APPENDIX ONE

Paediatricians and the RACP

Foundation Fellows (1938) who were substantially paediatricians
There were 191 Foundation Fellows in Australia

Earnshaw Percy A., Qld.
Dods, Lorimer F., NSW.
Harper, Margaret H., NSW
Hughes, Laurence H., NSW.
Stephen, Edgar H.M., NSW
Galbraith, J.B.Douglas, Vic.
Grieve, John W., Vic.
Powell, Mostyn L., Vic.
Stokes, Harry L., Vic.
Cockburn, Malcolm T., SA.
Grant, Richard L.T., SA.
Mayo, Helen M., SA

Members who were paediatricians, up to 1943, and the year the examination was passes

Bradfield, Stanley George, NSW, 1939.
Cunningham, Norman C., NSW, 1938
Hamilton, D.G., NSW, 1939.
MacCallum, Walter P., NSW, 1939.
Stening, Samual E.L., NSW, 1938
Vickery, Donald G.R., NSW, 1938
Colebatch, John H., Vic, 1940.
Hutson, A.W. Medwyn, Vic.1939.
Southby, Robert, Vic, 1938.
de Crespigny, Richard Geoffrey Champion, S.A. 1938

Source: RACP, List of office bearers and members, 1943. RACP Archives, Sydney.
### APPENDIX TWO

Special clinics established by the honorary medical staff of RAHC.

<table>
<thead>
<tr>
<th>Service or clinic</th>
<th>Date established</th>
<th>Notes, references.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchiectasis</td>
<td>1946</td>
<td>30 Nov. 1945, 7 Aug. 45.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1948</td>
<td>9 Feb. 1948, 4 Aug. 1948</td>
</tr>
<tr>
<td>Seizure</td>
<td>1948</td>
<td>For the management of cases of epilepsy which were difficult to control. 19 May 1945.</td>
</tr>
<tr>
<td>Cleft Palate</td>
<td>1954</td>
<td>8 Nov. 1954.</td>
</tr>
<tr>
<td>Chromosome service</td>
<td>1962</td>
<td>A clinical/laboratory service for genetic disorders; it, was expanded in 1964. 5 Nov. 1962, 8 Feb. 1963. House Committee minutes, 26 Nov. 1962, 27 Sept. 1965.</td>
</tr>
</tbody>
</table>

Source: Honorary Medical Staff minutes unless otherwise stated.

