The Royal Australian College of General Practitioners

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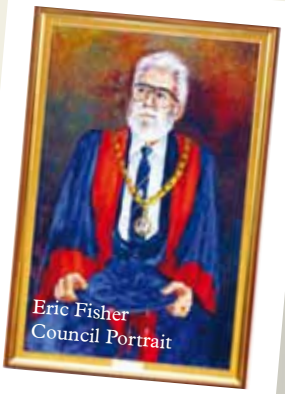
Born to a medical practitioner and a midwife in rural NSW, Dr Eric Fisher was encouraged to pursue a career in medicine. He worked and travelled widely, and rose to become a President of the RACGP.



Eric Fisher Council Portrait

I was born in West Wyalong on 21 July 1925, the first born of elderly parents. My father, who was a GP, was 44 years old and my mother was a double certificated nurse, 30 years of age. I was delivered after a 30 hour labour, and weighed 11 pounds. It must have been quite an endurance test in those days.

The hospital was called Thelma and was named after the midwife's daughter. It was a four room weatherboard building, with a skillion kitchen attached at the back, standing on the corner of Church and Stranger Streets and is still there today. They were primitive conditions by today's standards but nevertheless were the norm in those days of country midwifery practice.

West Wyalong was an abandoned gold mining town. Mining had eventually stopped in 1921 when the pumps in the mines could not cope with the flood of artesian water entering them from mining shafts that had fallen into disuse.

I had a sister 2 years younger and a brother 10 years my junior. My father had grown up in Sydney in a Teutonic family of 10 children. He left school at the age of 12 without a qualifying certificate because he could not write well enough, an affliction he carried for the rest of his life. He was never a very legible writer. He got a job as a printer's devil in the government printing office. He passed the public service examinations at the age of 14 and was appointed to the Lands Department. He always yearned to go to university, so after a stint of country service in the Lands Department, he transferred to the Prisons Department at the age of 26 to return to Sydney and sit for the matriculation examination. He then enrolled in evening classes at the Faculty of Arts at Sydney University in 1909 and graduated in arts in 1912. By 1914 he had saved enough money, so that by living at home, he could afford to enrol in the Faculty of Medicine at Sydney University. He qualified in medicine in 1919, at the age of 38. After a residency at Lidcombe Hospital, he went into a junior partnership in general practice in West Wyalong at the start of 1921. He was self educated and his education was eclectic in its interests, including singing, music, art, literature, law and medicine.

West Wyalong 1929, care of SLV

My mother grew up on a dairy farm on

Dumaresq Island in the Manning River. At the age of 12 she won a bursary to attend Sydney Girls High School. On leaving school she worked as a nurse around the Manning River and then became a trainee nurse at the Coast Hospital at Little Bay in 1917. Qualifying in 1919, she undertook her midwifery training. She met my father on a visit to West Wyalong and they were married in June 1924.

As a child growing up in West Wyalong, life seemed to be idyllic and full of adventure. Early, I remember going on rounds with my father to visit patients in hospital or at home. My father removed my tonsils and adenoids when I was five and I still recall the terror of a chloroform anaesthetic. I explored the old mine shafts, the mullock heaps from the mines inhabited by wild goats eating the boxthorn bushes. I watched with wide eyes while fossickers pounded dolly pots with their dollies then panned for gold. The excitement rose when some specks of gold were found. The miners did not leave much behind except the poppet heads.

I hung around the brick kilns and the eucalyptus factory to see what was going on. I took an intense interest in the firing of the kilns or watching the eucalyptus stills being packed with eucalyptus leaf so that the oil could be extracted. I was fascinated that the bales of eucalyptus leaves had been turned from olive green to black by the steaming process.

West Wyalong had little rain so it was very exciting when the creek that ran through the township flooded. Of course I took off my shoes and socks to paddle in it. I cut my foot on a piece of glass then rushed home expecting sympathy but instead was reprimanded for taking off my shoes.

My father was the government medical officer and when I accompanied him, I saw numerous people who had died by accident, violence or natural causes. I remember well one night, going out into the middle of a fallow paddock about 4 miles from town. There by the flickering beam of a hurricane lamp, was the dusty body of a share farmer lying under a disc plough. The horse team that he was driving had bolted and he had been thrown off and killed. I can still remember his name almost 80 years later – it was Geoff Bucknell. The sight made a great impression on the mind of an 8 year old. My education in medicine began at a very early age.

I did well at primary school and was encouraged by my parents to believe that I should become a doctor.

In 1937 I went to Sydney to board with an aunt in Bexley so that I could attend Canterbury Boys High School. Within a year my aunt died suddenly with meningococcal meningitis. After she died, I stayed on in the house with my grieving uncle, a housekeeper, and a cousin and his friend, who were both in their mid 20s. My time at high school was one of the unhappiest periods of my life. I was homesick, lived in a house of adults, lonely with no close friends. Looking back, my only periods of happiness were on those weekends that I spent with cousins who lived in Chatswood, playing tennis with friends at weekends as I grew older, or when I went home for holidays. Then I could mix with old friends and play tennis.

I went to Sunday school and also joined a boys club attached to the church where I learned gymnastics, but I found a lot of the routines a bit difficult.
The vaulting horse gave me some sense of achievement. While at school I played cricket and represented the school in rugby in the minor grades, water polo and swimming. I did not do very well academically at high school but managed to pass the leaving certificate and to my surprise I was able to enrol in medicine at Sydney University in 1942.

I then went to live in Epping with an uncle and aunt and I was much happier. At university I found that life was different. No longer did I have the stimulus to learning that teachers gave and was left to my own devices. On looking back I was not mature enough to settle down to study. It was 1942 and Japan had just entered the war. We medical students were engaged in

digging air raid trenches in the university grounds for the first couple of terms. The dissecting room and the physiology laboratories were new experiences but I was easily distracted. The snooker table was an attraction in my early years at university, consequently I had to repeat third year medicine. I socialised more with church groups during this time. I became involved with the Presbyterian Fellowship movement and held various offices including editing its magazine. I also played baseball for the university team.

One of my enduring memories was being in the autopsy room that had a viewing platform modelled on the University of Padua, to give students a better view. Keith Inglis, Professor of Pathology, told us to watch carefully as the patient had died from carcinoma of the lung, which was rare and we may never see another case. Knowledge changed soon after so that the incidence was found to be much higher and its relationship to smoking was identified.

