

REGIONAL HISTORY PROJECT

(1) **TAPED INTERVIEW**

Interview with Sr. M. Barnabas, Newcastle Misericordiae Hospital, Waratah. 'The End of an Era - Paediatric Care at the Newcastle Mater Hospital'.

(2) **TRANSCRIPT**

(3) **SUMMARY**

(4) **RESEARCH PAPER**

'Origins of the Mater Hospital at Waratah and William Longworth, major benefactor of the Children's Hospital'.

ELAINE PERRY

Open Foundation - History
Thursday, 10.00am

28 September, 1989

UNIVERSITY OF NEWCASTLE

OPEN FOUNDATION COURSE

1989

I, A. M. Banabas give my
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Signed A. M. Banabas

Date 11th August 1989

Interviewer Elaine Perry

This is Elaine Perry interviewing Sr. Mary Barnabas at the Newcastle Mater Misericordiae Hospital on the 11 August 1989, concerning the end of an era of Paediatric Care at the Mater Hospital.

EP What is your full name?

MB Sr. Mary Barnabas Gardiner.

EP When were you born?

MB In 1934.

EP Were you born in this area?

MB No, I wasn't.

EP Where were you born?

MB I was born in Quirindi.

EP Did your family come from this area?

MB No.

EP How long have you been associated with the Mater Hospital?

MB I started my training in 1952. I left after a year and came back after I had been in the convent for three years when I had finished my training to be a Sister and I came back in 1956 and I have been here ever since.

EP Why did you choose Paediatric Nursing?

MB I liked every area of nursing but after I had time in the Children's Ward I really enjoyed it, I don't know, I just loved it.

EP You belong to the Order of the Sisters of Mercy who were instrumental in setting up the Hospital. How many Sisters are involved in the Hospital today?

MB We have twenty-two living in the Convent and of the twenty-two, we have probably four who are retired, so there is probably about eighteen still involved in the Hospital in one way or another.

EP Eighteen?

MB Eighteen still involved.

EP How do you feel about the decrease in religious sisters who are working at the Mater?

MB That's a hard one. I have mixed feelings about it. I think that God must want this to happen. We have some very good people who are carrying on the Mercy tradition, so that whilst ever that is happening it

doesn't matter whether they are religious or not they will continue the good work that has been started.

EP I imagine that all the Sisters have many memories of the past of the Hospital here.

MB Yes, they have, especially the older ones who can remember. Well we only have one of the original band alive, but really she started six months after the others but her memory has completely gone and so all those lovely memories are lost.

EP Sad, so let us hope that you carry some of those lovely memories on into the future.

EP Can you tell me when the Mater Hospital was established?
MB 1921.

EP Why was Waratah chosen as the site?

MB I know this sounds absolutely corny but it was chosen because at that stage of the game our Superior at Singleton was looking around to establish a Hospital here somewhere in Newcastle and she was actually on the train going from Branxton, I think it was, to Newcastle and there happened to be a priest on the same train and he asked her something about the foundation of the Hospital. He looked out the window and he said "there would be a place to start your Hospital". It was 'Enmore Hall' and it was up for sale. It was actually chosen from the train. That is true. If you read the old Annals you will find that.

EP When was the Children's section established?

MB The Children's section was built 61 years ago, in 1928 round about then. A Mr Longworth, a very good man apparently wanted to start a Children's unit and he actually donated the money and the Longworth Block was donated with his money and that was the foundation of the Children's Ward.

EP What is the age of patients who are cared for in the Paediatric Section?

MB Well here at our Hospital they are from naught to fifteen, sixteen, seventeen. Really I guess nought to fifteen and the rest would be adolescence but we haven't got an adolescent unit here in Newcastle at all.

EP The Mater Hospital has been the major referral centre for Paediatrics in the Hunter Region. Do you feel it is an end of an era now for the Mater that the fact in 1991 that all Paediatrics will be moved over to the new Rankin Park Hospital?

- MB As far as Paediatrics are concerned, yes, it will be the end of an era. I must admit that having spent so much of my life in Paediatrics I am going to find that extremely difficult. I only relinquished the role of Paediatric Nursing Unit Manager at the beginning of this year and I still have problems walking into the Unit. I think I must admit that I left my heart in there and I feel that the day that we hand over Paediatrics..... . I am pleased for Paediatrics and I'm not for one minute saying that we should stand in the way of progress. I think that our Unit has outgrown itself. We are now trying to cope with something that was never envisaged when we first built it. We are now almost expecting too much of staff in the area itself and therefore this concept of building a new unit especially dedicated to Paediatrics is terrific but it is going to be a sad day for me. I must admit that personally I will feel very sad to see Paediatrics go but that is the way.
- EP I can understand your feelings on that. Would that be the same for the rest of the other staff who are down there?
- MB The staff who are down there will probably go with the unit.
- EP Yes, but you will stay here being a religious?
- MB Well I am no longer in charge of the Unit. I am now the Assistant Director of Nursing for the whole place except for Paediatrics.
- EP What do you think are the major reasons for transfer to Rankin Park?
- Well quite obviously one of the reasons was to put Obstetrics and Paediatrics together and we didn't have the space, well we would have had to build number one. I think one of the reasons that the Obstetric Unit had to be moved out was because of our Catholic stance on some of the things that we won't let happen as far as Obstetrics is concerned and therefore it would automatically follow that if Obstetrics went Paediatrics would go. One goes hand in hand with the other.
- EP What do you think is the feeling of the community of Newcastle regarding the loss of the Mater because so many people?
- MB I think for a lot of people that it hasn't hit yet that that was what was happening. It was only in the last few years that they started to talk about the Haematology Children and the parents were saying "surely that is not going to happen, that will be the end of it" and I was saying "yes it was, that was the way it was to be". But I think hopefully we will hand over a unit that is well worked and well motivated and that people who work it well motivated, and therefore

what we have started here will be a seed that is planted that will continue to be carried on, hopefully.

