



The Royal Australian
College of General
Practitioners

The Medical Practice at 328 Stirling Highway, Claremont from 1896–2011

Second edition

*By Dr Peter Tunbridge
and Dr Max Kamien*

Based on the work of Dr Peter Tunbridge, (first edition) published in 2000 by Claremont General Practice Pty Ltd. The original publication has, with the permission of Dr Tunbridge, been enlarged, amended and illustrated by Max Kamien in 2011 and includes the periods 1896–1918 and 2000–2011.

*Correspondence to: Dr Max Kamien
21 Skipton Way, City Beach WA 6015, Australia
mkamien@meddent.uwa.edu.au
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The Medical Practice at Claremont started at the end of 1896 and saw its last patients on 4 February, 2011. It was the oldest, continuous general practice in Western Australia. Its history is part of the fabric of Claremont and of the changes in General Practice in Western Australia.

The practitioners

The founding doctor of what became the Claremont General Practice was William Theodore Hodge MRCS (1884), LSA (1886), DPH (1889)

Dr Hodge was born in Warwickshire in 1859. He studied medicine at Guy's Hospital. After working in British Guiana, he migrated to Western Australia and began his medical practice at the end of 1896. He was the first doctor in Claremont. His house, which was also his practice, was on the Perth Road



Front path Claremont General Practice, 1999



Claremont General Practice front entrance, 1999



Dr William Hodge remained at the practice until 1906

(sometimes known as the Perth-Fremantle Road or Claremont Avenue and, in 1932, renamed Stirling Highway). It was across the road from the Claremont General Practice at 328 Stirling Highway. At the time he began his practice, Claremont real estate consisted of 76 houses or businesses. Five years later, the 1901 Census recorded 428 buildings and 2014 people. Claremont was strategically situated midway between Perth and Fremantle and, although still semirural, was rapidly becoming an upper middle class municipality.

Dr Hodge's workload in Claremont was prodigious and growing, and the demands of a 24-hour, seven days a week, home delivery obstetric service probably influenced his decision to move to an easier practice in the agricultural district of Cranbrook.

It was not until 1911 that two other doctors (SRH Montgomery MBBS(Royal University of Ireland, 1894) and A McNeil MBCM (Edinburgh, 1893), set up practices in the Claremont-Mosman Park area.

Dr Hodge later became the first doctor to practise in Kellerberrin. In 1920 he became the District Medical Officer and Resident Magistrate in Derby. He died there, tragically, from accidental sheep dip poisoning, in 1934. He was 75 years of age, in good health and looking forward to retirement on his farm four miles out of Waroona.

*Dr Leslie Thomson
(Tim) Gillespie MB (1900),
BS (Melbourne, 1901),
FRACS (1927)*

'Tim' Gillespie was born in Victoria in 1876. His father, Alexander, was a miller in the Upper Macedon region who later moved to West Perth. 'Tim' had a 'strong personality and a sharp irreverent wit'.¹ In his youth he had been a champion cyclist and in 1896 was the winner of the 1 mile championship run by the Victorian Amateur Athletic and Cycling Association. He was good with his hands. He spent a lot of time in his workshop carving wood and inventing things like a fastener for the gates on his Pilbara station.

This became the most commonly used farm gate fastener in Australia. He was also a keen gardener who held open days at his gardens in the Pilbara and Dalkeith. He began work as a GP in Claremont in December 1906, succeeding Dr Hodge. This practice was in what is now known as 'Times Square', across Stirling Highway from the Claremont General Practice. He worked there until 1918. When he left, the citizens of Claremont presented him with a leather covered and illuminated book expressing thanks and signed by some 150 of his grateful patients.



Dr William Hodge, Aboriginal employees from the Beeliar Tribe and an unnamed domestic helper. Off Claremont Avenue, about 1902. Courtesy Mr Jack Hodge FRACS



Dr Tim Gillespie in typical Charlie Chaplin pose at his Hillside Station, 1920s

¹ One of the nuns at St John of God Hospital, whose name was Mary, was becoming somewhat plump. One day Dr Gillespie put his hand on her abdomen and said: "Hullo Mary, how's Jesus?" The Irish born Reverend Mother, who ran the hospital, marched him out with the instruction, "And don't ye be coming back!"

Dr Gillespie had an interest in surgical practice and was good at it. In 1907 he obtained a position as an assistant surgeon at the Perth Public Hospital (now Royal Perth Hospital). The following year he was promoted to 'surgeon'. He was also appointed an honorary inpatient surgeon at the Children's Hospital. He operated on private patients at St John of God Hospital in Subiaco.

Like many doctors of his era he was a captain in the Australian Army Medical Corps Reserve. In 1919 he went into full time consultant surgery and set up rooms at 236 and later at 185 St Georges Terrace. By 1920 he was one of the two senior surgeons in Perth. On 20 July 1927, he became one of the 165 Foundation Fellows of the Australasian College of Surgeons (no. 157) and the first Western Australian on its College Council.

His relationships with the Pulk Aboriginal people who lived on his station, Hillside, near Marble Bar were at least one generation ahead of his time. During the 1946–1949, Pilbara Aboriginal Station Hand Strike, led by Don McLeod, Clancy McKenna and Dooley Bin Bin, the Aboriginal workers at Hillside were the only ones who did not go on strike. They were already being paid the 30 shillings per week being asked for by the strikers.

One of Dr Gillespie's best friends was Dr Hugh Matheson Burns, an honorary anaesthetist at the Children's Hospital, and who also ran a general practice at 414 Rokeby Road in Subiaco. Dr Burns' son, Peter, later became a partner in the Claremont General Practice. Dr Gillespie was also the Godfather to one of his successor's (Dr Donald Tregonning) twin sons, Alexander Gillespie Tregonning.

Dr Donald Rupert Charles Tregonning MBBS(Melbourne, 1916), FRCS (Edinburgh, 1926), FRACS (1928), was born and educated in Melbourne

He spent his first postgraduate year as a resident medical officer at the Perth Hospital. In June 1917 he did a 4 month locum for Dr Gillespie and in 1918 purchased his practice.

In 1919, Dr Tregonning bought the block and designed and built the house and surgery at what is now 328 Stirling Highway. The front surgery on the western side of the practice was added in 1924.



Dr Donald 'Trigger' Tregonning

Dr Tregonning was also a captain in the Australian Army Medical Corps and an honorary medical officer to the Fremantle and Perth Public Hospitals. He practised until his untimely death in 1935. He died from pneumonia at 328 Stirling Highway, surrounded by oxygen cylinders, which was the only available treatment in the preantibiotic era. He was only 42 years of age. He had three sons who attended Christ Church Grammar and then Hale School. 'Chip' and Alex became doctors and practised in Mosman Park. The third son, Ken, held the Chair of English History at the University of Singapore before returning to Perth where he became headmaster of Hale School.

While still a medical student, Donald Tregonning enlisted in the Australian Imperial Force. He was the 110th Victorian to enlist. He served as a noncommissioned officer with the first Light Horse Field Ambulance in Egypt and Gallipoli. After the evacuation from Gallipoli he was then sent back to Australia to complete his medical degree.

He was a keen all round sportsman, participating in yachting, swimming, motor racing and rifle shooting. While at Scotch College in Melbourne he shot a perfect score to secure the interschool cup. "His schoolboy nickname, 'Trigger', never left him." (Ken Tregonning, 2010) His first sporting love was hockey. In 1928 he was appointed captain of Western Australia's first state team and went on to captain the first Australian hockey team in its inaugural international match against New Zealand in 1932.

