



THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

Chas Martin O.A.M. Ambulance Victoria Museum



30th Edition – Autumn 2024

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The Beacon Contents:

Cover: Front Line Work	Page 13: Museum Open Day Cont'd
Page 2: Contents, Directory, Copyright	Page 14: Ringwood Branch Opening
Page 3: The Curator's Desk	Page 15: " " Cont'd.
Page 4: Nurses, Old Breed, New Breed	Page 16: AHSV Life Memberships
Page 5: A Journey in Nursing	Page 17: Telegrams, Phone & Mail
Page 6: " "	Page 18: A Hallmark in Co-operation.
Page 7: Ambo Antics	Page 19: A Mercy Dash
Page 8: From the Editor	Page 20: " " Cont'd
Page 9: Important Message	Page 21: A.V. Pipes & Drums Band
Page 10: Museum Open Day Feature	Page 22: In - Out, and About and Beyond
Page 11: " " Contd.	Page 23: Great Days of Yesteryear
Page 12: " " Contd.	Page 24: Rear Cover – AHSV Service Offer

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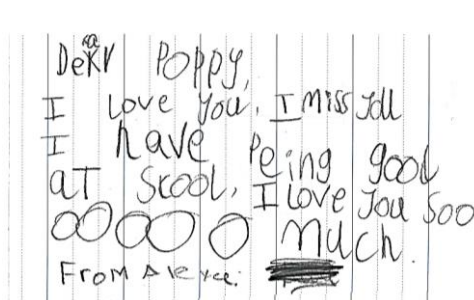
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#### The 11<sup>th</sup> of June 2024

marks the second anniversary of our late curator **Charlie (Chas) Martin's** passing. Chas' wife Marg was presented with this touching memorial by 6 year old Great Granddaughter **Alexa**.







## *The Curator's Report.*

**Hello members!** As usual It has been a very busy few months as we continue with various essential work schedules like vehicle maintenance and repairs, tours, events, as well as the day-to-day operation. Then, in the same time span, plan and facilitate our **Open Day** and also carry out two Special Presentations for **AHSV Life Memberships** awarded by merit to deserving members **John Blosfelds** and **Rona Halliwell**, and another to a former **NSW Ambo**, and long term AHSV Member and generous contributor, **John Atkinson**, Sydney. We believe it is prudent and fitting to recognise people who have made a difference to Ambulance history. It is also felt that this *formal certificate recognition* awarded for personal achievement in years gone by passes this knowledge on to others. The certificate presentation and its display will bring further appreciation, respect, and gratitude to our former colleagues, and also family pride.

**Our Museum** has been honoured by a visit from a **Singapore Ambulance** delegation that were visiting **AV** to make an MOU collaboration of co-operation between both organisations. (Further details and image contained in The Beacon)

In discussion with committee, we cannot help feeling a sense of accomplishment and pride for the incredible journey of our history that we have embarked on together. We have celebrated the rich tapestry of our shared heritage by virtue of the milestones of the **Ambulance Service Victoria**, never before so collectively preserved. Of course this Hallmark never just came about by chance, without the development by our late Curator **Chas Martin**, OAM and the incredible on-going ability of our talented museum volunteer team, a special team that we have had the exceptional good fortune to acquire, and of course the ongoing support of **A. V.**

**National Volunteer Week** will be held **May 20 – 26**. This is especially important as all our resources are volunteers and are recognised for giving us their personal time for our museum to operate overall.

Our **AHSV Museum** reaches beyond the overall tangible preservation of our proud Ambulance history for the people of Victoria and over our borders. *Our Museum membership* is, in principal, a close family of friendship and camaraderie. We are here for each other in times of need and/or support. Preservation of our ambulance history also reaches out to encompass the very essence of our function, **Ambulance Personnel!** Without those past and present serving members there would not be any Victorian Ambulance history to honour and preserve. **Recognition of Service** certificates acknowledging individual service are now available from AHSV.

A month or two ago to this end, our Beacon Editor proposed and promoted a **“Post-Service Register”** of former Victorian Ambulance members to be on public display by member consent at our museum. This register would encompass **all divisions** and operational members of Victorian ambulance, **ACO, CERT (5 years plus)** including proven **Posthumous** registrations by **Next of Kin or Trustee**. Facilitators, **Pete** and **Barb**, report that the uptake of the **Post-Service Register of Service** has been very slow, and unfortunately at this point it is not practical to justify the work and expense of setting the program up. However, it will remain open and participation will no doubt increase over time. If you wish to participate in this program, please contact Pete or Barb for an emailed Service form. : [vintambos@bigpond.com](mailto:vintambos@bigpond.com) or **Text 0427 508888**

In addition to this register, we would appreciate expanding our ability to hold group photos of earlier days of **AOTC** classes to display for old colleagues and others to view. If you will share these photos with us please send them to us by Email; [ambulance.historical@outlook.com](mailto:ambulance.historical@outlook.com) or post to **AHSV, 1/55 Barry St. Bayswater Vic 3153**. Hard copy photographs will be copied and returned to the donator unless otherwise advised.

There is always a warm welcome at our museum for our members wanting to fill in a few hours now and again on your own basis. The tasks range from computer collating of vintage ambulance donations, to a variation of light duties. Any interested persons please phone me on **0419 619 430**. The museum crew are a great lot of friendly blokes and women.

Until the Winter Beacon edition, please take care and keep well.

**Ralph V Casey, ASM**

Curator .

**Chinese Proverb:** Confucius say: “Young man who stand too close to big bonfire with pocket full of crackers bound to miss all the other bangs in life.”

## ***Nurses; Old Breed, New Breed, A Special Female Gift.***

**FOREWORD:** I was first introduced to the then-female dominated nursing profession on my commencement in front line ambulance in 1965. It soon became evident to me that here was a very special group of the female gender that chose this career. Following, was deep admiration and respect, a mindset that has remained with me to this very day.

Within this personal regard there still remains the intrigue of why a mainly young female would choose this career path compared to other vocations. The majority of these trainee nurses in this era but kids of 17 years of age. Also, today entrants to nursing remain represented in majority with these youngsters in our modern times.

Also, in this intrigue I often ponder why in these previous decades a young female would wish to adopt a lifestyle of shift work, and subsequently a restriction on social life. A disciplinary workplace and mandatory hospital live-in accommodation during training with strict house rules, together with significant duty expectation and responsibility accompanying from the outset? Notwithstanding, dealing with patient emotions, at times unpleasant and abusive, comforting those in pain, suffering, and passing, and constantly assisting with, and disposing of human excretion, vomit, and other waste and associated soiling, bed, linen, gowning, and at times personal garments and on one's actual person, without any concern or fuss, which I assume is the same case with female paramedics. However, I confidently doubt this quality exists with males. (*particularly myself,*) Another attribute is the essential ability to be bright and cheery, control personal emotion in near any circumstances, including the very regular encountering sights of severe trauma and death, as did their male-only paramedic counterparts of that particular era. That said, in all passages of time every Ambo past and present also belongs to a unique and select group of humans as well.

Furthermore, was this career choice motivated by challenge? or by entering a highly respected uniformed profession? camaraderie? family tradition? or by inherent empathy and the deep desire to care and comfort fellow humans? To me, in my lengthy observation over years, the motivation that is a standout is the latter.

This career, as opposed to a young lady spending time each morning on ensuring personal attraction, going off to a 0900hrs start, hair and dress modernly immaculate to a friendly office environment, and a paper chase workplace, with the worst case of unwanted disposable matter being emptying the waste paper basket. Then a 1700 hrs finish and off to a home environment and mum's cooked dinner, topping off an "after work drink", Friday night and weekend plans in sight. Living a routine life, normal sleep, regular meals, and so on, all of this with a similar, or more and often a greater Pay Packet.

Although potentially my personal admiration and accolades to nurses may have originated in the days of say the 1960s/70s in hospitals, particularly in Casualty(*Emergency*) in the darker days of mass road trauma and death. These excessive cases were taken to hospitals and on many occasions to Casualties Departments with young nurses on duty, victims suffering human injuries that would make even the toughest Ambo quiver. For these youngsters it was look, get over it, and get on with it unperturbed! Their shift completed, then normally back to residence at the nurses' home, no Mum there to talk to and to console an offspring's bad day and them to let it all go maybe with a few tears.

And then of course was the "*Matron's Inspection*" likened to the grim reaper appearing in a life support unit. Nurses stood petrified like statues praying that there was not a tiny crinkle in the bed cover or such minority. Even the patients lay still under the covers near afraid to breathe. If Ambos happened to be in the ward during this ritual they also joined the Status Quo in petrification with their nursing counterparts, terrified to sneeze, cough, or anything worse like a gastric wind disturbance, and continually await for their timely escape.

My experience over the past 25 years has been in the main with the new tertiary trained nursing breed in a personal hospitalised situation. (Although conceding being a former Ambo is definitely advantageous) and my opinion overall of all nurses remains unequivocally unchanged.

*And, in weighing up all of the above factors, my final evaluation of the female nursing profession is:*

***Nurses are an exceptional and gifted category of females, whether born into this, or acquired – Thank God for this exclusive gift! Also, I consider all Nurses from whatever era or sector as my close and respected Colleagues.***  
Ed.