EP I hope so.

EP Well going back into the past even though we have been looking into the future of Rankin Park, Newcastle had a comparatively high rate of infant mortality since the 1890s. Could you suggest why this would be so?

MB Since the 1890s?

EP Yes. In the early days.

MB I would say that that would be universal, not only in Newcastle but because of the fact that children died as late as in the thirties and the forties I would say from infectious diseases and in my time even in the fifties and sixties people still died of gastroenteritis.

EP That would be one of the main diseases?

MB Gastro and the other thing would be measles. We look on measles as a childhood complaint but measles can have a fairly high mortality. I would think that the other thing too in the 1890s probably our water supplies were not quite as good as they are now.

EP Yes, I have read that. A Dr Robert Dick in the 1900s, in talking about the improper feeding of babies, said that cow's milk was adulterated with the impure water.

MB Yes. I guess, this is my training coming out, but cow's milk to me for a young baby is taboo because cow's milk is meant for calves and is not meant for young babies. It has to be treated for them to absorb it. In this day and age we have very good methods of giving baby food.

EP Do you think mothers still prefer to feed the babies with cow's milk then to breastfeeding?

MB No. Cow's milk of itself, is practically gone out, very few mothers would treat it with cow's milk, they would treat it with some sort of formulae. They would feed it, I should say. But I think there has been a swing back to breastfeeding, I'm sure there has been a swing back to breastfeeding. We advocate very strongly here that mothers should try and breastfeed as long as they can but of course what happens outside once they go home. People in this day and age have got to work, quite often both parents and it is not terribly convenient trying to breastfeed a baby and work at the same time. I think these are the things we have to look at. We can advocate that they breastfeed but I think we have to be very careful to make them feel guilty about it if they don't.

EP Expressing milk in the workforce is very difficult!

MB It is very, you would have to know what expressing milk is like.

EP I was wondering what would be the main causes of admissions to the Paediatrics Centre today?

MB I would say, as in the past, chest infections, asthma and very high temperatures of unknown origin, usually it is caused by a virus or something. They are the ones, they present, they present with a febrile convulsion usually, they are the ones that come in the most.

EP What about cancer in children? Will they continue to be treated at the Mater?

MB What is happening with the cancer children. They will be treated here sure. We send our children to Sydney, to Randwick to the Prince of Wales Hospital to be assessed and to be brought back with a programme worked out because of the fact that they are seeing a greater number of children in that area. For us to have a Paediatric Oncologist here at the Mater, that man would not have enough to do and I hope he never has enough to do. What I am saying is that there is not enough work to keep a man fully employed looking after paediatric oncology here at the Mater. In Sydney where they brought them from Canberra, Wollongong and all around, yes. So we send them down, they work out the programme for their treatment and they usually give them the radiotherapy there. We do, on a couple of occasions give them radiotherapy here but it is usually done down there and then when they come back to us, we give them chemotherapy under their instruction, which works very well and I could foresee that this will continue at the new Rankin Park Hospital. I could foresee that may be in the future, our radiotherapy facilities will be used more. They have started to use them but not as much probably as we envisaged in the first place but they would in time do it.

EP What is the purpose of the Paediatric Clinic which is in the Hospital grounds and will that stay?

MB No, that won't stay, it will transfer to Rankin Park. The purpose of that Clinic is to see children as Outpatients and we have things like the immunisation clinic, babies being immunised on Tuesdays, a general paediatric clinic where people can go along and see a specialist and be followed up by him. We have a haematology/oncology clinic that is to deal with cancer children and people come from Sydney once a month for that. We have a Cardiology Clinic, people from Sydney again. All those specialist fields are there and that takes up the whole 38 hours of the week. We also have Sr. Marie Amey over there who conducts a

Enuresis Clinic, that is for bed wetting children. She does a very good job with them.

EP They will all move over to Rankin Park?

MB Yes.

EP With the staffing of the Paediatrics, the medical profession has become more specialised. When were Paediatricians first employed by the Mater Hospital?

MB The first Paediatrician employed in the region, first of all he was at Wallsend and then he was on our staff. He was a Dr. Muller, it was just after the War, I can't recall the actual date. I think he was in the war and when he came. In was in 1945,46, 47 or round about then. For a quite awhile and even in the days when I was in training, the adult ,what we call the adult physician and surgeons still cared for the children. Gradually the number of Paediatricians built up in such a way now that from about when I took charge of the Youth Unit in 1971 and at that stage of the game, I would think we would never have seen any other but a Paediatrician in the Ward. We still saw the general surgeons but it was about four or five years later that paediatric surgeons came on line and most of the work now is done by the Paediatricians/ Paediatric surgeons.

EP Are the nursing staff specially trained in the paediatric area?

MB Yes, people who got paediatric certificates or who trained at Paediatric hospitals for example, Camperdown, general training oriented towards paediatrics, and I did six and one half months to get my paediatric certificate at Camperdown, as did several other. So yes, they are specially trained.

EP What benefits have been derived by the Mater from their association with the Medical faculty of the University?

MB Well I think it has brought people with a greater knowledge to the region, with a greater in depth knowledge of Paediatrics and special areas in Paediatrics. That sounds funny but, for example we have Professor Bolton with his dealings with epidemiology and Dr Henry with his dealings with asthma. That is a speciality within a speciality. I think the fact that we have registrars and residents and a lot more educational input, yes it has been beneficial all round.

EP Would research be carried out in paediatrics all the time?

MB Well there are research projects going on. Not in the actual ward but out in the community I would say.

EP Funding for health is a constant theme in the media.

MB You are dead right.

EP Is sufficient money allocated to the health of children of our region?

MB I think not I think all things you would like to see done for children, I think that it would almost be impossible to fund all the things. I think we need more social workers to work with children. The adolescent unit, I think that is a crying need in the Hunter. I think we need to do more work with families who are having problems. If you could somehow help the families we could probably solve a lot of the other problems.