The Tregonning Trophy, a bronze statue of Dr Donald Tregonning presented to him in 1932, was donated by the Tregonning family for an annual hockey competition between Christ Church Grammar School and Hale School.

In 1926, Dr Tregonning obtained a surgical qualification in Edinburgh and in 1928 was admitted to Fellowship of the Royal Australasian College of Surgeons. At the urging of his wife, Florence (nee Agar), who, before they were married, had been acting Matron of the Fremantle Public Hospital, he set up as a 'specialist in gynaecology' in Padbury House, St Georges Terrace. But this was at the beginning of the Depression when GPs were loath to pass up any work for which they may have been able to obtain a fee. After a lean year as a gynaecological surgeon, he returned to full time general practice at 328 (then 128) Stirling Highway. The 300 of his Claremont patients who had farewelled him at the Christchurch Parish Hall in October 1929, were no doubt happy to have him back.



Alexander Gillespie Tregonning and his twin Kenneth Gordon Tregonning, age 3, at the front of 328 Stirling Highway, 1926



Dr Donald Tregonning outside the side entrance of 328 Stirling Highway with his new 1926 model Austin 12

Dr Guido Saverio Carlo Mayrhofer BA, MBBS (Melbourne, 1923), MRACGP formed a partnership with Dr Tregonning in 1927

He left in the early 1930s and practised for another 35 years at 274 Stirling Highway on the corner of Mary Street. He was known to the patients of 328 Stirling Highway as, 'the other doctor in Claremont'.

He was a cultured man with a background in the classics and a talent for philosophy, the violin and medical research. With the laboratory help of Neville Stanley, the Foundation Professor of Microbiology at The University of Western Australia (UWA), he performed epidemiological studies of virus infections in his patients. In 1968 the RACGP, of which he had been a founding member, posthumously awarded him their highest research award, the Francis Hardey Faulding Memorial Prize and Medal.

The youngest son of Dr Donald Tregonning, Ken, attributes his interest in books and history to the monthly visits of Dr Mayrhofer, and the books he brought for him to read and then discuss on the next visit.



Dr Guido Mayrhofer

Dr Cyril Edmund Cook MBBS (Melbourne, 1922), FFARACS, followed Dr Tregonning in 1935 and practised in the building until 1940

He had served as a foot soldier in the First World War and as a medical officer in the Second. He was the first specialist anaesthetist appointed to the honorary staff of Fremantle Hospital (1938–1959). He became a Foundation Fellow of the Faculty of Anaesthetists of the Royal Australasian College of Surgeons in 1962.



Dr Cyril Cook, from JH Stubbe, *A history of Fremantle hospitals*

Dr Harry Leigh Cook (not a relative) BA, MBBS (Melbourne, 1939), returned from Melbourne at the end of 1940

He then took over the practice, where he remained until his death in 1969. Between 1940–1946 he too was a captain in the Royal Army Medical Corps Reserves.

Dr Leigh Cook had been a high school science teacher before studying medicine. He was a serious man and a very good GP with a deep interest in medical politics. He was a member of the Federal Council of the Australian Branch of



Dr Leigh Cook

the British Medical Association, which became the Australian Medical Association (AMA) in 1968, for many years and President of the Western Australian Branch of the British Medical Association in 1956. He was also an honorary physician to Fremantle Hospital (1947–1949).

In 1951 he was asked to write about the state of Australian general practice in the Jubilee edition of the Medical Journal of Australia. Fifty years later Professor Max Kamien was asked to write a similar article in the Centenary edition of the same journal. The odds against two such articles coming from the same practice would be very high.

Number 328 Stirling Highway, was both the Cook family residence and Dr Cook's surgery. Dr Cook's lunch was always served in the dining room at one o'clock. Part of his, 'not to be disturbed', lunchtime ritual was to listen to the radio serial, Blue Hills on the ABC. He would then go through the house to the surgery and the waiting patients.

*Dr Jack Bercov MBBS (Sydney, 1941)
FRACGP (1971), formed a partnership
with Dr Leigh Cook in 1944*

Dr Bercov had practised for a short time in Big Bell and had then set up a new practice on the corner of Grange Street and Stirling Highway. He later built a block of flats on the corner of John Street and Stirling Highway and moved his surgery to there in 1956. In 1966 he moved again, this time to 328 Stirling Highway.

Dr Bercov had a financial struggle to complete his medical course and supported himself by selling fruit first in Kalgoorlie and then in a shop in Sydney, where he also lived. He was a lateral thinker and solved the problem of his Sydney residence's rat infestation by acquiring a pet carpet snake. Dr Bercov felt a strong obligation to give back to his family, friends and the society that had enabled him to become a doctor. He had a strong work ethic and could work day and night without showing signs of irritation or fatigue. His patients never felt rushed and several, who were registered nurses, told me (MK) that they felt they had found the perfect doctor. He rarely took a holiday.

He did house calls in the morning and surgery consultations in the afternoon. He preferred not to carry the usual doctor's Gladstone bag. So he loaded his pockets with the necessities of domiciliary practice. His one indulgence was to have his suits made by Andy Zafer, 'Tailor to the Elite', who had a shop in London Court. Dr Bercov was hardly a good advertisement for Mr Zafer since his suits rapidly became an odd and baggy shape. He delivered about 50 babies per year, arranged adoptions, gave anaesthetics and performed appendectomies at the nearby Lucknow and Bethesda Hospitals. He was also in great demand for Jewish circumcision ceremonies. He was particularly interested in the lives of his patients and didn't mind being consulted, even at social gatherings.

His hobby was poker and on Sunday evenings he played with lifelong friends, such as the well-known architect, Harold Krantz. He kept a log of his 'winnings' and 'losings' over a period of 35 years. In his later years he agreed to take Thursday afternoons off to play golf. He died in 1974, shortly after a self diagnosed stroke while at a Rotary Club meeting.



Dr Jack Bercov

He was much loved for his good nature and selfless service and was a great loss to general practice, Rotary, the Freemasons, the Cottesloe Golf Club and the Jewish National Fund. The Rotary Club of Claremont-Cottesloe has perpetuated his name with the valuable 'Jack Bercov Prize' awarded annually to the best fifth year student in the General Practice Course at UWA. They also named a rose garden after him. It is situated in the Claremont City Council grounds. His Masonic Lodge in Alexander Drive honored his memory by naming their building, The Jack Bercov Hall.

Dr Alwyn Gerald Davies MB.BS (Melbourne, 1937) was a Major in the Australian Army Medical Corps during World War II

After the War, in 1945, Dr Davies joined Dr Cook and Dr Bercov. It was decided to open a branch surgery in Dalkeith and Dr Davies worked from there. The partnership, 'Cook, Davies and Bercov' was dissolved in 1950. Dr Davies continued to practise in Dalkeith until his retirement.

Dr Hugh Cook MBBS (Adelaide, 1953), FRACGP, FRANZCP, the son of Dr Leigh Cook, completed his medical course in Adelaide

In 1955, after a year at Royal Perth Hospital he joined his father and Dr Bercov in the practice. He was particularly interested in the behavioural aspects of medicine and had a large patient following. In 1973, he left the practice to become the inaugural director of the Western Australian Branch of the Royal Australian College of General Practitioners' Family Medicine Programme. This was the first Australian vocational training scheme for GPs. Dr Cook then decided to study psychiatry and became the Head of the Child Psychiatric Unit at Princess Margaret Hospital.



Dr Hugh Cook

Dr Peter Tunbridge MBBS (Adelaide, 1953) FRACGP

Dr Tunbridge joined the practice at the end of 1956 and worked with Dr Bercov from the John Street Practice. In 1966 the practice bought the house at 328 Stirling Highway from Dr Leigh Cook, and the four doctors, Tunbridge, Bercov, Leigh Cook and Hugh Cook, practised there together in a partnership arrangement. The old Cook family home thus became a dedicated medical practice. It has since undergone many structural changes.

