

RCH Alumni

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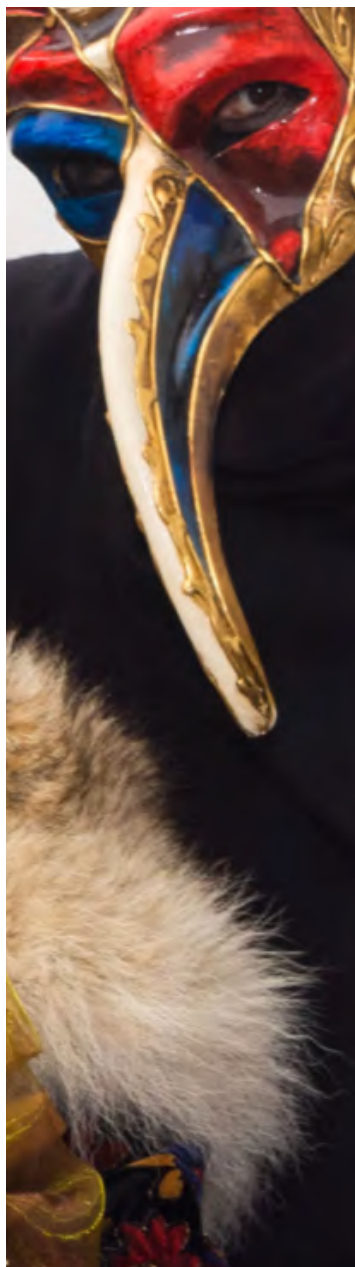


Aluminations

FROM THE RCH ALUMNI

November 2025

Photo: A masquerader wearing the traditional mask of a mediaeval physician, the beak of which was designed to hold a bouquet of herbs for efficacious warding off of the plague. (Gigi Williams)



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From the President

Garry Warne

The Annual General Meeting of the Alumni is coming up on Thursday November 13th. We will be electing a new President, Vice President, Secretary and Treasurer, and in preparation for the regime change, your committee has been reviewing our strategic relationships with other organisations, as well as our program of activities and our systems. Thank you to all who responded to the survey questionnaire. You can read a summary of those responses on the next page.

We invited the Chairman of the MSA, Julian Kelly to write for this issue about how he views the Alumni. He clearly feels very concerned about the current culture of corporatisation that is dominant in the hospital and credits the Alumni as having an untapped reservoir of “real corporate knowledge”. Could a closer relationship between current staff and alumni help avoid repeating the mistakes of the past? I think the Alumni could be a sounding board for the MSA and that we should explore ways of trying this out. Some members of the Alumni recently attended Friday afternoon drinks with members of the MSA and enjoyed the informal opportunity to talk about what kinds of activities we could share in future. Might we have an Alumni table at the annual MSA dinner? We already invite the Chairman of the MSA to our annual lunch/dinner but perhaps this could be expanded. Julian also highlighted difficulties facing staff at their retirement. We are thinking of ways to streamline that process and how to attract more retirees to become Alumni members. The hospital has a new CEO and a new board Chair. Now would be a very good time for us to tell them who we are and what we can offer. We will also meet the CEO of the RCH Foundation and seek to rebuild the mutually supportive relationship that we had before Covid.

Professor Amy Gray, the recently appointed Stevenson Professor of Paediatrics, also kindly wrote an article for this issue. Perceptively, she writes of “the common human attributes and experiences that connect us” and referring to members of the Alumni, she says “you seem to know better than the rest of us how to slow down”. She will encourage retiring staff in the University Department of Paediatrics to join the Alumni, and conversely, she is encouraging more of us to become involved in the Paediatric Academy which now has 1600 members and which is multi-disciplinary. Alumni wishing to join the Academy can do so using this link: <https://paedacademy.medicine.unimelb.edu.au/signup>.

Additionally, members of the Alumni are always welcome at Grand Rounds and on October 29th, one of our members, Professor Colin Robertson, was invited to introduce the speakers in Grand Rounds. Alumni wishing



to receive weekly notices about Grand Rounds can subscribe at <https://rch.simplelists.com/grand-rounds/subscribe/>.

Caroline Clarke and I recently had a very enjoyable first meeting with the new CEO of the hospital, Dr Peter Steer. He had not previously been aware of the existence of the Alumni and he was interested to learn about our activities. He said he strongly supports us and sees us as an important part of the culture of the institution.

Caroline, as our Vice President and Treasurer, has been working tirelessly on improving our computer systems such as email distribution, financial records and has worked with other members of the committee on designing the survey questionnaire. She is doing a wonderful job, and I greatly appreciate her support. Christine Rodda, our honorary secretary, has indicated that she wishes to hand over her role to someone else at the AGM. She too has also done an excellent job in the face of significant challenges affecting her family and we sincerely thank her for her service. We will be calling for nominations for all executive positions prior to the AGM.

We were privileged to hear an outstanding talk about how children learn to read from Professor Pamela Snow at our latest Aluminar. The transcript of her talk and her slides can be found on our website. At our Aluminar on September 2nd, the speaker was Professor Andrew Steer, the Director of Infection, Immunity and Global Health at RCH and the MCRI.

Sadly, no fewer than 11 of our valued members have died in recent times – Mr Sumitra Wickramasinghe (surgeon), Dr Valerie Mayne (radiologist), Mr Robert Fowler (surgeon), Mr Geoffrey Klug (neurosurgeon), Associate Professor Roger Hall OAM (dentist), Mr E Durham Smith (surgeon), Dr Peter Loughnan (neonatologist), Professor Glenn Bowes AO, Dr Geoff Mullins (anaesthetist), Dr Dawn Giltinan (anaesthetist) and Professor James Camakaris (research scientist). All were much loved and we salute them. As I think about each one of them in turn, I recall their lively personalities, the way they spoke

and moved, and the many experiences we shared as colleagues. I reflect on their contributions as Alumni and on the place these great people now occupy in the history of the Royal Children's Hospital. How fortunate we were to know them.

At the same time, we have had a wonderful influx of new members. We extend a very warm welcome to Simon Harvey, Wirginia Maixner, Margot Nash, Lee Coleman, David Mandel, Jennifer Re, Russell Taylor, Dr Lindy Cass, Dr Peter Forrest, Dr Tatsuya Kawasaki, Dr Deb Colville, Professor Matt Sabin and Douglas Liddicoat.

I am standing down from the Executive at this year's AGM. I have had the great privilege over the past 13 years

of serving the Alumni as honorary secretary, editor of Aluminations, vice-president and president.

Thank you for trusting me with these responsibilities and for the support you have all given me and the Executive. Holding office in a wonderful association like the RCH Alumni is anything but burdensome, it is an opportunity to work with wonderful colleagues and to be creative on behalf of a very vibrant community.

I hope that the incoming president and the new committee will have as much fun as I have had and that the Alumni will continue to flourish.

RCH Alumni membership survey 2025

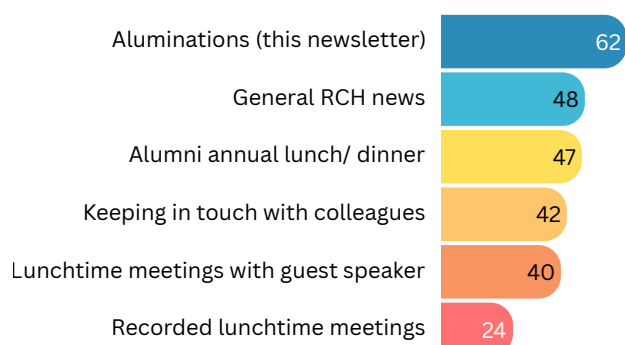
Dr Caroline Clarke, Vice President

Thank you to all of our Alumni members who took the time to respond to our recent survey. We received a total of 78 responses (which is 35% of our total membership): these responses were well spread across all categories of membership and there was also good representation across the professional backgrounds.

The key results and responses are shown below with a summary at the end of the article. The RCH alumni Committee have started discussing how we can incorporate this feedback, within the inevitable time constraints of a volunteer committee.

Current engagement with activities or events

What existing activities or events are you most interested in?



What of these activities or events have you attended or accessed in the past 12 - 24 months?



It was noted that interstate and overseas members benefit most from Aluminations with the option of attending a meeting if in Melbourne at the time.

Lunchtime meetings

- Frequency and diversity of meetings is about right
- Speakers usually interesting
- Would like to see day on which these held varied
- Good to continue with recorded meetings for those that can't attend (or Zoom)

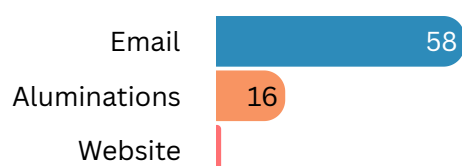
General comments

- Challenge of fitting Alumni activities in with other demands, time constraints
- Not all Alumni fully retired- could some events be scheduled to accommodate this (including weekends)
- Could some events be on weekends (would be easier to attend)

Ideas or suggestions for future events included:

- Alumni table at RCH staff dinner (MSA dinner)
- The opportunity to meet current RCH Exec and department heads eg short session with CEO (Q & A) (also good for them to know who has contributed to the “status” of RCH)
- Would be interested in weekend/ after hour events (“pending my retirement”)
- Simple outing (noting mobility an issue for some)
- Lunch off-site e.g. Studley Park boathouse, another function at Kew in between lunch/ dinners
- Special interest groups e.g. theatre, garden visits, art galleries, restaurants
- Some more active activities e.g. walks (Melbourne laneways, guided tours around Melbourne- get to know your city); Visit to Ramsar site (Werribee- bird watching); “behind the scenes” at the Zoo; picnic by the rover; activities that strengthen ties within RCH e.g. tour of sustainability activities, maybe help with kitchen garden for an hour or so; social sports activity eg introduction to pickleball, boogie boarding, kite flying, dis golf (frisbee)
- Social events e.g. theatre/ matinees (if enough interest)
- Talks / presentations from clinicians/ researchers regarding changes/ current approaches to paediatric care/ management
- More proactive approach to current affairs within paediatrics community and hospital- draw on wisdom and knowledge of membership
- Alumni vs current staff debate/ hypothetical
- Newsletter competitions
- Notification of open lectures
- “Is there a robust process for identifying and inviting new members”? Note: this is a work in progress

How do you prefer to receive information from the organisation?



What do you most value in the Alumni organization?

- Contact/ keeping in touch with colleagues/ opportunity to meet former work colleagues
- Friendship and meeting remarkable people,
- Efficient organization, newsletter (Aluminations), engrossing lectures, annual dinner (previously)
- The opportunity to learn about current trends/ advances in a range of disciplines/ what is happening at RCH and fellow alumni
- Being able to read about the hospital and the people I knew
- Pride in RCH and maintain connections with people who have made wonderful contributions to child health
- Lunch meetings and annual meeting, speakers
- Zoom meetings
- International links

What are some things that could be improved?

- Annual calendar setting out program well in advance
- Attendance at events by Teams or Zoom of all or most activities enabling participation from regional Victoria
- Reduce speaker length (for lunchtime meeting) to 30 minutes to allow more time for networking
- Would like to hear about latest advances in medicine from inspirational speakers
- More lunches (with or without guest speakers) if possible- will enable more people to attend, at present if you miss one you have a missed large “percentage” of the year
- More Aluminations
- Other RCH staff to join alumni eg nursing, allied health, medical scientists; if membership were more diverse it would increase ideas and enhance enjoyment of the alumni
- Broader activities

Several respondents stated they are happy with current state and appreciative of committee organization

Summary

We had a good response to the survey and members were forthcoming with feedback and ideas.