Study probably remained a more secondary consideration, reflecting on my immaturity at that time. Consequently I became more proficient at bridge than at my studies. Eventually I struggled across the line and qualified at the end of 1948.

My first job was at Ryde District Soldiers Memorial Hospital. Qualifying and getting a job made a tremendous difference to my attitude to life. I felt that I was doing something worthwhile and what I wanted to do in life. Mick Farrar was the senior resident and a very good teacher. He encouraged me to develop my clinical skills and to organise my knowledge so that it began to make clinical sense. Under this influence I began to achieve some competency in my work.

There were four residents altogether, a third year graduate (Mick Farrar), a second year graduate (Brian Dunkley) and two of us in our first year (Herc Rose and myself). It was a steep learning curve with lots of clinical knowledge to absorb and a fair modicum of responsibility combined with surgical experience.

The residents alternately shared the tonsil operating lists, giving the anaesthetics or doing the operations, which was an excellent learning experience. The visiting medical officers were all GPs so we assisted at all operations or gave anaesthetics. The visiting medical officers even taught us how to carry out simple surgical procedures such as appendicectomies, herniorrhaphies and minor operations in our first year, progressing to more advanced procedures in our second and subsequent years.

Residents carried out the public obstetric care and confinements and were supervised in forceps deliveries and manual removals. We had visiting consultant physicians, paediatricians, surgeons, psychiatrists, orthopaedic and other specialist surgeons to give more specialised advice, teaching, and a chance to assist with more complicated operations.

Sulphonamides were the basic bacteriostatic. The matron would do a daily 'penicillin round' handing out the day's supply of penicillin to each ward. Streptomycin was not as pure and produced eighth nerve lesions at times. Chlortetracycline and chloramphenicol were just becoming available. It was an exciting time.

We played tennis for relaxation. Towards the end of my first year I developed a right inguinal hernia. Max Napthali, a GP, repaired it, while Mick Farrar gave me the spinal anaesthetic. During my recovery I did a locum for Jim Carman, a local GP, for about 2 weeks. It was my first taste of real general practice.

In 1950, Mick Farrar had aspirations to train as a physician and took a medical registrar's post. Brian Dunkley decided to go into general practice in the country and Herc Rose went to the Royal Newcastle Hospital, so I was left as the senior resident with three junior residents to run the hospital. This produced greater responsibility for me but also a wealth of clinical and teaching experience.

I well remember driving across Sydney one Sunday morning to the Park Davis warehouse to

pick up the only available chloramphenicol in Australia, for a doctor patient who had rigors after contracting typhoid from eating oysters at a nightclub. The doctor later argued about whether he should pay for the drug.

As consultants, we had physicians and surgeons from the Royal Prince Alfred Hospital who were great mentors.

By the beginning of 1951, I had determined that if I wanted to be a country practitioner in a relatively isolated area such as West Wyalong, I would have to go overseas to get the clinical experience. I resigned as senior medical officer and did three locums for GPs in the Gladesville-Hunters Hill area. This was a most rewarding experience. The pensioner medical service and the pharmaceutical benefits scheme for essential drugs had just been introduced. I experienced my first sudden death at home. The patient was a 40 year old male with a wife, with a harelip, and two young children. He had a myocardial infarct and succumbed before my very eyes. It was a shattering experience.

In those days consultants also did home visits. Alf Thomas, a surgeon, did a home consultation with me on a patient with puzzling abdominal pain.

Eventually I set sail from Port Melbourne as a ship's doctor on the SS Tasmania Star, of the Blue Star Line. It was a cargo ship owned by the Vesty group of companies. I had the standard supplies of drugs and instruments required by the British Board of Trade and the ship's captain's medical guide to help me look after the crew and passengers. Two days out we ran into a storm in the Great Australian Bight. There were huge waves higher than the ship that came crashing down on its long foredeck causing it to pitch and toss for 24 hours. At least it demonstrated that I was not prone to seasickness.

Sailing across the Southern Indian Ocean was a delight. We called at Cape Town. It was my first experience of a foreign country and I was captivated by the place. Apartheid was alive and well and I was appalled by the attitude and disrespect shown by the white community, to fellow human beings. Leaving Cape Town, one of the seamen, who had imbibed too much of the Cape Town brew fell off a winch that was turning. He suffered a fractured head of radius but that could not be confirmed until we reached Hull some 3 weeks later, by which time he had recovered a good deal of movement in the elbow. We called at Teneriffe, Southampton, briefly to put off passengers and then Dunkirk. The latter city showed evidence of the battering it had received 10 years before with wrecks still littering the shallows and the buildings badly bomb damaged. After unloading cargo we sailed for Hull, which was another city badly damaged by bombing, and then onto London where I was discharged.


A Blue Star liner – care of Tasmania Archives

I stayed at London House and enjoyed exploring London, the southern counties, and a visit to Scotland before enrolling in the primary Fellowship course at the Royal College of Surgeons. I learned a lot more about anatomy

and physiology but, with my old bugbear of preferring enjoyment to study, I failed the primary exams.

I was then offered a post with the Immigration Department in Munich examining migrants for the NSW Railways. Naturally I explored Bavaria while I was there, including Oberammergau, Berchtesgaden and Garmisch-Partenkirschern, where the winter Olympics had been held. After 6 weeks I returned to Britain, only to be offered a further posting to examine migrants for BHP. This time I was sent to Trieste for 3 weeks. It was the Adriatic port of the Austro-Hungarian Empire, a grand city. After taking a trainload of migrants to Genoa for embarkation, we went on to Naples for a week. I spent a month in Salzburg and then on to Cologne whence I visited cities in the Ruhr and also Berlin. All these cities had extensive bomb damage but none as bad as Berlin. At the end of my tour of duty I spent 2 months in Hanau near Frankfurt living in the Bachelor Officer Quarters of the US army.

Returning to England I again enrolled in the primary Fellowship course with the same result. In February 1953 I obtained a house surgeon's job at Southlands Hospital at Shoreham-by-Sea. This was followed by an appointment as surgical registrar at the Royal West Sussex Hospital in Chichester. Unlike Southlands, which was a county hospital, the Royal West was an old voluntary hospital that had been established in the 18th century. I enjoyed the historical privilege of looking at the hospital records dating back to that era.