EP Do you think funding is more difficult today or has it been more of a struggle in the past?

MB Well I read back through out notes, and I think we had problems, money has always been a problem, it is no worse than it was many years ago except that we now deal with a greater amount of it in proportion.

EP So when you look back over your past involvement with the Mater, what have been the most significant changes?

MB We have had a lot of changes. We have gone from being a district referral hospital to being a teaching hospital. We play a very major role in the Hunter now as far as cancer is concerned with Oncology Services. I think that is good because even though we are losing the Paediatric/Obstetrics, I think they are going to fill that void. I think that is good because we are reaching out to people who are very much in need and that is an area of great need at the moment. We have gone from having a hospital based nursing training to having training that is over in the Institute of Higher Education, where the student herself/himself have to pay. We have more male nurses than ever around the place. I think all these things are good. I think as long as we are getting quality care, that is the main thing.

EP A lot of the nurses seem to be under the strain that they must continue their education. I think a lot of the women are feeling the strain of working as nurses, studying as well as keeping their family.

MB Well, I can speak from personal experience. I am in the middle of doing a degree at the moment and I have got fifteen more months to go and it is not easy. You put in a very full day. My day finishes at five and I start at seven and I don't have all that much time to study during week days. I am in the middle of a huge assignment at the moment which is due next Monday and I know, I am doing it, therefore I can empathize with the nursing staff who are doing it but it is the only way. We can't afford to stand still, we must be educated. If we are professional people we must keep abreast with the times, that is how I feel about it And I think that anyone who is doing

further study is doing the same thing. It definitely isn't for a higher rate of pay because I don't get paid.

EP I have heard that from some of the nursing staff that they do all this extra study but it doesn't mean to say that they get paid more. Is that a problem of the health dollar again?

MB I think that no, it doesn't worry me because I don't get paid, but I think the award structures at present don't allow, don't get recognition for their diplomas and degrees to a certain percent. But I am not sure if there is much difference between the award you get for a diploma and for a degree and there is a big difference in the work you do.

EP So with all these changes you are still struggling to increase your knowledge of the medical world?

MB Of the nursing world, yes.

EP The main role for the Mater in the future?

MB Our main role in the the future is going to be... We are going to be a teaching hospital still and we will have medicine and surgery as we have now. We will have the coronary care unit, we will have an intensive care unit. We will still be doing quite a bit of surgery and we will have our radiotherapy, our oncology services. Hopefully, we will have a hospice; we are looking forward to having a hospice. We will have our breast screening programme that we have in progress at the moment. Occupational health and God alone knows what is going to be next. It is evolving. I think anything to do with medicine; it is an evolving profession. It is an evolving discipline, not profession.

EP So that even though it is an end of an era for Obstetrics/Paediatrics, the Mater will still continue on.

MB Yes.

EP Thank you and all the very best.

SUMMARY OF TAPE

**Interview with Sr M Barnabas Gardiner,
Assistant Director of Nursing,
Newcastle Mater Misericordiae Hospital,
on
11 August 1989.**

Sr. Mary Barnabas Gardiner was born in Quirindi in 1934 and is currently Assistant Director of Nursing at the Newcastle Mater Misericordiae Hospital. She assumed this role following 17 years as Nursing Unit Manager of the Paediatrics Unit. She commenced her nursing training at the Mater Hospital in 1952 and returned to the Hospital in 1956 following completion of her training as a sister with the Sisters of Mercy. She has dedicated most of her life to the nursing of sick children.

The Mater Hospital was established in 1921 by the Singleton-based, Sisters of Mercy. "Enmore Hall" formed the nucleus of the Hospital. The Childrens section known as the Longworth Block was established in 1928 as a result of a donation by Mr Longworth of Karuah.

The Mater Hospital is the major referral centre for Paediatrics in the Hunter Region. However, in 1991 the Paediatrics Unit will be transferred to the new Rankin Park Hospital and this will represent the end of an era for the Mater Hospital. One of the main reasons for closing the Paediatrics Unit is the lack of space and the need to expand this Unit. Another reason Sr. Barnabas suggested was that Paediatrics and Obstetrics units are normally situated together and as the Obstetrics section is being transferred to Rankin Park, Paediatrics must automatically follow. Further, the transfer of Obstetrics to Rankin Park arose because the Mater, does not allow certain procedures to be carried out in the Obstetrics Unit, because it is a Catholic Hospital.

The transferral of Paediatrics to Rankin Park will represent the end of an era also for Sr. Barnabas as she relinquished her role as Paediatrics Unit Manager at the beginning of the year and will not be transferring to Rankin Park with the majority of present staff. Her sense of loss is evident as she

says that she has left her heart in the Paediatrics Unit and that it will be a very sad day for her when the Unit moves.

Sr Barnabas suggested that gastroenteritis would be the main cause for the comparatively high rate of infant mortality in Newcastle and elsewhere since the 1890s. She said measles also has had a fairly high mortality rate. She suggested that in the 1890s water supplies in Newcastle were substandard and represented a health risk. Improper feeding of babies with cow's milk that had been adulterated with impure water had also been a problem.

The main reasons for admission to the Paediatric Unit today are chest infections, asthma and very high temperatures of unknown origin, usually caused by a virus. Children with cancer are sent to the Prince of Wales Hospital at Randwick to be assessed whilst chemotherapy is given under their instruction at the Mater. The role of the Paediatric Clinic at the Mater is to see outpatients in such areas as haematology/oncology, cardiology, and enuresis.

Paediatrics is a specialised area and all staff receive special training to work with children. The first paediatrician at the Mater was a Dr. Muller who was employed in the late 1940s. The Mater Hospital and the Region have benefited from their association with the Medical Faculty of the Newcastle University. Sr. Barnabas commented that medical staff with expertise in Paediatrics have been attracted to the Hunter Region. Research projects concerning children are community-based.