Overall it seems our members are happy with the organization, and really value the opportunity to stay connected to both colleagues and RCH community whether this be face to face or remotely.

There were lot of good suggestions for activities which we can discuss. We have to date largely focused on the lunchtime meetings and kept these on a consistent day thought the year. We have also tried to make all activities “inclusive” particularly to accommodate less mobile members but based on the feedback we probably need to diversify and include some outings/ excursions that will appeal to different groups of members rather than aiming for a one size fits all. Many venues are accessible

venues these days, but appreciate that getting there can be a problem. However, in being inclusive we also need to explore how we can accommodate members who live outside Melbourne and those who are still working part-time and /or have other regular commitments.

A caveat in saying this- we need to bear in mind that our Alumni committee are busy volunteer retirees and this limits the breadth of activities that can be organized. We would welcome any of our membership who would be willing to help with the organization of social activities to join the committee (or a subcommittee).

At our last committee meeting we discussed setting up a “WhatsApp” community for RCH Alumni. This provides an alternative platform for communicating with our membership with announcements and reminders. It also provides the opportunity for us to set up a series of (special interest) groups within that community (which can be “opt-in”).

A perspective from the furniture...

Amy Gray, Stevenson Professor of Paediatrics,
University of Melbourne

When I was appointed as the Stevenson Chair of Paediatrics and Head of the Department of Paediatrics at The University of Melbourne last year, I joked that my role now came with furniture. But in fact, it comes with enormous privilege. Part of this privilege relates to the role itself and the opportunity to support many incredible individuals within our walls and beyond, as well as to guide priority areas of work. An unexpected privilege has come from the number of RCH Alumni who reached out to me to share their reflections the role of the Stevenson Chair, the Department and how both have shaped the Melbourne Children’s Campus over time. I have always appreciated the history of our Campus, but never more than during these interactions. They have given me a sense of the changes, the actions and the attitudes which people have felt had the greatest impact. For me personally, the conversations can best be equated to an array of one-off mentoring conversations that have given me pause to stop and consider the work in front of us. I have also appreciated the reminders of when I may not have “got it right”. These are the types of conversations I hope we can foster more between those in my Department, the Alumni and the broader Campus.

Changes in the RCH Alumni constitution in 2024 have made it possible for any professional staff from the



Professor Amy Gray (R) with Dr Leticia Martinez (L),
President of the Mexican Paediatric Association

Department of Paediatrics to join the Alumni Association on retirement, and I will be encouraging our staff to take up this opportunity. In the Department of Paediatrics, we have seen how increasing the diversity of voices in different fora has impact. The Paediatric Academy (Home | The University of Melbourne), a community of practice across the Campus, began as a place for current Honorary staff to engage more with our Department and each other across education, research and leadership activities. Yet it quickly became a place where many others, including nurses, allied health and non-clinical staff put their hand up to participate – and we now have over 1600 members. Our “Meet the Academy” events

profile different people on Campus and the path(s) they have taken. In our most recent event, we met Andrei Kononov the Executive Chef of the RCH who was born and raised in Moscow, living through the collapse of the Soviet Union, before immigrating to Melbourne in the 1990s – finding a career as a chef and his way into the pages of the Good Food Guide before coming to RCH.

These are the stories on which our organisations are built. There is a “busy-ness” in our contemporary work environment that I believe makes it harder to influence, harder to connect and harder to take some time for our own learning and reflection. For me as someone who

grew up in Warrnambool...far from Melbourne it is easy to feel like an outsider, even when you have “an in” and have proved some worth. It is easy in an organisation like RCH with an emphasis on excellence to lose sight of the fact most of us have more humble beginnings and more common human attributes and experiences that connect us. I believe in the value of continuing to connect, stop, learn, and to include as many as we can, and I think the Alumni have an ongoing role to play in how we do as a Campus – you seem to know better than the rest of us how to slow down. Our Academy would welcome any Alumni who would be willing to meet and share their story.

Letter to Alumni from the Chair of the Medical Staff Association

Julian Kelly

I was asked by Garry Warne to put a short piece together for Aluminations ; something on how the Medical Staff association and the Alumni interface; how they can support each other.

I am sure each generation feels theirs is a period of significance, something worthy of record, containing events that will pass on to posterity. I myself have been at the hospital 30 odd years but I feel the past 12 months have made all that preceded it somewhat prosaic and less noteworthy.

I have never witnessed such upheaval and frank dysfunction as I have in the past short while. We have seen the departure of not only a CEO, but also a Secretary of Health, a member of the Board of the hospital, and finally the Chair of the Board.

Our identity and independence have been threatened and the medical staff ignored for nearly a decade. The hospital is more in debt than ever before; the culture has undergone the ravages of corporatisation; behavioural programs such as “The Compact” have come and gone; we have departments like “Comms”, “People and Culture”; and everything seems to be driven by brand and risk aversion.

I wonder whether, with closer ties to the real corporate knowledge —the experience of our predecessors and the knowledge that they have acquired—we could avoid the repetition of some, at least of the mistakes in the past. It might help to ground the venal and aspirational

executives and help them navigate problems similar to those that have obviously occurred before.

With the appointment of the new CEO I do see a real possibility of change; a genuine attempt to listen and to acknowledge past mistakes.

As Chair of the MSA I want to build stronger bridges between our two associations. Medicine is not a temporary career - I have always believed in its vocational nature. Doctors do not cease to be such when they retire. Nor do they cease to care about health, diagnostics, therapeutics, pedagogy or research. They continue to examine, question and learn.

I don't believe we are utilising the trove of knowledge and experience that the alumni possess. I am currently working with the executive of the hospital to build a better transition to retirement, the aim of which is not just to help the individual move to the next and somewhat liberating phase of their life, but to free up the onerous processes to become Honorary Staff, not remunerated in the same way, but valued for their ongoing association and input into the hospital. If members of the Alumni have any ideas that you would like us to take into account in relation to developing a closer relationship between our two bodies, please let me know either by email MSA.Chair@rch.org.au.

I would like to leave you with the final maxims inscribed on the temple at Delphi (those who know me best would be groaning, knowing I am an Hellenophile). I apologise for its being a somewhat gendered quote, but it was a product of the times.

*When a child, show yourself
well behaved*

*When a young man, self-
controlled*

In middle age...just

*As an old man, a good
counsellor*



Venice in Carnevale

Gigi Williams

I'm sure many of you have holidayed in Venice – after all the City of just 50,000 permanent residents receives some 20 million visitors a year – so what is unusual about holidaying there? The answer is that we went to see and photograph Carnevale – not just as observers, but as participants.

For a brief period we wanted to act out the lives of Aristocratic Venetians in the eighteenth century. We really wanted to photograph all the colour and spectacle, but then we thought wouldn't it be fun to participate in the Carnevale and dress up like all the other revellers?

So together with our closest friends we left a hot summery Melbourne bound for a cold and foggy Venice complete with suitcases full of 18th century costumes hired from a theatrical agency.

Carnevale di Venezia is an annual festival that ends with the Christian celebration of Lent, forty days before Easter, on Shrove Tuesday or Mardi Gras. Carnevale literally means 'Goodbye Meat' and Roman Catholics traditionally give up meat and many other 'rich' foods for Lent.

The Carnival of Venice is the oldest pre-lenten celebration in the World having been started to celebrate a victory of the 'Serenissima Repubblica' over the Patriarch of Aquileia in the year 1162. Carnevale became an official celebration in the Renaissance.

In the seventeenth century, the baroque carnival was a way to promote the prestigious image of Venice to the world and it was very famous by the eighteenth century – the era of Casanova – as it encouraged licentious and hedonistic behaviours. Aristocrats from all over Europe rubbed shoulders with working class Venetians, all anonymous, hidden by the famous masks of Carnevale.

Following Napoleon's invasion and subsequent rule by the King of Austria the festival was banned in 1797 and the use of masks became strictly forbidden. It reappeared gradually in the nineteenth century for private feasts and Balls, where it became an occasion for fabulous artistic costume creations.

The Carnevale was officially revived in 1979. Today over 3 million visitors travel to Venice to watch the Carnival celebrations.

The festival is world famous for its elaborate masks which allow revellers to be anonymous: pauper, prince, physician, politician, priest, or prostitute – male or female – all are hidden by the mask of Carnevale. Every night there are many elaborate Masqued Balls and during



the day the Masqueraders enjoy walking out, or the *Passeggiata*.

We had chosen for the 'setting' of our theatrical adventure an amazing apartment – a Palazzo in the Campo Santo Stefano, in San Marco. On the great curve of the Grand Canal, midway between the Accademia Bridge and the Rialto.

It was Byzantine in origin – but had been extensively re-modelled over the centuries. There were chandeliers made of Murano Glass, Flemish tapestries on the walls, pink Verona marble floors in the kitchen and bathrooms (the same as the flooring in the Doge's Palace). The ancient oak floors of the rest of the house creaked and groaned telling the stories of centuries of occupants. The



Some of the utterly spectacular and intricate costumes at Carnevale in Venice.

ground floor – which was originally a warehouse – opened out to the Grand Canal but was dark, wet and rat infested and ‘off limits’. As was the top floor, unoccupied save for the hundreds of pigeons that called it home. The whole place was incredible. Initially we were scared to touch anything, but we soon got into the swing of things. We rapidly discovered that the plumbing was also Byzantine and one of the bedrooms – we dubbed ‘the Papal Room’ – was eerily cold and felt very ‘occupied’ – no-one elected to sleep in that room!



Most people participating in Carnevale hire their costumes and masks from specialized artisans across Venice; but they are very expensive – as much as 5,000 Euro a day!

This was way out of our budget so we went to a theatrical costume outlet in Melbourne and were able to hire our costumes for what was known as a ‘stage production loan’. This enabled us to have the costumes for three weeks and reasonable cost, so this was just perfect. The only problem was stretching our baggage allowance to accommodate the extra suitcases! There are ten classic costume designs: Venetian Nobility, Casanova, Arlecchino (Harlequin), Courtesan, Baroque couple, Angel or Goddess, Domino, Venetian Merchant, Columbina, and Fantasy Venetian which seemed to accommodate all kinds of costumes and themes.

Our Palazzo was the perfect place for us to dress up and take photos of our Carnevale attire; we had great fun doing this. It was one thing to dress up in the privacy of one’s own lodgings but then we decided to venture out onto the streets –this felt really weird because all of a sudden people were staring at you and photographing you. It transformed our usual ‘incognito’ selves, hidden behind the camera, into celebrities in front of the camera, which was very unnerving but also because we were in costume and masked it was a bit liberating!

In the early mornings we would head out to capture the masqueraders in their vibrant costumes in all corners of Venice before the crowds of on-lookers started arriving. It was quite difficult to know where they would appear as they changed locations every day but seemed to have some sort of agreed schedule, that we were unaware of. We just needed to tap into that schedule.

One of our party was fluent in German and was able to get some ‘intel’ from a German masquerader in exchange for photographs of her/him; this transformed our success rate. The most wonderful thing about photographing the masqueraders was that they really wanted to be photographed as much as we wanted to photograph them and so it was just a dream to capture their images as they so willingly posed for us.