**A Happy Wendy**

## ***A Journey in Nursing***

*Wendy Evans (Nee Lugg) was born at Heidelberg, Victoria, in September 1958, and raised in the Heidelberg family home. She remained living at home during her years of education at Heidelberg High school, attaining year 12. It seems Wendy had a nursing career on her vocation agenda, as she had cast her net out to two training hospitals in the final year (12) of high school. Also, it would appear Wendy had vision of reaching a high qualification status within the nursing profession, as her personal account will reveal.*

*Wendy's following profile is an honest, balanced, and informative freehand account of an individual's nursing role from beginning to end. I am sure readers will enjoy following Wendy's impressive journey through nursing encompassing a 42 year time frame. – Here is Wendy's story: Ed.*

I applied for nursing at PANCH and Austin during Year 12. Both hospitals had different approaches to selection at the time. PANCH used the traditional interview technique with two senior nurses whilst Austin had introduced a combination of psychological aptitude testing with successful applicants progressing to the interview and final selection phase. PANCH deferred me until 1978 so that I could get real life experience (I'd been working part time for 3 years so not sure what they had in mind) Austin offered me employment in the next intake. Their psychological testing must have been robust as I spent the rest of my career in nursing and related health administration roles until my retirement in 2020.

My three-year certificate training commenced in January 1977. This was the first year that Austin had collaborated with Preston Institute of Technology (PIT), Bundoora (now known as RMIT Bundoora) on a tertiary model.

Austin's model combined the first year for Austin certificate stream nurses and PIT diploma stream, with all training undertaken by tertiary teachers at PIT. All students were paid and worked at Austin as first year students between study blocks.

There was a lot of skepticism about the tertiary course by Austin staff. I'd never looked into the tertiary system and was also skeptical. The PIT non-nursing lecturers were still coming to grips with what was required. For example, one Anatomy and Physiology (A&P) lecturer (not mine) taught all the nursing relevant subjects in depth. My lecturer, who ended up at the Australian Institute of Sport focused on bones and muscles to the degree a surgeon would need but had tokenistic sessions on the endocrine and renal systems, which are far more important to nurses. Another lecturer teaching us chemistry was so engaged he came to the Austin renal ward to learn all about the chemistry involved in renal dialysis. I was working on the ward that day, so he spent time talking to me about what I knew as a first year and he was genuinely interested. This resulted in him delivering highly relevant sessions for nurses.

One positive aspect of this combined approach meant that the tertiary diploma student nurses were paid for their clinical time at Austin. This is a big contrast to future models where clinical time is supernumerary and often nurses have to organise their own placements. I believe the current model of public hospitals having affiliations with tertiary institutions is much more supportive of nursing students' placements.

By the time my three-year training had been completed Austin had introduced a Graduate year with ongoing supported training including how to manage a ward. In the 1970's a second- or third-year nurse could be in charge of a ward, particularly overnight, with a qualified Registered Nurse (RN) available from another ward to provide tasks that only an RN could do. At times we might only see the RN for less than an hour for the shift.

Times have changed and only qualified RN's can be in charge of RN's Division 1 & 2 as students are supernumerary. Patient acuity (level of assistance required) has also changed with new and improved medical techniques. For example, when I was training if a person needed Intravenous (IV) antibiotics or pain management this had to be done in hospital but now with long term IV access lines patients can go home and have one or two daily visits from a nurse. Operating techniques were more invasive (no laparoscopic keyhole surgery) From memory a patient with a total hip replacement would spend a minimum of 2 weeks in hospital, much of this bedbound. The changes are better for the patient and frees up beds but in the past the workload was less stressful for nurses as many of these patients were able to shower themselves and only required probably less than 1 hour direct care.



During my training at Austin, I spent several weeks doing acute spinal nursing. In those days spinal patients were admitted directly to that ward, ward 7. I'm sure some members of the museum will remember those transfers. Whilst I was there in my 3<sup>rd</sup> year, we had a run of cardiac arrests over a few weeks ( it happens) I was in awe of the ICU nurses that attended, opened up the sealed arrest drug box and did magic assisting the doctors to resuscitate patients. It made me very interested in knowing more about intensive care nursing. It was probably my first initiation into looking at patterns in clinical incidents (more about that later) and putting changes in place. Several patients had had pulmonary embolisms (PE's), so the care of acute spinal patients changed to having calf stimulators attached on admission to decrease the likelihood of developing DVT's, the precursor of PE's. This reduced the number of arrests. Austin had MICA 4 on site and when they were at the hospital they were included in the arrest teams, particularly at night if they were available.

My husband Col Evans ( we were married in my second year of training ) joined the Ambulance Service in June 1977 so we were both aware of the crossover and collaboration of the two medical fields. The biggest interface with nursing and ambulance work was in ED.



**Col & Wendy**

After my Graduate year I started my Intensive Care Certificate at Heidelberg Repat.

I enjoyed one on one nursing as it was very holistic, and I wanted to know more about Critical Care. On the scale of things Repat didn't have the glamour of big hospital ICU's but I loved that training and am glad that I chose to do it there. I'd also applied for Austins course, but the Repat offer came in first. Repat didn't have some of the acute patients that other ICUs did but the complexity of the "old diggers" medical conditions resulted in nothing being straight forward. Due to the junior nature of a lot of Repat doctors the Intensivist in charge (Rick) made sure the nurses knew respiratory function and ventilator settings to a very high level. Respiratory management was nurse led. I found it difficult in future years when I was doing casual, and agency shifts at other ICU's not to have the respect that Rick gave us. I often liken this level of trust to that of Dr Sloman when he set up MICA. During our course we all had a day allocated working with MICA 4 to get a better understanding of prehospital work. Everyone really enjoyed this. One student went out in the rain to an arrest and came back telling us all about having to move the patient out of a puddle prior to defibrillation. It left a big impact on the importance of checking for hazards.

I left Repat when I was pregnant with our first child. I worked casually around my husband Col's ambulance shifts before the birth of our second child, and subsequently took some time off until our third child was in kindergarten. Using creches was not common in the 1980's. When I was ready to go back to casual work, I had been away from nursing 4 years. The Health Department at the time expected you to complete a refresher course to re-enter nursing at a public hospital. Fair enough, where can I do one? Oh, we don't currently have any running! Catch 22! Fortunately, one of my earlier charge nurses who I was in contact with was working at a private hospital and suggested I apply there. I went for an interview and came home with a uniform. They put me through a supervised individualized refresher course. I loved being back in nursing. By this time Col was a Branch Manager, (Station Officer), with a set day off so I could put myself down for shifts on those days. They had a High Dependency Unit (HDU) and once they had assessed my current skills, I often had shifts in there. As luck would have it within a year, they were setting up an ICU and organised for all HDU staff to be upskilled with a series of in-services and stints working at Austin ICU. The ICU intensivists were running the medical side of the private ICU service and were very supportive of us.

As our boys grew, I chose to go back to part-time work and progressed to an Assistant Unit Manager in the ICU. I wasn't sure if I wanted to stay in nursing forever so I made an appointment with the Director of Nursing (DON) to get some career advice including whether to do further studies in Nursing Management or general management that I could use outside of nursing. She was undertaking an MBA at the time and felt this was the way to go. It was in the late 1990's and as well as more formal management courses being undertaken by Ambulance Officers at Monash University in La Trobe Valley, other A/O's were undertaking MBA's as well, at various Universities.

I enrolled in an MBA course which I completed over the next few years, and it was a good move. I had taken on the portfolio of quality for ICU. This included Patient surveys of the ICU experience which we used to improve our care. We introduced pre-op visits for patients so they would understand what would happen to them in ICU. In 2001 the private hospital group that I was working for decided to have full-time quality coordinators across their hospitals. The role included data collection and analysis as well as assisting the DON with patient feedback and clinical incident management (e.g. medication management mistakes, falls etc) and coordinating accreditation. Analysis was used to make changes when required to improve patient safety and reduce risks. We were all flown to Sydney to undertake a three-day training course in quality systems.

In the late 1990's and early 2000's the federal government was overseeing quality and safety and forming minimum standards that became mandatory in 2013. I worked full-time in this administrative field, in both Private and Public Sectors, for the last 18 years of my career and found it to be very rewarding.