Under the old voluntary hospital system at the Royal West Sussex Hospital, the consultants were all visiting staff – there were no staff specialists. This gave rise to a lot of hard work but also responsibility. The range of surgery was almost unlimited. I took the advantage of expanding my knowledge by doing a plastic surgery course at Basingstoke and another in trauma at the Birmingham Accident Hospital.

This resident surgical officer's post was a wonderful job for two reasons. There was a wealth of surgical learning and experience associated with the post, and secondly and more importantly I met my wife Anne who came to the hospital as a house surgeon at the end of 1954.


Drs Eric and Anne Fisher meet the Queen

We were married in October 1955. She has been a great influence on my life. From her I learned the importance of sensitivity and intimacy that had been lacking in my life up to that point. We spent all the spare time that we could muster exploring the beauties and the history of the countryside. When we married we travelled to Paris for a few days and then on to Switzerland, Austria, Germany and Belgium before returning to work. Anne by this time was a house physician in Southlands some 25 miles away so we could only spend time with each other a couple of times a week.

Fortunately in February 1956 we were appointed medical officers to King Edward VII Sanatorium in Midhurst where we were accommodated with our own bedroom and sitting room with a congenial working life.

There was a wonderful teaching atmosphere, so we learned in a very concentrated fashion about the medical and surgical management of chest diseases. Consultants visited weekly from the Brompton and St Thomas hospitals. We were presented to the Queen who was patron of the Sanatorium, when she paid an official visit.

We learnt a lot about chest diseases and I did a lot of assisting in thoracic surgery. We remained there until October 1956 when we returned to Australia on the SS Tasmania Star. Setting sail from London we called at Teneriffe and Cape Town, where I was terrified by travelling in a cable car up Table Mountain, exhibiting my family's acrophobia, much to Anne's amusement. We then sailed on to Adelaide, Port Melbourne and Geelong where we disembarked on the day that the Olympic Games opened in Melbourne. My mother and friends met us there and transported us back to West Wyalong, which was to be our home for the next 17 and a half years.

West Wyalong was home to me but to Anne it was a culture shock. Although I had explained to her as best I could the flies, dust, climate, countryside, and that the town had a water supply, swimming pool and sewerage so in some senses it had more amenities than Sydney (that in parts still had pan toilets), it was still an isolated country town. The hospital had 56 beds and was 22 years old. Nothing much had been done to it in that time and it was badly in need of painting.

My father was 75 years old and had an, as yet, undiagnosed carcinoma of the colon after suffering for 21 years with ulcerative colitis. We set about getting my father diagnosed and treated as well as organising for general practice.

We developed our own loose-leaf system of notes in a cardboard cover that contained the details of a basic past, family, habit and problem history. We set up a separate home and surgery in a private hospital that my father had built 20 years earlier. My father, who immediately took us into partnership, died on the operating table, during a hemicolectomy, in April 1957. It was not before he had witnessed some of my acquired surgical skills in pinning a fractured hip, with Anne giving the anaesthetic. The patient was a baker's wife from Ungarie, a nearby town. Thereafter on Christmas day, for about 15 years, a package of mince pies would arrive from her without fail.

There was another practice in the town with two well skilled GPs. We could complement each other. We were fortunate that a radiographer and a pathology technician visited the town on a weekly basis.

We had to borrow money to renovate the house and surgery and buy a car. The practice began to expand and consolidate. An influenza epidemic (Asian Flu) occurred in 1957 so we were kept busy. The hospital was painted and a new X-ray machine was installed. If we needed blood donors in a hurry, we had a list of local residents that we could call on. After we had first grouped the patient, then we would cross match the blood, bleed the donor and transfuse the patient. It just seemed part of the days work. The opposition practice worked very cooperatively giving support whenever it was needed.

In about 1958, I well remember putting an anaesthetic machine in the back of the station wagon, driving 40 miles to Ardlethan at about 10.00 pm to give an anaesthetic for the doctor there to do an acute appendicectomy in the Bush Nursing Hospital. Calls at night were usually always urgent, sometimes having to drive 25 miles out to a farm to minister to a patient with cardiac asthma and waiting while the morphine and atropine took effect

before driving home. On the other hand patients were considerate. On one occasion the front doorbell rang at 6.00 am. A patient from a farm had driven in during the early hours of the morning with a ruptured appendix and sat a few hours in the car outside until he thought it was a reasonable hour to wake me.


Former Fisher Practice, West Wyalong

Initially we only had a good system of gravel roads surrounding the town, so transfers by ambulance to Wagga or Sydney only took place if we felt that the patient could not be managed in West Wyalong. We were able to do most surgery in West Wyalong. Because we lived on the junction of three main roads, trauma surgery was common and varied. We repaired a ruptured hydatid cyst of the liver sustained after a fall in rodeo, did a splenectomy for a ruptured spleen, set fractures, pinned hips and femurs, elevated zygomas, performed amputations and other assorted trauma surgery.

Appendicectomies, herniorrhaphies, cholecystectomies, partial gastrectomies, prostatectomies and acute surgical procedures such as bronchoscopy and oesophagoscopy for foreign bodies, or operating on perforated peptic ulcers or intestinal obstruction kept us busy. There were some things that we could not manage much to our distress, such as crushed chests with flail ribs or that were beyond the range of expertise that was available at that time such as terminal malignant disease.

We managed most of our obstetrics, including normal, instrumental and caesarean births. Foetal abnormalities such as hydrocephalus were transferred to Sydney. Often we sought advice by telephone from specialist colleagues in Sydney, such as when our infant son developed Friedlander pneumonia.

In about 1960 we had an epidemic of infectious hepatitis in the towns of Wyalong and West Wyalong. Epidemics of this disease used to occur every few years. On this occasion there were about 70 cases. With the help of the health inspector we looked at the demographics of the outbreak and discovered that most of the cases occurred in the parts of the town, without sewerage, that were serviced by pan toilets. We managed to convince the Shire Council to extend the sewerage system to those areas and we did not record another outbreak of infectious hepatitis.

During this time we had four children:

- Jennifer Marjorie, born in 1958
- Anthony Eric and Kathryn Jane, twins born in 1959
- Peter Michael, born in 1962.

We are proud of them and their achievements.