Dr Tunbridge was an affable, no nonsense doctor who just got on with his job. In the 1980s he did the majority of the work in his partnership but was never heard to complain about the equal distribution of profits. Peter hated long



Dr Peter Tunbridge

meetings and, when in the chair, managed to amicably complete all business in less than 15 minutes. Once he had agreed on a course of action, he always carried it out.

Dr Tunbridge's long association with the practice ceased on his retirement at Easter in 1999. He had been in medical practice for 42 years, 36 of them at 328 Stirling Highway. Dr Tunbridge was awarded an Order of Australia for his long service to muscular dystrophy patients resident at the Rocky Bay Village. The large front surgery built in 1924 had become his consulting room and his name was perpetuated on it.

The partnership of 'Cook, Bercov, Cook and Tunbridge' started to break up with Dr Leigh Cook's death in 1969 and, after the death of Dr Bercov, was dissolved in 1974.



The Peter Tunbridge Room

Dr Stephen Dale MBBS (London, 1955) FRACGP, in 1969 moved to the Claremont Practice from Southern Cross, where he had practised for seven years

He became a partner in 1974 and stayed until 1990. He was a quiet, competent doctor with an interest in the use of hypnotism for obstetrics, addictions, phobias and anxiety. He was active in the West Australian Society for Medical Hypnosis. After leaving Claremont, he rejoined the Salvation Army and served as a procedural doctor in Zambia and Zimbabwe before returning to Perth. He and his wife, Kathleen, then ran the Subiaco branch of the Salvation Army until they retired.

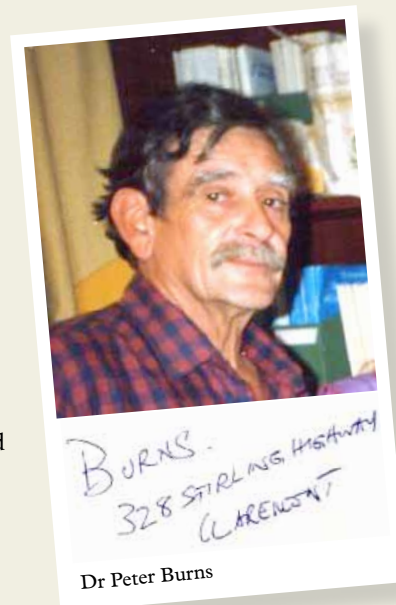


Dr Stephen Dale

Dr Peter Stedman Burns MBBS (Adelaide, 1954), DA, joined the practice in 1975

Dr Burns was an academically precocious student who passed eight junior examination subjects when 12 years old. (Most academically minded students sat for eight subjects when 15 years old.) After graduation he worked with his father, Dr Hugh Burns at 414 Rokeby Road in Subiaco. He then joined the Royal Australian Airforce, obtained a Diploma of Anaesthetics in London and then worked with the Royal Flying Doctor Service in Meekatharra. Between 1960 and 1963 he was an anaesthetics registrar at the Princess Margaret Hospital and the Royal Perth Hospital.

He had a gentle and vulnerable quality about him. He attracted a large and loyal group of patients. He left the practice in 1996 to join the Prison Medical Service. Dr Burns died suddenly in 1998. He was fond of many forms of



Dr Peter Burns

music and art. A large gathering of his many friends and patients attended his funeral.

There are many other doctors who should be mentioned for their work in the practice. When Dr Bercov died, there was a short period of chaos until Dr Joan Isherwood, Dr Diane Davies and Dr Vicki Payne were enlisted in 1973. Doctors Isherwood and Davies stayed for about 1 year before leaving to open their own practice in Hampden Road in Nedlands. Dr Davies later became an obstetrician and the Medical Superintendent of King Edward Memorial Hospital.

*Dr Violet Agnes 'Vicki' Payne MBChB
(Hons. Bristol, 1961)*

Dr Payne joined the practice in 1973. Despite many letters about impending retirement over the past 10 years, Dr Payne soldiered on until the bitter end in 2011. She had a large following of mostly female patients and was a most valued contributor to the practice. She was also a frequent contributor to the 'Letters to the Editor' page of the *The West Australian*, taking a reasoned left wing stance on humanitarian issues. She was a small child in the United Kingdom during World War II, an experience that left her with a strong anti war sentiment. She is an active member of the Medical Association for the Prevention of War. Her patients learnt quite a lot from her about 'fighting for peace'.



Dr Vicki Payne

Dr Patrick Boyle practised from 1975 to 1976

Dr Boyle was unhappy about the future university connection and decided to return to England where he had originally trained. In 1976, the practice boasted three appropriately named doctors: Payne, Burns and Boyle. The partnership at that time was known as Tunbridge, Dale and Burns Pty Ltd. In 1985 they officially changed the name to Claremont Medical Centre.



*Professor Max Kamien MB BS (UWA
1960), MD, FRACP, FRCP, FRACGP,
FACRRM, DPM, DCH began medical
work at 328 Stirling Highway in 1979*

Dr Kamien was still in active part time practice at Claremont until the day of closure on February 4, 2011. He gave patients and students plenty of time and, uneconomically, adhered to the old fashioned etiquette



Dr Max Kamien

of his student days when his teachers did not charge the close relatives of doctors, medical students, nurses, the clergy, friends and the 'hard up'. His longest consultation lasted four and a half hours. Admittedly, for a patient with many major problems who just happened to be the wife of a Medicare Inspector. The Medicare fee was \$84 and the inspector stated, "I can guarantee you will never be charged with Medicare fraud."

He was an adventurer who had worked in refugee camps in South Korea, Nepal, Jordan, Israel and East Timor. He had worked in Bourke, New South Wales for 3 years before returning to Perth. There he wrote the book, *The dark people of Bourke: a study of planned social change*.

Dr Kamien was appointed the Foundation Professor of General Practice at UWA in 1976 and was the first Professor of General Practice in Australia. He published over 400 papers, articles and letters to the editor that were the basis of his lifelong role as an agent of change. He was the Chairman of the 'Kamien Report' – *Report of the Ministerial Inquiry into the Recruitment and Retention of Country Doctors in Western Australia*. This was a catalyst for much needed national activity in this area.

In 1998, Dr Kamien was named as a Western Australian Citizen of the Year and 1 year later was awarded a Membership of the Order of Australia for his pioneering services to medical education, rural and Aboriginal health. He also received the Australian and New Zealand Association of Medical Education Award for Research and the Louis Ariotti Award for rural health research.

In his mid-70s he continued to help overseas trained doctors especially in the Kimberley where he also did regular locums. And he was a ship's doctor on seven Polar expedition voyages. He was a long time contributor to the Western Australian Faculty of the RACGP serving as Provost, Archivist and Corlis Fellow (ambassador at large).

*Dr Douglas Brebner Macadam
MBBChir (Cambridge, 1958)
LRCP, MA, BD, FRCGP,
FRACGP*

Dr Macadam came from Leeds to take up an academic appointment at UWA. He joined the practice in 1980 and retired due to illness in 1992. He was sorely missed by his patients, colleagues and especially by Dr Kamien. He was an inspiring teacher, a clever diagnostician, a lateral thinker and a politically astute administrator. He also had ecclesiastical qualifications and was active in the nonconformist, Uniting Church. He was responsible for setting up the Palliative Care and Hospice Services in Western Australia and was the first director of the Cottage Hospice in Shenton Park. In 1992 he was named as a Western Australian Citizen of the Year in recognition of his pathfinding work in palliative care.