Funding for health has always been a problem and there is a need for more money to be spent on health care for children. Sr. Barnabas thinks that

more social workers are required to work with children and their families. Also there is a demonstrated need for the establishment of an adolescent unit.

The most significant change that has occurred at the Mater is the change from being a district referral hospital to being a teaching hospital. Sr. Barnabas said "the Mater plays a major role in the Region with its Oncology Service". Instead of hospital-based nursing training, nurses are trained at the Institute of Higher Education. A higher proportion of male nurses on the staff is a noticeable trend at the Hospital over recent years. More nurses are undertaking degree courses in nursing and administration.

Although the Paediatrics and Obstetrics units will be moving to the Rankin Park Hospital Sr. Barnabas indicated that the main roles for the Mater in the future will be coronary care, intensive care, surgery, radiotherapy, oncology services, and breast screening services. She looks forward to the establishment of a hospice at the Mater. Even though it is the end of an era for the nursing of sick children at the Mater Hospital, it is also the end of an era for Sr. Barnabas in her care and love of the Hunter's sick children.

RESEARCH PAPER

**ORIGINS OF THE MATER HOSPITAL AT WARATAH
AND
WILLIAM LONGWORTH, MAJOR BENEFACTOR OF THE CHILDREN'S
HOSPITAL**

At the beginning of the 20th century Newcastle suffered a severe pollution problem. Black smoke rose from small factory smoke stacks, the funnels of locomotives, trams, ships, and house chimneys. As the city lacked a sewerage system nightsoil was buried in the backyard and there was a persistent aroma of human waste. Domestic piped water, where it was available, was still a novelty for residents.¹

Living conditions were harsh and the children poorly-nourished. The 1901 census indicated that four residents in ten lived in houses with four rooms or less. Houses were typically small, crowded, and lacking in such basic amenities as bathrooms. The usual pattern for the homeless unemployed was to occupy an area of Crown or other public land and to erect some kind of dwelling on it. The shacks or humpies were made of any material available: canvas, corn bags, kerosene tins, old timber or freshly cut bush logs, old tramcars, cabins of disused cranes, large pipes or tanks.²

In 1901 nearly two residents in five were under fifteen years of age. The large number of children were the result of a high birthrate. Between 1898 and 1902, 30 per cent of all local deaths were of children less than one year old, and the average infant mortality rate was 143 per 1,000 live births or nearly as great as the Aborigines in the Northern Territory in the mid-1960s. Those children fortunate not to die young grew up in a place where food, as well as work, was usually in short supply. A study carried out by the education authorities in 1907 found that the local youth were 'rather

¹ J.C. Docherty, Newcastle. The Making of an Australian City, Sydney, 1983, p.21.

² Sheilah Gray, Newcastle in the Great Depression, Newcastle, 1989, p.17.

under the average height; girls of fair height; but children of both sexes below normal weight in all age groups'.³

Before 1930, between a fifth and a third of Newcastle's infant deaths were the result of preventable gastro-enteric diseases whose prevalence may be linked to three interconnected factors: poverty, bad living conditions, and the value system of a predominantly working-class community. Doctor Robert Dick blamed much of the high infant death rate on improper feeding of babies, in particular on the widespread practice of feeding cows' milk rather than human milk. Cows' milk was usually adulterated with water which lowered its nutritional value, and introduced the possibility of infection from impure water supplies.⁴

Large numbers of infant deaths in Newcastle in 1908 and 1909, provoked residents of Hamilton to press for the establishment of a children's hospital. The proposal failed because no money was available. Dr Dick advocated the appointment of a district nurse to educate the poor in child care. But it was not until July 1914 that the McGowen Labor government set up a baby clinic in Newcastle. It was discovered that more than a third of infants examined during the clinic's first six months were either entirely or partly artificially fed and there was a high usage of dubious 'soothing' syrups by mothers.⁵

In the 1920s the need for a hospital in the Waratah area was obvious following the opening of the BHP Steelworks at Waratah in 1913, Commonwealth Steel in 1917, Rylands Bros (Australia) in 1921, and Lysaghts

³ Docherty, Newcastle...p.22.

⁴ Ibid, p.118.

⁵ Ibid, p.118

in 1921. These industries were responsible for dangerous working conditions, shift work, and noise all leading to decrease in the health of its workers.⁶ Waratah was host to some of the cities most noxious activities - soap and candle factory, pottery works, brickworks, copper smelting plant and abattoirs. The workforce lived within walking distance of their employment and the population was expanding rapidly.⁷ With the coming of industry the better-off moved out and their places were quickly taken by a host of industrial workers. The little enclave of 630 people in 1911 had, by 1921 become a bustling industrial centre of nearly 9,000 inhabitants.⁸

The Catholic Church was well aware of the tragedy of poverty and unemployment in Newcastle in the 1920s and was compassionate towards those who suffered. The Church carried out an extensive welfare and building programme right through the difficult 1920s and through the Depression years. These building activities were part of the Bishop P.V. Dwyer's plan when he became the Bishop of Maitland, of which Newcastle was part of. Members of religious orders and lay people looked after the disadvantaged and the sick.⁹

The Bishop's plans to establish a hospital in Newcastle came to fruition in 1921 when "Enmore Hall" was purchased by Mother Mary Magdalen of the Sisters of Mercy at Singleton. The 5 3/4 acre site was pointed out by a priest who was travelling with two nuns by train from Singleton earlier that year. "There's a place for your hospital" he said pointing to a large residence on the hill at Waratah. The property had passed through the stage of being a

⁶Docherty, Newcastle... p.36.

⁷ Ibid, p.107.

⁸ Ibid, p.110.