In 1963 the other practice closed down. Anne and I were left to look after about 9000 people in the shire on our own. It was an exhausting time. We managed to get an assistant for 3 months. We bought the other practice on the basis that we could manage if we got a partner to assist us in running the two practices and two branch practices in the adjoining towns of Tallimba and Weethalle. We were joined then in the practice by John Ward and later Coll Fisher. Soon after we bought another branch practice in Barmedman making three branch practices in all.

Next, Anne instigated the school medical service in the area. She travelled to outlying schools in the shire with a caravan. It had been set up specifically for the purpose of

examining the children, which she did with the assistance of a nurse. It was amazing the range of pathology that she picked up through these routine examinations. It was a salutary lesson in community medicine.

By the early 1960s Wagga began to develop as a referral centre with increased surgery, orthopaedic, medical, ophthalmic and obstetric specialists settling in the city. Then in 1967 the air ambulance enabled easy transfer to Sydney, this was a great relief especially for cases that we could not handle like a fractured cervical spine or a 9 year old boy with acute nephritis who began to fit. The feeling of isolation began to disappear.

We used to go to Wagga or Cootamundra for postgraduate weekend courses run by the Postgraduate Committee in Medicine. We found them educational and an opportunity to meet with other isolated GPs.

I became involved in community affairs such as the P & C Association, Boy Scouts and also the Riverina Hospitals Advisory Council. The Advisory Council involved meetings at 2 monthly intervals, at different hospitals throughout the Riverina, stretching from Deniliquin to Young, and Albury to Grenfell. Meanwhile the heavy burden of raising our four children and keeping the practice functioning, while I was out of town, fell upon Anne.

Country practice is never dull. A part indigenous patient, who was pregnant with her first child, was in labour and called at the surgery on her way to hospital. She asked if she could use the toilet, but was soon told to get to the hospital when Anne realised that she was in second stage labour. Another time I was at the newsagent when I noticed Beryl, a 16 year old local girl, come into the shop. She had got rather large. I remarked to the Greek newsagent, who was usually a mine of information, that she appeared rather bigger. He replied that she was just getting fat. About a month later there was an urgent ring on the front doorbell about 6.00 am. I answered the door and there were Beryl and her mother. The mother said Beryl had been playing basketball the previous day but had pains in her tummy all night. I took Beryl in and examined her. She was in labour and well established. I told the mother that Beryl was going to have a baby. The mother began to remonstrate with me, I pointed out that the front porch was neither the place nor the time to argue, as Beryl might have the baby on the porch. Beryl had her baby an hour or so later in hospital.

It just goes to show that it pays to follow patients up. I was at Weethalle when John Ward rang me to ask if I knew anything about a female bank clerk. I replied that the last time I had seen her that she was 14 weeks pregnant. That was about 6 months earlier. He said "Well she's not pregnant now and is bleeding furiously". She was refusing to go to the local hospital, so he inserted a drip and sent her by ambulance to Wagga. About 2 hours later when I returned to town John called me again. He told me that the girl's uncle had come round to ask him to go back to the house. When he arrived he was shown a screaming newborn child. Apparently the patient had had the baby in the toilet during the night and then thrown the infant into a cupboard where it was discovered after she was on her way to Wagga. For 2 days she was in denial that she had had a baby but eventually accepted the child.

Alcohol was a great problem in West Wyalong. There were eight hotels and three licensed clubs as well as a bottle shop. Suicides were common, often due to alcohol. Friday was market day. Farmers came to town and the surgery was always busy. One farmer who was a heavy drinker came into the waiting room and sat near my surgery door and asked me to see him straight away. The waiting room was full of people with appointments. I asked him to come back later in the afternoon, when I was less busy and would have time to talk to him. To my everlasting guilt, he could not wait. I was called to see him half an hour later, in a back lane, with a bullet in

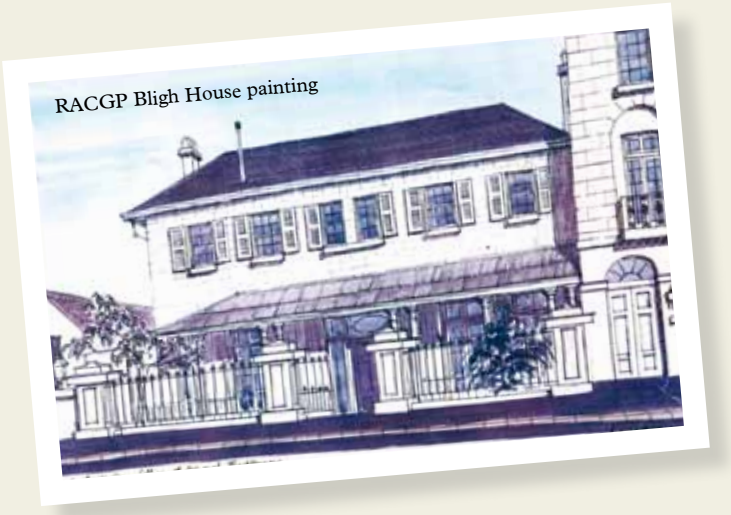
his brain. He died later that night. On another occasion a woman was brought in with several grazes from rifle bullets. Her drunken partner had an argument with her and fired at her. He was later found dead with a bullet wound to the head.

Guns were also a problem. A fellow that had been our gardener was brought in with a bullet wound to the head. The bullet was from a police revolver. He had taken a local farmer in his car at gunpoint and ordered him to drive off. He had then been cornered at a police roadblock. He abandoned the car and was running away from the police when he was shot. He died later that day.

Poisons are common on a farm and there is nothing sadder than some depressed farmer who has chosen strychnine with its awful muscle contractions as a way out of his misery. On another occasion I was called to see a garage employee who had intractable colic. I suspected lead poisoning. He suggested he would get better when his wife stopped putting "Thalrat" in his tea. When his hair began to fall out I realised the truth of what he had said when instead I had thought he was joking. He responded well after admission to hospital to the administration of BAL. His wife later called me up late at night to meet her at the front gate so that no one could hear her conversation to tell me that she in fact had given him thallium.

