avenue (Dr Trumpy and Matron Wilcox can be seen outside buildings)*

when visitors came. Because of the contagious risk, visitors had to stand on the footpath at a fence in Chelmsford Avenue about 20 metres from the front of the isolation ward where the children sat and talked to their visitors. The conversation, as expected, between patients and visitors, was loud and as a result everyone heard each others' news and topics were very general - eg "What did you have for tea last night?" Visits

were confined to afternoons only as there was no lights along the footpath and fence where visitors stood.

Visitors brought the children comics and sweets, but these gifts always went via the nurses. We would receive the comic but all sweets went to the nurses who would share the collection amongst all children each day, which was understood by parents and children and regarded as being fair to all.

While children were generally confined to bed during the day I can recall some children, those who had been hospitalised for the longest (possibly well on the way to recovery) were allowed into the kitchen after tea to assist the nurses with washing and drying dishes, done manually and seen as a little social activity. A few sweets were given out by the nurses to children helping in the kitchen once all the dishes were completed—an incentive to children to help.

Life in the isolation ward was pleasant enough and I have no bad memories. There were no televisions or electronic devices. Lights were turned off early, about 7-8pm, and there was an early wake up call. I was probably a bit sad to be discharged because admission to the isolation ward was seen as an adventure and a chance to make some new friends. About a month after my discharge, my sister, Margaret, was diagnosed with scarlet fever for a second time and our family went through the process again with renewed visits from the fence in Chelmsford Avenue but with me on the other side of the fence this time.

### Latest Exhibit:

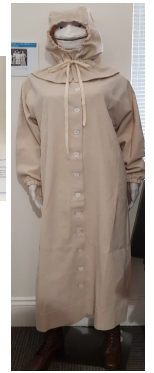
*Pestilence, plagues, poultices, poxes, pustules and pyrexias —*

**The Infections, Epidemics and Fevers of Ipswich**

**Open: Wednesdays  
9 am– 12 noon or  
by appointment for groups**

Location:  
Ground floor, Jubilee Building,  
Ipswich Hospital Campus,  
Adjacent to Court Street  
Ipswich

**FREE ENTRY**

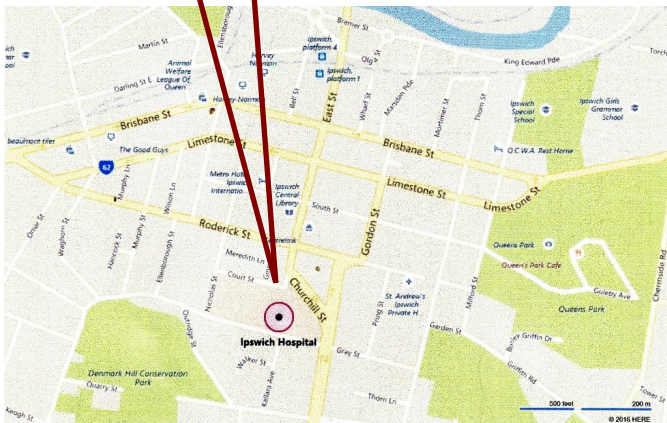


**Interested? - join us as a volunteer**



**Ipswich Hospital Museum Inc**

**LOCATION:  
Ipswich Hospital  
East St Entrance**



### CONTACT US:

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Friends of Ipswich Hospital Museum

### Community Engagement

In July, museum volunteer, Jane Kingston, was the guest speaker at the Mutdapilly Rural Fire Brigade Auxiliary's Biggest Afternoon (not Morning) Tea, which raised over \$700 for the Australian Cancer Council.

In August, Jane was joined by fellow volunteer, Eliabeth McNalty, in speaking at a Moggill Historical Society's meeting. The hospital and Moggill have a special connection - The Ipswich Hospital's first patient (admitted March 3, 1860) was Moggill pioneer Thomas Tindale Makepeace. Jane spoke on what the brand new 1860 Ipswich Hospital would have looked like and Libby told them of the staff, conditions and treatments Mr Makepeace would have experienced as the hospital's very first patient.

On Saturday 7 September, in conjunction with the National Trust's Great Houses of Ipswich Open Day , museum volunteers welcomed 80 visitors to its open day.

### Strategic Planning

On Thursday July 11, Ross Blinco facilitated a strategic planning meeting with other museum volunteers, Pat Camplin, Ruth Jorgensen, Judith Blinco, Elizabeth McNalty, Christina Marre, Lyn Hester, Keryn Francis and Jane Kingston and WM Rural and Community Executive Support Officer, Julianne Duke, looking at our direction for the next 5 years. It was a very worthwhile exercise which gives a focus and strategies for our future activities and endeavours. It also showed that we had met most of our previous strategic plan goals. Many thanks to Ross for facilitating the morning and Julianne for her expertise in policy, planning and processes and for taking notes.