⁹Gray, Newcastle, p.62.

school, a residence, a group of flats before being converted to a hospital.¹⁰
 In 1921 the first patients were admitted to the 34 bed Hospital.¹¹

The first important expansion of the Hospital was the building of a children's ward. This building was made possible following a generous gift of 15000 pounds from Mr W Longworth. The Longworth Block was built and equipped in 1927 and comprised two wards, several rooms for acutely sick children, and wide verandahs.¹²

Funding for major works like Hospitals has always been difficult. Governments have, as a rule, spent money on Newcastle only in order to assist industry. These conditions have bred a strong tradition of self-help in the city which has given rise to a justifiable pride in hard-won achievements.¹³ As no financial aid was received by the Hospital from the Government until 1935, public appeals were made to commence building of a modern hospital. A Men's Auxiliary was formed and in 1927 the Mater Hospital Ladies' Auxiliary came into being. As well as sewing and mending of all Hospital linen, the Ladies Auxiliary, which had branches in Singleton and Stockton, raised money to equip wards and to aid the building fund. Other fund raising committees are the Mater Ball Committee and Mater Fete Committee. Donations have been received from the industrial companies in Waratah and Newcastle area.¹⁴

Benefactors have played an important role in providing funds for the health of the Newcastle people. Mr William Longworth was a well known

¹⁰ Newcastle Morning Herald, 4.6.55.

¹¹ Footprints of Mercy

¹² Ibid

¹³ Docherty, Newcastle..., p. 164.

¹⁴ Significant Events, p.4.

benefactor in the Newcastle area. In one year he gave 17000 pound to 17 hospitals, while he extended these benefactions by upwards of 50,000 pounds. He was also the most generous benefactor of both the Mater Hospital and the Royal Newcastle Hospital and presented an historic building in Newcastle, now known the Longworth Institute to the Australian Society of Patriots. He performed many deeds of kindness to alleviate the sufferings of the poor and needy.¹⁵

William Longworth rose from being a working boy in the pits at Rix's Creek, near Singleton to that of a mine-manager and industrial entrepreneur. With his brother Thomas and three other partners they reopened the Great Cobar Copper mine in 1894 and after thirteen years sold the mine for approximately \$1,000,000. Leaving Cobar, the brothers commenced the woollen mills at Marrickville known as the Australian Woollen Mills. In 1907 he moved back to Karuah where he had many business interests as well as helping many institutions and charities in the Newcastle area. All his efforts were directed in endeavouring to make easier the lot of the class with which he was most associated when a young man.¹⁶

The Longworth Block is now in a state of advanced decay and is considered structurally unsound. Therefore it is likely to be replaced within the next decade. The Paediatric Unit will be transferred to the John Hunter Hospital, Rankin Park in 1991 marking the end of an era of Paediatric care at the Mater Hospital.

¹⁵ Newcastle Morning Herald, 6.12. 1928.

¹⁶ Ibid.

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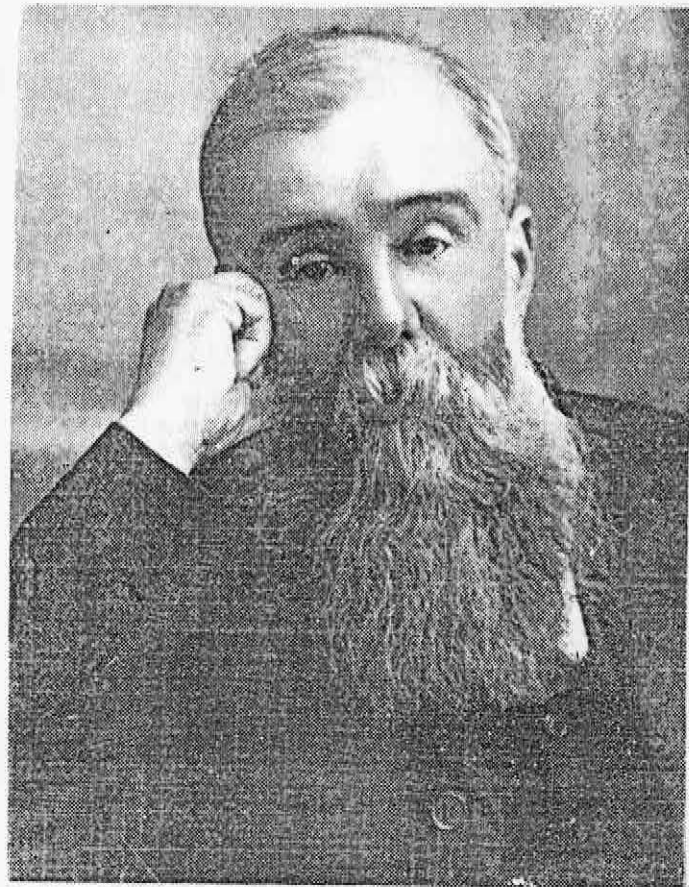
Newcastle Mater Misericordiae Hospital, Significant Events 1921-1981.