### Corporate structures established by the medical staff to improve patient care.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date Established</th>
<th>Notes, References.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streptomycin sub-committee</td>
<td>1947</td>
<td>A group to advise on the use of a new antibiotic, at a time when doctors were unfamiliar with the use of antibiotics. 5 Nov. 1947.</td>
</tr>
<tr>
<td>Clinical Research Committee</td>
<td>1948</td>
<td>To stimulate clinical research and investigational work. 5 Mar. 1948.</td>
</tr>
<tr>
<td>Committee</td>
<td>Date Established</td>
<td>Notes, References</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fluid and Electrolytes Committee</td>
<td>1948</td>
<td>To study the fluid and chloride balance and other requirements of patients suffering from burns, and shock and allied conditions, and submit a scheme for routine treatment. This group and its successor, the Fluid Balance Sub-committee, were active for some years. They developed protocols which promoted a standard approach to the management of fluid and electrolyte problems. 12 Aug. 1948, 11 May 1949, 16 Feb. 1953, 12 Nov. 1956.</td>
</tr>
<tr>
<td>Nutrition Subcommittee</td>
<td>1948</td>
<td>To study the nutrition of patients in hospital. 3 Nov. 1948</td>
</tr>
<tr>
<td>Oxygen and resuscitation</td>
<td>1949</td>
<td>To review the equipment used for acute respiratory problems. 2 Feb. 1949</td>
</tr>
<tr>
<td>Cross Infection Standing Committee</td>
<td>1949</td>
<td>To monitor the occurrence of hospital infections and to advise on prevention. A quality assurance group. 8 Aug., 20 Dec 1949</td>
</tr>
<tr>
<td>Pink disease committee</td>
<td>1950</td>
<td>A team of physicians was formed to investigate the treatment of this baffling condition, particularly the effects of sodium chloride treatment. The physicians agreed to admit the cases under one physician. This was an example where the self-interests of the paediatricians were put aside to find a better way to treat a difficult condition. 24 Feb. 1950</td>
</tr>
<tr>
<td>Pharmacopoeia Committee</td>
<td>1950</td>
<td>To revise the hospital pharmacopoeia, the list of drugs used in the hospital, and to publish drug dosages and other useful information. This would have the effect of standardising the use of drugs and make the ordering and storage of drugs more efficient. 14 Apr. 1950</td>
</tr>
<tr>
<td>Medical records</td>
<td>1950</td>
<td>To improve the quality of the medical records. 26 July 1950</td>
</tr>
<tr>
<td>Medical Library</td>
<td>1952</td>
<td>To improve the quality of the information sources for the medical staff. 11 Aug. 1952</td>
</tr>
<tr>
<td>Tetanus Committee</td>
<td>1953</td>
<td>To draw up a protocol for the treatment of tetanus. Later a consultative group was established and cases were all admitted under the care of a physician member of the group. 16 Feb. 1953, 8 Feb., 10 May 1954.</td>
</tr>
<tr>
<td>Committee</td>
<td>Date Established</td>
<td>Notes, References</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cancer Survey—Tumour Study Group</td>
<td>1957/1961</td>
<td>Following a study of malignant disease in children admitted to the hospital from 1946 to 1956, and later to 1961, a Tumour Study Group was established, with a membership of physicians, surgeons and a radiotherapist. 12 May 1958, 6 Nov. 1961</td>
</tr>
<tr>
<td>Adolescent Clinic</td>
<td>1959</td>
<td>A small committee was asked to consider whether an adolescent outpatient clinic should be established 9 Feb. 1959.</td>
</tr>
<tr>
<td>Respiratory Insufficiency sub-committee</td>
<td>1961</td>
<td>This came from an amalgamation of the Inhalation Therapy Committee and a previous Respiratory Insufficiency Committee, and brought together physicians and anaesthetists, 7 Aug., 6 Nov. 1961.</td>
</tr>
</tbody>
</table>

Source: Honorary Medical Staff minutes unless otherwise stated.
APPENDIX THREE

Honorary physicians in RAHC

<table>
<thead>
<tr>
<th></th>
<th>Total Honorary Staff</th>
<th>Consulting Physicians</th>
<th>Physicians</th>
<th>Assistant physicians</th>
<th>Relieving and Temporary relieving physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>1939/40</td>
<td>65</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>1945/46</td>
<td>60</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>1950/51</td>
<td>90</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>1955/56</td>
<td>99</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>1960/61</td>
<td>115</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>1965/66</td>
<td>123</td>
<td>10</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: RAHC Annual Reports 1940 to 1966.
APPENDIX FOUR

The Oral Histories

The Interviewees

Fifty-four people were interviewed. They had been patients in RAHC, or in other hospitals in NSW, between 1945 and 1965 (with some latitude), or they were parents of those people. There were eight long interviews of people who were in RAHC. The interviews lasted one to three hours and were tape-recorded and transcribed. The other interviews were conducted over the telephone and lasted between 15 and 45 minutes. They were held largely to assess whether the subjects warranted a longer interview. However they produced useful information and opinions which were recorded in note form. Twelve of these patients were in RAHC; thirty-four were in other hospitals in NSW.

Those people who took part in the long interviews are identified by a pseudonym; the other interviewees have been given a code number. All the interviews took place from September and December 1999. The background of those interviewed is as follows

Long Interviews — RAHC Admissions

Interview 1. “William” was admitted in 1951 aged nine or ten with poliomyelitis with a paralysed right leg. He was in hospital for fourteen months, with thirteen months of that period in the Convalescent Home, Collaroy Beach. He eventually made a good functional recovery but now has the post-polio syndrome and is increasingly disabled.

Interview 2. “Peter” was in and out of hospital from when he was a baby until his congenital heart disease (Fallot’s tetralogy) was fully corrected, in 1963 when he was eleven years old.