All the members of the practice joined the Australian College of General Practitioners in 1967. In February 1968 Anne and I attended a teacher and leadership seminar in Wagga. It was a turning point in our practice. For the first time we felt among equals, talking about general practice instead of some highly specialised area of medicine. My epiphany took place one evening where we watched a film of Carl Rogers demonstrating his method of counselling. He was a counselling a young woman who was having problems relating to her daughter. He listened to her and reflected back what he heard her say. To my horror she was in a repetitive flood of tears and Rogers was not comforting or reassuring her as she narrated her story but rather continuing to listen and comment on what he heard. I thought that he was a charlatan, stirring up these emotions in her without trying to comfort or reassure her, and was quite upset. I talked with a psychiatrist who had also seen the film. He told me that some people held that view that I took, but others were of the view that it was helpful for patients to talk about their feelings and feel that they were being listened to so that they were able to understand what was going on inside themselves.

Anne and I talked about this on the way home from Wagga and decided that we would try and put this into practice. This opened up a whole new way of understanding patients and why they got ill. We attended all the Teacher and Leadership Training Seminars (Leura Seminars) until 1974 and found them a most inspirational educational experience. In 1970 we featured in a documentary produced by the ABC called The Doctors. It was part of a series named 200 Years On to celebrate the discovery of Australia. It contained a lot of footage of a Leura Seminar as well.


RACGP Bligh House painting

Coll and I passed the first open

College exam in 1968, Anne passed the second in 1969 and John Ward passed in 1970.

When we began our partnership with John Ward and Coll Fisher we worked an after hours roster. We found that we did a lot of calls where patients were anxious because their own doctor was not available. In other words, we mostly saw not our own patients but our partner's patients. After that insight, we decided that we would all do our own calls, unless we were out of town. The number of night calls fell dramatically. We instituted weekend surgery consultation hours and arranged for the chemist to open at the same hours, after that, we found that patients, except acute emergencies, managed to come only during those consultation hours. We began educating our obstetric patients about pregnancy and labour as well as getting them to visit the obstetric unit to familiarise themselves with the layout and meet the staff. We encouraged husbands to be with their wives during labour. The result of all this was that labours became less distressing and shorter and labour seemed to be less complicated.

In about 1968, we began to take medical students from the Royal North Shore Hospital at the request of Tom Reeve, Professor of Surgery. He had been to the Teacher and Leadership Seminars (Leura Seminars) and was impressed by them. Later these medical student attachments were arranged through the NSW faculty. We also formed groups for families who had disabilities in their families such as Down syndrome, juvenile diabetes and colostomies, to enable them to discuss their problems and provide support for each other.

In 1968 we purchased a farm on which we could spend some time relaxing. We gradually expanded it over the years.

Soon a cloud appeared on the horizon. Coll Fisher decided to go Sydney to get more obstetric experience and then John Ward went to his home town of Cootamundra to work in that town and live on the family farm. Anne and I were left to manage on our own again. This time we were fortunate to be able to get residents from Wagga to do the occasional weekend locum to give us some relief. The hospital had installed a radiotelephone so that we could be contacted if we were out of town. We also managed to get long term locums. Throughout this time we still managed to get to College meetings.

As we became less isolated with better roads, the air ambulance and more specialist services in Wagga we were able to refer on patients who presented with difficult problems. This was particularly so with surgical and obstetric problems. Mike Nicholson came to us from Britain via Hong Kong, but then went on to Condobolin. Then Craig Lilienthal joined us as well as Dorothy Glover.

Tim Harpur came to us for 3 months as the first trainee of the Hornsby Training Scheme before the Family Medicine Program (FMP) was established.

By 1974 all of our four children were in Sydney at boarding school. Anne felt the need to move to Sydney as she sensed that the children would separate from the family at too young an age and would miss out on some of normal family life. With great trepidation on my part we uprooted our family and moved to Sydney. There is no doubt that it was a wise move.

I was a bit like a duck out of water for a time. I did night locum work. This demonstrated to me how insecure patients become, when they cannot get their usual doctor out of hours. Of all the visits to children that I did, 50% of them were asleep when I visited within an hour and some 60% of adult calls were not urgent but could have waited until the next day. In my opinion this indicated the amount of anxiety generated by the illness within the family that in turn was relieved by the knowledge that the doctor was calling. We observed the same phenomenon in the country practice when patients would ring to say that they were very worried about a child. We would tell them to come in and by the time they arrived at the surgery the child was much better or recovered. There were some exceptions where the child remained ill.

After being in Sydney for 6 months I set up practice in North Sydney in the Travelodge Motel that had a beautiful view of the harbour. I also worked at another practice at Milsons Point. I used the Medicord System of records that was a forerunner of the College system. The practice grew slowly over the next couple of years.

I was able to continue performing surgery at North Sydney Community Hospital and at Castlecrag Private Hospital. I served as Secretary of the Medical Board of the North Sydney Community Hospital for 10 years from 1976 to 1986.

Anne joined the school medical service. We both joined a Northern Beaches group of College members who met regularly for a couple of years on a monthly basis to discuss clinical cases and new advances in general practice in a small group setting. I undertook family therapy training at the Institute of Psychiatry under Margaret Topham. I learned so much about myself but also about how families function. It was an enlightening experience.

In 1975 a self selected group of medical students used to come to the rooms to talk about general practice. I learned about the effects of THC when one student offered to share a cookie with me. Unbeknown to me it was a 'hash cookie', which I did not find out until some hours later, at home, when I began to get that spaced out feeling which was rather scary. This was before Departments of Community Medicine were set up.

My practice in Sydney slowly evolved from a procedural practice as I grew older and took a greater interest in why patients became ill. I took an interest in the effect that their lifestyle played in their illness. This was more satisfying from the patient's point of view as well as my own.

I became a member of the NSW Faculty Board and served on the Medical Education Committee and ran some courses on human sexuality and also on relationship therapy. Later I became involved with the Accreditation Committee. I became an area coordinator for the FMP and a member of the Executive of the Marriage Guidance Council and Vice President.

In 1975 I was appointed a Clinical Assistant to the Royal North Shore Hospital and its first and only tutor in general practice, where I worked one session and later two sessions a week in the emergency department until 1990. For some years I talked to the prenatal classes about the changes in the dynamics of the family when a new baby came into the family.

I joined the Editorial Boards of Forum (1975–80) and Medilink Video Journal of Medicine (1975–78). I became a clinical lecturer in the Department of Community Medicine at University of Sydney and at University of NSW from 1975 to 1990.

Anne transferred from the school medical service to a community health centre in Campsie called Kalparrin and found the work more interesting. Later she took up psychiatric training at Rozelle Hospital.