Newspapers

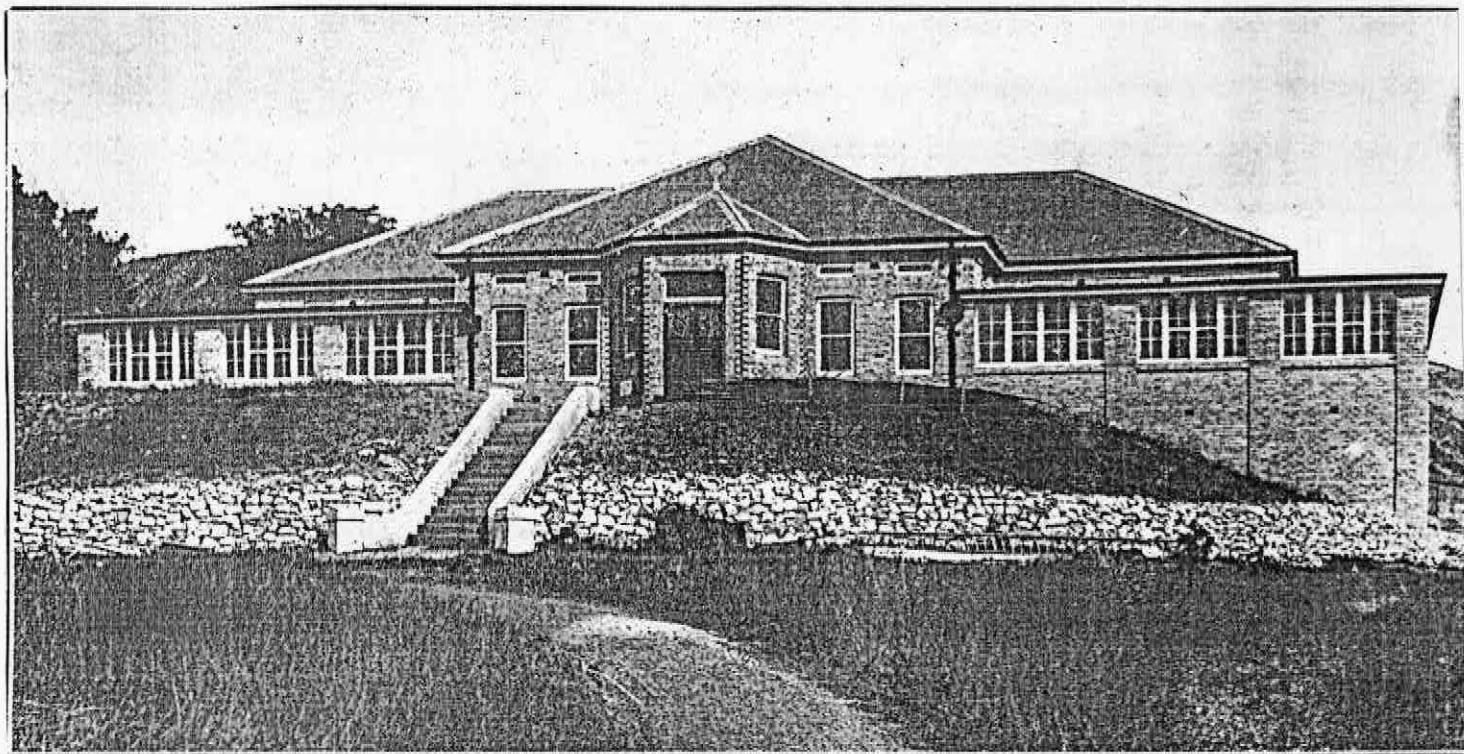
The Newcastle Morning Herald, 4.6.55, 6.12.28



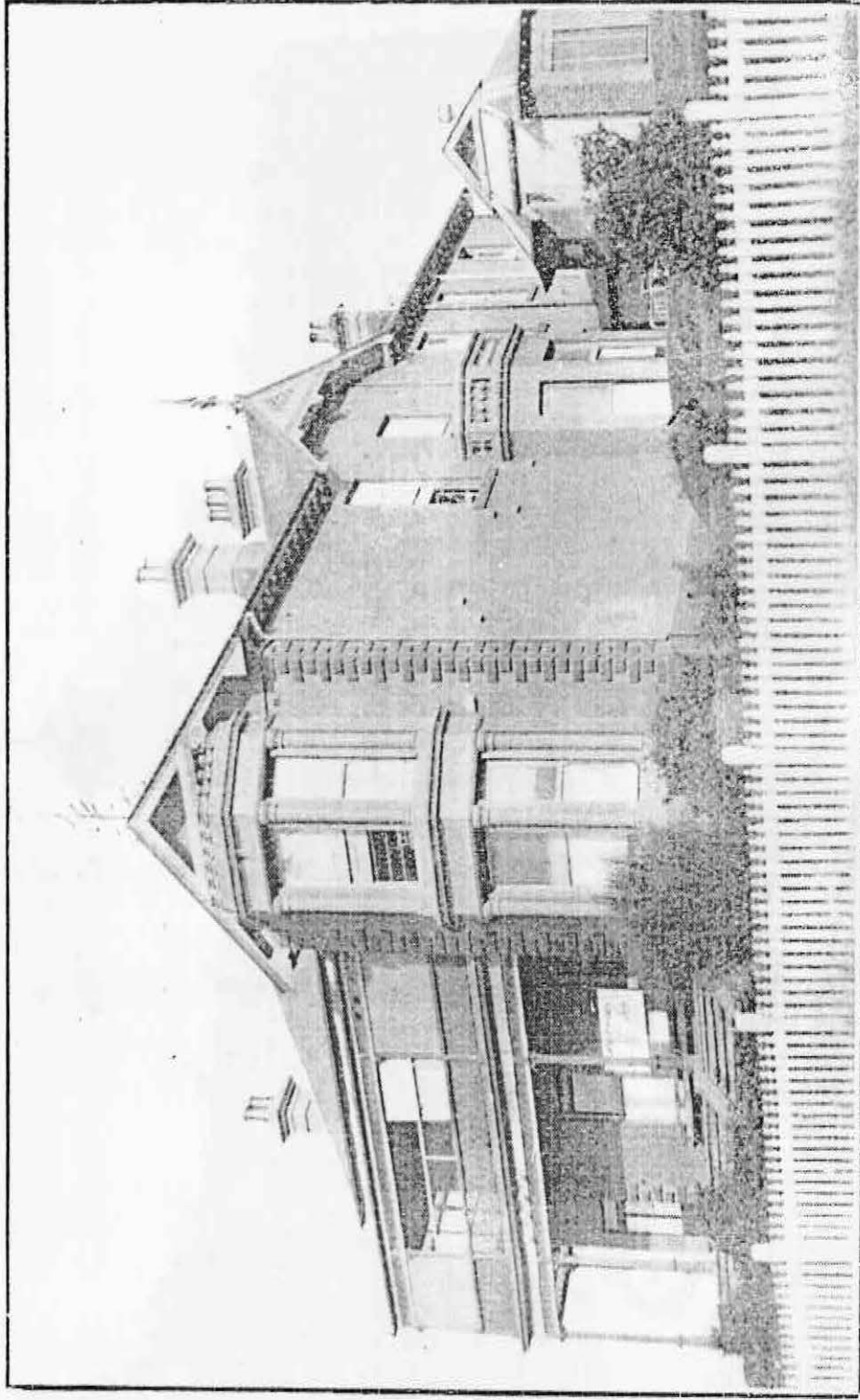
Sister M. Barnabas



Late Mr. W. LONGWORTH.