*Thank you for sharing your career path with The Beacon Wendy from adulthood to retirement. I enjoyed reading your nursing journey and I am sure many others will also. Complimentary to your account is that your nursing track record will be an inspiration to any youngster contemplating joining the profession. Ed.*

### ***Ambo Antics:***

**Our first story** originates from a service in the South Eastern coastal area of Victoria. The account was relayed to me and recaptured to the best of my memory's ability. The H.Q. workshops of the Service were headed up by a New Australian mechanic nicknamed "**Agro**". Seems "Agro" was very much E.C.D. and certainly not the most pleasant man to work with - he would go off at the least imperfection. The staff toilet being his pet aversion, amongst many other minor in-house occurrences. This would bring raised voice expletives and abuse for simple issues such as flushing, bowl cleanliness, paper and such. Of course, boys being boys, the situation opened the door to exacerbate, and exploit in retaliation for this considered, uncalled for, and annoying behaviour, this devilment drew many willing perpetrators to partake. (**Incident one 1**) consisted of the covertly placing of vegemite on the toilet seat of the only sit-down cubicle. Nature called "Agro" urgently, this giving cause for him to use this facility in haste without prior inspection, with an inevitable outcome. For a while silence prevailed, then! with a vegemite marked bum, WW3 broke out! with loud expletives, threats of physical violence, and a tantrum with raised fists, creating a rapid evacuation of present nearby staff. (**Incident two 2**) Quite some time after this event, and Agro had settled down; but still ranted over minor toilet issues, thus giving rise to further intimidation, this time perpetrators were aware that there would be Agro's pre-toilet inspection. As such, an upfront act of aggravation was selected. Agro seemed to use the cubicle prior morning smoko, so timely before this daily routine, perpetrators sprinkled patches of water on the toilet seat, in the bowl, and on the floor in front of the bowl, then on all water patches sprinkled coffee grains, the result imaginable!! Smoko imminent, Agro entered the cubicle, no silent interval this time! There came an immediate megaphone like bellow and a release of obscenities all heard by the office girl up front. He crashed through the toilet door in a fit of uncontrolled temper seeking anyone in sight to pay retribution, but to no avail, as all had taken cover. With this, he headed for the Boss's office, eyes bulging with rage. The Boss eventually calmed Agro down and gave him a sympathetic hearing, hiding his mirth. Not long after there was a written inter-service notice board posted instruction that Service toilets must be kept in a pristine condition at all times. A few months later Agro resigned stating he was returning to his home country as he didn't like Australians, I think it would be fair to say a mutual feeling!



**Dinky DI. - My dear friend Di** told me this following account that occurred in a conversation with her brother **Geoff**. Geoff was on a recent coach tour to the Red Centre. There was a younger woman on the tour sitting in the window seat beside Geoff on the bus. After a while on the journey, he began to make conversation: "*It's a lovely day isn't it?*". She replied slowly: "*Yes- it - is -isn't- it, always- lovely-- in Autumn.*" Noting her slow vocabulary, Geoff said: "*You have an interesting, very slow manner of speech*". "*Yes! -*" she replied: "*I do. I -have - a - brother -that - speaks - slower -than -I, - and - a-sister - who - speaks - slower - again.*"

*For - instance - when -she -was out -with -her -new boyfriend -the -other -night -and he propositioned -her - before -she - could -say -she -was -not -that - sort -of -girl - SHE WAS!"*

### ***In the Beacon Pipeline***

**Barb and I** are looking ahead all the time to source out new and varied series, topics, and news of interest to bring to our readers. Often in conversation with colleagues ideas for articles are picked up in the chat. This can range from pieces 100 years ago to the youngsters in our service today carrying the banner.

**Next issue of The Beacon (Winter)** I hope to bring you an interesting account of looking into the trials, tribulations, tears and smiles of a sparkling new paramedic and another tertiary member 5 years down the track in the job. I feel it is easy for our older generation of Ambos to overlook the input of new young members of our service. And in the process of doing this, unintentionally place our era of personnel on a pedestal above these new colleagues due to conditions, workload, and overall experiences. I guess you will form your own judgement on this issue after my account in the next Beacon.

## From The Editor

My opening statement for the first Beacon for 2024 included “*Just as well we don’t know what any new year holds for any of us.*” For Barb and me this rings home. Just after my serious health episode in mid Jan.’24 mentioned in the Summer 2024 Beacon, Barb had a serious fall causing severe head and facial bruising and a triple fractured (R) Patella, resulting in a long term full leg splint and restriction. However, being the person she is, it was get on with life as best possible! Both of us try to adopt the old adage; “*There are always others worse off than you*”. And in both our cases, sincere appreciation to the Albury Base Hospital doctors, nurses, associated staff and the NSW Ambulance Service SRU and paramedic crew attending.



Incidents as such, and others of a more dire nature that may befall any of us at any time, once again give rise to that wonderful medication; ‘*laughter and humour*’. So, on this note I will move on into a new segment introduced into this issue of *The Beacon*. This segment is aimed primarily to do exactly as stated, create humour and mirth. The articles are factual and drawn from the gone by days of ambulance pranks, mischief, and devilment. A unique era more likely not possible in today’s service environment as this now may be construed as bullying! Also, sadly many of the members responsible for these mischievous situations are no longer with us. Most of these stories at the time spread throughout the various service/s bringing smiles and laughter and still live on today within the memories of some of our older colleagues.

We will head this segment up *AmboAntics* and we hope that the accounts published this issue will bring a smile or even a chuckle, together with the potential we may receive other contributions of these devious acts buried deep in old memories that we can publish for the amusement of other readers. Along with this, as *The Beacon* is basically a history publication, we intend to include accounts of how things were in the past titled : *The Great Days of Yesteryear*! This is a trip down memory lane for those who can recall, and an insight for those unaware of these times, there is self-contained humour within these very stories. Also it is a break from a constant Ambulance blurb. Should this segment be not popular we will discontinue it. (*if we get the feedback*)

Those of us of the earlier ambulance generation like myself probably look at our great world leading Ambulance Service of today, the vehicles, warning systems, Air Fixed Wing and Rotary divisions, OH&S, pay, and conditions, and so on. However, this achievement did not just appear out of the blue, it was built on a solid foundation, a foundation laid by the likes of us, those before us, and those after us. A sound foundation layed by trial, tribulation, tears and smiles, and at times heartbreak. Such are the legacies of the job; However these legacies are all bundled together with pride, satisfaction, self-respect, and public respect, and the personal capacity to respond to any challenge thrown before us. So, if you have worn our uniform with pride and contributed then walk proud! This great success story belongs to each and every one of us.



As always I extend my sincere appreciation to my wife *Barb* for her input producing *The Beacon*, at times this takes many hours of concentration to complete the graphic design and layout of the publication. Also on this note, both Barb and myself were humbled and honoured to be nominated by Curator Ralph Casey in the Volunteer Week appreciation, and to be amongst the three AV recognised recipients posted throughout the entire AV network. Thank you Ralph, our museum counterparts, and our loyal supporters and readers, it is great to know our work is appreciated.

For the years of duration of *The Beacon* I have personally advocated for a formal recognition of wives and partners in the decades past of ambulance service. Both Metro and Rural/Remote ambulance operations. Metro wives with the ratio of city cases were confidants, trauma councillors, and inspirational supporters imparting the resilience for their man to continue on. (However nowadays with our female complement this situation may well be reversed.) Their rural counterparts were all of this, and as well played a 24/7 pivotal role in the very operation and service provided by the minimal manned Ambulance stations in country situations. The lady tasks a plenty, answering phone calls 24/7 and 2 way radio, taking subs, giving first aid at the station, helping clean an after case ambulance, fund raising, all supporting a normally sole husband paramedic, and at the same time, a house wife and raise a family. So, they have certainly earned a place in our ambulance history, but sadly this has been a long time coming. However in discussion and agreeance from curator Ralph Casey and the AHSV committee this thankfully will now begin to change.

Keep smiling,

**Pete.**



## **Important Message!**

### **Process to obtain AHSV “Recognition of Service Certificates”**

Issue of **both certificate categories** will require provision of a returned simple **Service Record/Information Form** for validation of service purposes. (notwithstanding those who have previously provided completed forms for the AHSV Service Register. **Only a formal request for a certificate will be required**) These certificates will be provided **Cost Free**, courtesy AHSV, however a **small optional** donation to offset our production costs and postage would be most welcome.

**Colleagues, Wives and Partners, Appointee for deceased/ or compromised members** wishing to acquire either certificate should Email **Pete** or **Barb** at [vintambos@bigpond.com](mailto:vintambos@bigpond.com) or Text **0427 508 888** to obtain the required form. This information will be **held confidentially** and used **only** for the certificate information and validation – (Postal forms are available to those requiring same) **\*SEE REAR COVER ACCOUNT**

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### ***Museum Members on the Sick List;***

**Roger Vidler** Shepparton Vic. Roger contracted a respiratory bacterial infection and became very ill. He has been hospitalised in Goulburn Valley and returned home to recover with rest and wife Joan’s TLC. Roger is a hard doer from the old school, and he will tough it out. We have kept in touch with Joan for reports on his recovery. Hurry up and bounce back Roger, we miss your input.

**Marg Martin** Kilsyth Vic. Marg contracted her second dose of Covid together with the Flu and has been very sick. Marg, a “Tuff” girl, chose to battle on at home alone with the help of son Brian calling in to look after her. Terry (Doc) Brooks and I have also kept in close touch with Marg, monitoring her condition. Last contact she reported an improvement, which is really good news.

**Jenny Moncur** East Gippsland Vic. has had an unfortunate run in the past year or so with fractures and sprains of knees, ankles, and so on. To top it off recently Jenny became unwell (and her little “fur child” **Betty** at the same time) but this “Tuff” ex MICA paramedic bounced back, so did Betty, now Jenny is bike riding the surrounding Baw Baw mountain sub-hills fit as a fiddle, and Betty has a little mate. Dogs are the most wonderful and loyal companions one can have in a life. Good work Jenny!