Interview 3. “Beryl” was admitted in 1948, aged eleven, for an operation for hallux valgus (toe deformities). She was in hospital, in bed with plasters on her legs for one month.

Interview 4. “James” was admitted in 1938, aged four years, with tuberculosis of the spine. He was in hospital, with occasional periods at home, until he was ten. Much of the time was at the Convalescent Home, Collaroy Beach.

Interview 5. “Joan” was admitted aged three or four with rheumatoid arthritis, in about 1942. She was in hospital most of the time until she was about ten, again with much time spent at Collaroy. The disease has had many relapses throughout most of her life.

Interview 6. “Jill” had recurrent bouts of a severe intestinal infection, accompanied by debilitating fevers, which proved very difficult to diagnose and to treat. She was sick intermittently from the age of about seven to fourteen. She spent much time in private hospitals and was in RAHC when she was eight for about two months in 1948 or 1949.

Interview 7. “Angela” had congenital dislocations of both hips. At the age of one year she was admitted to RAHC. She was there for a year and then on and off for the next ten years. She also spent some time in Collaroy.
**Interview 8.** Mr and Mrs “Clark” were interviewed. Their son was admitted in 1960 for an operation on his heart. He was then aged three and was in hospital for three weeks.

**Telephone interviews**

<table>
<thead>
<tr>
<th>Interview no.</th>
<th>Sex and age of first admission</th>
<th>Year of first Admission</th>
<th>Duration of Admission</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>M 7 years</td>
<td>1938</td>
<td>several weeks</td>
<td>Diphtheria</td>
</tr>
<tr>
<td>10</td>
<td>F 2 years</td>
<td>1943</td>
<td>2 years</td>
<td>Dislocated hips</td>
</tr>
<tr>
<td>11</td>
<td>M 10 years</td>
<td>1952</td>
<td>2 days</td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td>12</td>
<td>M 7 years</td>
<td>1949</td>
<td>6-7 weeks</td>
<td>Acute nephritis</td>
</tr>
<tr>
<td>13</td>
<td>M 24 hours</td>
<td>1957</td>
<td>? days</td>
<td>Cerebral haemorrhage</td>
</tr>
<tr>
<td>14</td>
<td>F 3 years</td>
<td>1945</td>
<td>3 years</td>
<td>Dislocated hips</td>
</tr>
<tr>
<td>15</td>
<td>F 4 years</td>
<td>1950s</td>
<td>4 years</td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td>16</td>
<td>M 4 years</td>
<td>1949</td>
<td>1 day</td>
<td>Fractured nose</td>
</tr>
<tr>
<td>17</td>
<td>M 5 years</td>
<td>1954</td>
<td>Several weeks</td>
<td>Bowel obstruction</td>
</tr>
<tr>
<td>18</td>
<td>F 4 years</td>
<td>1949</td>
<td>3 days</td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td>19</td>
<td>M 18 months</td>
<td>?1957</td>
<td>Many admissions to 14 years</td>
<td>Nephrotic syndrome</td>
</tr>
<tr>
<td>20</td>
<td>F 9 months</td>
<td>1969</td>
<td>Many admissions</td>
<td>Congenital adrenal hyperplasia</td>
</tr>
</tbody>
</table>