Foundation Stone of Longworth Block was laid on 17th November, 1927. This block was a gift from Mr. W. Longworth for sick children.



"ENMORE HALL," EDITH STREET, WARATAH.

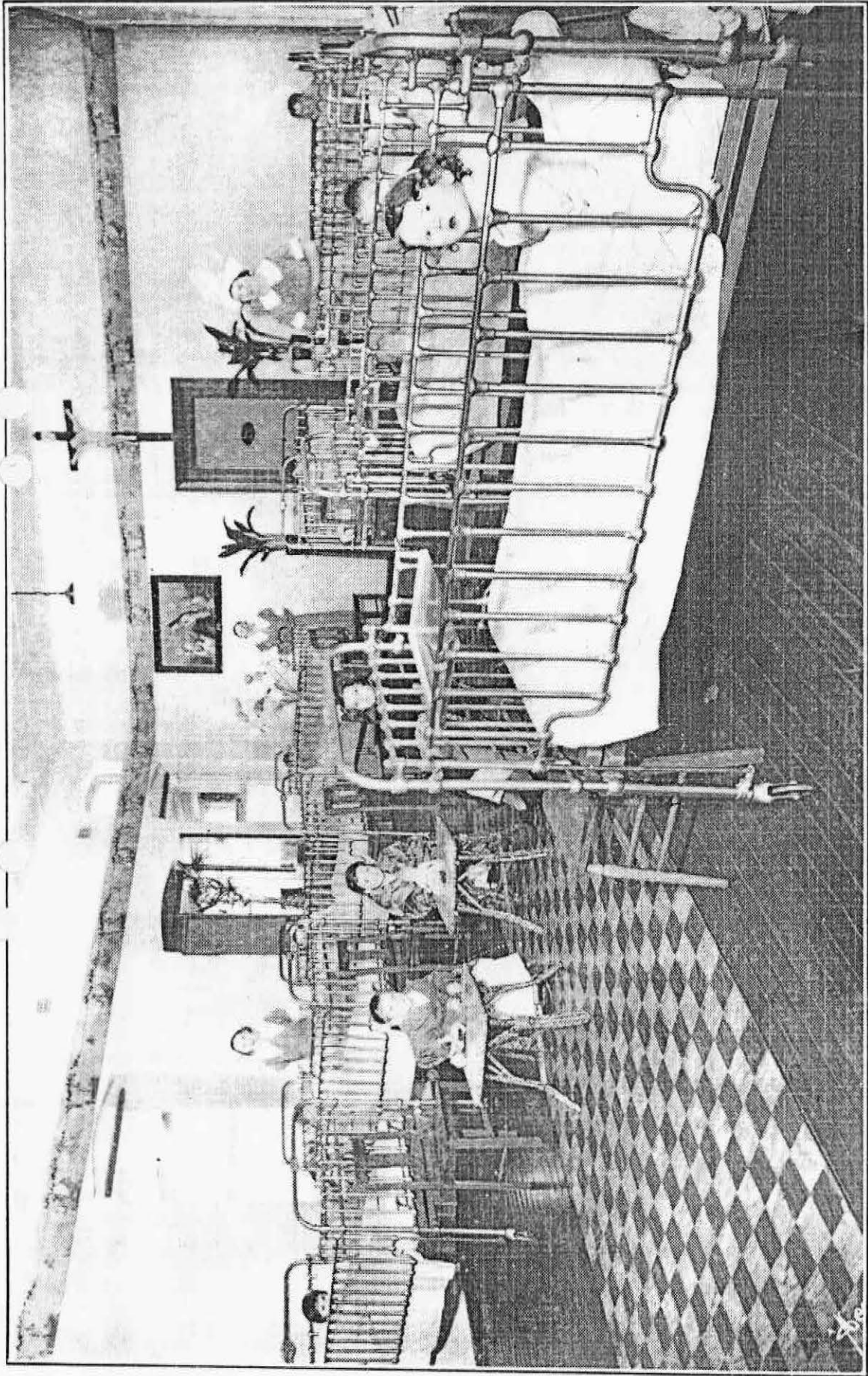
This building was converted into the Mater Hospital where the six pioneer Sisters commenced their work of tending the sick. The Official Opening took place on 25th March, 1922.