**Sue Parker.** Wodonga Vic. Sue is the wife of 44 year ambulance paramedic **Grant Parker.** Wangaratta, Wodonga, and Tallangatta. Sue became unwell recently and has been undergoing diagnostic tests at Albury Base Hospital and the Royal Melbourne Hospital. We extend to Sue and Grant our very best wishes for a great diagnostic outcome followed by a rapid recovery. Then meeting for our coffee catch-up very soon!

**Please advise The Beacon, or our Museum, of any AHSV members and loved ones who are unwell,**

### ***The Original and first VCAS MICA Unit 1971/72***

**Dodge Car 208**, was formally a clinic bus (Transporting day hospital walking patients to and from ‘out patient’ hospital treatment). Car 208 was modified to become the first VCAS MICA unit, the first MICA crew were D/Os **Wally Byrne** and **Wally Ross**. After the pictured car 208 the vehicle underwent further body work to better cope with the critical role involved with MICA. Several MICA vehicles followed car 208 including aircraft. It was hoped our museum would obtain the original car 208 MICA ambulance however when we were able to secure the vehicle some years on unfortunately it was beyond restoration with rust and deterioration. The museum replica 208 MICA vehicle is identical to the original prior to the additional exterior body work taking place. The branding is in co-ordination with car 208 in 1971/72





## *Ambulance Victoria Museum Open Day April 2024*



*Our great Open Day team (Excluding Terry Brooks photographing.)*

**“We did it. What a successful day!”**

Approximately 380 people through on Sunday  
I think a lot of people know about us now!

**Ralph Casey - Curator**



*The visitors beginning to arrive.*



## Overview of Our 2024 Museum Open Day

Four months before the actual event, Curator Ralph Casey and his band of willing volunteers began working on the "Museum Open Day." This was a tireless effort undertaken by all the museum crew encompassing many hours of planning not only the day but covering the many aspects associated with it. Public safety, security, refreshments, staffing, advertising, just to touch on a few. In fact Ralph went beyond in his organisation of the special day assisted by his loyal "Merry Men" Also sincere thanks to all the willing helpers who weighed in on the day with various assistance for the many tasks. And prior to the event with advertising and general publicity, forefront AV Media, and in support "Signal 8/ RAAV" thanks to both organisations, as well as the ABC radio.



***Our visitors taking in our great history.***

Come 1000hrs Sunday 14th April 2024 and the people came, and they came. In the four hour period of the Open Day three hundred and eighty nine (380 +) persons had attended the museum open day. The public were fascinated by the beautifully restored ambulances, display of equipment, memorabilia, history and much more. The designated museum marshal team rotated positions keeping our visitors informed and pointed in the right direction to take in what they would like to.

The attending visitors showed interest in nearly all aspects of all on display at the museum and were very complimentary. Many spoke to those who identified as paramedics in warm and grateful terms for the service ambulance provides to the people and posed many interesting questions on this subject.



***Phil Nestor prepares final items.***

A standout of this appreciation was a female survivor of the infamous **Port Arthur Massacre, Tasmania April 28, 1996**, when deranged gunman 29 year old **Martin Bryant** shot and killed 35 tourists and wounded 23 others. This particular lady was wounded by Bryant however, tragically her daughter aged just 15 years perished at his hands, one of the 3 children he killed in cold blood. This loving, protective mother threw herself on top of her daughter in a desperate attempt to save her life, however, in this brave action she was shot in the back by the gunman. In what must have been very painful recall, an involved and sombre conversation took place with former senior MICA paramedic SRU **Bill Briggs**. The conversation centred around passionate gratitude of her medical care received within the Military extraction of casualties flights from the massacre site to Melbourne hospitals, and she spoke in the same terms of ambulance care in general, extending to civilian Ambulance Services.



***Our marshalls prepare for the invasion.***



**Bill Briggs** and **Phil Nestor** gave short ambulance history presentations to groups of audience from the attendance. This is a wonderful “Power Point” program put together by Ralph and assistants, a person can gain more insight into our ambulance history in one hour that would normally take years to comprehend. **Anne Reeves** and sister **Marie** provided, prepared, and layed out a spectacular array of food, preserves and delicacies for sale and also to satisfy appetites amidst the many attendees. Attractive sales girls served the tempting items from the table, “Treasury” reported an intake of a commendable near **\$3000.00** for the duration of the day. It was also good to see old museum and ASV faces attend, the likes of **Peter Neylon** (who I misnamed in the last Beacon! Apologies Pete, you look younger than that!)



**Bill Briggs presenting our history.**



**Anne & Marie's palatial food spread stall.**



**Ralph catches up with Peter Neylon for a chat.**

Our great vintage vehicle, the **1986 Leyland 12 bed Ambulance Disaster Bus**, took pride of place on the day also. Beautifully detailed for the day thanks to recent joining active volunteer **Mark Tyson**. Mark under his own volition collected the bus and alone thoroughly cleaned it inside and out a mammoth task for one person. **Mark** is another great asset to our willing volunteer squad. This vehicle showed great vision of **MAS** in that era, potentially, in case of a disaster multi casualty situation like West Gate or a terrorist attack. One vehicle then for 12 patients under duress in a disaster situation to give multiple initial lifesaving care with an emergency complement of MICA and doctors. Today we have the wonderful back up mobility and advanced expertise of HEMS, a world leader.



**Our grand old Leyland Disaster Bus.**





**Vic. Police Hist. Soc. 1980s Holden Commodore Police Car.**

Another real eye catcher and keen interest arouser was the “**Bonneville**” USA (Minnesota) 3 bed 1964 Ambulance (pictured) displayed in support of our Open Day vehicle presentation by vintage collector **Tony Wilde**.



**Tony Wilde's outstanding Bonneville Ambulance**

Our Open Day was also well supported by our Emergency Service counterparts, **Easty CFA** came along with an impressive Fire Truck to display, and the **Victoria Police Historical Society** displayed a 1980s vintage Police car for public inspection. These two supporting Emergency Service vehicles and members added to the overall nostalgia our open day provided, together with an appreciation of all members who constantly go forward regardless of consequence to the front line for the wellbeing of others.



**Easty CFA Fire Tuck on display.**

Come 1400hrs the visitors retreated leaving a tribe of leg weary, tired, thirsty, but a very happy Curator, museum crew, and helpers still to pack up. Then all departed to get a good night's sleep to return at 0900hrs the next day where our exposure continued.

## ***Singapore Ambulance Delegation Visit***

Monday after our open day our museum was honoured by a visit from a **Singapore Civil Defence Force Delegation** visiting to make a collaboration MOU of co-operation between both organisations. We were most grateful to be included in this visit,. The Singapore Delegation were most impressed with the overall preservation of our Victorian ambulance history. The delegation presented our museum with a copy of a book covering the history of their Ambulance Service in Singapore, whilst **David Hadj** and **Bill Briggs** returned the compliment presenting the delegation with a selection package of our ASV books.

**Left to Right:**  
**Sharifah Muslimah Lili**  
 Warrant Officer  
**Yong Meng Wah**  
 Snr Ass Commissioner  
**David Anderson**  
 A.V. Medical Director.  
**Ralph Casey**  
 A.V.Museum Curator  
**Scott Bennetts**  
 A.V. C.P. Manager  
**Muhammad Hariz**  
 Warrant Officer



# *Ringwood Ambulance Station, Leading a New VCAS Expansion*

## *1950 Decade*

*In the post WW2 decade* of the 1950s the **Victorian Civil Ambulance Service** began to expand their operation to cover the ever-increasing demand for emergency care created by road accidents and illness in developing Melbourne and suburbs.



In this period, apart from the Melbourne city based VCAS Head Quarters and a handful of 1930 constructed Depots were all that existed to cover emergency response for Melbourne, Greater Melbourne, and the outlying Melbourne Metropolitan area. A new modern VCAS Head Quarters was commissioned in 1958, this also included a 2-channel radio control room for the entire VCAS fleet.

The first of a series of new branches purpose built were at Ringwood in Melbourne's Southeast. Ringwood branch would be charged with responding to emergencies over a huge area bounded by Warburton, Healesville, Mt Dandenong and Ferntree Gully, with a 24/7 cover. This area cover was intentionally with 2-man crews, however the workload of emergencies more often on all shifts, dictated that the crew split and run one up to cover cases throughout this vast area.

Officially opened in 1955, the new Ringwood Ambulance station could accommodate seven ambulances in the garage area, the building comprised of the garage area, front office, mess room with furnishings, change and locker room, amenities/toilet, men's single urinal, single cubicle toilet, shower recess, undercover vehicle wash bay, external petrol bowser. Attached was the Station Officer's residence.

Mess room furnishings consisted of: (1) 7ft - 2100mm wooden table, accompanying long seats either side, bench with small electric stove/oven, sink, hot and cold water, electric jug, 2 bar electric radiator for heating, and staff accumulated crockery, cutlery, and cooking utensils, 4 packs of playing cards, four ash trays.