It’s a tradition that photographer and model exchange cards with the explicit understanding that the model poses willingly in exchange for photographs of themselves, sent after the event by e-mail. Carnevale occurs in late winter of course which is often cold and foggy in Venice which really added so much to the ambiance.

The funniest thing of all was trying to manage a load of professional photographic equipment whilst dressed up as Casanova or a Courtesan!

Being in Venice at this time of year and really getting into the spirit of things was one of the most unusual holidays we’ve ever had – truly magical – we literally had a Ball!



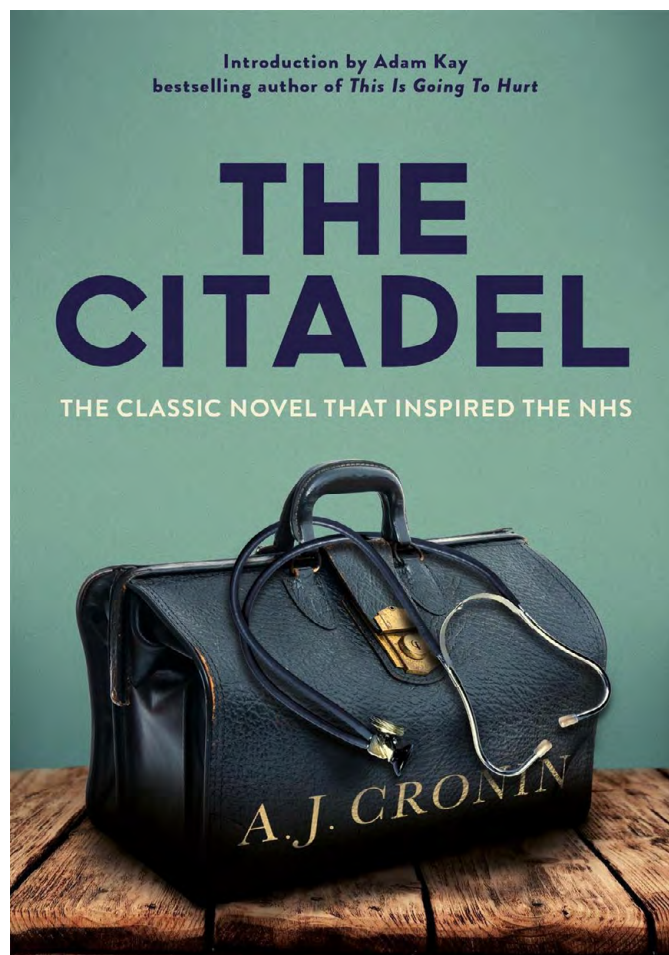
Books that have changed me

Garry Warne

Throughout my life, I have read mostly fiction. When we were starting hospital-based clinical work in 4th year Medicine, our Professor of Medicine, Richard Lovell, said to us, "to be good doctors you need to be able to understand people, and the best way of learning about people is to read novels". This somewhat unexpected advice suited me down to the ground, because I was already a keen reader of novels.

Why did Professor Lovell think that reading novels was the best way to learn about people? In a novel, the reader is taken into the inner life of the characters. We all have an inner life but can't or don't communicate much of it to others. The novelist describes the inner life of his or her characters and allows us to see the world as they see it. In addition, as readers we go through a series of experiences with a character and are shown how they respond to them. Of course, a student or doctor gains understanding of patients through talking to them, but the interaction is fragmentary and limited to a discussion about presenting symptoms. We understand what we need to understand and no more.

When I was a teenager, with a consuming desire to become a doctor, I read a book called "The Citadel", by AJ Cronin and this book had a powerful effect on me.



Published in 1937, it tells the story of Andrew Manson, a young and starry-eyed Scottish doctor who goes to work in a small Welsh mining town. His workload is heavy and the conditions harsh, but he forms a strong bond with the community and takes a special interest in the occupational diseases to which they are prone. He takes a job in London to further his scientific interest and goes into private practice but is disillusioned by the demands of the private patients and realises that his heart is with the mining community. There is a strong theme dealing with medical ethics and what ideals a doctor should strive for. I strongly identified with Dr Manson and resolved to try to be like him. It is probably why I always worked as a public hospital doctor and was never attracted to private practice. The book had a much wider impact in the UK and influenced government thinking in the lead up to the establishment of the National Health Service.

Another novel that became a firm favourite of mine was "Wuthering Heights" by Emily Bronte. I first read it in year 12 and it is the only work of non-fiction that I have re-read many times. It is set in the Yorkshire moors, from where my mother's came. I have toured the moors two or three times both in winter and in spring and have visited the parsonage at Haworth (below) where Emily and her three siblings grew up and did all their writing. (pics of Yorkshire moors).

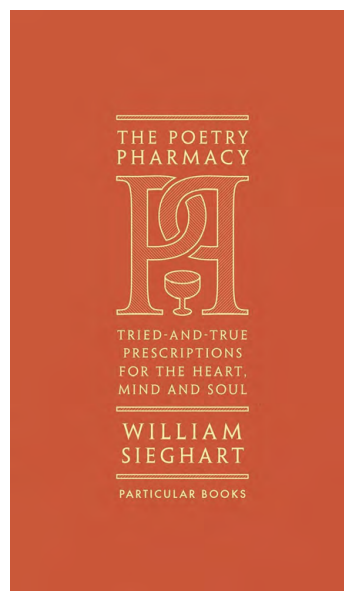


The house, which is at the top of a hill, is built of brown sandstone and a large graveyard lies behind it. The moors stretch out from the house and in winter, they are lashed by gales and blanketed in snow. In *Wuthering Heights*, Heathcliff is an adopted gypsy with a wild, violent and very intense nature who as he matures, falls passionately in love with Catherine Earnshaw. To his distress, she marries Edgar Linton but Heathcliff remains obsessed with Cathy in a self-destructive way. When Cathy dies, Heathcliff roams the moors convinced that she is there with him, as a ghost. Why do I love *Wuthering Heights* so much? I think because I have a romantic disposition, a vivid imagination, and because I have a family connection to the Yorkshire moors. The quality of the writing in *Wuthering Heights* is extraordinary, the brooding atmosphere is very powerful and the characters are larger than life.



As a literature student in Year 12 we studied poetry and the main point I remember being taught was that poetry differs from prose because it is packed with emotional intensity. After I left school I was never particularly interested in reading poetry until 2021 when my wife to whom I had been married for 53 years died. I was

devastated and a very good friend gave me a copy of TS Eliot's "Four Quartets" because she thought it would help me. To my surprise, I responded to the poetry in a way that was quite new to me and I began to read more. My granddaughter lent me a small book called "The Poetry Pharmacy, Tried and True Prescriptions for the Heart, Mind and Soul", by William Sieghart CBE. In two slim volumes, it is



an anthology of poems from a wide variety of writers, each one selected to help with a particular emotion or situation, and each one is accompanied by an insightful one-page essay written by Sieghart. I found it extremely therapeutic as I worked through grief and was able to appreciate the understanding it gave me about other challenges that ordinary people face.

A favourite poet whose work I now often read is the American, Mary Oliver. She writes intimately about nature and the natural world in a way that is intensely beautiful, profound and reverential.

She makes me look more closely at the world around me and makes me feel grateful to be part of it. Mary Oliver wrote these words:

Instructions for living a life.

Pay attention.

Be astonished.

Tell about it.

In recent years I have become a regular listener to Poetry Unbound, a podcast made by The On Being Project. In each episode, Irish poet, theologian and peace activist, Pádraig Ó Tuama, reads a poem he has selected, gives his analysis of the poem, then reads it a second time, so that the words and the meaning can sink in.

Pádraig Ó Tuama has published a wonderful book called "Poetry Unbound. 50 Poems to open your world."

The On Being Project has as its grounding values the following: words that matter, generous listening, adventurous civility, humility, patience, and hospitality.

These strike me as very beautiful and inspiring values. I think that by reading poetry I am seeking depth and meaning.

I have become open to something (paying attention) that I was not open to for a long time.

I am being constantly astonished by words that can say so much in such a short space that they virtually jump off the page.

Now I am telling about it.



A life of books, reading and learning

Bev Touzel

Thinking of favourite books, I consider some of mine as I do treasured friends to be looked after, cared for and visited from time to time. This may happen to some more than others. I also remember the impact that they have had on my life. After finishing some books I have felt happy that I have learnt so much about another life. Alternatively, after reading of the experiences of someone else I have felt very sad. Other books have made me happy and satisfied that I had gained practical knowledge of places near and far. Others I just loved the words.

I remember the pleasure books gave when read to me by my class teacher Mr Thompson at Primary school in Tecoma. I walked to my school and Mr Thompson would always be there we all arrived. Winter mornings were often quite cold and frosty and we were greeted by a log fire he had made to warm us before we did warming exercises besides our desks. Mr Thompson or 'Sir' always wore a three-piece suit and had a pocket watch he consulted many times during the day. At the end of every day, he would ask us to sit quietly gathered on the floor whilst he stood and read us a chapter from the current book he had chosen. Listening to the exciting next chapter was an anticipated enjoyment.

How well I remember the series of **Mr Galliano's Circus**, by Enid Blyton. Hearing of all the fun these children had there, I had a yearning to join the circus. Listening to these tales I was mesmerised. I imagined that I could learn bareback riding and also feed the animals. Life would have so much excitement. As a young girl I never considered the hard work and travelling from town to town and all the hardships that circus people may experience. What a dream!

The **Victorian School Readers** (pictured bottom left) also held a life-long interest for me. These lasted with some content changes until the 1960's. I believe we were very fortunate to be exposed to such British and increasingly Australian literature in class at an early age. Thank you, 'Sir'.

It was here I first read **My Country** by Dorothea Mackellar. That she was only 19 years of age when she wrote it did not really interest me when I was only about half that age.

The **Solitary Reaper** by William Wordsworth the class recited until we knew the words with the pauses in the right places. We then had to give our interpretations of the finding of beauty in the simple things of life.

Behold her, single in the field,

Yon solitary Highland Lass,

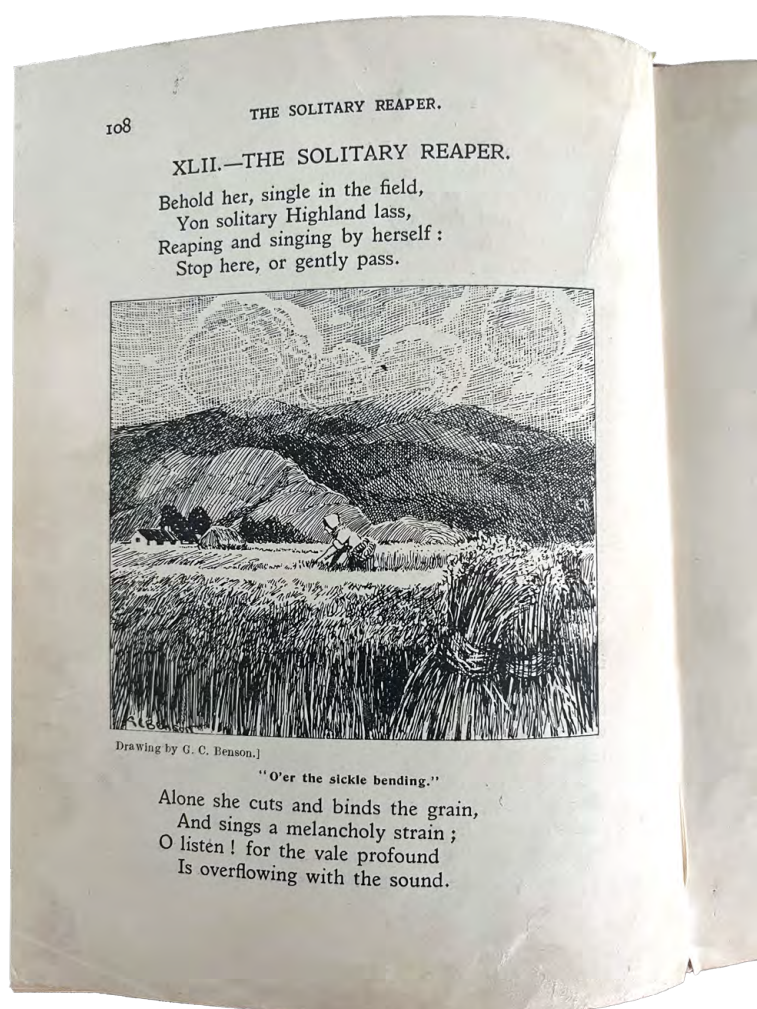
Reaping and singing by herself;

Stop here, or gently pass!