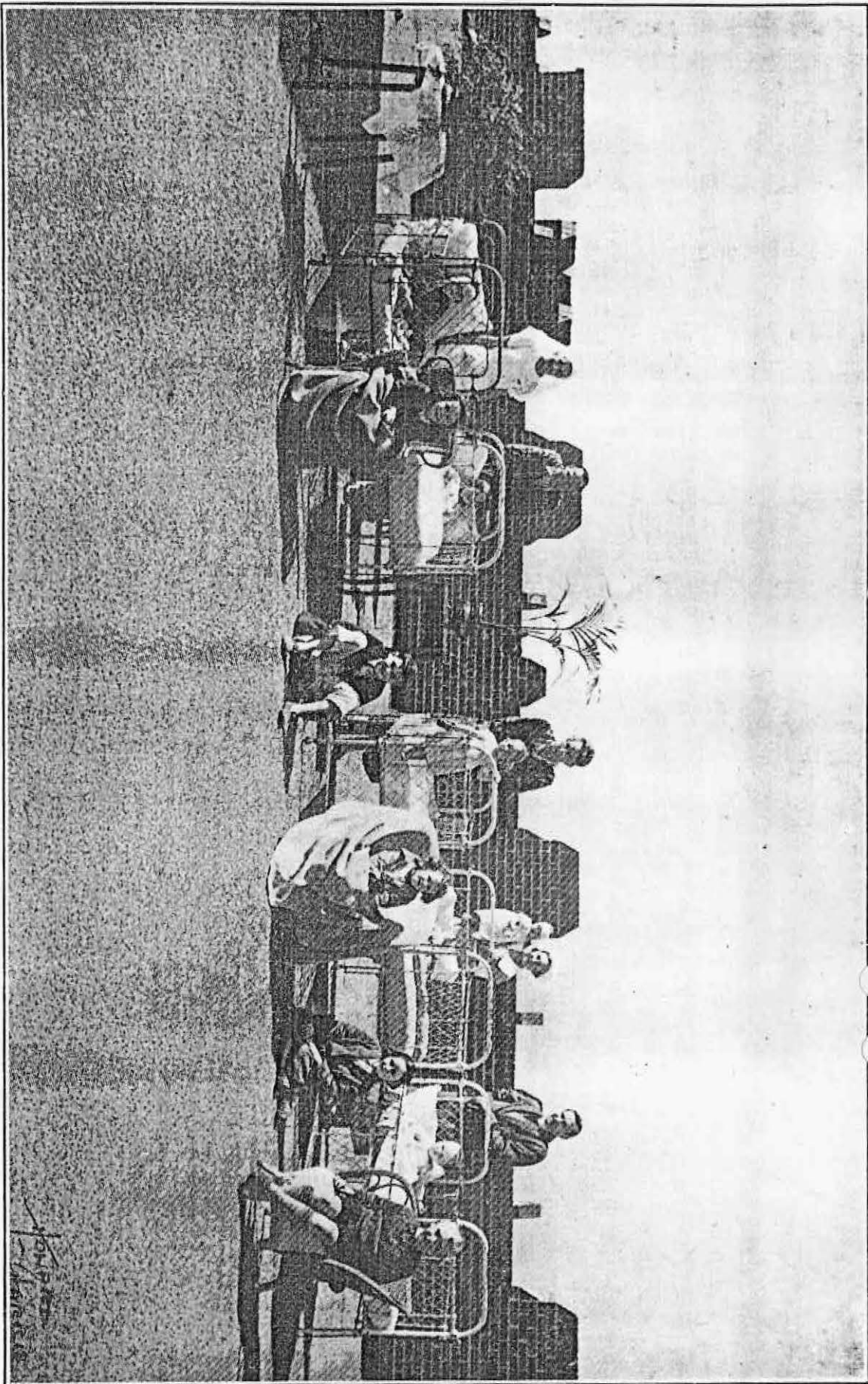
A SECTION OF THE MATER MISERICORDIAE HOSPITAL, EDITH STREET, WARATAH.

Architect: Mr. P. Gannon.

Builder: Mr. J. Parry.



A SECTION OF THE CHILDREN'S WARD (C).
LONGWORTH BLOCK.



CONVALESCENTS ON ROOF GARDEN.
Rev. Dr. Tweedy, now Archbishop of Hobart, enjoying the sunshine. Nurses M. Campion and J. O'Brien with their young charges.
Mr. King (ZKO) looks on.

BENEFACTORS

Rt. Rev. MONSIGNOR PETERS, V.G.	Hamilton
Rev. V. CASEY	Merriwa
HILL FAMILY	"Fairview," Miller's Forest
MACKIE FAMILY	Newcastle
McNAMARA FAMILY	Springfield, Merriwa
RYAN FAMILY	Waratah
MEIGHAN FAMILY	King Street, Newcastle
Mr. J. POWER	Bulahdelah
Mr. A. SMITH	Newcastle
Mrs. ARMSTRONG	Raymond Terrace
Mr. A. ANDERSON	Robe Specialist, Newcastle
Mr. J. J. WALKER	Waratah
SALVAGE COMMITTEE	Newcastle
JOCKEY CLUB	Newcastle
BOWLING CLUB	Newcastle
TATTERSALL'S CLUB	Newcastle
AUXILIARY	Waratah
AUXILIARY	Stockton
AUXILIARY	Singleton
AUXILIARY	Newcastle
YOUNGER SET	(Waratah Auxiliary)
B. DALEY	Newcastle
SOUTHERN FAMILY	Waratah
Messrs. McGROVER & KEENAN	Newcastle

Drs. S. S. GARDINER
A. C. ARNOLD
F. PETTINGER
R. M. O'DONOHUE
E. EGAN
W. BARNES
D. HOSKISSON

Drs. H. O. ROCK
D. HENRY
K. JOHNS
A. OSTINGA
J. L. DEACON
E. BYRNE
R. PITTAR
G. S. SANTOW

Drs. J. McGIRR
P. MALOUF
J. P. TALTY
G. COLE
J. P. ARNOLD
H. B. OSBORNE
Miss K. HENSON

DECLASED BENEFACTORS



Late Mrs. LUDLOW

The furnishings of the Ludlow Ward were donated through her charity.

Rt. Rev. P. V. Dr. DWYER	Late Bishop of Maitland
Rt. Rev. MONSIGNOR KAVANAGH	Singleton
Very Rev. J. O'DONOHUE	Hamilton
Very Rev. P. CORCORAN	Morpeth
Very Rev. R. J. O'DONNELL	Kramback
Very Rev. P. O'REGAN	Kramback
Very Rev. J. O'FLYNN	Raymond Terrace
Very Rev. C. O'REGAN	East Maitland
Rev. R. O'MOORE	Adamstown
Rev. J. C. MAHER	Dungog
Mr. W. LONGWORTH	Karuah
Mrs. LUDLOW	Sydney
Mr. G. LARKIN	Newcastle
Mr. M. O'HARA	Tighe's Hill
Mr. C. V. NEWTON	Waratah
Mr. C. DAVIS	Waratah
Mr. H. ROBINSON	Hamilton
Mr. P. GREEN	Islington
Mrs. HUDSON	Belmont