Dr Douglas Macadam

Dr Amanda Barnard, BMed (Hons. Newcastle, 1986), BA (Hons), FRACGP

Dr Barnard had been a Family Medicine Registrar at the University Practice at Lockridge. In 1994 she was appointed as Senior Lecturer in General Practice at UWA. She worked in the Claremont Practice from then until 2006 when she left to take up an academic position as Professor of Rural Health at the Australian National University. She was an inspiring teacher, a sound doctor and had a large following of patients. She was also one of the first women doctors to pioneer fly-in services for women in rural and remote areas.



Dr Amanda Barnard with daughter Kate

*Dr Peter James Maguire
MBBS (UWA, 1977) FRACGP,
DipRACOG*

Dr Maguire had been a GP in semirural Byford. He had a long time interest in medical education and worked half time for the RACGP Training Programme. He began working at the practice in 1994 and had a large patient following. He left in 2009 to practise in Narrogin. Dr Maguire was also active in the RACGP, and became the Chair of the RACGP WA Faculty, and a long time member of the College's Federal Council.

Other practitioners who stayed for varying lengths of time were Dr Dominique Coleman, Dr Andrew Jeremijenko, Dr Cameron Gent, Dr Janice Bell, Dr Eugen Mattes and Dr Kate Concanen.



Dr Peter Maguire

*Dr Janice Margaret Bell MBBS (Perth, 1994), BA, BEd(Hons),
GradDipIntegMed, GradCertCHM, GAICD, FRACGP*

Dr Bell was a mature age graduate from UWA who became a Family Medicine Programme registrar at Claremont in 1996. After obtaining her Fellowship she stayed on at the practice and took on a managerial role. She had developed an interest in acupuncture and other complementary medicine modalities. This attracted a large following of like-minded women patients. Many of them followed her when she left in 2000 to join a practice with similar complementary medicine interests to her own. Her departure was marked by a period of practice instability from which it took some time to recover. She went on to become the CEO of the Western Australian branch of the General Practice Education and Training organisation.

Dr Stephen Aiksin Gan LRCP (London), MRCS (England, 1982), joined the Practice in 2000

Dr Gan completed his medical course in Sheffield, in the United Kingdom, and had just spent 10 years in solo practice in Norseman. For much of his 10 years at Claremont he was the only doctor working full time. He tried hard to keep the practice viable. But with the short term leases from UWA it was difficult to attract new doctors and with the sale of the practice building the only hope of survival was to find new premises. When this looked unlikely to happen, he left at the end of 2009 to continue practice at the corporate Claremont Medical Centre only 1 kilometre away.



Dr Stephen Gan

Dr Jonathan Bailey Wright MBBS (Perth, 1979) joined the practice in 2001 and left at the end of 2010

Dr Wright had previously worked with Dr Peter Winterton in Mount Hawthorn and then as a hospital based psychiatric registrar. He was his own man, but had a large following and provided a valuable pair of hands in his 10 years in the practice. He too joined the Claremont Medical Centre at the end of 2010.



Dr Jonathan Wright

Dr Robert George Moorhead MBBS (Sydney, 1965) MD, FRACGP, MICGP, DCM joined in 2001 and stayed until the practice closed

He saw the last patient on the last day – 4 February 2011. He married the practice nurse, Susan Wann and was a part time member of the practice for 10 years.

He had come from an academic position at the University of Adelaide to take up a position as Associate Professor in the Department of General Practice at UWA. In this position he helped set up the Rural Clinical School for Western Australia. He was later Acting Head of the Discipline of General Practice at the University of Notre Dame in Fremantle. His interests included medical education and medical history. He was a regular contributor of articles on medical history to the *Journal of the Royal Society of Medicine*.



Dr Robert Moorhead and Susan Wann RN

*Dr Christine Marie Caffrey MB,
BCh, BAO (NUI, 1985), DCH,
DObst, MRCGP*

Dr Caffrey trained in Ireland, was a GP in Surrey and migrated to Australia in 1990. She worked in Mandurah, Darwin and then Mosman Park. She joined the Claremont General Practice in 2007. In 2010 she took over as the Managing Director and together with Dr Moorhead tried to find accommodation and ways to keep the practice viable. When this was not successful she oversaw the huge amount of work required to place patients, store 13 000 patient records, deal with legal requirements and, with the help of her husband Ian Swingler, father-in-law Doug Swingler and Dr Payne's husband, Dr Roy Payne, dispose of the practice's fittings and equipment. She moved to the Dalkeith Medical Practice followed by a large number of her Claremont General Practice patients.



Dr Christine Caffrey

Medical practice

Before 1950

In this time few people had their own transport and most of a doctor's day was spent doing house calls. The surgery rooms were open in the late afternoon and evening. Both Drs Gillespie and Tregonning had honorary appointments at Perth and Fremantle's public hospitals and this added to the length of their day. Florence Tregonning's nursing expertise was a boon to the patients of the practice especially when Dr Tregonning was elsewhere. She would also have helped in weighing out medications and in preparing instruments and dressings.

1950–1970

In the 1950s and 1960s the waiting room at 328 Stirling Highway was always crowded for the afternoon surgery. There was no morning surgery in those days. House calls were the order of the day and it was nothing to have a list of up to 20 house calls that the doctors would hope to have finished in the morning, but might well end up completing after the night surgery. In 1969 the night surgery was stopped and an appointment system was introduced.

Dr Leigh Cook's receptionist was Sr Nancy Harris. She sat at a desk near the surgery door and kept the place in order.



Apparatus for eye irrigation from about 1950.
Photo courtesy Susan Wann RN

It was a quiet waiting room that often became overcrowded. The patients would then spill out onto the front lawn, which is now a garden area.

One Saturday morning 84 patients attended, and the waiting crowd spilled out onto the footpath. In those days there were four doctors working in the surgery on Saturdays because it was always very busy.

Disposable instruments had not yet been invented and daily syringe supplies were prepared by cleaning glass syringes, sharpening the steel needles and packing each of them in a metal case. There was no steriliser, just Zepharin antiseptic solution.

The cost of a consultation at the surgery was seven shillings and sixpence, while a home visit was ten shillings and sixpence. The practice undertook all the after hours work, including weekends and public holidays. It depended greatly on the doctors' wives who handled all the after hours phone calls and made all the necessary arrangements for the patients, in addition to running their own households. When the Western Australian Deputising Medical Service (WADEMS) started in 1977, the practice joined from its beginning – any way out of night calls had to be an advantage.

The doctors assisted at all specialist operations on their patients. They also attended all their patients' midwifery deliveries. In the wee small hours of the night, the time of a trip from Claremont to the John of God Hospital delivery ward in Subiaco was seven and a half minutes – there were no 'booze buses' or 'multanovas' in those days.

Each partner delivered an average of 50 babies per year. The increasing availability of specialist obstetric services in the 1970s reduced the demand for GP deliveries. In 1982 the practice doctors decided to cease all midwifery services.

The doctors also acted as medical consultants to the British Phosphate Company. They performed pre-employment medicals and immunisations for their employees. Dr Bercov and Dr Tunbridge did stints as medical officers on Christmas Island, travelling there on the SS Triadic.

Dr Tunbridge had played league football for the Claremont Football Club from 1954–1956. He became the club's doctor in 1957 and held that position until 1987. All the doctors continued to supply their medical expertise to a variety of community organisations. They had regular contact with the Claremont Police Boys Club, football clubs, cricket clubs, schools, the Rocky Bay Village for disabled children, and they gave regular lectures on sports medicine and first aid to their patients and other interested public members.