And the feeling of tenderness and melancholy in the ending:

The music in my heart I bore,

Long after it was heard no more.



In looking through my different editions I discovered that my late mother-in-law, had written in her first edition of the Seventh Book, 1919:

Edna McDonald

'Riversdale'

Myall

She had written pencilled notations besides some content. It was of interest and somewhat comforting to find we had shared the same books in primary school even if some articles had changed.

The Inchcape Rock, a ballad by Robert Southey, the class recited together in sing-song voices. I was quite happy that the nasty pirate Ralph the Rover, after removing the warning bell on the Scottish coast, was caught in heavy seas and perished as a result of his nastiness to others. The message from this ballad was that people who do bad things will usually end up being punished themselves.

The Highwayman by Alfred Noyes, first published in 1906, seems to have been in some early editions of the Readers and removed from later editions. It was a favourite of mine. Perhaps while I enjoyed reciting with actions, the final moments of the Highwayman's life were a bit too descriptive or the King's men were leering with evil intent at Bess, the Landlords black-eyed daughter who was used as a lure by the King's men to trap the Highwayman.

Wine-red was his velvet coat;

When they shot him down on the highway,

Down like a dog on the highway,

*And he lay in his blood on the highway, with the bunch of lace
at his throat*

My friends and I would recite and act these lines clutching our throats as if we were dying. A poem of jealousy, love and sacrifice and much easier to learn accompanied with great action.

Jerusalem by William Blake, written in 1804 and to music by Sir Hubert Parry in 1916, other words we had to learn by heart. I found the theory of social justice in the words a little challenging in fifth grade and these gave me moments of reflection. Now, we all fight for a better world where all people's rights are respected and are not dehumanised and exploited in work and other places. It would be a better world if peace triumphed over war but sadly this does seem just a dream. Nevertheless, I enjoy the words and music and also the film with the theme music of Jerusalem, 'Chariots of Fire', of the two British runners of different faiths competing in the 1924 Paris Olympics. I am sure many of us enjoy singing to this music at the end of Last Night of the Proms.

The story of Simpson and his Donkey, by an unknown writer brings some sadness as does *To the Fallen* published by Laurence Binyon in *The Times*, London. On days of remembrance our Headmaster would name young men, friends and colleagues who did not return from the wars.

Last year when my friend Jo and I were walking in Northern France on the first stage of the Via Francigena, London to Rome, we saw many war graves of fallen soldiers from various countries. Most were well-tended with flowers and memorials. Contrastingly, in one village we came across a German war cemetery that was quite austere without any embellishments. The harshness in its starkness was evident.

Trekking through the Somme area, during the 80th anniversary of the Normandy Landings we were greeted warmly by the French when they saw the Australian insignia sewn on our backpacks. After one wet, arduous day, we were quite overcome to be greeted with kisses and welcomed into the café of a small French town. We also felt very relieved as we had been told earlier there was nowhere we could find anything to eat in the area. We had resigned ourselves to going without an evening meal again.

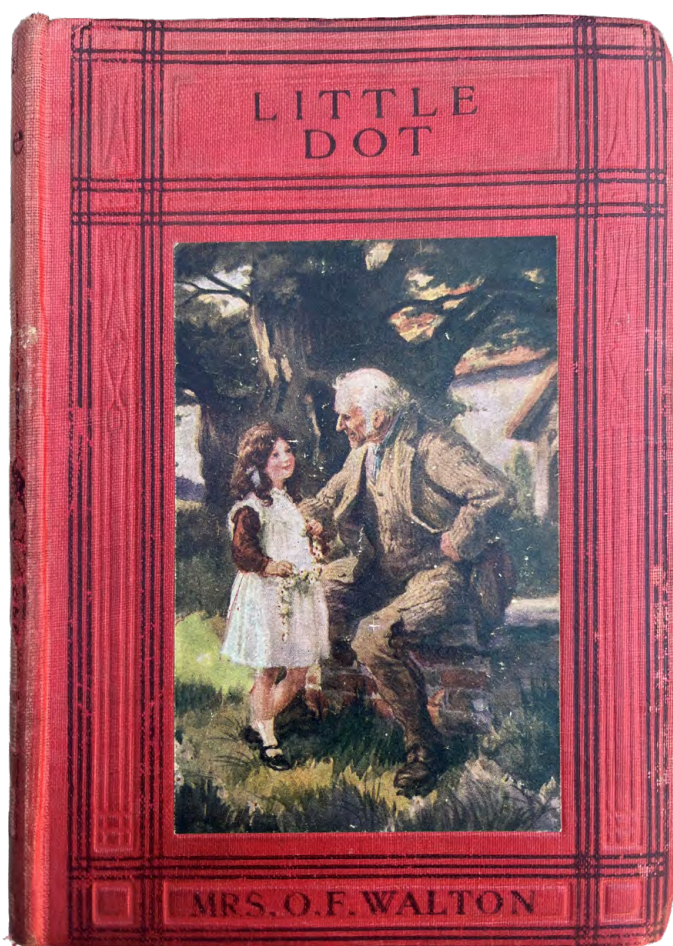


*At the going down of the sun, and in the morning
We will remember them.*

At home I read the **Secret Seven** series and then moving on to the **Famous Five** series also by Enid Blyton made me think of the adventures there are in life, we just have to seek them out and enjoy them.

Anne of Green Gables by Lucy Montgomery was another favourite. I still remember the shock and sadness I felt when Mathew, Anne's kind adoptive father died. I felt she was a kindred spirit as my middle name Ann also ended with an 'e'. I thought I had been living a lie when I discovered as a young adult on my birth certificate that my middle name was written as 'Ann' not 'Anne'. A memorable and much-loved book and series.

Every week with my sixpence I would walk from my home in Tecoma to Belgrave library to choose a book. A few weeks ago, I came across a book I had borrowed and was possibly not age-appropriate as I was in primary school, it had a significant impact on me. It was **The House of Dolls**, by Ka-Tznetnik and told the true story of a young Jewish girl from Poland, Daniela, who was abducted whilst on a school trip and sent to a Nazi concentration camp. Reading of the atrocities and suffering that occurred there was harrowing. If my parents had ever seen the book perhaps they thought it was about dolls of the porcelain type. When we were in Amsterdam in 1972, we visited the home of Anne Frank, the 14-year-old girl who, with her family, hid in the secret annex of building for two years during World War II before being betrayed to the Gestapo. In the diary words of this inspiring young girl, she believed all people were really good hearted, the world will come right and cruelty will end. Life isn't always just and fair. Perhaps our world would be a better place if young people ruled?



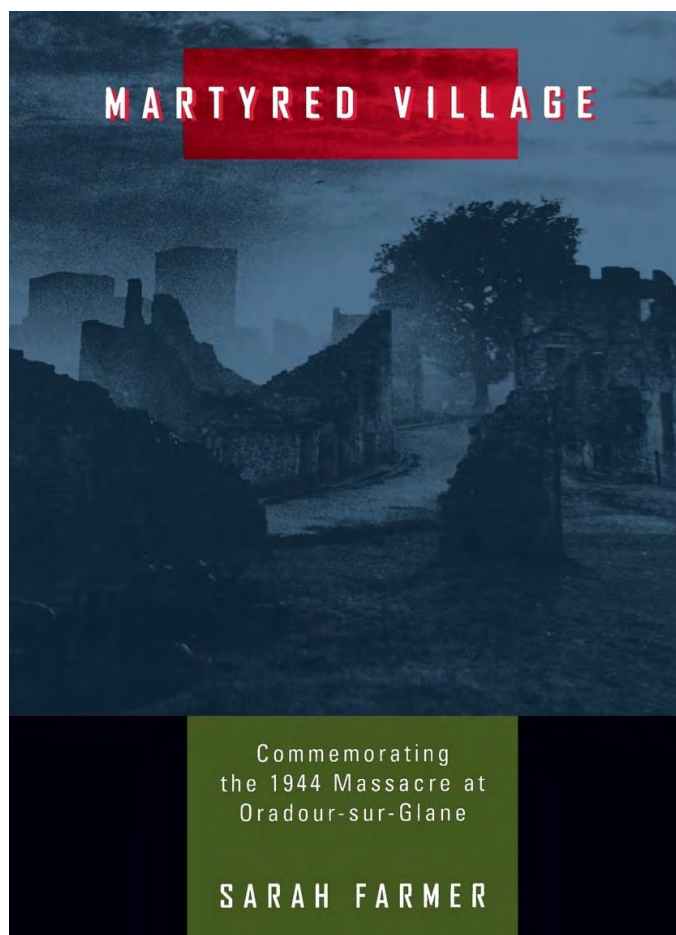
Little Dot by Mrs OF Walton is a very small book of only 60 pages that I read in my early teens. My copy was an award presented to a girl named Violet in 1918 from the Primitive Methodist Sunday School in Spalding, England.

These words written so beautifully tell the tender story of five-year-old Dot and Old Solomon, the gravedigger. Dot would spend most of her time in the cemetery of this English hamlet climbing over the grassy mounds, picking daisies and collecting them in her pinafore to throw into

the freshly dug graves to make them look pretty. Dot would question Solomon about death and dying and they discussed who would dig his grave. Dot worried about what happened after death and questioned Solomon incessantly causing much reflection. They often compiled and said prayers together. Solomon welcomed Little Dot's daily visits and she became the highlight of his days.

One day Little Dot did not appear. Sadly, as befell many young children in those times, Little Dot had become ill with cough and fever. She died shortly after. Solomon could still hear her voice as he dug her grave. He was sure Dot would have loved the daisies he placed there and prayers so meaningful to both of them. Such treasures in such a tiny book. I hope the young girl Violet had a full and happy life.

Martyred Village by Sarah Farmer. Driving in the Limoges area of France I read about the small village of Ouradour-sur-Glane. In June 1944 the villagers were



rounded up and almost all 642 residents were massacred by SS troops.

The men were forced into barns and shot. The women and children herded into the church where grenades were thrown in before the Germans set fire to the building. The local doctor who had returned from a home visit in another area did not escape. Five people survived including one woman who jumped through the church

window and was shot five times. She served as a witness at the Bordeaux trial in 1944.