We both attended a residential 'Couples workshop' at the University of New England at Armidale for a week during 1975, a most rewarding and educational experience, learning new modalities of therapy. In 1976 the Australian Association of Sexual Educators, Researchers and Therapists was formed. I was appointed to the Executive and ran workshops on sexual therapy (1976–86). I was also a member of the Board of Graduate Studies at Royal North Shore Hospital (1976–90) and the Medical Advisory Committee of the Family Planning Association of NSW (1977–2003).

In 1976 Rob Harbison, who was Director of Training in the FMP, was running training programs at Marysville in the Dandenong Mountains. This training program lasted a week and was for area coordinators and other teachers in FMP. In June I attended one. It was a group learning program and very educational. Naturally I was at home with this type of format after our experience with the Leura Seminars. Hugh Cook from Western Australia suggested that

we run a family therapy session. As I had been trained in family therapy, I was deputed to run the session that took the form of a role play with five participants. After the role play, I had difficulty in de-rolling one of the participants. The process took some 20 minutes and this was rather confronting. It was only some time later that she was diagnosed with schizophrenia. The next day when the session was discussed, it was interesting to hear those that found the session helpful and those that were critical of the methodology.

When Peter Stone decided to give up the chairmanship of the Medical Education Committee of Council (MECC) that year I was nominated to be his successor. At that time most of the educational energy of the College at that time had been devoted to the FMP to educate the new trainees in family medicine. The educational teaching work was paid for in some instances, whereas previously it was done voluntarily. Consequently postgraduate medical education of those in general practice had gone on the backburner. As Chairman of MECC, faculties were gradually encouraged to reinvigorate their programs. Though some programs had died like the Teacher and Leadership Training Seminars (Leura Seminars) and Raywood Seminars because the FMP had subsumed those roles for trainees. One difficulty that had not been overcome was that Council had resolved that FMP should be a national program reporting to Council and not to faculties.

In NSW the faculty developed a Family Practice Club for medical students to mingle with and learn from GPs. It was held once a month and attracted between 30–50 medical students each meeting.

In 1977 MECC developed a statement of educational objectives for the College that was noted by Council. I began to have trainees from the FMP in my practice in the same year.

In 1977 I was appointed Chairman of the Board of Management of the FMP. The board met regularly with representatives of the Department of Health. These meetings enabled the board to negotiate problems that may arise directly with the department, known as the funding authority. It was also an opportunity to try and get the Medical Education Committees, FMP and Departments of Community Medicine to get together to exchange views and develop a cohesive programme for general practice. We had one conjoint meeting in June 1978. It was sufficiently productive to resolve that this type of meeting should continue. However, the medical educators and the state directors of FMP held meetings at which they requested that the Board of Management should be abolished and the Finance Director, Geoffrey Howard, should be removed. In July 1978 Council acceded to their request and set up a Medical Advisory Board in its stead.

In 1978 MECC and the RACGP Victoria Faculty jointly conducted the RACGP Rural Health Conference called 'Country towns, country doctors'. It had assistance and support from the Victorian Academy of General Practice, the FMP and the Australian Postgraduate Federation in Medicine. The conference had representation from every state and territory. Three basic principles were enunciated:

1. communities should define their own healthcare needs
2. health professionals should define their initial and continuing education needs
3. support services must be evaluated both from the point of view of the community and the health professionals involved with them.

As Chairman of MECC, I was involved in the establishment of electives in general practice specialties. David Game was Censor in Chief and Chairman, Bernard Alderson and later John Summons as Chairman of the Accreditation Committee, Wes Fabb as Director of the FMP, and myself from the MECC formed the Electives Advisory Committee. This same group also acted as a Courses Approval Committee for educational courses for the electives.

At the same time Council delegated MECC to establish a Medical Manpower Sub-committee

to establish the state of general practice manpower and its future requirements. It did a lot of good work that was ignored later by the Doherty Committee. At the direction of Council, MECC established a Computer Sub-committee with the Practice Management Committee, to investigate the greater use of computers in continuing education.

I also conducted a review of College activities and future goals that slowly led to changes in College policy through the Corporate Plan Working Party.

In 1978 the MECC began to look at quality assurance for general practice and how it could be implemented. It established a working party to develop a practical method of assessing quality assurance in general practice and educational methods to ensure quality assurance. Presentations were made to an initial intercollegiate meeting in Adelaide in 1982 and the WONCA Conference in Singapore in 1983. A quality assurance module later became mandatory for membership of the RACGP.

In 1979 rental at the Travelodge became too expensive and I relocated to a former doctor's surgery in Walker Street. Anne later joined me there in general practice after she abandoned psychiatry and we remained there for 10 years until it was demolished for redevelopment.

In 1980 I was involved with the development of two documents, Scope for General Practice and Training for General Practice that were produced by the FMP and the MECC. The latter produced a method for the improved administration and delivery of continuing medical education for GPs. Council was unable to fund it.

In 1980 I formed the North Shore General Practice Club. It met at Royal North Shore Hospital on a monthly basis. Each month a GP would present clinical cases of interest from his/her practice, followed by other members of the group contributing their knowledge of the subject that had been presented. By mutual consent, occasionally a consultant was invited to speak with a discussion related to the application of the specialty in general practice that followed. It was an interesting learning format and continued for about 4 years. Other groups formed in the meantime with a didactic approach that was preferred by many GPs.

Believing that I needed more training to develop an understanding of how to help patients to solve their own problems, I undertook a course in psychiatry for the non psychiatrist in 1980 at the Northside Clinic, and a family therapy course in 1982 with Moshe Lange at Newcastle.

In 1982 Anne rejoined me in general practice and later that year, we joined a Balint group for a year to better understand our role as doctors in the doctor-patient relationship.

I was appointed Honorary Secretary of Council of the RACGP in 1982 and had to resign as Area Coordinator of FMP as I could not receive remuneration from the College as a member of Council. Being Honorary Secretary involved close liaison with the President and Secretary General to ensure the smooth running of Council and the promulgation of its decisions. I undertook a complete review and then rewrote all the extant College policies. I also produced for the President a document recording all the decisions of Council relating to the FMP.

I represented the College on the National Specialist Recognition Appeals Committee and the National Specialist Qualifications Advisory Committee (NASQAC) Working Party from 1984 to 1990.