1970–2011

In the late 1970s and 1980s general practice began to change. Over 50% of medical graduates took up a speciality and spread their services into the peripheral hospitals. General practitioners were politically naïve and inactive and lost their foothold in their local hospitals together with their procedural skills. Most GPs were happy to stick to working in their own practices. There was more than enough to do. Also the service ethos of medicine had changed. Doctors were concerned about the ever-present possibility of medical litigation where even a vexatious complaint could take up to 3 stressful years to resolve. With an increase in drug addiction and drug seeking 'doctor shoppers', GPs, especially women, became concerned about issues of personal safety and were loath to make house calls. Many of the new generation of GPs were women who, understandably, wished to balance their medical with their family lives. And young doctors of all persuasions were receiving regular messages about the dangers of 'burnout'. This fuelled criticism of their predecessors' ethos of 'medicine as a vocation' with its often accompanying neglect of self and family. The new GPs were as professional as the old but their

focus was different; they now saw medicine as a job or an occupation.

The Federal Government brought in many changing schemes in the false belief that preventive medicine would markedly reduce expensive teaching hospital admissions. These schemes helped keep the practice financially viable but also resulted in a profusion of red tape that added about 2 unproductive hours to a doctor's day. In many practices GPs were becoming clerks and the acutely ill were finding it difficult to get a timely GP appointment. The effects of these changing attitudes on the Claremont General Practice were that doctors paid fewer house calls, made fewer visits to aged care homes, and admitted fewer patients to Bethesda Hospital some 600 metres from our practice. But the practice nurses always made sure that the acutely ill patients were seen.

Practice nurses

In the Dr Leigh Cook era, Sr Nancy Harris functioned as both nurse and practice manager. And Sue Ibbotson was a nurse-receptionist in the early 1980s. But it was not until 1994 that the practice hired a dedicated surgery nurse. The original nurse was Valerie Buckley RN, followed by Susan Wann RN, Jan Forrest RN, Christine Greaves RN and Helen Maguire RN. These nurses were a boon to the patients, the doctors and the reception staff.

Pathology

The practice had been serviced by a number of pathology companies. They all pulled out citing an insufficient volume of blood tests. In 2007 Pathwest became our pathology provider. June Pasco was their representative. She provided a friendly and obliging service and fitted in well with the ethos of the practice.

Medical Records 1909–2011

In 1992 the UWA Building Committee agreed to revamp and extend the old practice building. This included recommissioning two closed off bedrooms above the treatment room. They were full of medical records going back to 1909. Sadly, this historical treasure trove was thrown out. The 1909 records were on 5x3 inch white cards. These



Dr Alison Thurstans and
Sr Val Buckley RN



Christine Greaves RN



June Pasco BSc

were later replaced by yellow 8x5 inch cards. The usual written record of a consultation was an *aide memoire* of 2–3 lines. In the late 1970s the UWA-affiliated doctors began using the RACGP problem based medical record that allowed for the possibility of much more comprehensive and better organised records. By 1993 all the doctors had converted to using this method of recording. And 7 years later the practice was fully computerised. It says a lot about the dedication of our reception staff that they all quickly mastered these systems. Even those who had never previously used a computer.

Running the practice

The University of Western Australia Connection

In 1973 the Commonwealth Government initiated an ‘Inquiry into Medical Education’, chaired by Professor Peter Karmel. That committee’s report suggested that, ‘the time was ripe to introduce the formal teaching of general practice and community medicine into the medical curricula of Australian medical schools’. They recommended that ‘Departments of Community Practice’, should, as part of the Federal Government’s Community Health Program, be situated within teaching health centres. Those centres were, ideally, to be based on existing general practices, backed up by ‘proper facilities and by allied health professionals’. The Whitlam Government provided generous financial incentives for this to occur.

The UWA formed a 12 person planning committee composed of representatives of the RACGP, AMA, Health Department and UWA. They advertised for expressions of interest from established general practices. The Claremont General Practice, spurred on by Drs Bercov and Cook, was one of five applicants. Although it had the least detailed submission² it was chosen to be the core clinical practice for the development of the new Department of Community Practice and the Teaching Community Health Centre of the UWA.

This decision was supported by the AMA but not welcomed by any of the GPs working in practices from Nedlands to Mosman Park.³ They were concerned about ‘unfair competition from UWA subsidised GPs’.

In 1975 the Health Department of Western Australia (HDWA), used earmarked Commonwealth money to purchase the practice and the land to the west of it, and the Western Australian Public Works Department designed and built the Claremont Community Health Centre. It was officially opened in September 1979, and won that year’s Western Australian prize for architecture. The title of the building was vested in HDWA but it was jointly administered by UWA and HDWA.

Contrary to their usual practice when setting up a new discipline, UWA entered into a contract with the Claremont Practice and HDWA before the appointment of a Foundation Professor of General Practice. This was because the planning committee believed (wrongly), that a guaranteed health centre building was a precondition for obtaining the Commonwealth money to pay for university employed, general practice staff. It was the only one of the 10 Australian medical schools to have put this interpretation on the regulations of the Commonwealth grant.

2. The submission was on one piece of quarto sized paper with a Tunbridge, Dale and Burns Pty Ltd letterhead, signed by Dr Tunbridge. It succinctly stated, ‘We apply to be the Teaching Practice of the University of Western Australia’.

3. In 1975 the AMA called a meeting of GPs in the Nedlands to Mosman Park area to discuss their unease about the proposed Department of Community Practice and the Claremont Community Health Centre. Only seven of the GPs attended. The AMA reported this as an indication of general support for their view. The meeting had been called for 8.00 am on a Monday public holiday.

The intention of the planning committee was to establish offices and student facilities for the Department of Community Practice alongside a general practice that would be the clinical base for the medical members of that department. It would also be a base from which research projects would be piloted. The planning committee did not articulate its intentions at that time but they would have agreed that, 'Academic general practice should be showing students what exists and challenging them to make it better. Without its own successful model practice this is not possible. A professor in any other clinical discipline would lack credibility if he or she did not demonstrate to students the practice of the discipline in an optimal clinical setting'. (Kamien, 1990: 21).

The hospital analogy was the prestigious professorial medical and surgical wards that existed in the main teaching hospitals. But this intention was not made clear to the existing partnership of Tunbridge, Dale and Burns Pty Ltd, nor was any contract drawn up to this effect.

In 1984, Tunbridge, Dale and Burns Pty Ltd agreed that in return for the continuation of a commercially low rental they would enter into a 'no goodwill contract' with the, now named, Department of General Practice. This meant that when a member of the practice retired, they would not ask a goodwill entry payment from their replacement, who, with mutual consent, would be a university employed GP.

The Claremont Community Health Centre opened in 1980, staffed by two community health service sisters, a social worker, a health education officer, a podiatrist, a secretary coordinator, and a janitor. There was also a private physiotherapy service. This concept, as envisaged by the Karmel Committee, was not a success. Doctors from nearby practices were loath to use the facilities for fear that their patients would be 'pinched' by the 'Claremont university doctors'. And the two full time doctors, Tunbridge and Burns, were time poor, self sufficient and unused to the ready availability of allied health professionals. They found it difficult to find the liaison time expected of them by the salaried health professionals.

In addition to the underuse of their salaried staff, HDWA staff frequently complained about medical students occupying their designated car parking spots and drinking their coffee and reconstituted orange juice. These concerns reached the level of Vice-Chancellor and Commissioner of Health. The Commissioner of Health also had to field complaints from GPs concerned about the content of the GP course.⁴

For HDWA the teaching health centre had turned out to be a white elephant. In 1988 they offered to give the building to UWA, and UWA agreed to take it but only if HDWA would replace the malfunctioning air conditioning system and also pay the ongoing salary of a janitor, a gardener and the upkeep of the outside of the building. Not surprisingly the HDWA offer was withdrawn.