S/O **Joseph Byrne** was the first to occupy the Station Officers residence with his family and commence the VCAS Ringwood operation. Worth mentioning, a pioneer ambulance officer at the opening was A/O **Jack Vaux**. S/N 36 (Jack was a former WW2 veteran) He joined VCAS in 1952, after being discharged from active service at the end of the pacific war where he contracted malaria.

Following VCAS expansion to Ringwood, a new purpose-built station was commissioned at **Ferntree Gully** in 1962. The location of this VCAS branch would relieve a significant workload off Ringwood and also Camberwell Ambulance Stations, and cover across the Dandenong's.

The following account of the new Ringwood Depot was received from a former long-term officer of this depot's early cohort, **Brian Shott**, Brian was a close colleague, and his account of the opening he sent to me is the catalyst for this Beacon article. Brian had two terms with VCAS/ MAS, the first commencing in early 1960 S/N 28 and returning in 1966 S/N 138 from this date Brian completed a further 30 plus years. **Ed.**

*Here is Brian's account and photos of the opening of the new Ringwood Ambulance Station 1955.*

## *Ringwood Branch Station V.C.A.S.*

**Victorian Civil Ambulance Service (VCAS) Ringwood Branch**, Pitt Street Ringwood was officially opened on **January 21<sup>st</sup>, 1955**.

I was stationed at the Ringwood Branch around 1965/6, from this period I have recalled a few colleagues and memories from my days at the Branch.

The following names are not in any particular order of service time, but a recall of each officer that worked from the Ringwood depot in the stated period. I apologise if I have omitted to name a person that otherwise should be recorded operating from this depot, and also any incorrect spelling of the names recorded.

**Some of that era's Ringwood personnel:**

**Station Officer in charge;** *Joseph Byrne*. **Ambulance officers:** *Charlie Martin. Tony Doenson. Jack Vaux. S/N 36. Keith (Strawbs) Lloyd. Bob Mc Fadzean. David (Noddy) Skinner. Bob Murphy. Dick May. Gill May. Ian Creighton. Bill Sharpe. Ian Johnson. David Crouch. Ron (Sarge) Jacobs, Max Beeson (Hoss). Ron Dickinson. Brian Shott. Peter Dent. Noel (Spud) Murphy. Bill Jeff's. Neale Johnstone. Garry (Gasp) Campbell. Col Bailey. Carl Bryant..*



At the time, S/O **Joe Byrne** was in charge. He and his family lived in the attached Station Officer's residence. 2<sup>nd</sup> On Call was standard process for VCAS resident Station Officers. Joe resigned from VCAS to take up an ambulance position in Western Australia to further his career. The house then became a rental property, and as a result, the service disbanded the On Call clause attached to the depot residence. The new tenant taking up the Ringwood Ambulance residence was A/O **Neale Johnstone**, his wife Anne, (a nursing sister), and their young family.

### **A snapshot from those days.**

In the period Joe Byrne was S/O in charge at Ringwood, he was second on call during the night if the rostered night shift were out attending a case. (A condition with the rental ambulance station residence). Subsequently, when the night shift went out on a call, the crew when leaving the depot would switch and divert the phone line into the depot residence. On occasions when the crew returned to the depot from a job, often tired, they would forget to switch it back to the depot for answering, meaning the new incoming calls still went through to the residence and not to the depot crew. This error would draw a harsh response from Joe to the offending crew. However, depending on the particular night shift crew, not all occasions of the telephone being diverted back to the depot were a slip of the mind! This was together with excess noise generation of turning out to a case at 0230hrs! These crews were immune to the inevitable irritable rebuff which would be forthcoming later in the morning,

Joe Byrne's replacement was S/O 3 **Bob Stewart** (*better known as clickety click, for his over use of ambulance vehicle indicators*).

In this passage of time 1965- 1968 the service had back-up depots at Ringwood, Ferntree Gully, Camberwell, Prahran, and Fairfield.

Of those depots, Ferntree Gully, Prahran, and Camberwell only operated until eleven o'clock then closed until the morning shift, leaving Ringwood to cover their areas. The Ringwood night shift commenced at 2300hrs until 0700hrs, due to closure of the other branches. If you arrived early for night shift, quite often the depot phone was ringing resulting in you attending cases most of the night, generally "one up" for the duration.

During this 1965 – 1970 period of time, the VCAS ambulance fleet were mainly **Chrysler Royals** integrated with the new incoming **Ford Galaxy and Fairlane** ambulances, outstanding ambulance vehicles! Like the Chrysler Royal as ambulances, the Ford Galaxies/ Fairlanes excelled in performance and patient comfort. However, as the 1970s progressed, the ambulance fleet was changing to the Ford F100 and Ford F250.

These introductions of the commercial type of vehicle as ambulances left many officers unimpressed especially the **Ford F100** and **F250** the reason being patient ride and comfort. Shall I say, the ride was quite rough in comparison to what patients had experienced with the Chrysler Royal, Ford Galaxy and Fairlane ambulances.

Finally, after some years, the Pitt Street Ambulance Depot/Branch closed its doors as an ambulance station. **MAS** advertised the premises for sale and the depot sold at auction.

Although the walls of this depot fell silent of the ambulance crews that once called it home, and the sounds of ambulance activity at all hours ceased, a special chapter closed in our ambulance history. However, the memories will live on with each of us who served at Ringwood and become a special milestone in our personal ambulance careers. The names I have mentioned will always be held in warm recall of the great friendships formed in the Ringwood Depot era.. **Thanks for the memories Ringwood**

*This photo was taken in the 1980s featuring Dave Perkins, Garry Campbell, Bill Sharpe, Keith Lloyd, David Skinner, John I-Anson, Bruce Nicols, Doug Graham. John Durkin.  
(Not provided in name order)*



## AHSV Life Membership Awards 2024

**RONA HALLIWELL - AIR AMBULANCE VICTORIA (VCAS – ASV) !970 – 1982)**



**Rona & Family.**

In 1970 Rona took up the challenge of becoming a then VCAS Fixed Wing *Air Ambulance Flight Nurse*. This era of *Air Ambulance transport* was certainly in its infancy! The sole Flight Nurse left to their own volition, no doctor accompanied the flight, medical equipment comprised only of an *OxyViva* with *suction*, and stretcher contained in a contracted *Beechcraft Twin Bonanza Aircraft (Non Pressurised)*. If the plane flew at too great an altitude the patient could *fit or bleed*. The only alternative to this occurring was to request the pilot, if it was safe, to fly the aircraft at a lower altitude.



**Ralph presents Rona's award.**

The aircraft was often required to land at night in a paddock by car headlights or flame barrels, in all weather, or having to fly low and “Buzz” the kangaroos off a remote rural air strip to enable a reasonably safe landing. All of this is notwithstanding the normal weather conditions of our seasons’ storms, wind, heat, snow, in a light aircraft environment.

**Rona Halliwell, A true pioneer of our now world-leading Air Ambulance Victoria (AAV).**

**JOHN BLOSFELDS -- AMBULANCE SERVICE VICTORIA - 1952 – 1993**



**Ralph & John Blosfelds.**

**John Blosfelds** was born on the 1<sup>st</sup> of March 1932 in Riga, Latvia. **John** arrived in Australia from war-torn Europe in the **post WW2** years. Although only **19** years of age but of a very tall and mature persona, in **1951** he applied to VCAS for an **ambulance driver** position, and after an interview with *Sup/Sec Fred Raven*, John commenced service with VCAS in **1952**. And so began a most impressive and productive ambulance journey of 41 years. John moved quickly through the VCAS ranks pre AOTC. He was stationed and O/C at Footscray. In **1962** John qualified in Air Ambulance and made several flights in this position. In **1963** John was appointed a Foreman (**District /Officer**) at Latrobe Street H.Q. Control Room. In **1971** John qualified in “*On Site Medical Care Unit*” (**Later to become MICA**). In **1975** he was appointed **Assistant Superintendent In Charge of MICA**, a position he held for 10 years. After further promotions within ASV, in **1988** John became **District Superintendent of Western Region Vic.** based in Horsham.

**JOHN ATKINSON - NSW AMBULANCE SERVICE**



**Bernard (John) Atkinson** began his Ambulance career in Sydney in 1962. John spent considerable time in the NSW Ambulance Service in regional South Western NSW. On retirement he took a passionate interest in Ambulance History and played an active role in the establishment of the NSW/ACT Ambulance museum at Temora NSW. Also, John was a major contributor to our Ambulance Victoria Museum establishment. He had over the years collected no less than **1000 model ambulances**. He generously donated 500 of these model ambulances to our Ambulance Victoria Museum and 500 to the NSW/ACT museum at Temora. Sadly six months ago John suffered a stroke and is now in care. It was decided to award John an



AHSV Life Membership for his contribution to our museum. The NSW Ambulance Service Legacy, in co-operation with the Beacon, arranged a uniform presentation of our award at his care residence. The award was presented by Senior Padre Gary Raymond and Lisa Vickers. 75 ambulance members old and new, together with guests, enjoyed an organised afternoon



tea provided by Mrs Fudge. A great show of interstate camaraderie and co-operation.

