The Albert Pavilion and the Story of Emergency and Trauma Care at Royal Prince Alfred Hospital

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Introduction

During a visit to the Sydney northern beaches suburb of Clontarf in 1868, Prince Alfred, second son of Queen Victoria was shot in the back by a would-be assassin. The bullet was surgically removed and he recovered thanks to the care of nurses trained directly under Florence Nightingale. The people of Sydney, in gratitude and perhaps collective relief, petitioned for a fund to construct a memorial hospital in Prince Alfred's honour. Land for the hospital was granted by the Senate of The University of Sydney seeking to establish a teaching hospital for its new medical school. After some delay due to funding constraints, the Royal Prince Alfred (RPA) Hospital was finally opened on September 25th 1882 with 146 beds [1,2].

The twin Victoria and Albert Pavilions were opened on both sides of the original building in 1904 under the direction of Sir Thomas Anderson Stuart then Dean of The Faculty of Medicine and Dr Charles Blackburn. In contrast to the nearby Sydney Infirmary at the time, these pavilions housed wards designed using Nightingale's state of the art principles of nursing and hygiene. Dr Robert Scot Skirving, a fellow alumnus from The University of Edinburgh, was the first appointed clinical superintendent under Anderson Stuart. As both an honorary surgeon and physician (a founding member of both Royal Australian Colleges), an accomplished university lecturer, researcher and administrator, he can perhaps be considered, if only in spirit, a true Emergency Physician.

For in truth, Emergency Physicians would not exist in name for at least another century. During the early days and most of the 20th Century, "Casualty" was a small rudimentary triage area located just to the left in the main corridor as one entered the main entrance. They were received by a nurse who treated wounds and "streamed" them to the most appropriate in-patient ward. One of these was ward A3, Albert Pavilion, the adult male surgical ward, which had a separate enclosed observation area called "A3 Obs". Through a small hole in the door, clinicians could observe the "obstreperous and cerebrally irritated, without disturbing them" [1]. This was later described with fondness in the 1930s in scenes not too dissimilar to those in today's Emergency Department.

The first orthopaedic appointment was L.G Teece, Director of Medical Gymnastics and Senior Honorary Orthopaedic Surgeon in 1920 [2]. The 1930s saw a rapid rise in the use of automobile transportation with a resultant increase in road trauma. The chairman of the hospital during the 1940s and 50s Sir Herbert H Schlink, an eminent gynaecologist, foresaw the need for a separate Rehabilitation Unit and Emergency and Accident precinct with 100 dedicated beds and heliport [3,4]. His plans were shelved, and over the next few decades, with road trauma peaking, his fears of trauma and emergency patients choking hospital beds were to be manifested in modern day 'access block'.

Emergency Medicine only emerged as a recognised medical specialty in relatively recent times. There was an emerging body of scientific evidence regarding the benefits of organised trauma systems, resuscitation and cardiology, and trained and dedicated medical professionals were required to lead this new field of endeavour. The first medical director of the Emergency Department was Dr Graham Yule, an Anaesthetist by training, who was appointed in 1976. Dr. Yule transformed what was once a disorganised "Cas" into a full medical department within the hospital, developing and establishing its initial skill-sets and core competencies [5]. He went on to play important roles in the development of emergency medicine in Australia and overseas.

Box: “A3 Observation Ward” (Author unknown) Excerpt from RPA nursing periodical “Philomena” circa 1930 [3]. *The eloquent colloquialism of the day for Emergency Department.

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In many respects the stories of emergency and trauma care parallel those in many Australian hospitals. However it is almost impossible to fully appreciate the story here at RPA without understanding its long history. For some perspective, one need only stroll past the front entrance to see the mix of old and new. Victorian-age pavilions and stained glass windows flanked on all sides by modern world-class research and treatment centres. The original Albert Pavilion is still home to one of the busiest Emergency Departments in New South Wales, nearly 115 years after its opening. A living memorial to the goals of dedicated clinical service conjugated with passionate academic curiosity. And therein lies what I think is at the heart of all good clinical care: Practice and research of evidence based medicine anchored by solid traditions and practices which form the bedrock of clinical care.

The RPA museum is open Wednesdays 9am to 3pm. Tel: 9515 9201

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References