Biography

Surgeon Rear Admiral Lionel Lockwood (1902-1987) CBE MVO DSC MD (Melb) BS FRACP FACMA RAN

CMRD Neil Westphalen, RAN

Lionel Lockwood was born in Natimuk, near Horsham in Victoria, on 13 January 1902. He was the eldest of four siblings and son of Alfred Wright Lockwood (1867-1956), journalist and proprietor of the West Wimmera Mail newspaper, and Alice Ellen, nee Francis (1873-1913), of Melbourne’s Presbyterian Ladies College and a musician, temperance campaigner, and school teacher. His father had entered the newspaper industry at the age of thirteen and completed a six-year apprenticeship before going on the road in rural Victoria. He was a proud craftsman and retired at the age of eighty-three with more than 3000 newspaper issues under his belt.1

Alice’s death from cancer was followed by domestic and financial chaos, until March 1916 when Alfred married Ida Dorothea Klowss, a member of the local German-Australian Lutheran community. Despite Alfred’s civic-mindedness the union initially attracted anti-German hostility, but it restored domestic order, sound financial management, and added three more children to the family. Despite his father being Anglican; his mother Church of Christ and his step-mother Lutheran, religion in the Lockwood household “was intense. Perhaps fervent would be a better word”.2

By the age of ten the Lockwood children could set type, and operate their father’s printing machine. Lionel’s half-brother Douglas (1918-1980) remained in the industry as a national award winning journalist and distinguished author of thirteen books, while Frank (born 1919) and Allan (born 1922) took over the Mail following Alfred’s retirement and turned it into the Wimmera Mail Times, the largest circulation tri-weekly newspaper in Australia.3

The best-known of the literary Lockwoods however was Lionel’s brother Rupert Ernest (1908-1997), journalist and prominent member of the Australian Communist Party, who became involved in the 1954 Petrov spy case. By coincidence the story of Mrs Petrov’s defection was broken to the public by Rupert’s half-brother Douglas in Darwin.4 The Royal Commission into the Petrov defection found Rupert to be the author of ‘Exhibit J’, which named three staff members of the Leader of the Opposition (Dr H.V. ‘Doc’ Evatt) as Russian spies. Although this allegation was not proved, ‘Exhibit J’ was pivotal to the Royal Commission’s influence on the 1954 Federal election, and the subsequent destruction of Evatt’s political career.5 Family lore has it that Rupert’s actions precluded Lionel’s subsequent appointment as Governor of Tasmania, if not Governor-General of Australia.6

Lionel was educated in Natimuk (where his father reported him becoming dux in 1914)7 and at Ballarat High School.8 He studied medicine while living at Queen’s College at Melbourne University from 1919 to 1923. His results in his university entry exam won him a Hague Entry Scholarship worth £35 in 1919, as well as Hansford Bursaries worth £25 for his exam performance every year thereafter.9 Besides being a member of the cricket team, he was awarded a blue for football in 1919,10 was Captain of the Queen’s College football team in 1920 and 1921, and Vice-Captain in 1923.11

Family lore has it that he was the youngest-ever captain of a VFL football team,12 however ‘University’ was a full VFL member only from 1907 to 1915 and was only in the VFL Reserve competition in the 1919 and 1920 seasons, before joining the Melbourne Amateur Football Association in 1921.13

The iconic image of Mrs. Petrov and her MVD (Soviet secret police) escorts at Mascot Airport Sydney, 19 April 1954. She was later removed from their aircraft at Darwin Airport by ASIO personnel. (National Archives of Australia, A6201:62)

Lionel Lockwood’s brother Rupert in the Domain, Sydney, 1963.7

Volume 16 Number 1; October 2007
Biography

Dr Lockwood entered the Royal Australian Navy as a Surgeon Lieutenant (on probation) on 12 November 1924, and served initially at HMAS Cerberus, in Westernport VIC.17

Surgeon Lieutenant Lockwood was then posted to the hydrographic survey vessel HMAS Moresby on 18 September 1925 and spent the next 18 months on the Great Barrier Reef.19