The Health Department of Western Australia eventually removed their staff and their offices were rented out to the RACGP WA Faculty and its vocational training arm, the Family Medicine Programme.

The Health Department of Western Australia then put the building on the market for \$4.1 million as part of its WA Inc asset fire sale. They received not one single offer. In June 1990, UWA used money from its Strategic Capital Fund to buy the building for \$650 000. This new ownership made the building a commercial rather than an endowment enterprise (FW Steenhauer, Accounting Services 16/8/91; Ref 3202). This was the circumstance that was to eventually result in the closure of the oldest continuous general practice in Western Australia.

4. One GP, who some years later started 'an integrative medicine clinic' for the treatment of cancer, complained to the Medical Board that the UWA-DGP was teaching Alternative Medicine. At that time, one in four GP patients were using alternative medical products or modalities and we thought future doctors should know about them. We were not teaching alternative medicine. But we were teaching about it. However, it was difficult to get that message across to the Medical Board and to the Dean who sat on that Board.

After 3 years of internal UWA discussion and agreement from Drs Tunbridge and Burns, the running of the Practice was taken over in July 1993 by the Department of General Practice of UWA. The Department of General Practice had, in reality, been the de-facto landlord of the practice since 1982 when HDWA had transferred their lease to UWA and Department of General Practice. Tunbridge, Burns Pty Ltd became University General Practice, Claremont Pty Ltd. It was one of three run by the UWA Department of General Practice (the other two were Lockridge 1978 and Fremantle 1989).

Each practice had two shareholders who held one share each on behalf of UWA. But the practices were really private practices that had received almost no direct financial support from UWA. Nevertheless, the State Payroll Tax Office deemed these practices to be 'grouped' to UWA. This noxious tax 'dramatically' increased our tax bill and put the practices in financial jeopardy. The only solution was to formally sever the practices' legal ties with UWA. This occurred in 1999.

The practice kept taking a steady stream of medical students. But the relationship of the practice with UWA Property Services had become a purely commercial one of landlord and tenant with regular cost of living (CPI) increases of rent. This was difficult since Medicare rebates only increased at half the CPI index.

The after hours experiment

In 1986 three entrepreneurial doctors decided to set up a commercial after hours service at the Coronado Hotel, 1 kilometer east of the Claremont General Practice. Dr Graham Innes, a well regarded Swanbourne GP saw this as the beginning of corporatised practice in the western suburbs. He suspected that the after hours service was the bait to hook patients into an all hours practice. He organised 20 GPs from Nedlands, Claremont and Cottesloe to buy shares in a company that would provide an after hours service for the patients of those doctors. The Claremont Community Health Centre was regarded as the most suitable venue. The service was available from 6.00 pm to midnight on weekdays and from 8.00 am to midnight on weekends and public holidays.

But the 20 shareholding doctors rapidly tired of being rostered for these after hours services and gradually dropped out. By default the service was taken over by one Dalkeith doctor and her accountant. The after hours service then shifted from the west wing of the Claremont Community Health Centre to co-habit with the Claremont Practice.

Patients could not distinguish between the Claremont General Practice and the after hours service. Claremont General Practice receptionists were subject to much angst and wasted time dealing with patients who wished to pay or query a bill from the after hours service. In 2000, it moved to the Hollywood Private Hospital, to our mutual relief.

Corporatisation - a missed opportunity?

The idea of corporatising general practices started in the late 1980s. I (MK) was a shareholder in the three 'university' practices. The new company was interested in taking over Claremont General Practice as its first venture. I was philosophically opposed to inserting shareholders into the time honored interaction between a doctor and a patient and said no. But medical practices are small businesses and corporates know about business. In retrospect I think the idea of marrying a corporate with a university practice was worth exploring. After all, universities are supposed to test new ideas and working with big business is now encouraged. The doctors at Claremont General Practice, may not have felt as pure of heart, but our incomes would have been much greater and we would not have found ourselves out in the street in 2011.

A corporate practice did start 1 kilometre away and called itself 'Claremont Medical Centre'. We pointed out the risk for patient, specialist and postal confusion. The arbiter, the Division of Consumer Protection in the Department of Commerce, rejected our complaint. The similar names caused patient, specialist and postal confusion up to 1 week after we had closed down.

One Saturday, I was contacted by our two practice nurses who asked if I was unhappy with their services. They had seen a 'positions vacant' advertisement for two nursing sisters for the 'Claremont General Practice'. The corporate practice's management had even confused itself.

The irony behind this mini-saga is that Susan Wann found our ancient sign 'Claremont *Medical* Centre', hidden by ivy, on the wall behind more recent signs that were taken down on our departure from the building.

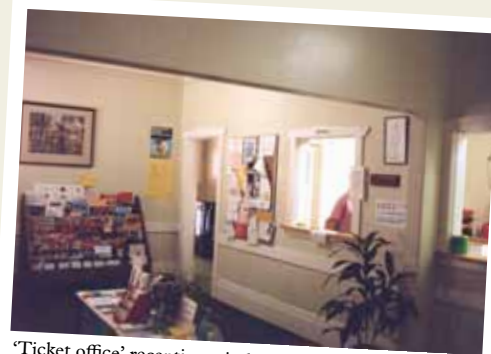
The building

As has already been mentioned, Dr Tregonning designed and built the original house and surgery in 1919. The house was built in the Californian Bungalow style, 'sedately proportioned and as a medical centre, relaxed.'⁵ The present front surgery was added in 1924. Over the following years other rooms were added on the west side, and a front room was built on the east side. This room became the practice office. The upstairs rooms were children's bedrooms and as the Cook family grew, a sleepout was added at the back in 1942. Five of Dr Leigh Cook's children were raised at 328 Stirling Highway.

The original plans of the house are held by the Claremont Town Council in their archives, along with plans for additions and alterations over the years by Dr Tregonning, Dr Cyril Cook, Dr Leigh Cook and finally by the group practice, the Health Department and UWA.

In the early 1960s modifications were made to convert the building into a four-surgery practice. Consequently little of the original house remained visible. Apart from the original front verandah door and the front part of the house the only parts of the original house that remained were the kitchen, the pantry and the original rear wall. The back lawn, the garage, the sheds and the beautiful and much admired roses disappeared when the new building was constructed.

When the Claremont Community Health Centre was designed in 1976, the doctors in the practice had insisted on the preservation of their surgery premises. The original house was showing visible signs of wear and tear and was too small for the needs of the practice. The waiting room was divided across the middle by a wall. It was small and



5. Ian Molyneux for the Royal Australian Institute of Architects (WA Chapter). Looking around Perth. A guide to the architecture of Perth and surrounding towns. 1981, page 51, photo no. 282.

dimly lit. Patients approached a receptionist through a window similar to that found at a railway station.

In 1990, the Manager of UWA Property Services described the Claremont General Practice as, 'occupying the old house which is a series of badly lit, cramped rooms, creaking floors and possessing a sombre, unwelcoming atmosphere. It is considered to be a poor role model for its function of teaching general practice to medical students'.

In one of many submissions to the UWA Accommodations Committee (27 August 1991, par 5) Drs Macadam and Kamien argued: 'When the health centre was built it was decided to leave in place the already 60 year old house in which the practice was placed. In retrospect this was a mistake. The current practice is Dickensian and looks more like a bus ticket office than a place of healing. Some of the rooms are so dark that it is only possible to examine a skin rash by taking the patient outside of the building. A university department is supposed to be showing students medical practice in an optimal setting and not 1980s practice in a 1920s setting'.