Ed.





*Telegrams*



*Phone and*



*Mail*

*It seems* that knowledge of our museum and The Beacon reaches beyond our shores to other countries. In the past, these countries have included *England, Japan, Canada, Hong Kong, New Zealand* and now ***Ireland and Singapore.***

Curator, **Ralph Casey** received an email from **Triona Winters** from **Wexford Ireland**. Triona was seeking information of a railway crossing crash between a train and an ambulance thought to be in the 1950s, in regional Victoria, a triple fatality, ambulance driver, patient, and relative were killed.

**From:** Triona Winter

**Subject:** Records from 1950s for paramedic accident

Hi there,

Hope you are well.

This is a random question I am sure but thinking there may be records in your archives of a notable event in the 1950s.

Background- my aunt was a nurse in Melbourne in the 50s. She was born in Ireland but came to Australia from England and was a UK citizen too.

She was married to a paramedic who was killed with a colleague at a train crossing. I'm not sure if it was by the train or some other vehicle but seems likely a train if both were killed. His name was Len as far as we know but we don't have a surname. Her name was Margaret - née Bradshaw, she was known as Peg or Peggie. She was on night duty when he was killed, it was very tragic - the police had to go to the hospital to tell her. Apparently he was a medical student but had paused exams or maybe failed them and he was working as a paramedic.

It seems such a tragic and unusual story that I wondered if it may have been in some archives. We think they were married in Nov 1955 so this accident would have been between 1955 and 1962 when she left Australia. I'm compiling the family tree and she died in 2022 so I am just keen to add Len's details if only to keep him remembered and thought off. It's so sad, they had no children. I don't know if he was born in Australia or had immigrated too.

Is there any online archive this may be captured in or any way that I can search the information? Thank you in advance for any assistance.

Regards,

**Triona Winter** (nee Bradshaw)

Wexford, Ireland.

~~~~~

I also received an email from **Steve Mulligan**, Vice President of **RAAV**. Steve, accompanied by **Peter (Pole) Moroney's** wife **Trudy**, **John and Joy Head**, and **Georgina Hall**, to personally present Peter with his Life Membership certificate at his resident nursing home. Peter had a colourful career with **VCAS/ MAS** commencing in my era, mid-1960s. If possible, Steve is looking for a photo of Peter in his prime days of **VCAS/MAS** ambulance, potentially an **AOTC Mayfield** group photo. Should anyone have a group photo tucked away, his dates at Mayfield were **A/O 2-- 29/11/1965 – A/O 3 -12/4/1974** in the case of luck finding a photo please contact **Steve** on **0418 331984**, or The Beacon to pass on. (*if identifying him in a photo is a problem I can assist.*)

~~~~~

### ***Seeking Information Angel of Mercy / Helimed 1***

**Hugh Stagg**, President of the **Heyfield Ambulance Auxiliary** has asked me if we can find any information regarding the timing of the petition that was presented to parliament with the aim of saving **Helimed 1** after the collapse of the **NSCA in 1988**. Hugh believes it may have been around **1992**. I am wondering whether our readers have information that will assist. Helicopter operations commenced in **1970** with a Bell 206A Jet Ranger known as the '**Angel of Mercy**' based on the Mornington Peninsula, operated from Tyabb Airport. In 1997, Helimed 1 came under control of **Victoria's Air Ambulance. AAV**. where it remains today, Please contact The Beacon Email; [vintambos@bigpond.com](mailto:vintambos@bigpond.com) or Phone; **Pete: 0427 508 888**



## ***A Hallmark of Life Saving Co-operation between Ambulance, Police, and the RWH Hospital.***

**FOREWORD:** *I have considered with a degree of hesitation publishing the following account, primarily because it in part pertains to my person. However, the supporting statement from the Medical Practitioner involved in this case is an account that would be rarely made available to read publicly. Due to the unique, complexity of this case, together with other possible implications, such sensitive detail may not be available for reading again in a lifetime, so I think the story is a worthwhile read*

*In writing this piece I am aware that the circumstances surrounding the “Mercy Dash” will bring memories to many of my colleagues of their own personal experiences of high speed requirements to save life in this era of our ambulance service, essential in this time-frame due to the absence of medical technology, medication, expertise, and equipment. From a coincidental aspect of the case, the attending doctor was our family physician, and a medical practitioner of fine standing and compassion. For medically ethical reasons I will not disclose his full name given the circumstances surrounding this case.*

*This piece revolves around a marvellous **Police, Ambulance, and Royal Women’s Hospital** co-operative team effort to save a young mother’s life. A team effort that I am extremely proud to have been part of as events unfolded on that day so many years ago. Also a case that makes the ambulance work so worthwhile and brings pride to wear the uniform. I must add it was this job that created my love of the magnificent performance of the big V8 Ford Galaxy/Fairlane “High Back” ambulances.*

*With an almost novel-like scenario, Dr John and I lost all contact, then some 45 years later I received a phone call from him having obtained my contact detail. This particular case had firmly been imbedded in his memory to the point that he had written his account of the event sometime afterwards for his loved ones’ memoirs. John had read my account of our emergency maternity case in my book published by Ambulance Victoria, 2020. He had told me that he always wanted me to have the opportunity to read how things sat with him on this life-saving journey. The thoughts going through his mind with this life and death situation before him inadvertently bought on by his own hand.*

*John had the same passionate desire as I to try to locate the female patient concerned many years prior. We attempted various avenues but to no avail. We kept in touch until sadly John passed away last year aged in his mid- late 80s from Parkinsons Disease. I was honoured to have been contacted by his daughter and asked to contribute a piece to be narrated at his funeral. Rest in Peace Dr. John. You were a very fine man, and I was proud to be associated you, and team with you, on that day.*

### ***A Mercy Dash, a Life Saved!***

This is the particular maternity case from Lilydale Bush Nursing Hospital to the Royal Women’s Hospital at Parkville, a distance of some 45 kilometres (pre South-Eastern Freeway) via the Maroondah Highway, Cotham Road and Johnson Street. As previously stated, the co-ordination required in this ambulance/police escort case covering a considerable distance in heavy traffic is most worthy of mention.

We were about to clear from a medical transfer case to Bellbird Private Hospital in South Blackburn. Having worked at headquarters comms, I noted the urgency in the controller, Dennis Clarke’s tone. He was continuously calling cars in the channel one South Eastern Ringwood region. I immediately recognised there was an emergency under way. On this day we were 0700 hours shift out of Ringwood Branch my colleague was a very young trainee officer, a fine young bloke from the Wimmera country.

I took the radio call to our unit and advised that we were about clear at our present location. Apparently, we were the closest available ambulance to this emergency case. The controller issued us the case number and time out, detailing that this was an exceptional maternal emergency case from the Lilydale Bush Nursing Hospital for emergency admittance to the Royal Women’s Hospital. The controller further stressed that our patient was critical and the attending doctor had stated that “*speed would be the essence in this case if this patient was to survive.*”

It was a winter’s day, with light rain falling and misty conditions. I took the Canterbury Road route to Lilydale on a Signal 8, our ambulance, being a V8 Ford Galaxy “Highback”, had excellent speed-handling capability.

We arrived at the Lilydale hospital in very good time. Our patient, a first-time mother in her mid-20s, was comatosed and had been prepared by the attending doctor and hospital Mid Sister for the emergency journey to Melbourne.

**Dr John** was both a fine man and medical practitioner. Lilydale was then still a very rural suburban area. John briefed me on his patient's grim prognostic outlook, which he again confirmed was critical and deteriorating. He indicated that the transport of this young mother would be touch and go. He then asked me to do my utmost getting her to awaiting specialist surgical care at the Royal Womens Hospital and that he and a midwifery sister would accompany us and tend this patient on the emergency trip. This meant my young colleague would need to travel with me in the ambulance front cabin.

Whilst the patient was being transferred to our ambulance, I gave headquarters control an updated sitrep of the case and the extreme emergency at hand, and again confirmed the dire need for a police escort. In these circumstances, a control-room District Officer assumed the handling of these cases and communicated from Comms to ambulance.

Within this communique, was the co-ordination of Police radio control (D24), and ambulance control and our constant revised ambulance, ETA reports to the Royal Women's Hospital. The emergency transfer was now in full operation and the young ladies life in the hands of all involved.

We departed Lilydale Bush Nursing Hospital again under a "Signal 8" and cleared Lilydale, it was now raining heavily. Despite assurances to my young counterpart, he had become a little overwhelmed with the events and his first experience of an ambulance emergency case and speed. He sat seat-belted, looking straight ahead and occasionally at the speedo. I could glean his concern and I genuinely felt for him! However, handling the exchange of radio calls between our ambulance and headquarters control as well as concentrating on driving at speed, I had little time to reassure him, in any case it would have been bullshit!, as I was hoping like hell myself that some fool would not pull out in front of us, or we had a tyre blowout. Although with my full concentration on driving I had no time to consider the consequence of that occurring! En-route, the co-ordinating **District Officer, Bill Rutherford** called for my location and advised that we would pick up our police escort at North Croydon, approximately eight kilometres away. On sighting our ambulance approaching at North Croydon, the highway patrol car pulled out from the roadside parked position in front of us and so began the police escort of our ambulance journey to RWH.