He remained posted to Moresby ‘temporary additional’ from 7 March 1927 whilst aboard the depot ship HMAS Penguin at Garden Island in Sydney, before returning to Cerberus from 4 September 1928 until 10 January 1933. During this time he completed a doctorate of medicine (pathology) at the Alfred Hospital, and was promoted to Surgeon Lieutenant Commander on 12 May 1930. He then joined the Flagship of the Australian Squadron, the heavy cruiser HMAS Australia, on 11 March 1933.21

Surgeon Lieutenant Commander Lockwood was appointed a Member of the Victorian Order (Fourth Class) on 2 April 1935 by His Majesty King George V.22 The Royal Victorian Order was established by Queen Victoria in 1896 as a personal gift from the Sovereign, as a mean of rewarding personal service.23 Lockwood received the award for his services as a physician to HRH the Duke of Gloucester during the latter’s visit to Australia for the Victorian centenary celebrations. Lockwood accompanied the Duke on the return journey to England in Australia, and was later honorary physician to the Duke whilst he was governor general of Australia in 1945-47.24

Surgeon Lieutenant Commander Lockwood left Australia on 18 January 1936 for a promotion course at the Royal Navy College at Greenwich, achieving first place with a score of 84% for which, had he been a Royal Navy medical officer, he would

**RAN Hospital HMAS Cerberus, 1940s.**

Most buildings were used in the roles described until the new Health Centre was built in the 1990s, after which most were demolished.

Key as follows:16
1. Administration Block (now a wardroom accommodation block)
2. Main Surgical Ward
3. Surgical Ward
4. M Ward (WRANS Ward)
5. B Ward
6. D Ward (post war Outpatients Department)
7. C Ward
8. Main Medical Ward (post war Medical Training School)
9. Physiotherapy
10. Galley
11. Hospital Switchboard
12. Store

13. Covered Ways
14. X-ray
15. Laboratory
16. Operating Theatre

**HMAS Moresby at Bowen QLD, 1928.20**

**HMAS Australia, c1932-325**
have been awarded the Gilbert Blane Medal.26 First awarded in 1830, the Blane medal is still awarded to Royal Navy medical officers “who, to a degree which is considered worthy of recognition, have brought about advances in any branch of medicine in its application to Naval service, or who have contributed to an improvement in any matters affecting the health or living conditions of Naval personnel.”27

**Royal Navy Gilbert Blane Medal (obverse and reverse)**

Lieutenant Commander Lockwood was specially promoted (12 months early) to Surgeon Commander on 12 May 1936,28 but sustained a nervous breakdown in February 1937, three days after commencing surgical fellowship training at Edinburgh. He returned to London, was medically surveyed and given six weeks sick leave, before undertaking a brief postgraduate course in medicine and surgery at the London Hospital. He returned to Australia aboard the Royal Mail Ship Ormonde in March 1937.29

On returning home he served as a surgical specialist at the RAN Naval Wing, Prince of Wales Hospital in Sydney, until he joined the light cruiser HMAS Hobart on 21 February 1941 as Squadron Medical Officer.30

At that time Hobart was engaged in escort duties on the Australia Station, including convos in January and April from New Zealand. Following exercises in Port Phillip Bay she returned to Sydney for a short refit, before sailing for the Mediterranean on 20 June to replace her sister Perth, after the latter had been damaged off Crete the previous month.32

**HMAS Hobart (then HMS Apollo) at Miami Florida, February 1938 (NH # 58633)**

En route through the Gulf of Suez, Hobart went to the aid of the 27,000 ton transport Georgic, after she was dive-bombed on the night of 13-14 July with 800 Italian internees aboard while anchored off Port Tewfik.33 Georgic had been hit aft twice, resulting in a fire and exploding ammunition, and numerous casualties including 63 fatalities.34

**Postcard RMS Georgic, 1930s**

Accompanied by Sick Berth Attendant Bruce Phillips,1 Surgeon Commander Lockwood took Hobart’s pinnace, into which was loaded a field valise, first-aid bag, morphine, burns dressings, several straight splints and two Neil Robertson stretchers. He later wrote:

> The merchant ship was already burning fiercely and was an awe-inspiring sight. The pinnace came up under the forecastle of the ship, where a number of lascars [Indian sailors] were sliding

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* Trevor Alexander McLean. Born 02 Jan 11 Traralgon VIC. Joined RAN Reserve as Surgeon Lieutenant 15 Sep 37; appointed Cerberus 07 Sep 39; joined ‘Scrap Iron’ destroyer HMAS Stuart 13 Sep 40, shore to Cerberus 01 Oct 41. Transferred to PNF 07 Sep 44; promoted Acting Surgeon Lieutenant Commander 01 Nov 44. Appointed to staff Naval Officer-In Charge New Guinea at Madang 29 Nov 44. Rank made substantive 07 Mar 45, joined Hobart as Squadron MO 21 Aug 45. Transferred back to reserve as acting Surgeon Commander 08 Jan 46, paid off Lonsdale 21 Jun 46, resigned 28 Oct 49. (NAA item A6769 S225547 Officers Record of Service Card).