In 1992 the UWA Accommodations Committee agreed to add four consulting rooms to the existing practice. Space is money and in future years the resultant increase in rent was to add to the practice's difficulties.

The practice in 2000

In the year 2000 Dr Tunbridge proudly wrote: 'The Claremont General Practice continued to serve the health needs of both Claremont and the wider community. The doctors in the practice were Professor Max Kamien, Dr Vicki Payne, Dr Peter Maguire, Dr Amanda Barnard, Dr Liz Whyte, Dr Jonathan Wright, Dr Marcus Tan and Dr Alison Thurstans.

Claremont General Practice was a fully equipped teaching medical practice, accredited by Australian General Practice



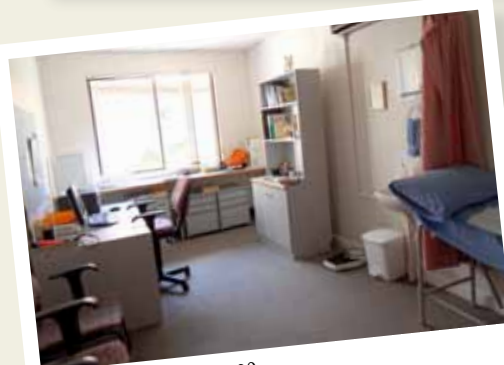
Helen Traynor, Rebecca Dobra, Helen Vanderheeg.
Revamped reception area, 2002



Natalie Vasile, reception, 2010



Elwyn Munsie, manager's office, 2010



Consulting Room 1, 2000

Accreditation Limited, and proud of its history and involvement in the Claremont area. It did and was committed to pursuing high quality general practice care’.

The beginning of the end

But the year 2000 also marked the beginning of a gradual internal decline in the practice. One doctor left in acrimonious circumstances taking several hundred patients and another doctor with her. There were recurrent problems between the medical directors and the nonmedical practice managers. There were also tensions about the lack of medical continuity and availability of the part time medical staff, several of whom were UWA academics. This led to one of the directors unilaterally deciding to take no more part time academics, including the newly appointed Professor of General Practice. The tangible expression of this town-gown tension was the permanent closure of the previously open grille between the offices of the UWA Department of General Practice and the Claremont General Practice.

The doctors in the practice got on well at a social level, but as with so many Australian general practices, worked as ‘lone rangers’ in professional isolation from one another. The synergistic pooling of experience through seeking other doctors’ opinions and attendance at practice clinical meetings became a rare occurrence. The adage that two minds are (usually) better than one had lost its currency. Awareness of the history and heritage of the oldest continuous general practice in Western Australia was not part of the newer doctors’ collective consciousness. A shared practice vision of how to deliver the best possible care had become blurred. And the willingness of some of the doctors to put in a little more than they took out had waned. We had lost our ‘mojo’.

The patients were unaware of these internal problems largely because the reception and nursing staff continued to give their all and maintained the welcoming family feel of the practice.

But the practice was never a well run business. Unlike most corporate medical practices, it had never been driven by ‘income maximisation’. Over 40% of consultations were bulk billed. Many of the patients were elderly and had been with the practice for over 50 years. Elderly people have many healthcare needs and their consultations require time and ongoing planning. There



Kylie Leaman, Peter Tunbridge, Helen Vanderheeg, Marianne Tunbridge, Christmas 1995



Helen Carter, Val Buckley, Amanda Barnard, Peter Maguire, Liz Whyte, Jonathan Wright, Amber Collins, Susan Wann, Chlo Hodge, Max Kamien, Vicki Payne, Peter Tunbridge, Rebecca Dobra, Helen Vanderheeg, Alison Thurstan, Julie Allenby, at the Launch of Peter Tunbridge’s *History of Claremont General Practice*, March 2000



Chlo Hodge, Jonathan Wright, Christine Greaves, Christmas 2001

was also a statewide shortage of GPs and the doctors who left were difficult to replace. On many occasions we could muster only two, instead of a needed four, doctors. This further affected the financial viability of the practice.

At the same time UWA kept asking for more rent and, with the intention of putting the entire Claremont Community Health Centre on the market, limited the practice to a recurrent short term lease. This made it even more difficult to attract new doctors to the practice. It also reduced the landlord and the tenant's motivation to refurbish the premises that had become tacky and rundown.

The University of Western Australia was affected by the 2008 Global Financial Crisis and looked for ways of bolstering its financial coffers. And the new Professor of General Practice saw no academic value in the practice and wanted to be close by other researchers at the Medical School. No thought or discussion was ever given to the needs of the long term patients, some 20% of whom had a close association with UWA. By the end of 2009, UWA had sold the Claremont Community Health Centre to a development company, Aria Land.

Their controversial, and Claremont Council opposed, plan is to build a \$75 million, eight level mixed commercial/luxury residential enterprise on the 5000 square metre site of the Claremont Community Health Centre and its car park.

Part of the practice premises were heritage listed and Aria Land offered us the option of buying or renting this part of our former premises. Either option was beyond our financial means. Furthermore, the ongoing uncertainty had reduced our medical staff below the point of medical and financial viability. We tried to find alternative accommodation with adequate car parking space for patients and within our budget. There was none available. Our only remaining option was to close down.



Western wall of the waiting room, 2000. Paintings by Charmaine Phillips



The grille – a visual metaphor of 'town-gown' relations



Waiting room mid-February 2011

Vale

The heritage of the Claremont of the 1920s barely remains. Like us, the owners of its grand old houses couldn't pay the increased rates or afford their upkeep. The iconic old shops such as Bovell's Pies and the Claremont Drapery could no longer afford the skyrocketing rents (Bolton & Gregory, 1999). The 115 year old Claremont General Practice, the oldest continuous medical practice in Western Australia, is the latest casualty. It has a rich heritage and will be mourned by its long term patients and its surviving long serving doctors and reception staff.

As the managing director of the development company said, "When I bought the property I didn't know about the history of the Claremont General Practice. I'm sorry that it has to close. But you can't stop progress." Sadly, we could not and we have let down many of our aging, long time and loyal patients.

The Claremont General Practice has served the population of Claremont for 115 years. It has been graced by some dedicated, selfless, innovative and remarkable doctors and their wives, nurses and receptionists. The practice is not only part of the history of Claremont but is also part of the heritage of medicine in Western Australia.



Consulting Room 1, mid-February 2011

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- Andrew King, grandson of Dr Gillespie, who gave me access to the 1918 illuminated scroll and his sister Fiona Buckley, who trustingly loaned me the family photo album.
- Dr Ken Tregonning, formerly Professor of English History, University of Singapore and then Headmaster of Hale School, the son of Dr Donald Tregonning, who provided me much information and loaned me Tregonning K. Swan River and Singapore. An Australian in Asia. Trigger. Unpublished history of the Tregonning family. Cottesloe, 2010.
- Donnelle and Colin Rockman, daughter and son-in-law of Dr Jack Bercov.
- Sally Senior, Jenny Mills, Jill Crommelin, Patricia Gladstones, all friends of Dr Leslie Thomson (Tim) Gillespie's daughter, Judy.
- Tania King, wife of the late Peter King, a grandson of Dr Leslie Thomson (Tim) Gillespie.