In 1985 Anne and I represented the College at the induction of Professor Reg Perkin as the new Secretary General of the Canadian College of Family Physicians in Ottawa. In August later in that year, our own Secretary General, Peter Grieve, died. I was appointed as Acting Secretary General until a successor could be appointed, this did not occur until April 1986 by which time I had been elected President Elect of the College. The position of Acting Secretary General gave me an insight into the workings of the College from the inside and that was most valuable.

In 1985 I was appointed President of the Marriage Guidance Council of NSW. The burden of this office and President of the College was too much so that I only served one term and reverted to the position of Vice President of the Marriage Guidance Council.

In 1986 Anne and I attended the WONCA Conference in London. I was a member of the delegation organised by John North to talk with the British Medical Protection Society and the British Medical Defence Union to endeavour to convince them that there was a need for a lower rate of indemnity subscription for GPs. This was subsequently introduced.

Paddy Finnegan inducted me as President of the College in October 1986. Completion of Quality Assurance options between 1 May 1987 and 30 April 1989 was made mandatory for membership of the College. Professor Steven Abrahamson reviewed the FMP at the request of Council in 1987. He made eight recommendations, the most important of which was that the attainment of the Fellow of the RACGP (FRACGP) should be the summative assessment of training in the FMP and this was agreed to by the government. I was Chair of the Joint Advisory Committee of the Royal Australian College of Physicians (RACP), Royal Australian College of Surgeons (RACS), Australian Council of Royal College of Obstetricians and Gynaecologists (RCOG) and the RACGP during my Presidency.

I represented the College at the Doherty Enquiry into Medical Education and Medical Workforce, for the Australian Government. The main thrust of these representations was:

- improving the number and distribution of GPs to areas of need
- mandatory training for general practice
- recognition of general practice as a specialty
- vocational registration for general practice.

The Doherty Committee had no GPs amongst its members but had five physicians in its membership of eight. With such a composition it was not surprising that none of the College submissions were accepted. The wheel turns slowly and the last two recommendations have now been accepted. The first two will be more difficult because the Specialist Colleges have not solved the problem of what to do with the failed specialist.

Highlights of my Presidency were a visit with Anne to the Hong Kong College of General Practitioners in 1987 to bestow Fellowships on Hong Kong Fellows of our College after the first conjoint examination, and to attend the WONCA Regional Meeting. We later visited China and had meetings with the Chinese Medical Association in Beijing. In 1988 we attended the AGM of the Canadian College of Family Physicians in Montreal and later went on to attend the inauguration of the Caribbean College of Family Physicians in Kingston, Jamaica.

During this time I worked when I could in general practice, which I enjoyed, but Anne was always there to keep the practice going and lend support. The work of College President was constant but enjoyable and I was able to gather around me a very supportive team who were invaluable. We relocated the practice to Berry Street, North Sydney in 1989.

In 1986–89, I was appointed to the NSW Ministerial Advisory Council on AIDS. In 1988 I became Chairman of the newly reactivated Archives Committee of the College. Soon after I left the Presidency I was elected to be the first general practice representative on the Federal Council of the Australian Medical Association (AMA) from 1988 to 89. It was a difficult time as the AMA had decided to oppose vocational registration. I also was appointed a medical consultant to the NSW Health Care Complaints Commission (1988–99) and served on the Medical Advisory Panel of the North Shore Cardiovascular Education Centre (1988–2006).

During 1989 I made a submission through the Medical Board of the Royal North Shore Hospital for the establishment of a Department of General Practice within the hospital. This was agreed and a department was established with a part time Medical Director. GPs were given appointments to the department and could gain ready access to information about their patients but they were not given admission rights. After divisions were established the Department of General Practice faded away. When vocational registration was introduced in 1989 I took up the position of Ministerial appointment to and Chairman of the Vocational Registration Appeals Committee until 1996.

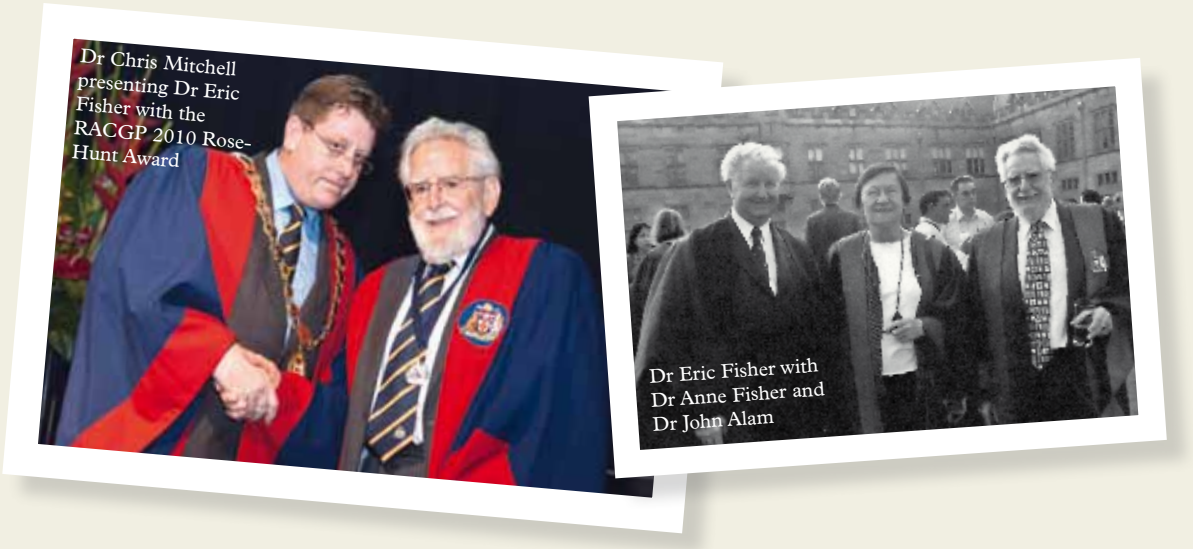
I made a conscious decision to cease doing procedural work altogether in 1990. The volume of this work had been gradually diminishing since I had moved to Sydney. I believed all procedural skills diminished with age and it was important to recognise one's limitations.

I became a member of the Australian Academy of Forensic Sciences in 1990 and was appointed a Member of the General Division of the Order of Australia in 1991.