**Admissions to Other Hospitals in NSW**

<table>
<thead>
<tr>
<th>Interview no.</th>
<th>Sex and age of first admission</th>
<th>Year of admission</th>
<th>Duration of admission</th>
<th>Diagnosis</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>F 11 years</td>
<td>1949</td>
<td>2 weeks</td>
<td>Appendicitis</td>
<td>RNH</td>
</tr>
<tr>
<td>22</td>
<td>F 1 year 9 years</td>
<td>1943 1952</td>
<td>3 days 2 weeks</td>
<td>Tonsillectomy Appendicitis</td>
<td>Maitland RF</td>
</tr>
<tr>
<td>23</td>
<td>F 10 years</td>
<td>1955</td>
<td>7 days</td>
<td>Tonsillectomy</td>
<td>Muswellbrook</td>
</tr>
<tr>
<td>24</td>
<td>F 3 years</td>
<td>1954</td>
<td>3 days</td>
<td>Tonsillectomy</td>
<td>NMMH</td>
</tr>
<tr>
<td>25</td>
<td>F 7 years</td>
<td>1964</td>
<td>2 days</td>
<td>Tooth extraction</td>
<td>Maitland</td>
</tr>
<tr>
<td>26</td>
<td>F 2 years</td>
<td>1951</td>
<td>Several admissions</td>
<td>Burns and skin grafts</td>
<td>RNH</td>
</tr>
<tr>
<td>27</td>
<td>F 10 years</td>
<td>1953</td>
<td>4 weeks</td>
<td>Diphtheria</td>
<td>PHH</td>
</tr>
<tr>
<td>28</td>
<td>F 10 years 11 years</td>
<td>1951 1952</td>
<td>weeks 12 days</td>
<td>Knee dysplasia</td>
<td>NMMH NMMH</td>
</tr>
<tr>
<td>29</td>
<td>F 5 years</td>
<td>?</td>
<td>6 months, RNH, 12 months private convalescent hospital</td>
<td>Rheumatic fever, chorea</td>
<td>RNH</td>
</tr>
<tr>
<td>30</td>
<td>F 5 years</td>
<td>1951</td>
<td>6 months</td>
<td>Rheumatic fever</td>
<td>RNH, then went to a hospital in Sydney</td>
</tr>
<tr>
<td>31</td>
<td>F 4 years</td>
<td>1948</td>
<td>6 months</td>
<td>Mastoid operations</td>
<td>RPAH</td>
</tr>
<tr>
<td>32</td>
<td>M 3 years</td>
<td>1952</td>
<td>6 weeks</td>
<td>Poliomyelitis</td>
<td>NMMH</td>
</tr>
<tr>
<td>33</td>
<td>F 5 years</td>
<td>1941</td>
<td>6 weeks</td>
<td>Head injury</td>
<td>NMMH</td>
</tr>
<tr>
<td>34</td>
<td>F 4 years</td>
<td>1955</td>
<td>5 days</td>
<td>Tonsillectomy</td>
<td>NMMH</td>
</tr>
<tr>
<td>35</td>
<td>M 10 years</td>
<td>1967</td>
<td>weeks</td>
<td>Cardiac surgery, Fallot’s tetralogy</td>
<td>RPAH</td>
</tr>
<tr>
<td>Interview no.</td>
<td>Sex and age of first admission</td>
<td>Year of admission</td>
<td>Duration of admission</td>
<td>Diagnosis</td>
<td>Hospital</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>36</td>
<td>F 5 years</td>
<td>1954</td>
<td>8 weeks</td>
<td>Hole in the heart—operation</td>
<td>RPAH</td>
</tr>
<tr>
<td>37</td>
<td>M 9 years</td>
<td>1949</td>
<td>months</td>
<td>Rheumatic fever</td>
<td>Canterbury</td>
</tr>
<tr>
<td>38</td>
<td>F 5 years</td>
<td>1943</td>
<td>6 weeks</td>
<td>Diphtheria</td>
<td>Waratah IDH</td>
</tr>
<tr>
<td>39</td>
<td>M 2 weeks (parent interviewee)</td>
<td>1951'</td>
<td>2 weeks</td>
<td>Pyloric stenosis</td>
<td>RPAH</td>
</tr>
<tr>
<td>40</td>
<td>F 5 years</td>
<td>1936</td>
<td>6 weeks</td>
<td>Scarlet fever</td>
<td>Coast Hospital</td>
</tr>
<tr>
<td>41</td>
<td>M 4 years</td>
<td>1964</td>
<td>1 day</td>
<td>Cut foot</td>
<td>Parramatta</td>
</tr>
<tr>
<td>42</td>
<td>F 2 years</td>
<td>1966, then in and out for 15 years</td>
<td>2 weeks</td>
<td>Nephrotic syndrome</td>
<td>NMMH</td>
</tr>
<tr>
<td>43</td>
<td>M 10 years</td>
<td>1942</td>
<td>2 months</td>
<td>Rheumatic fever</td>
<td>Taree</td>
</tr>
<tr>
<td>44</td>
<td>F 5 years</td>
<td>1953</td>
<td>3 days</td>
<td>Tonsillectomy</td>
<td>NMMH</td>
</tr>
<tr>
<td>45</td>
<td>F 5 years</td>
<td>1961</td>
<td>3 days</td>
<td>Adenoidectomy</td>
<td>RNH</td>
</tr>
<tr>
<td>46</td>
<td>M 5 years</td>
<td>1958</td>
<td>3 days</td>
<td>Tonsillectomy</td>
<td>RNH</td>
</tr>
<tr>
<td>47</td>
<td>F 3 years</td>
<td>1953</td>
<td>2 days</td>
<td>Tonsillectomy</td>
<td>Ryde</td>
</tr>
<tr>
<td>48</td>
<td>F 6 years 8 years</td>
<td>1942 1944</td>
<td>weeks 1 day</td>
<td>Peritonitis Tonsillectomy</td>
<td>RNH</td>
</tr>
<tr>
<td>49</td>
<td>F 3 years</td>
<td>1944</td>
<td>3 weeks</td>
<td>Appendicitis</td>
<td>RNH</td>
</tr>
<tr>
<td>50</td>
<td>F 5 years</td>
<td>1960, 1966, 1968</td>
<td>3 months 1 year weeks</td>
<td>Post-polio surgery</td>
<td>RNH</td>
</tr>
<tr>
<td>51</td>
<td>F 3 years</td>
<td>1954</td>
<td>2 days</td>
<td>Tonsillectomy</td>
<td>RNH</td>
</tr>
<tr>
<td>52</td>
<td>M 9 years</td>
<td>1946</td>
<td>1 week</td>
<td>Mastoid operation</td>
<td>RNH</td>
</tr>
<tr>
<td>53</td>
<td>F 6 years</td>
<td>1963</td>
<td>1 month</td>
<td>Osteomyelitis</td>
<td>Liverpool General Hospital</td>
</tr>
<tr>
<td>54</td>
<td>F Birth to 21 years</td>
<td>1943</td>
<td>Many admissions of weeks and months</td>
<td>Osteomyelitis of the hip</td>
<td>Rose Bay Private Hospital, and in Melbourne</td>
</tr>
</tbody>
</table>