Appendix I

Staff list – past 40 years to 2011

Doctors

Vicki Payne	1973–2011
Max Kamien	1979–2011
Peter Maguire	1994–2009
Amanda Barnard	1994–2006
Janice Bell	1996–2000
Stephen Gan	2000–2010
Bob Moorhead	2001–2011
Jonathan Wright	2001–2010
Christine Caffrey	2007–2011
Carol McGrath	1985
Dominique Coleman	1994–1997
Andrew Jeremijenko	1994
Cameron Gent	1995
Anthony Robins	1996
Eugen Mattes	1999–2001
Elizabeth Whyte	1999 –2001
Marcus Tan	1999–2001
Katherine Concanen	1999–2000
Alison Thurstans	2001–2004
Su-Lin Khor	2002–2004
Lynette Reid	2003–2009
Meredith Arcus	2003–2004
Suhania Kulaendra	2003
Christine McMenamin	2005–2009
Diane Faulkner-Hill	2005–2006
Alison Noble	2010–2011
Fiona Downey	2010
Murray Nixon	2010
Nurses	
Valerie Buckley	1994–2002
Susan Wann	1998–2003
Christine Greaves	2000–2011
Jan Forrest	2003–2006
Helen Maguire	2006–2009

Director

1995–2002
1995–2004
1997–2006
1997–2005
1997–2000
2002–2010
2010
2006–2008
2010–2011

Appendix II

A nurse's treasures: reminiscences of Susan Wann RN, practice nurse 1998–2003

I joined the staff of Claremont General Practice as a practice nurse in 1998. I was employed to assist Valerie Buckley, a fine nurse, who was very popular. I enjoyed the ambience of the lovely old practice building.

In 1998, Dr Peter Tunbridge was still working and I was soon to discover that he had a great knowledge of some of the earlier doctors and of the history of the practice. When I asked curiously why the UWA was just at the end of the corridor Professor Max Kamien was there with an explanation.

The staff included several doctors who had been working at the surgery for a long time and their pride in the practice was obvious. Dr Vicki Payne, who sometimes called me 'lassie' in a Scottish accent, remembered the time when there were bedrooms at the rear of the building as well as a substantial garden. Dr Payne was much loved by all for her 'no nonsense', caring approach to her patients and the staff. She was undoubtedly 'The Treasure' of Claremont General Practice.

Discovering that there was a new nurse at the surgery, many of the older patients were keen to tell me exactly how long they had been associated with the practice. In fact it was more common than not that the patient's parents had also been patients of the practice.

The role of the practice nurse was comprehensive even in the precomputer 1990s, as growing areas of documentation, accreditation and childhood immunisation schedules needed to be fitted in with the usual nursing duties. It was a big help to have Christine Greaves join the nursing team.

The older patients in particular seemed to value the time the nurse spent with them and they had lots of stories ready to share. It was a privilege to be involved in the care of these wonderful people. In these days the nurse did home visits, while also maintaining a connection with the staff at Bethesda Hospital as well as with Trish Cahill, the courageous, legendary and long serving nurse at Christ Church Grammar School.

There were still a few items around that were a reminder of days gone by and over the years I managed to rescue some of them. I squirrelled them away in boxes under the nurse's desk in the hope that they might eventually make it to a museum. They remained there, untouched for almost 10 years. These have now been accepted into the Claremont Museum's collection.

Consulting rooms were more spacious than is usual, in particular Dr Tunbridge's. This



A fully functioning sluice, used from 1960–2011



1920s Depression glass receptacles

room had a bay window with leadlights. In 2000, coinciding with the retirement of Dr Tunbridge and the publication of the *History of Claremont General Practice*, Max Kamien had a plaque placed on the door to the front room naming it 'The Dr Tunbridge Room'. Some of the patients who could see this plaque from where they sat in the waiting room, feared that it was a memorial and that Dr Tunbridge had died. The patients were quickly reassured that Dr Tunbridge was indeed alive and was a frequent visitor to the practice.

The treatment room was set up in the house's former dining room, with pretty leadlight windows and a built-in glass-fronted sideboard forming the nurse's desk. Next to it, through the kitchen where the original stove recess was preserved, was the sterilising room – I doubt there would have been another general practice in Perth that had a working sluice as did Claremont.

I was intrigued to find that there were several glass containers, that are usually found in a kitchen, in use for the storage of nursing items (cotton wool, gauze squares). They looked like they had been in use for goodness knows how long. The fascination for me was that they were the type of thick, ribbed glassware that is referred to as



atient loyalty appreciated

te your report, "UWA sale
is off 117-yr-old practice"
ST, 22/2), it is regrettable
Claremont General Practice,
ich has been serving patients
all these years, will now have
be disbanded.
joined the practice nearly
years ago because of its com-
ment to continuity and re-
tly said goodbye to one patient
o had attended for over 75
ars, even though she does not
e in the area.
The practice has been estab-
lished for such a long time that
works a bit like a large fami-

many patients know each other
d all the staff, and there is often
red laughter and sympathy in
e waiting room. All this will be
t on Friday, February 4.
I would like to thank the thou-
nds of patients who have seen
through our many ups and
wns. Their loyalty has been
ch appreciated and I am sorry
cannot be rewarded.

Dr Vicki Payne
Claremont General Practice
Stirling Highway, Claremont



Values not on in this case

Elizabeth Meehan ("Values ig-
nored in medical practice sale",
POST letters, 6/2) seems to be con-
fused by the difference between a
commercial and a philanthropic
enterprise.
The University of WA and
Claremont General Practice
(which operates from a university-
owned property in Claremont) are
both commercial enterprises and

neither is subject to the "values"
should apply to them.
The commercial reality is that
both are required to stand on their
own feet, which does not leave suf-
ficient room for the benevolent
values Ms Meehan's idealistic
thinking seems to imply.

Alan Robertson
Greenleaf Street, Southshore

Have your say in The POST
email letters to:
subeditor@postnewspapers.com.au

Values ignored in medical practice sale

I was saddened to read your report
"UWA sale kills off 117-yr-old practice"
ST, 22/2 about the closure of the Claremont
General Practice.
The profits to the property owner, the
University of WA, is sure to be sizable - it
bought the place for \$100,000 and sold it for
\$12 million.
But the value of medicine to the elderly
and other people in the community, the val-
ues and knowledge in the practice that have
all been given and received in that place
can never be measured.

UWA has rightly pointed itself out producing
graduates of the highest standing who are
able to contribute to every field of human
life.
Where, I ask, is the wisdom in this sale
decision? Or for that matter the decision
to sell off the previous habitat of Underwood
Junction?
What kind of leadership, in terms of
values, does UWA provide for the students,
who will go out into the world as leaders?
Wisdom and self-knowledge are the
essence of education in the broadest sense,
and it seems the founders of UWA ap-
preciated that.
I pray that one day these values will
return to find a place at every level of the
university, and will be more than simply
words on a wall.

Elizabeth Meehan
Lake Street, Sharnbrook Downe

Some opinions in the letters to the Post

‘Depression glass’ and which came into common use in the 1920s for storing refrigerator items in the home.

Unlike modern plastic items, they made a lovely ‘clunk’ when the lid was replaced. When the surgery closed its door I was able to purchase the glassware to donate to the Claremont Museum.

The practice manager was Helen Carter and the assistant manager Rebecca Dobra. There were four receptionists who greeted the patients from a computerised reception area. They were Helen Vanderheeg, Chlo Hodge, Amber Collins and Julie Allenby. Helen Vanderheeg, who has been working in the practice since 1962, was well known by many of the long time patients. She knew the names of all the patients, what they did and to whom they were related. Many of the patients also knew each other. The atmosphere in the consulting room was often like a family reunion.

Susan Wann



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Claremont General Practice lives on – Drs Vicki Payne and Max Kamien muse over some of the tools of their trade to be donated to the Claremont Museum. *Subiaco Post*, 12 March 2011;19