I had been interested in medicolegal matters for some time, giving medical evidence in criminal proceedings since I began practice in West Wyalong and later more particularly in medical negligence matters, writing reports and giving evidence for either the plaintiff or the respondent. The NSW faculty formed an Expert Medical Witness Panel in 1995 to assist medical expert witnesses. I was its Chairman from 2000–2004 and made a number of presentations at annual conventions.

In 1998 we sold the practice in North Sydney to Paul Fitzgerald. Anne was keen to retire but I agreed to work in association in the practice with Paul for 3 days a week to ensure continuity. This was a particularly satisfying arrangement for both of us. He expanded the practice and introduced new skills, where we had two part time women doctors and a sports physician. I continued with listening to patients to help them find out why they became ill. In the year 2000 Paul relocated the practice to a suite of rooms that he purchased in Mount Street, North Sydney.

Since the restoration of the Archives Committee in 1988 it had worked away quietly first writing a history of the College from 1978–88 and then meticulously sorting archival material. It was assisted greatly by the appointment of Patricia Thompson as Archivist. At first we were in Rozelle but had to deposit the archives in the NSW Government Archives because of accommodation constraints. The committee also explored from 1994 onwards the possibility



Dr Chris Mitchell presenting Dr Eric Fisher with the RACGP 2010 Rose-Hunt Award

Dr Eric Fisher with Dr Anne Fisher and Dr John Alam

of writing an academic history of the College to celebrate the jubilee of the College in 2008. However costs appeared to be prohibitive and Council would not consider it.

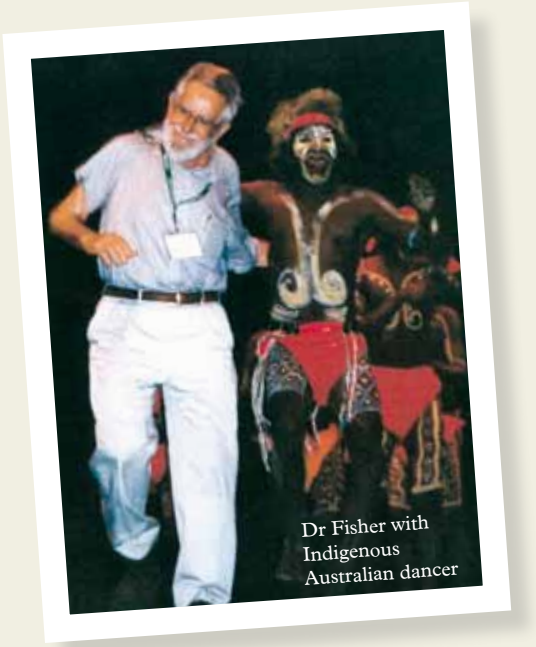
With the purchase of a new National Office in Forest Lodge in 1996, the College at last had a property to meet its needs. There was sufficient space to accommodate the archives on site and there was adequate space allocated within the dedicated area for properly assessing them and classifying them. When the College moved to Melbourne in 1999 the archives remained in Sydney. The Archives Committee was fortunate to obtain the papers of Joseph Silver Collings whose article in The Lancet, on the state of general practice in the UK led to the formation of the British College. He was also a Foundation Member of the Australian College. We were in the process of accessioning them, when in 2000 the CEO moved the archives to Melbourne and stored them in a warehouse in North Melbourne without supervision.

They remained there for some 5 years stored in a jumbled fashion. An archivist was appointed but was allocated to duties of mail and record sorting but no archival duties. When the College got into financial difficulties in 2002 she was dismissed. It was not until the appointment of the present Archivist, Tom Burgell, in February 2006 that it was discovered that the archival boxes containing the Collings papers had disappeared. The Archives Committee is grateful to Council for its continuing support. The Archives Committee with the assistance of funding from Council has persisted with the history project which it is slowly publishing on the College website. I would like to see it progress more quickly but patience seems to be the answer.

Anne and I sold the farm in 2001. We had enjoyed the experience of breeding fat lambs and cattle as well as cropping. We also experimented with water reticulation and fodder conservation to resist drought successfully.

From 2001–2003, I represented the College on the Committee to Develop the Standards of Open Disclosure of Adverse Events. There was a diverse representation on the committee. The final report was a triumph of sanity over those members of the committee who had an agenda to push ideas that were proscriptive and not helpful to doctors, in my view.

From 2001–2004 I represented the NSW faculty on the Clinical Governance Committee of NSW Department of Health. This committee examined some 20 odd complaints referred to it by the Health Care Complaints Commission. It sat for nearly 3 years and never issued a report. In the final result the government dismissed the Health Care Complaints Commissioner for referring the complaints to the department despite the



Dr Fisher with Indigenous Australian dancer

validity of the complaints in my opinion. The department issued its own report 2 years later.

Michael Kidd became President at the time that the College was in a financial crisis due to over spending in the years leading up to 2002, and I was appointed to the RACGP Audit Committee. This committee was later merged with the Finance Committee to become the Finance, Audit and Risk Management Committee. I continue to be a member of this committee. The committee maintains a strict and successful oversight of the College's risks and finances. This has led to the College acquiring properties for faculty use in NSW and WA.


Dr Eric Fisher

Life Fellowship was bestowed on me in 2006. I was awarded the Rose-Hunt Medal in 2010. In November 2009, Paul Fitzgerald retired and closed the practice in North Sydney so I relocated to the Northbridge Medical Practice.

I have enjoyed the challenge of general practice. It has been a kaleidoscope of life and the challenges that it presents. It has rarely been boring. If I became bored with general practice, I had to reassess how I practised, because it became my problem. The boredom was mine and I was missing what my patients were trying to tell me. Having started out believing that by treating patients they would get better, Anne and I developed a different philosophy believing that finding out what made them ill was more important in planning their management of their illness. Then recovery was facilitated and they felt more secure. What disquiet of mind brings the patient along? What did they think was wrong with them? When did they get ill? What lowered their immunity so that they succumbed to illness while others did not? Was their illness self induced and why? What changes were happening in the family when children become ill? Was the adult's illness due to their work, lifestyle, habits or addictions?

Patient happiness, security and what they eat and drink are the keys to good health in my experience. After decades of looking at clinical histories I am sure that the practice of good medicine is based on historical elucidation of the illness, a thorough clinical examination, always follow up on the previous consultation and a realisation of one's own limitations, only then may investigations be helpful. I have also learned that our specialist colleagues make mistakes that can be misleading and that it pays to check on their assumptions.

Eric Fisher,
7 January 2011