NMMH—Newcastle Mater Misericordiae Hospital
PHH—Prince Henry Hospital, Sydney
RF—Rachel Forster Hospital
RNH—Royal Newcastle Hospital
RPAH—Royal Prince Alfred Hospital
Waratah IDH—Waratah Infectious Diseases Hospital, a branch of Royal Newcastle Hospital
APPENDIX FIVE

Oral history recruitment document a.

Going to Hospital Project — invitation to participate

Going to Hospital Project

Contents

Fill in the Form

Links

- New Children's Hospital, Westmead
- The Center for Hospital and Healthcare Administration History

The Project

Thank you for your interest in the Going to Hospital Project. This historical project involves interviewing people about going to hospital as children in the 1950s and 1960s. We are particularly interested in the memories of those admitted to the Royal Alexandra Hospital for Children, Camperdown during this period. But we are also interested in other memories of the hospital experience.

How To Be Involved

If you would like to be involved, please fill in the online form. This form will be sent to Dr Hilary Carey who will forward it to Dr Robert Evans at the University of Newcastle. We will be in touch with you soon.

Researchers

Dr Hilary Carey is a Senior Lecturer in History at the University of Newcastle and Dr Robert Evans is a retired paediatrician currently completing a Ph.D. thesis on the history of paediatrics in New South Wales.

Human Research Ethics Clearance

This project has received Human Research Ethics Clearance by the University of Newcastle who will monitor this project. This means that we have undertaken to take scrupulous care in the use of any information you give us. We will not use your names in any publication which arises from this research and we will make sure than you are kept informed about the progress of the research. We may wish to tape an interview with you but will follow guidelines on the use of tapes, including appropriate archiving at the end of the project and giving you the opportunity to review, edit, or erase the recording at any stage of the interview.

"When I woke up I was covered in blood. I was left alone and my mother couldn't visit. I cried and cried and all the time she was just outside the ward."
APPENDIX FIVE

Oral history recruitment document b.