When we visited the village some years ago, we were struck with the silence – it was eerie. We were quite overcome seeing the lives that were taken after the inhabitants had woken to what they thought was to be an ordinary war time day. When they were ordered to gather in the square they thought it was for the usual identity checks. Expecting to return home, they left their sewing machines, work equipment, cars and other requirements for usual family living as they were.

The ruined village is unique in that it has been left as it was on that fateful day and preserved as a national memorial to the atrocities that occurred there.



White Coolies, by Betty Jeffrey, (1908-2000) an Australian Army nurse who survived the sinking in January 1943 of the evacuation ship Vyner Brook from Singapore. She and others, including Vivien Bullwinkel, who had escaped drowning and massacre were incarcerated on Bangka Island.

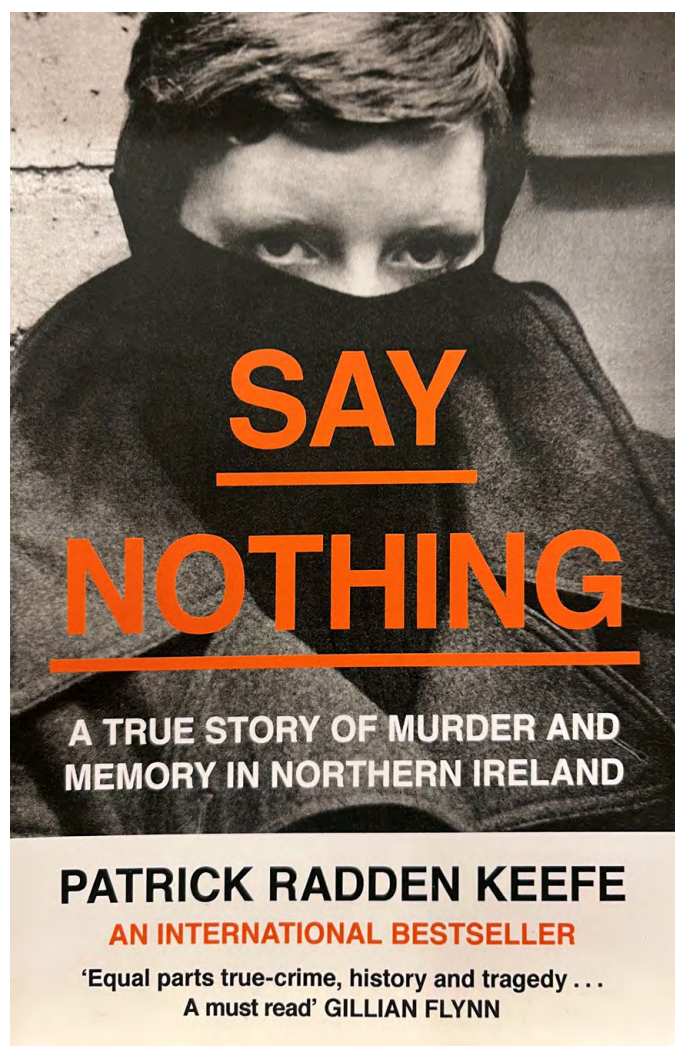
This book describes the terrible conditions and misery of forced labour and tragedy as friends one after another succumbed to starvation and cruel treatment by their Japanese captors.

It is to be remembered this record was mainly written under almost constant surveillance and threat of discovery and death.

A war record of the brave Australian nurses. In recent years more details have been disclosed of the torture and rape many of these brave nurses were subjected to before they were shot, bayoneted and killed by the Japanese.

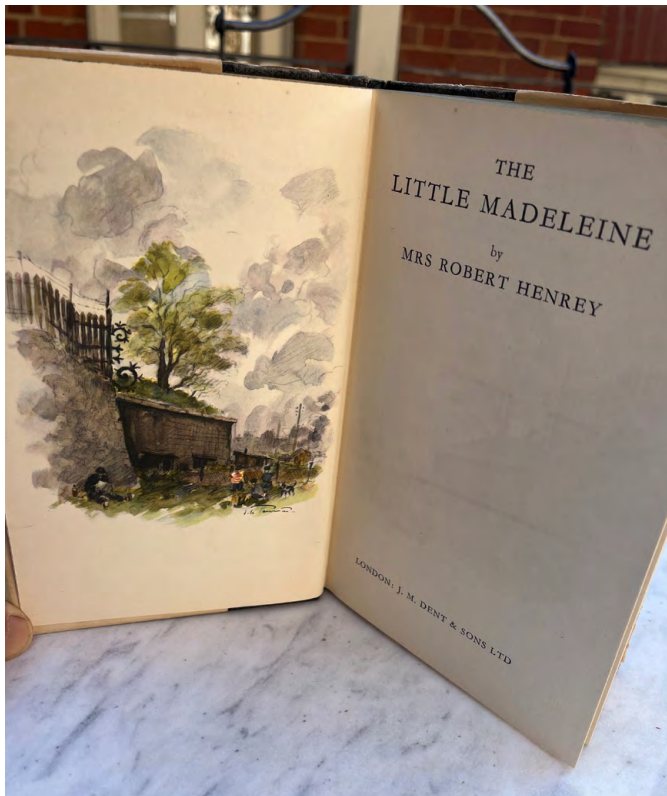
After the war, Betty Jeffrey and Vivien Bullwinkel fulfilled a pact they made to honour their dead comrades.

They raised the finances to establish the Nurses Memorial Centre in Melbourne's St Kilda Road to support the memories of nurses who died in war and assist nurses pursuing further study.



As we were driving in Ireland a few years ago I was interested to read **Say Nothing**, by Patrick Radden Keefe, an historical account on the Troubles events of murder in Northern Ireland. It was quite distressing to read that in 1972 a 38-year-old widowed mother of ten young children was dragged from her home in West Belfast in front of her children, taken away and executed. She was thought to be an informant.

The stories of two sisters, Dolours and Marian Price, are told with their activities in the IRA and terrible conditions of their imprisonments. It describes the history of the



Troubles and the violence of the times, the civil rights movement, hunger strikes and devastated families. Say Nothing is also about clan loyalty and the effect the burden of silence can have on individuals later in life.

The **Little Madeleine** series by Mrs Robert Henrey is a firm favourite of mine. Madeleine Henrey (1906-2004), a French-born writer, first wrote under the name of Robert Henry, her husband. Over time, perhaps in her early response to feminism, she added 'Mrs'. She wrote over 30 books mainly biographical about her childhood in Paris, pre and post war London and her farm in Normandy. The Little Madeleine, her first in a series of books, was written in 1951 and is the story of her childhood in Paris.

Madeleine and her mother went to live in London and she became a manicurist at the Savoy Hotel. It was in London where she met and married an English journalist. She writes about their house in Normandy in this and her following books as well as her favourite areas of Liseaux, Trouville, Deauville and Honfleur.

She describes raising hens and growing cider apples while her husband was away in London on war business. She writes about her mother in Matilda and the Chickens and her farm in Normandy in a captive and romantic way. In fact, so romantic that one day I made a spur of the moment decision at a market and brought two chickens home, one of which I named 'Matilda'.

The power of writing sometimes brings a new dimension to one's life. Our younger son had to quickly build a hen house, good grounding for his later career as a construction engineer!



In 1940, as Normandy was invaded by Germans, Madeleine fled to England with her baby Bobby but sadly her mother Matilda was left on the quay as she did not have a passport. Books about her time in London are very descriptive and Piccadilly and Green Park are areas we have enjoyed from reading her books.

Cottage and Garden in Australia by Edna Walling, 1947. Returning to Melbourne after living in apartments for some years, we settled into our home and began to enjoy a garden. I read books by Alistair Knox and articles of the work of Ellis Stones and became very interested in the concepts of architecture and gardening and challenges of the environment. Many of the early writings were of English gardens and plants, but interest in the Australian environment was becoming increasingly prominent. Edna Walling was born in England in 1895, came to live in Australia in 1915 and studied horticulture in Burnley.

She designed a group of English-style cottages in Mooroolbark, Bickleigh Vale Village and went about adapting her building and garden ideas to the harsher Australian landscape and conservation of the natural environment. Her English-style cottages with her acquired interest in native plants co-existing with her tougher English plants seemed to fare well with many gardeners. Many gardens in Melbourne are testament to her gardening concepts.

I became very interested after reading many of her books and so started my collection and adopting some of her garden concepts. Our former home had a large garden with camelias and azaleas, birch trees (planted only with odd numbers), crab apples and many roses. Columbines, foxgloves and seaside daisies flounced about and just

appeared and flourished where they felt at home. Ajuga loved the shade. Hydrangeas showed their lovely faces in the shade of our cypresses where other plants struggled to survive. Our family and friends enjoyed our winding lawn that led to my compost heaps and the working area near the old chook house overseen by the weeping branches of the she-oak. The shade was welcomed by the birds splashing with delight as they enjoyed the coolness of our bird baths.

We now have a smaller city garden. Edna Walling enjoyed relaxed gardens where plants and trees grew naturally. I learnt a lot about gardening and the manner in which she wrote. Whilst I decided not to grow lavender over which Edna draped her handkerchiefs to dry in the sun, I used a lot of ground cover such as various thymes with their small pink flowers left to creep over the edges of pavers. Edna writes about having something soft to walk on. Seaside daisies flourish in every crack and corner and would cover everything if allowed. Edna would have said let the garden go but space is the ruler here. White or bright pink geraniums in large terracotta pots stand like sentinels on our terrace. I have difficulty deciding which colour to choose as I like both colours. An overgrown path leads to a group of oak leaf hydrangeas that overlook an almost hidden fishpond and fountain. Edna wrote we have a duty to have something for the children more precious than expensive toys. I hope she would be pleased with our grandchildren spotting the gleam of goldfish moving in the water.

Hellebores welcome us in winter near our small garden wall on which sit our potted auriculas. As the flowers gently fade, Edna describes them as resembling old

velvet. In England, these and primroses grow profusely and were a favourite of Edna's, but I struggle and question why I persist during our hot summer days. Originally, I did have the notion of constructing a dry-stone wall here but for some reason I let that idea go, a decision I sometimes regret. Various shades of pink roses seem to enjoy the warmth of the brick walls and show off just as the blue irises below them begin to fade. Deep blue clusters of wisteria droop from the garage roof. A little later, the delicate racemes of a white wisteria drape veil-like onto the terrace.

In her book, Edna talks about liking when she is in, she is in and when she is out, she is out. My feelings differ as I like to be out, even when I am in. Usually, I am not fond of being in. Maybe this is because we do not really sit beside open fires away from the harsh English winters when many plants are dormant or perhaps it is just me who is an outside person.

Many years ago an old friend of mine Rae with her husband bought 'The Barn' in Bickleigh Vale Village. Rae was an intelligent and passionate gardener restoring the house and garden in a manner of which would make Edna proud. I had the pleasure of visiting many times with our family and gardening friends. We and others established a small Cottage Garden Group where we shared information and plants, visited other gardens and learnt from each other.

Thank you Edna Walling and Rae for sharing with us and your learnings and experiences to pass on to others. You have both left such wonderful legacies.

How Trevor Duke stole four months of my life, but in a good cause.

By Kevin Collins

The editor has invited me to search my memory for the background to the event on 9 November 2011, and here is what I found.