The co-ordination of this activity was excellent. Three highway patrol cars participated; the first, the police car escorting our ambulance, the two others controlling intersections with the assistance of local general-duty police. As we went through each intersection, one police vehicle would stop all traffic while another would speed past the ambulance and our police escort to the next upcoming intersection. (stopping all traffic is essential, as some motorists see the first emergency vehicle come through and assume this is the only one, then may unwittingly move out in front of the escorted second vehicle, the result at speed catastrophic!)

This process alternated, allowing us to maintain our essential speed, also, because the police involved in this emergency would have been advised of the circumstances surrounding this mercy dash, a young mother's life in the balance, when we went through each intersection, in a show of camaraderie and great spirit, the police were willing us on with verbal and arm gestures.. *D/O Rutherford* radioed and asked which route I would take from the Kew Junction, as it was my choice, so as D24 could direct police cars to continue the escort and intersection blocks. At this point, Dr John informed me that our patient seemed to be further deteriorating, I told John I could not safely increase our speed without also increasing the already serious risk at this speed. The five lives onboard, including my own, were in my hands and were my responsibility. Also that I understood the helpless feeling that he and the Mid-Nursing sister were experiencing, as both could only observe our young female comatosed patient. It was incredible relief when the Royal Women's Hospital came into view. On arrival at emergency, quite an audience had gathered, a hive of activity about to take place. Hospital staff opened the ambulance doors and quickly moved to our patient putting in further IVs, then our young lady was whisked away to the waiting surgical team in theatre, accompanied by Dr John..

Now it was time to come back to earth, as all involved in this mercy emergency had stretched themselves beyond limitation, and most grateful for the eventless journey to our destination from Lilydale.

I sincerely thanked the escorting police crew that had brought us through to the hospital safely, however, unfortunately the other two police vehicles had returned to their designated area, I also called in and thanked D/O Rutherford and our controllers for their assistance with this case. I requested that D/O Rutherford contact D24 and pass on again our further appreciation to all police involved, particularly the other two highway patrol cars that had assisted and the duty station police.

Overall, the handling of the emergency journey had been superb.

Dr John returned from theatre and reported that our patient had improved remarkably from a situation of grave danger and her life in the balance to a stable condition. Everyone taking part in this successful trip was elated! With that, we all adjourned to the hospital canteen for coffee, smoke, and a well-received unwind and yarn..

With the case completed, we returned Dr John and the midwifery sister to the Lilydale Bush Nursing Hospital, after a slight detour as we all attended an MCA en-route back where Dr John and the nurse came in handy.

As a case follow-up, that evening I telephoned Dr John and I am sure he felt the same personal satisfaction as I had. I later learned that the young mother resided in the small village of Montrose, where I also lived with my young family.

All my colleagues who would have experienced emergency escort cases such as this particular one. All would have appreciated the same efforts of our police counterparts and the awaiting hospital team's special expertise. **Ed.**

## *The Response to this Life-Saving Mercy Dash from the Accompanying Physician.*

### *A Bad Morning for us Both*

*A true story by a retired GP Obstetrician*

*unabridged*

"Hey John, I saw you pulling on the cord when you delivered the placenta in there. You shouldn't do that you know. You should never pull on the cord." "Why not? Everyone always pulls on the cord."

"Ah well, you might get an inverted uterus"

"Oh yeah, one of those; I've read about them. But they're terribly rare aren't they!"

It would have been around 1970 when the young woman came into labour for the first time.

Nothing had prepared either of us for what was coming. Both the pregnancy and the first two stages of labour had been uneventful. But when I delivered the placenta, out it slid and - my God - what's that thing? And of course it was the dreaded inverted uterus.

The uterus is a bag, and inversion is the bag turned inside out. "That thing" was the inside of the uterus glistening in the labour ward light. Quite a huge mass, and it stretches up the cervix (neck of the uterus), which in turn results in a huge parasympathetic nervous system reaction. This produced a state of shock indistinguishable from death. My poor patient was now a ghastly white colour, unconscious, pulseless, no blood pressure, not breathing, with hugely dilated pupils. This had happened in an instant, and I was responsible! A normally joyous occasion was now the direst emergency possible. I was unsure if I was dealing with a living person very close to death, or a corpse. And we were in a little Bush Nursing Hospital with no support.

Action of the speediest kind was now called for, and the midwife rang for an ambulance while I attempted to put in an intravenous drip. Several times I rang the Ambulance Service impressing on them the desperate nature of our emergency. Eventually we were headed at great speed towards the Royal Women's Hospital. My anxious phone calls to the ambulance had caused them to arrange a traffic policeman on every major intersection of our journey! We eventually made it to the Women's in nineteen minutes; a miracle in itself.

During the journey, there was little I could do. My ruminations became very dark; you've killed this lovely woman John, all because of a foolish blunder everyone else manages to avoid. You knew you shouldn't have pulled on the cord! She came to you; she trusted you and now she's dead! Incompetence! I wondered what the Coroner would say to me as I stood quivering in the dock. The baby I earlier delivered would never know his mother. That made me think of my own little boy at home who was going through a phase of ambulance obsession at the time. This ride he would have loved!

The ambulance backed into the casualty area at the Women's; we stopped and the doors flew open.

I'll never forget the sight I saw. All the cream of Melbourne obstetric expertise was there gathered.

There was Noel DeGaris, a wonderful obstetrician and teacher, with his registrar. There was the

Professor of Obstetrics, Lance Townsend, with his first and second assistants. There was the Director of Anaesthesia, with his two registrars. And the famous sister Parsons of labour ward 19, a living legend. Plus numerous nurses, resident doctors, and medical students. Most had come for a good sticky-beak at this rare condition.

In a flash, two anaesthetic registrars leapt into the ambulance and had two drips running. The patient was whisked up to the labour ward and anaesthetised. Someone had the uterus replaced in the vagina and was running in the saline. There was an audible pop when the inversion was reversed; the corpse opened her eyes and said, " what the hell ?" I was not a killer after all!



The rest of the story is almost comic farce by contrast. My relief was great, and I was a normal human again. Just a complication of labour, not a maternal death. Noel DeGaris was showing me around with a hand on my shoulder and telling me about his own encounters with uterine inversion. I was being treated like an honoured guest, but I felt like a naughty boy. "Derek, take John downstairs and show him our latest toy". The bloke given this menial chore had two PhDs as well as his medical degree. The latest toy, incidentally, was Melbourne's first ultrasound machine, and a lumbering blunderbuss it was compared to today's elegant machines.

Meantime, the ambulance was parked and waiting for me, as if it were my own private Limo. It wouldn't happen like that today! So we had to be off, and I heard the story from the driver's point of view. Halfway home, there was a radio call for a bad motor accident. I volunteered to jump off and complete my journey home by train. When I walked in my wife said "my word you're late John, what on earth have you been up to? God you look awful!" "Where's Tim, I've got a great ambulance story for him"

Did I ever pull on the cord again? Yes I did, but I always first ensured the uterus was very strongly contracted, and impossible to invert; as I should have done on that fateful day. Unfortunately we often don't learn from being told, you have to find out for yourself, the hard way — by bitter experience.

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Ambulance Victoria Proud Pipes and Drums Band

The A.V. Pipes and Drums Band is another proud attribute of *Ambulance Victoria*. Established in 2009, the volunteer group pride themselves on being a friendly highland pipe band. The band is led by paramedic President **Graham (Mumbles) Mummery ASM**. The make-up of the band are both paramedics and private members. This impressive band plays at events, functions, ceremonies, special occasions, weddings and funerals, the latter being the ideal accompaniment to our vintage ambulances showcased at the above venues. Single piper available, piper and drums, leading up to main band.

Again, the A.V. Pipes and Drums Band demonstrates the great spirit of volunteering for the enjoyment of others.



Our proud A.V. Pipes & Drums Band.



A break in event proceedings.

Old Newspaper Cuttings 1951

1½ HOURS ON SIDE OF ROAD

Because nobody thought of calling an ambulance, three Williamstown people lay on the side of the road for nearly an hour and a half after they were injured in a road accident near Werribee at the weekend.

They were passengers in a car which collided with another car at the intersection of Skeleton Creek road and Fitzgerald's road about 6.20 p.m. on Sunday.

A passing motorist drove seven miles into Werribee to tell the police, but did not tell the Werribee station of the Geelong district ambulance service.

The policeman on duty supposed that an ambulance would be sent from Melbourne and proceeded to the scene of the accident where the injured had been placed on the road to wait for "the ambulance".

When no ambulance came, a motorist dashed to Werribee and told the ambulance service about the accident.

However, by this time it was 7.45.

Werribee ambulance officials in interviews with the "Banner" this week, criticised the thoughtlessness of some people in times of emergency.

They pointed out that even if an ambulance had been sent from Melbourne, they would not have minded going on the call also.

It was best to make sure that the injured in any accident were taken to hospital with the minimum of delay.