Media release

First Historical Study of Childhood Hospital Experiences

For many people a childhood admission to hospital is one of their most vivid memories, regardless of whether the experience was good or bad, or for a minor or major illness.

Researchers at the University of Newcastle are currently interviewing people about their hospital experiences. Dr Robert Evans, a retired paediatrician, is undertaking this work under the supervision of history lecturer, Dr Hilary Carey as part of his Ph.D. thesis on the history of paediatrics in Australia.

"We want to interview people who went to hospital as children in the 1950s and 60s," Dr Carey said.

"It does not matter if you only went into hospital for a minor procedure, such as having your tonsils out. In fact, we are finding that it is easier to locate people who had major episodes of hospitalisation than those for whom hospital was just a brief affair."

The major focus of the study will be people who were admitted to the Royal Alexandra Hospital for Children, Camperdown from 1945 to 1965, but Drs Roberts and Carey would also like to hear from those admitted to the children's wards of general hospitals in NSW.

"We would also like to speak with parents. So far we have interviewed only a handful of people for the project, but we hope to speak with 20 to 30 overall," Dr. Carey said.

Interviews will be conducted by Dr Evans who is familiar with child patients and their parents. Because the project is subject to strict ethics procedural guidelines, all interviews will be confidential and individuals will not be identified in later publications.

"As far as we know, this will be the first historical study of hospitalisation which makes use of patient interviews," Dr. Carey said.

"And of course we will make sure that interviewees are kept informed about the progress of the project."

Anyone interested in participating, please contact Dr. Hilary Carey, Dept. of History, on (02) 4921-5209 or email: hihmc@cc.newcastle.edu.au

For further media enquiries contact Rebecca Monk of The University of Newcastle Marketing & Media Services on (02) 49 21656.
APPENDIX FIVE

Oral history recruitment document c.

Information and permission form for the Going to Hospital Project

The University
of Newcastle
Australia

History Department

RESEARCH STUDY
A study directed towards a Research PhD degree.

Supervisor  Hilary Carey  B.A.  D.Phil. Senior lecturer  02 49215209
Research Student  Robert Evans  M.B.  B.S.  FRACP.  02 49292837

Information and consent statements.

My name is Robert Evans and I have worked in the Hunter Area Health Service and its predecessors as a Staff Specialist Paediatrician since 1964, firstly in hospitals, more recently in community paediatrics. The purpose of the research is to describe how the specialty of paediatrics developed in Newcastle and NSW, and why it developed in the way that it did, in comparison to other centres in Australia. It will attempt to evaluate the various factors which influenced this development.

Part of the information needed for the research will be obtained from the records of relevant organisations; part will be obtained from interviews with health professionals and administrators who were involved in child health services in the period. Interviews will be organised by appointment, at a place to be negotiated with the interviewee, and will last 1-2 hours. The procedure for the interview will be discussed beforehand. With permission, interviews will be conducted with the assistance of a tape recorder. The interview may be terminated by the interviewee, at any time, without question. A summary of the information obtained from the interview, and a copy of the tape, will be provided to the interviewee for confirmation regarding its accuracy, or for amendment, or for a veto on its use. Tapes will be erased if wished. The interviewee may wish to retain copyright of the tape recording, or may wish to assign the copyright to the researcher. The agreed arrangement will be documented on a form provided by the Oral History Association of Australia.

The material derived from the research will be retained by the researcher for the statutory 5 years. The preferred disposal of the material will be to the archives of the Auchmuty Library of the University of Newcastle where it will be of use to future researchers. Written instructions on the disposal of the information will be obtained from the interviewee.

The University requires that all participants are informed that if they have any complaint concerning the manner in which a research study is conducted it may be given to the researcher or if an independent person is preferred, to the University Human Research Ethics Officer, Chancellery, University of Newcastle 2308, telephone 02 49216333.

Consent

I agree to participate in the study, the History of Paediatrics in Newcastle and NSW 1945-1965, and give my consent freely. I understand that the study will be carried out as described in the information statement, a copy of which I have retained. I realise that I can withdraw from the study at any time and do not have to give any reason for withdrawing. I have had all questions answered to my satisfaction.

Signature

Date.
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