Please note that the helpful contributors mentioned here are not named, because they are all thanked individually in the long scrolling credits at the end of the presentation video and because this is not a complete historical account.



It all began on 4 July 2011 with an email from Trevor Duke, organiser of the RCH Grand Rounds, which included these words: "The last GR at RCH should be something special: a mixture of history, clinical service, science, institutional culture, looking back and looking forward but mostly about the people... Does this temp you?"

And this was all to be achieved in a 50-minute presentation.

After brief reflection, I accepted what was indeed a scary honour and began thinking about the broad categories to be covered (e.g. hospital history, prominent past people) as well as the processes required to achieve this (e.g. sources to read, images to locate).

As a verbal rather than a visual thinker, I usually plan presentations in a text file with headings and nested subheadings, rather than creating an octopus-like mind map. And as readers would know, in this early stage, all ideas are worth capturing and critical thought processes are switched off as far as possible.

It became clear early on that to be "fit for purpose" the presentation had to be more than a mere recitation of historical facts and display of images of former staff. Music and humour would enliven it. There was an emotional reality about the mood of hospital staff which needed to be acknowledged: as well as nostalgia, there was ambivalence about the moving process.

Before locking in any plans here, I felt the need to consult widely, and in mid-August sent an email with the subject line "Grateful for your ideas for the last Grand Round at the 'old' RCH site on Wednesday 9 November." The email, deceptively addressed to "A few thoughtful RCH colleagues," was in fact sent to some 320 Bcc'd recipients, from a wide range of professional backgrounds, some of whom I did not know personally.

I was not expecting replies from everyone, but wanted to be sure that anyone who had words in their heart had a chance to share them.

The responses to this were prompt, numerous and helpful. I was particularly grateful for two of them which helped me to frame the presentation.

One writer offered the concept that since we were all allowed to take with us only one box of personal items to the new hospital, we could think about "What's in our box?" in terms of everything (physical and otherwise) that we would take from the old hospital to the new.

The other suggestion with a more concrete outcome was to use the Slim Dusty song "Looking forward, looking back." The writer said "It's a bit of a daggy song but the lyrics are apt for the agenda you've described...Perhaps the RCH choir could be invited to sing it???"

From this point, two different processes were happening in parallel - gradually working on the broad shape and

major components of the presentation, and secondly, the relentless task of locating and surveying the available source material - such as text and images in Peter Yule's hospital history as well as earlier shorter RCH histories and old annual reports.

This also involved spending many hours in a room kindly provided by the then Educational Resource Centre (ERC), now Creative Services (to whose staff I am grateful for so many aspects of this event) looking at all the images stored on large numbers of CDs. This yielded much valuable material - as well as countless photographs of student nurse graduation groups...

The ERC staff also took additional group photos of hospital personnel not otherwise available, and provided archival videos for me to view.

Guided by Voltaire's comment that the secret of being boring is to say everything, I'll now focus only on how humour and emotional reality were to be addressed, within the sequence of the presentation.

Firstly, the two hecklers. It seemed valuable to have a couple of "refuseniks" to express our sadness leaving the 1963 building as well as staff ambivalence about the moving process, when we had been told that "Spotless" was in charge of arrangements in the new building, and had decreed what we could transfer there, how many pictures we could have on our desk and required their permission to attach anything to the walls of an office. This was achieved with a simple script for the pair.

This process also had the advantage of destabilising the audience so they were not entirely sure what was going to happen next.

Unfortunately a few weeks before the event, one of the original hecklers became involved in a conflict with RCH administration and was advised to keep a low profile, so I invited one of the musicians already involved in the event to double as a heckler.

Next, as a wistful contrast, ERC staff suggested I use the "Goodbye song" recorded by little patients.

Later in the presentation there was the opportunity to speak about who or what we would miss and what we would not miss, and to include outrageous images of respected colleagues.

By chance, when looking for other material, I came across the video of a project involving non-medical university students and RCH inpatients. The formal presentation ended with the eloquent words of two students about how they saw a children's hospital as special.

Finally, the closing song. This was a great suggestion. Minor changes to the lyrics made it more relevant to our situation. The convenor of the RCH choir was persuaded that the Slim Dusty song was worthy of the choir's talents and two colleagues with superior guitar skills joined me in

accompanying them. We rehearsed a couple of times. It was a bonus that then CEO was a member of the choir.

So, the structure and detail of the presentation gradually became clear. Then began what was for me the most difficult, and at times, frankly depressing part of the process: trimming it to fit into the available time and deciding what to leave out.

My daughter introduced me to the concept of “Kill your darlings,” variously attributed to William Faulkner and Sir Arthur Quiller-Couch. This recognises that one may be particularly attached to something one has written, but for that very reason one cannot be objective about its value and must be prepared to trim it ruthlessly if it does not serve its purpose.

A more immediate suggestion was made by one of my step-nieces, who noted that in one section I was speaking briefly about a series of over 50 photos of former staff. She suggested if I wrote a few words under each photograph, I would not have to read these aloud, but merely name the person, allow a little time for the audience to read them, then move on. This simple solution proved extremely valuable at a time when I was beginning to become desperate.

Corporate Communications kindly allocated a young woman on a short term contract to the department to help me with practical matters. In particular, she managed to secure one of the moving crates for me to use as a prop, reserved the seats needed for the choir, the hecklers and RCH dignitaries, and negotiated catering arrangements.

Early on the day of the event, my two musical colleagues and I met in the Ella Latham auditorium early for a tune-up and sound test of the space, then concealed our guitars and amplifiers. Later, I was taken aback by

the turnout for the event – from the front, all I could see was the auditorium filled with people, many sitting in the aisles. I was told that the adjacent foyer area with an additional viewing screen was also overflowing.

Fortunately – or thanks to obsessive planning by all involved – there were no technical glitches at all. Two videographers recorded the event from different positions, and around my neck were an RCH ID lanyard, guitar support strap and roving microphone so that I could stand in front of the lectern to engage the audience early on, holding a remote control to the laptop with the presentation .

I couldn't imagine a more responsive audience and would have to say that by the end of the session, I had some idea of how musical and theatre performers could become addicted to the experience. It was emotionally overwhelming, in a positive way.

Our editor has asked me to comment on discoveries along the way and obstacles that I had to overcome. No obstacles come to mind – I had access to whatever I needed and everyone I dealt with was helpful and encouraging.

There were discoveries – or rediscoveries – at different levels: mastering the more complex aspects of PowerPoint and iMovie, the joy of making music with others – even with a “daggy but apt” song. Probably some factual information about individuals and hospital history, but none of this seems memorable now. And most of all, the strong attachment that colleagues – including much younger colleagues – felt towards the hospital building they were about to leave.

I see the video of the Final Grand Round as a historical document, and for that reason it belongs on the hospital website ([view the video here](#)).

Congratulations to RCH Alumnus Dr Roger Allen

Christine Rodda

Portrait of Roger Allen here

Congratulations are extended to RCH Alumnus Dr Roger Allen following his award of the Distinguished Service Medal, in recognition of his lifetime of service to Paediatric Rheumatology, at the recent Australian Rheumatology Association's National Conference.



Roger graduated from the University of Melbourne in 1974 and completed his FRACP in 1982.

He trained in paediatric rheumatology initially at the British Columbia Children's Hospital in Vancouver then at the Clinical Research Centre, Harrow and Great Ormond Street Hospital in London, having been awarded the DEV Starr Travelling Fellowship in Rheumatology of the RACP in 1983 and the Nestle's Paediatric Travelling Fellowship of the Australian College of Paediatrics in 1984.

Roger returned to Australia in 1986, initially to the Camperdown Children's Hospital in Sydney where he met the late Professor Andrew Kemp, then Head of Immunology there at the time.

With Andrew's subsequent move back to Melbourne and together with John McNamara, an opportunity was created for Roger to return to RCH in 1991 to develop the Rheumatology Service, which at the time was led by a part-time adult rheumatologist at RMH, Dr Helen Moran, with paediatricians Max Robinson, Don Robertson and Susan Randle also having worked in this clinic at various times.

Under Roger's leadership, the RCH Rheumatology service slowly built up and, with the encouragement of some of the regional paediatricians, Roger started regular outreach clinics in various centres, namely at Geelong, Wangaratta, Shepparton, Traralgon, Warragul and Sale.

He also undertook suburban clinics in Bundoora, Frankston and Ringwood.

Finally, around the year 2000, the Australian Rheumatology Association recognised RCH as an accredited advanced training site for the FRACP, which then enabled a number of excellent trainees to come through the hospital program, including quite a number from interstate and overseas.

The early 2000's also saw dramatic advances in rheumatology with the development of newer "biologic" therapies, given the emergence of understanding of the role various cytokines played in inflammatory arthritis, and with Roger at the helm the RCH Rheumatology Unit participated in a number of international drug trials, which had the added benefit to patients of gaining earlier patient access to a number of these agents prior to any TGA/PBAC listing.

Roger witnessed the transformation of clinical outcomes for children and adolescents with rheumatological



Roger receiving his Distinguished Service Medal from the President of the Australian Rheumatology Association Dr Sam Whittle at their recent National Meeting.

disorders from when before the development of these pharmaceutical therapies around at least a quarter of patients needed some form of splinting or aid to ambulate, including being wheelchair bound, to these interventions now fortunately being a thing of the past for more typical juvenile arthritis patients' experience today, with a dramatic improvement in their quality of life overall.

Roger was also awarded the Elizabeth Turner Medal by the Medical Staff Association in 2012 for his work in rheumatology.

At the time of Roger's retirement from his clinical role in December 2019, there were 6 paediatric rheumatologists in Melbourne, all graduates of the RCH program.

ANZSPED Honorary Life Membership awarded to Associate Professor Phil Bergman

Christine Rodda

The Australian and New Zealand Society of Paediatric Endocrinology and Diabetes (ANZSPED) Council awarded honorary life membership to RCH Alumnus Phil Bergman on 5th August during its Annual Scientific Meeting held in Port Douglas. This was in recognition of his distinguished contribution to ANZSPED, to the knowledge of paediatric endocrine disorders and to the welfare of children with endocrine disorders and their families.

First and foremost the Society recognised Phil's legacy - his visionary proposal to establish in 2003 an annual Fellows' School for the Australasian Paediatric Endocrine Group (APEG - later renamed ANZPED) and for continuing to support, sustain and effectively advocate for it over subsequent years.

Today, the Fellows' School includes observers from general paediatrics, nursing, allied health and laboratory science, reflecting the inter-professional reality of paediatric endocrinology and the inclusive spirit Phil helped to shape.

This year marks the 23rd Fellows' School and the school even adapted to virtual delivery during the pandemic without losing its purpose or heart. Phil was also the APEG representative on the Royal Australasian College of Physicians Advanced Training Committee for many years.

Another area in which Phil played a pivotal role was in the development of the APEG/ANZPED website, transforming a minimalist site piggy-backed onto the Endocrinology Society of Australia site, into a stand-alone site that was functional and user-friendly.

He contributed a huge number of resources to the fledgling site and was then crucial in updating it and supporting its growth in scope. The site now has 21,000 active users per year, 71% from Australia and NZ, but countries such as the USA, India, and China also feature in the top five user list. In addition, Phil was an APEG Council member from 2003-2007 and as well served on a number of the Society's working groups.