All a person had to do in case of emergency was to ring the Werribee post office and ask for an ambulance, they said. The exchange did the rest.

A report of the accident appears in this issue.

OCTOBER 25, 1951

THREE HURT IN CAR CRASH

Three Williamstown people were taken by Werribee ambulance to Williamstown hospital after a collision at the intersection of Skeleton Creek road and Fitzgerald's road last Sunday night.

Their injuries, however, were only slight and they were detained at the hospital for observation.

Both cars involved in the smash were damaged.

SEPTEMBER 27, 1951

RESIDENT KILLED FOLLOWING CAR ACCIDENT

Thomas Ryan, of Werribee, received serious injuries last Sunday night from which he died last night, when he was struck by a passing vehicle whilst assisting a motorist whose car had broken down at the side of the road.

Ryan, with the driver of a car in which he was a passenger, pulled up to assist the motorist near the State Research Farm. Two other cars, one from each direction were later involved in a collision with this car. Ryan received a fractured skull and compound fracture of a leg. He was taken to Royal Melbourne Hospital by Werribee ambulance.



In - Out and About and Beyond By Terry (Doc) Brooks.

My quarterly update from the Museum workshop. We have the Talbot radiator back from New Zealand unrepaired due to escalating repair costs climbing into the low thousand dollars range. As a result, the old radiator has been re-installed, and now this **110** year old ambulance will take on a static display role only and will be set up for demonstration purposes in-house, or, under duress, exterior engagement transported there and back by truck.

We have experienced many cases of batteries failure of recent times and it is considered in most cases that the long storage during Covid with batteries on chargers caused this problem. Actually operating each vehicle helps the draw and demand on the electrical system as well as warming the engine and gearbox. This in turn circulates the oils which lubricates seals etc and avoids the seals and gaskets from drying up and leaking. Without this occurring, we are unable to keep them in proper tune and top maintenance condition for travelling and regional events.



The Monday workshop boys presented me a sticker for my pacemaker in the hope of extracting more work from me at the museum. The two most common callers to me in the Museum are **Ralph!** “*What are we doing next?*” then **Gary!** *Where do I find this? where do I find that?* I bet if he was looking for a two bob piece he would find it without asking anyone!!

We have our newly acquired Territory MICA ambulance down at Mader having all the reflective tape replaced due to severe stone damage during its rural service before coming to us. Also we have our grand old Bus back in the garage area to fit a new rear taillight. The old light lens had faded and was leaking, and strangely this light was still working, full of water! The new seal with the replacement lens unit has solved this problem.

The travelling crew took three Ambulances to the **Ballarat Heritage Festival** on an extremely cold Sunday morning, only to have the day deteriorate and then conducting the display in a plummeting temperature environment and freezing cold conditions. However, despite this adversity there was still a brilliant turn out of people who were interested in our old Ambulances on display and their individual histories. Amongst the spectators was an elderly gentleman who pointed out the Chrysler Royal and said, “*there was one of those ambulances at the 1969 Southern Aurora Train Crash at Violet Town.*” He was explaining that he was an ambulance attendee at the train crash scene that day. I was attempting to obtain his name but sadly he was dragged away by his family who were on their way to another exhibition.



Ballarat Heritage Festival (cold and wet) Images.

Three young tertiary ambulance students, going through the process to become paramedics, all were keen and eager for detail of what it was on display and they said that they found the ambulances of yesteryear a real eye opener. Many members of the public were seeking information on our history, prompting an array of questions. Thankfully **Col Evans**, **Dave Cawte** and myself were able to manage the correct answers. Although, it is always nice to have ex Paramedic/s in the exhibiting team mix to rely on answers.

Dave Cawte drove the Dodge MICA unit with Col Evans and wife **Wendy** in the Pod Toyota Troop carrier 4x4 rural Ambulance . My wife Rose and I had the Chrysler Royal for the trip.

We were fortunate we were parked out the front of the Ballarat Art Gallery. The gallery was featuring a special exhibit. The result being we were able to maintain a constant flow of artistically minded people who stopped to admire the Chrysler Royal due to its shape, and also view the other ambulances for the equipment they did or, **did not** have in the particular era.

All round, despite the weather, another big tick for Ambulance Victoria, our Museum and its great crew.

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## *The Great Days of Yesteryear.*

### *Public Telephone Calls*



**Anyone remember?** Making a public phone box telephone call in the 1950s was a real life experience. Only the elite few had residential telephones in Melbourne and Metro, and businesses in the country, for the rest of society it was public telephone boxes (The Red Box)

The telephone call experience went something like this: (1) Firstly travel to the telephone box, close or distant. (2) Negotiate the number of people waiting to use the facility, cold, rain, hail or shine, night or day. (3) Eventually access was gained (providing a yapper with no consideration was not in the box, this often caused a heated argument) (4) Access gained, the black telephone was located on the wall of the red telephone box, with a rotating ring handle located in the middle, below it a box marked (A) with slots, and (B) with a return shute, this box only accepted (2/- two shillings , = 20 cent pieces) (5) Turn the little handle 3 or 4 times with hand piece to ear receive Operator, “what number and town are you calling?” provide her the town and phone number. ( 6) Operator, “ that call will be 8/- for 3 minutes, do you have 2/- pieces?” “Yes” “hold the line, putting you through” (if you were lucky, or -- the line to that area is busy or the line down) 1 hour later! Operator, “I have your party on the line, Insert 4 x 2/- pieces, clunk, clunk, clunk, clunk and Press Button (A) Go ahead” (7) Talking to your recipient **Operator interrupts!** “3 minutes are you extending?” “Yes” “Insert another 4 x 2/- pieces” ( clunk, clunk,clunk, clunk, the operator heard each of the coins drop). Finishing the call you would press button (B), any unused coins dropped out back to you. However, on quite a few occasions, pressing button (B) could be like a poker machine win 2/- pieces pouring into the metal cup on the box because the money container had not been emptied and was full. This could be a considerable unexpected reward! A “Person to Person” call could be made at a premium cost, however if unable to connect to that person there were no phone charges. And, some industrious persons had a 2/- coin with a small hole drilled in it on a string, letting it drop and pulling it back up to repeat the drop!!

*And it is said the aged don’t understand technology!!*

**Grannies traditional cooking. Silverside/corned beef:** 1 to 2 kg piece or roll, cover with cold water in large pot or boiler. Add, 1 raised Teaspoon dry mustard, 2 T/spoons sugar, 50 ml vinegar and small bunch of picked rosemary. Bring to the boil and simmer for 2- 2.5 hours. Remove, slice and serve with carrots, cabbage or cauliflower, or potato. Top meat with home-made mustard sauce. Left overs give cold meat, or traditional potato pie. ( another recipe next edition)

### *Courage and Cowardice*

*Courage does not revolve around self-preservation, courage is protecting and preserving the life and wellbeing of others that also face great peril.*

*If a man comes under enemy fire and he shelters while his mate lay wounded within retrievable distance, yet he is afraid to reach out and bring him to safety for fear of his own person, then this cowardice shall live with him every single moment of his miserable life, until he departs this earth.*



*Peter Dent*

**Only Financial AHSV/ Museum Members receive The Beacon!**





Ambulance Historical Society of Victoria inc.



## Ambulance Victoria.

**A**mbulance Victoria is a world leader in Pre-Hospital care enjoying an international reputation.

Our ambulance service has been built on a strong foundation; this solid foundation began to form almost 150 years ago in 1887. VCAS came to reality in 1915/16 and has continued development to this very day. This journey has encountered low points, high points, tears, smiles, joy, and despair.

However, this foundation and the building of our great service could not have taken place over the many passed decades without human resource, the essential essence of our successful journey. Just as a tree seedling begins growth and reaches its height, so has our Victorian Ambulance Service. The operational members who served back in 1915/16, forward to this moment in time, are the very history of this outstanding accomplishment. And, beside them, the magnificent wives and partners who worked in the background, taking on an unpaid ambulance role 24/7, virtually keeping country ambulance stations operating, and much, much more, together with keeping house and raising kids in a family environment.

If you have worn our uniform with pride our rich history belongs to each and every one of you! Your contribution was the integral part of this long trek, as are the women who stood behind you.



The Charter of Our Ambulance Historical Society of Victoria Inc./ Ambulance Victoria Museum is all encompassing. The preservation of vintage vehicles, equipment, memorabilia, historical events and so on. However, in pride of place within this treasured history, IS YOU!

AHSV/Museum stands for ALL former Victorian Ambulance personnel. Also, as a goodwill gesture, our AHSV will offer all former operational members surviving, deceased (application by next of kin), ACO, CERT (5 year service) a complimentary “Acknowledgement of Service” certificate, together with a separate certificate for wives/partners who gave so much in background support to husband paramedics, particularly in the decades past. (Images and details accompany below.)



Certificates are quality printed, laminated, cut to A4 frame size (They are **NOT** framed) images for **indicative** purposes only and certificates will be posted out by standard Aust/Post – to a nominated address. Please allow approximately **30** days for processing, production, and delivery.

**Information & details on how to secure your certificate/s are set out on page 9 of this Beacon.**