Phil graduated from Monash University with an MBBS with first class honours in 1992, and he completed his



training as a paediatric endocrinologist at the Royal Children's Hospital, Melbourne from 1994 to 2000, at the end of which time he completed a Doctor of Medicine (M.D.) degree with his supervisor Professor George Werther, investigating the role of the IGF system in microvascular complications of diabetes mellitus and retinopathy of prematurity.

Having completed his training in paediatric endocrinology at RCH, Phil was given appointments at Monash Medical Centre in both paediatric endocrinology and adolescent health. He has also been dedicated to indigenous health and provided clinical care to the Murray Valley Aboriginal Co-operative in Robinvale and to the Bunurong Aboriginal Health Service in Dandenong from 2000 to 2005.

His international contributions include providing Paediatric Endocrinology support as Country coordinator for Cambodia for Monash Children's Hospital International (MCHI) activities, as well as providing clinical support and post graduate teaching in paediatric endocrinology for Vietnam and Bhutan. Phil also contributed to numerous Monash Health Committees over the years.

Tragically in 2021 Phil developed a rare post vaccination complication, which despite all the caring, supportive medical care that he received (and continues to receive) at Monash Medical Centre, has persisted, and finally resulted in Phil resigning from Monash Medical Centre at the end of January 2024.

Attending the ANZPED ASM in Port Douglas with his wife Andrea, involved taking their first aeroplane flight in five and a half years. The recognition and celebration of all Phil's professional achievements in this setting with the award of his Honorary Life Membership was an indescribable joy for both Phil and all his ANZPED colleagues.

With acknowledgement of contributions from ANZPED colleagues Associate Professors Louise Conwell, Peter Simm (ANZPED President presenting Phil's award) and Justin Brown.

An enduring passion for paediatric radiology. Vale Dr Valerie Mayne (Mrs. Pearce), Paediatric Radiologist

28th March 1936 – 20th April 2025

Lee Coleman, Michael Ditchfield, Christine Rodda

On the 3rd May 2025 family, friends and colleagues gathered to celebrate the remarkable life of Dr Valerie Mayne (Pearce), Val, who over more than six decades dedicated her life as a paediatric radiologist, teacher, colleague, mentor, mother, and matriarch.

Val attended medical school at the University of Melbourne receiving her MB BS in 1961 and as one of just twelve women in her class. At that time, medicine was still generally considered a “man’s world” and these women undoubtedly would have generally had to work harder to receive equal recognition with their male counterparts, so it was not surprising that these twelve women continued to support each other, and kept in touch throughout their lives meeting every year, if in Melbourne, for a long lunch on the first Saturday in December. Val attended her last luncheon last year December 2024.

Val undertook her residency years in Ballarat in 1962 and 1963, and married her beloved husband Brian in 1963. In 1964, she became a radiology registrar at St Vincent’s Hospital in Melbourne, where she trained over the following 4 years, as radiology was a 4 year course at that time. After completing her radiology training Val was appointed as a staff specialist at the Royal Children’s Hospital (RCH). It was commonly held at that time that married female doctors with children could not also have a full-time medical career, and professional women in any sphere were expected to forego their careers for family. Val and Brian had their first child, Justin, in 1969. At that time maternity leave was not available, so after Justin’s birth Val took just 2 weeks of annual leave and then returned to full-time work. Valerie was a leader in her field of medical women at that time.

Val progressed from staff specialist in Radiology at RCH (1968 -1972), to Deputy Director (1972- 1976), and to Director (the first woman to be appointed to this role), (1976 -1981). During that time she pioneered the



introduction of ultrasonography at RCH (1977), and she undertook her DMU (Diploma in Medical Ultrasound) in 1980. After stepping down from the role of Director, Val remained as a staff specialist from 1981 to 1994. It was also during this period that she developed her intense and enduring interest and expertise in the radiological diagnosis of skeletal dysplasias and rachitic disorders. In collaboration with Professor David Danks and geneticist Dr John Rogers, she established the bone dysplasia X-ray library at RCH. Val’s exceptional expertise in the radiological diagnosis of rachitic bone disease and bone dysplasias was widely recognised throughout her career. In more recent years she worked closely with Professor Ravi Savarirayan, clinical geneticist and Group Leader of Skeletal Biology and Disease at Murdoch Children’s Research Institute, Melbourne, until her retirement in 2021, and her publications in this area spanned a period of four decades.

In 1994 Valerie and Brian went to Sydney, where Val took up the position of Director of Radiology at Nepean Hospital Penrith, and later became Head of the Diagnostics Division at Nepean Hospital from 1995-1997, and from 1998 to 2003 she was Director of Medical Imaging at Nepean Hospital and Area Director of Medical Imaging for the Wentworth Area Health Service. During this time, Val negotiated for the first MRI Unit at Nepean Hospital. She was also a partner in the Sydney Paediatric Radiology Westmead.

After Brian’s death in 2003 Val decided to return to Melbourne. Although she was now aged 67, she had no intention of retiring! She joined the Departments of Radiology at Monash Medical Centre and RCH, finally retiring from RCH at 85 years of age in 2021 after more than 55 years as a radiologist.

Over her professional lifetime, Val witnessed and adopted a myriad of technological advances in her chosen field, from being the radiologist in a white coat with a pencil and protractor in her top pocket (to make those meticulous measurements manually when interpreting X-rays), to fluoroscopy, then ultrasound, CT and finally MRI. From reporting films on to tape for typists and checking paper reports, to reporting digital images on computers, and mastering voice recognition. Furthermore, Val was a perfectionist - she would not start an imaging procedure, especially fluoroscopy, without a detailed clinical history, and many residents and radiology trainees learnt that if clinical information was missing, then find it out before starting the procedure!

Valerie was recognised nationally as an inaugural member of the Australian Society of Pediatric Radiology - ASPR), and in 2010 she was made a Life Member of the Australian and New Zealand College of Radiologists for her contribution to radiology, pediatric radiology, research and teaching. In 2014 at RCH, she was awarded the Elizabeth Turner Medal. This award is to acknowledge excellence in clinical care provided by a member of the senior medical/dental staff of the RCH over an extended period of time based on the individual's contribution to the clinical care of patients, and is the RCH highest form of peer recognition for exceptional clinical care.

In her personality, Val was determined, strong and tough, with high expectations of herself and those around her, yet she was also very caring, always thoughtful and considerate. Consequently Val's impact was never confined to the walls of a reporting room - she mentored countless radiologists, many of whom now carry her insights forward. Val loved being part of a team, teaching her colleagues, the radiology trainees,

sonographers, radiographers, the administration staff, the surgeons and other clinicians. She loved the challenge of solving problems, and her skills in plain film reporting were second to none, in their detail, accuracy and interpretation. No referrer or colleague was spared her clear-eyed opinions when the occasion demanded, yet she remained charming, persuasive, and utterly unforgettable. Her sharp mind and sharper wit were balanced by her deep compassion and fierce loyalty to those she cared for.

Val's life extended also far beyond medicine. She was a devoted wife and a proud mother to four children — three sons Justin, Andrew and David, and a daughter, Stephanie, who followed her mother's footsteps into the imaging world as a radiographer. Val lived her values of resilience, generosity and dedication every day. Even in later life, when serious health challenges emerged, she met them with the same determination that defined her career. Her health battles were long and quietly endured, and her absence in recent years was felt by all who knew and respected her.

Val's life was one of service to medicine, to her family, to her patients, and to her colleagues. It was a life lived without fanfare, but with great meaning. The knowledge she shared, particularly in the special world of bone dysplasia, will echo in the work of others for years to come.

We remember Val with admiration and gratitude. We honour her legacy. We give thanks for the inspirational life of a remarkable woman.

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Geoffrey Lewis Klug

Wirginia Maixner

It is with a deep sense of loss yet honour to speak to you of Geoff's life as a neurosurgeon.

Geoff graduated from the University of Melbourne Medical School in 1959 and undertook his residency at the Royal Melbourne Hospital in 1960.

Under the leadership of Reginald Hooper, one of Australia's first neurosurgeons, he obtained his Fellowship of the Royal College of Surgeons in 1965 in general surgery.

At this time globally, neurosurgery was just emerging as a specialty in its own right and had no training program of its own.



Paediatric neurosurgery as a specialty was almost nonexistent.

In this environment Geoff, who described himself as a “Hooper boy”, was encouraged by him to become a paediatric neurosurgeon.

Thus it was that Geoff, despite having qualified as a surgeon became a resident in paediatrics in 1966 and a paediatric neurosurgical registrar in 1967 at the RCH prior to undertaking international neurosurgical fellowships at Great Ormond Street (1968), Royal Infirmary Edinburgh (1969) and Toronto Sick Children’s (1971).

During this time Geoff was under the tutelage of some of the most renowned paediatric neurosurgeons of their time.

On his return he became assistant surgeon at the Alfred Hospital and Queen Victoria Hospital prior to taking on the mantle of Head of the Department of Neurosurgery at the RCH in 1974 when Reg Hooper stepped down.

Geoff was only 39 at the time and he held this position until 1995.

Geoff remained a senior neurosurgeon at the RCH until 2009.

During this time and afterwards Geoff was a respected advisor on Medical Panels Victoria until he had to cease these during COVID restrictions.

Geoff was truly one of Australia’s pioneering paediatric neurosurgeons being instrumental in the growth of the speciality not just in Victoria, but in Australia and beyond.

During his leadership he developed craniofacial surgery with Tony Holmes, helping to establish the RCH craniofacial Unit as one of Australia’s premier craniofacial services.

He advanced care in spina bifida surgery.

He was a leader in paediatric epilepsy surgery and with Ian Hopkins established one of Australia’s first paediatric epilepsy surgery programs.

He improved head injury management and was instrumental in acknowledging the necessity of helmets when bike riding.

Geoff’s directorship saw many advances in paediatric neurosurgery - the microscope, an ultrasonic aspiration device for tumour removal and advances in oncological management of child brain tumours.

Each of these he integrated into neurosurgical practice at RCH.

Geoff was a skilled clinician and intrepid neurosurgeon.

He trained in the era before modern imaging of CT’s and MRI’s and navigation systems but saw their integration into common use.

To this day I remain in awe how he was able to accurately localise deep seated brain lesions with just skill alone.

He would read widely and was not afraid to try new techniques and approaches to improve patient care.

Mind you they didn’t always work.

But he would learn from the error and adapt that technique so that they did, with many successes.

Geoff collaborated widely with colleagues, a philosophy that he acknowledged was fostered when he was required to live in the hospital as a junior doctor.

He sought help and gave help to colleagues in Sydney over shared complex patients, sometimes sending them interstate for a “new thought process”.

I could go on, but these are just facts.

They do not do justice to the man who was the neurosurgeon.

I have been Geoff’s trainee, his colleague and junior and ultimately his boss, a somewhat unique position.

With permission of his work colleagues I would like to share some memories of Geoff as we knew him.

When I think of Geoff the first word that comes to mind is

Warmth.

No matter how long it had been since you last saw him Geoff would always greet you enthusiastically with warmth and welcome.

Virginia he would say, it’s lovely to see you.

It wasn’t just to me but to all and particularly so to his patients and their families.

His clinics were a great place to be.

He had this knack of remembering small pieces of information that mattered.

When my mother passed he sent a beautiful email highlighting the one time he had met her at a work function and captured amazing detail.

Nursing staff recall he would regularly check up on patients long after they had left the care of the ward, genuinely interested in their well- being.

He would spread happiness, routinely coming in on Christmas Day to spend time with the children, their families, ward staff, junior doctors, everyone.

He knew how to talk to children.

A child with a shunt - a tube draining fluid from his brain to his tummy asked him "Dr Klug, If I do a handstand is the poo from my belly going to come to my brain?" To which Geoff, somewhat theatrically as was his wont replied "excellent question" and gesturing with his right arm says out loud "No! No! No!, it is a one way system, the fluid from your brain goes to your belly but nothing, nothing at all returns to your brain".

Geoff could sing.

He had such a beautiful resonant voice.

He would sing Danny Boy while he was operating, in fact that was how you knew there was a tricky part as he would go quiet and at the end of the case when all was well he would burst into full chorus.

Compassion and wisdom

As a neurosurgeon there are times when we have to deliver confronting and tragic news to parents.

Geoff didn't like those meetings and would always steel himself before going into the room.

But once there he knew how to talk to parents.

How to let them know the gravity of their child's illness and give them courage for the long road ahead.

He helped many parents accept their child for who they would become after a severe head injury - " don't look at other kids, don't focus on school results, look at who they are and what they can do, walk beside them at their speed".

And with compassion came hope and optimism.

I remember a child who was deeply unconscious from a shunt blockage, a child who no one thought would recover except Geoff. Virginia, he said, wait and see, in a few months she will wake up, and she did and walked out of hospital. And in those three months not a day went by that his optimism wavered.

Geoff Cared

Not just about patients but about you, the person.

Whether you were his junior or senior, nursing staff or colleague.

I was his registrar and I was part of the hospital medical review - a yearly production by the resident staff.

I had a small but essential part in a 10 minute skit.

We were on call together and as fate would have it a child came in with an acute surgical emergency.

So there was Geoff and I scrubbed in the middle of the case when there was a call saying that I was due on stage.

He didn't bat an eyelid, told me how being part of resident activities was important, how he himself had been in med reviews before and, said off you go but come back as soon as you have finished which I did and we finished the case.

That was quite a unique experience in neurosurgery training.

His care would be expressed in the support he gave you as a colleague, in the way without hesitation he came when I was a consultant to lend a hand in a case that developed an unexpected complication, or the way with consummate patience he assisted me to perform my first hemispherotomy - an operation that splits the brain in two and in which he endured 13 hours of surgery as my assistant.

It was this care and patience that made Geoff an excellent teacher. He was happy to share his knowledge with residents, trainees, nursing staff and peers and taking delight in your success.

But perhaps the hallmark of Geoff was his good humour.

For Geoff was always happy, even on difficult days.

He never said a harsh word about or to anyone.

He was always kind, respectful, witty and approachable.

It still surprises me that as his registrar I felt I could play a practical joke on Geoff, one that I have to say that I couldn't follow through with because he was too nice, surprises me not because Geoff was gullible, but because even though he was my boss, it was OK.

For Geoff was the sort of person who when we were at Queenstown skiing at a Neurosurgery conference and a blizzard hit, comes sailing past us up over the cat trail, over a ledge, disappears, goes into the car park and lands it upright with a smile, he is the one who was the life of the party at our end of year functions, always up on the dance floor and sometimes on the tables, the one who on my last day operating as a registrar recited the Man From Snowy River from start to finish as a parting gift.

You see Geoff the neurosurgeon never saw just the child or the family, the trainee or colleague before him.

He only ever saw the person.

We were blessed to have known him.

Oh, Danny Boy, the pipes, the pipes are calling

From glen to glen, and down the mountainside,

The summer's gone, and all the roses falling,

It's you, it's you must go and I must bide.

Vale Geoff, you were much loved.

Peter Loughnan

Peter McDougall

It is my great honour to say a few words about my neonatal colleague and close friend Peter Loughnan.

After a stellar medical student career, Peter commenced work at the RCH as a member of the junior medical staff in the late 1960s. He surprised everyone by passing the Fellowship of the Royal Australasian College of Physicians soon after arriving, which demonstrated his amazing but sometimes underestimated intellectual abilities.

He also won the 'Wearing Award' for being a very naughty boy! His extraordinary intellectual talents were matched by his fiendish sense of humour from very early in his career.

After a few years as a registrar, he and his wife Marg moved to Canada to take up a position as Pharmacology Fellow at Montreal in 1973. Whilst there he didn't really like some of the French Canadians and subsequently taught me, a French student, his favourite French phrase: 'Vous get Stuffed!!'

He returned to the RCH in 1975 as the hospital's first clinical pharmacologist and soon published a stream of scientific articles in peer reviewed journals. His first scientific paper was published in 1973 in the Lancet with Peter as primary author, a very significant achievement. However, Paediatric Pharmacology was not given its due recognition in the 1970's and Peter went through a challenging period of his career.

In 1978, at lunch in the doctor's dining room at the RCH, Peter, met with his friend from his medical school days, Neil Campbell, who was the recently appointed inaugural Director of Neonatology. Peter noticed that Neil was looking very tired after several weeks on call and offered to cover Neil's night in neonates. And so, Peter's career in neonates was launched. With an adult fellowship and no recent experience in neonatology he soon joined the team of Campbell and Gillam. It was a seamless transition! I first met Peter during my term in neonates as a registrar in 10 west in 1979 and I joined the unit in 1984 as a consultant.

From 1978 until 1996, Peter was officially employed part-time with the Neonatal Unit and he also worked in private practice. However, from the time he started in the Neonatal unit Peter's dedication to the care of babies, their parents and all staff in the Unit was more than full-time. He lived and breathed the Neonatal Unit. Peter had a very focussed dedication to the care of sick newborn babies and applied his considerable intellectual talents, in combination with his passion to save babies who would otherwise not have survived. But he always cared for the quality of outcomes and would not pursue intensive care that parents saw as futile.



This dedication had very serious consequences when in 1989 members of the 'Right to Life Association' attempted to intervene in the care of a baby girl. A few days later he and I were visited by the police on a Friday afternoon. They informed us that we could possibly be charged with manslaughter if the baby died. It was a chilling event. I stopped the conversation and rang the CEO, Dr Barry Catchlove, who galvanised legal support. After her death the case was referred to the coroner for an inquest which was held 2 years later and known as the Baby M case. The RTLA had extensive legal representation and they pilloried Peter throughout the inquest. Peter put his incredible energy into this case and together with our solicitor John Snowden we spent countless hours towards a very successful outcome. This came at tremendous personal cost to Peter but through it he demonstrated his amazing resilience. This experience really cemented our friendship.

In the late 1980's Peter and I recognised that the lack of research in our department was a significant weakness. He mentored Peter Dargaville and Paul Ekert in their early research years going on to great achievements and the research profile of the department gradually lifted to its very high standard today.

We pioneered High Frequency Oscillatory Ventilation in Australia at RCH and ran education programs for neonatologists and nurses across the country. This mode of ventilation is now standard of care and has made a difference to thousands of critically ill newborn babies.

Through his close friendship with Bert Bunnell from the Bunnell Company in Utah, Peter introduced High Frequency Jet Ventilation to newborn care at the RCH.

Until recently, no other hospital in Australia had this technology. Through his tenaciously inquiring mind Peter developed techniques of its use that have been replicated internationally. Peter was THE expert in Jet Ventilation and an annual national seminar is now named after him.

Peter also became Australia's expert in the management of the extremely rare condition of Vein of Galen and he was the expert in Australia regarding Vitamin K prophylaxis.

He established the Cartwright Neonatal Database for the neonatal unit.

Peter was a great mentor and influencer: Among those he mentored were:

Professor Denise Harrison. He was supervisor of her PhD thesis on the groundbreaking use of sucrose in the management of procedural pain in neonates. After 10 years as Professor of Nursing Research in Canada she is now Professor of Nursing at the University of Melbourne and is a world expert in non-pharmacological pain prevention.

Dr Jag Ahluwalia neonatal fellow in the mid 90's. After a stellar career in Neonatology at Cambridge Jag is now Chair of the Board of Directors of Royal Papworth Hospital, UK.

Dr Neil Patel Clinical Innovation Director and Consultant Neonatologist, Royal Hospital for Children, Glasgow.

Professor David Tingay, Clinical neonatologist and Respiratory physiologist, Melbourne Children's Campus.

Professor Rod Hunt, Director of Neonatal Research, Monash Children's Hospital.

As a result of his life saving efforts of their daughter, Chris and Sophie Clarke ran the first "Celebration of Life" fundraising Ball in 2002 which was an annual event for over 10 years and raised over a million dollars for the NNU.

What made him stand out?

His care of all staff in the Neonatal Unit by Peter was legendary. He always had good things to say to people and to make light of a bad situation. Caring for the sickest babies in Victoria is challenging at the best of times and there are many dark hours. Peter Loughnan had the most amazing ability to inspire people and keep them amused yet focused on the care of babies and families. His care of staff enabled the team to thrive and achieve great things by bringing joy to work. He wore his heart on his sleeve and staff could observe that bad outcomes could make him cry and he shared this with staff and frequently debriefed with them.

His care of parents went above and beyond the call of duty and they loved him for it. They even forgave him for being late or doing unusual things like wearing a party hat during a meeting!

His care of patients In addition to intensive care he would do extra things like flying a baby and mother in his plane or buying an ice cream or a trip to the zoo. He was always very attentive to the comfort of babies in simple ways.

His humour I still smile thinking of the many anecdotes he told over the years. They were repeated many times and each time with a different slant. Most of them were loosely based on fact! My favourite was the condom story.

He was never 'Politically Correct', but only he could get away with it.

The ward Christmas Parties were always fun and many of the children of staff still remember them.

He loved writing songs. His most famous was the ECMO song which won the Golden Membrane award at the annual ECMO conference in Breckenridge, Colorado. He travelled nonstop from Melbourne and arrived half an hour before the competition surprising us whilst we were rehearsing. Just a few weeks ago he and I sang it again.

Being late: He was always late for meetings, ward rounds, lectures, social events, and he usually walked into the room with an innocent look on his face that said 'why are you all so early'.

His Being loved by his colleagues Ruth Armstrong, Anastasia Pellicano, Amande Moody, David Tingay, Michael Stewart, and John Mills who stated that Pete 'broke the mould and leaves a legacy of innovative thinking, countless children and families who benefitted from his compassionate care, an enthralling raconteur, artful mentoring and his scores of his stories which may never be verified'.

Antarctica. He and Marg had 8 trips to Antarctica as ship doctor and nurse even though they had no experience in adult medicine or surgery since their early years of training. But like his career in Neonatology he learned a lot about Adult Medicine and Surgery and his patients benefitted.

In 2002, Peter's great work was recognised by the RCH, by awarding him the hospital's most prestigious award, the Gold Medal followed by the Elizabeth Turner Medal a few years later awarded by RCH Senior Medical staff.

Two days ago, my son Robert wrote from Northern NSW to Marg which he copied to me and I quote: 'I have thought about you and him often throughout the years about the trip to New York we did together which was so important to me 23 years ago. The two of you touched and coloured and changed a lot of lives, as you did mine. I could say so many things about him, and everything I say could apply to you too. So iconic and inseparable you both were. The humour, the warmth, the intelligence, all the banter, the yarns, the care, the adventure, and the friendship you have showed my old man, and how important Peter and you were and are to him.'

Vale Peter Loughnan