It is worthy of mention that in all cases it was only the exposed portions of the body which were affected by the bomb flash; in other words, those areas of the skin which were covered, even if only by very thin clothing, were not affected by the flash and showed no evidence of burning.

Some of the cases, who at the time of the raid were wearing shorts only, suffered very extensive burns. After the morphia injection had eased the pain and mental anxiety, orders were given for the administration of hot sweetened tea, and this was relished by all burned patients.

The first-aid treatment of burns has been for a long time a vexed question, and there are many opinions existing as to the best treatment under the stress of emergency. The large blisters were opened and raised-up skin removed. Much of the skin was charred and blackened, the char being driven into the deeper layers of the skin. It was impossible to deal with this problem. After removal of the blistered skin, some of the burns were dressed with ‘Tannafax’ ointment applied to the smooth side of lint, while in other cases lint soaked in a solution of tannic acid 2.5% and acriflavine 1:1000 was used. A large quantity of tannic acid and lint was necessary, and it was fortunate that a large supply was already available in the field valise and first-aid bags.

About 0430 Surgeon Lieutenant Milroy and Sick-Berth Attendant Kain arrived to assist with the treatment and their appearance was very welcome, as there was much work to be done. The bravery of the wounded was very impressive, particularly of the engine-room personnel.

Two of the cases were brought back to HMAS Hobart when the medical party returned at 0600, exhausted but happy to be of some use. One case, the ship’s barman, a fat man of 64, was suffering from multiple burns of the face, arms and chest. He was very shocked, with a pulse of 100. Morpheine sulphate grains one third was given, together with fluids and he was kept warm in bed. All dirt, loose skin and blisters were removed, and the affected areas sprayed with acriflavine and tannic acid solution (no triple dye was then available). A very good tan soon developed, and the patient’s condition soon improved. The other case, a lascar, had his right hand removed at the wrist due to a high explosive fragment. Arterial haemorrhage was arrested with a tourniquet and morpheine sulphate grains one third given. Both these cases were discharged to the local military hospital later in the day.

Hobart’s subsequent Mediterranean service included escorting convoys to Malta and Cyprus, supporting the Tobruk Ferry Run, shore bombardments of Bardia and ‘Hellfire Pass’ in North Africa, and operations against the Vichy French in Syria. During this time she was subject to frequent air attacks both at sea and at her base at Alexandria, but remained unscathed. At one point during this time her wardroom held no less than five future flag officers, including the future Rear Admiral Lockwood.
At the end of 1941 Surgeon Commander Lockwood listed a number of infectious diseases treated in the Fleet at this time, including amoebic and bacillary dysentery, cerebrospinal meningitis, malaria, hepatitis, typhoid and paratyphoid, pulmonary tuberculosis, brucellosis, diphtheria, pneumonia, erysipelas, rubella, scarlet fever, smallpox, poliomyelitis, mumps and measles. He also described cases of solar photoretinitis among anti-aircraft lookouts, with and without scotoma formation from looking up-sun despite the protective equipment in use (screens and welder’s goggles).

With the entry of Japan into the war in December 1941, Hobart proceeded to Singapore, where she encountered more air raids on arrival on 1 February. With Singapore about to fall, Surgeon Commander Lockwood recalled the discovery of 500 electric sewing machines in a nearby store. So many were taken aboard that Hobart’s Commanding Officer (Captain Harry Howden RAN) cleared lower deck to tell his ship’s company “I will not tolerate looting so don’t bring anything over the gangway. Return those machines immediately.”

Three hours after sailing from Singapore on 3 February, Hobart met the Norah Moller (built Harland and Wolff 1915, 4,434 tons), which had been bombed and set on fire by three Japanese aircraft the previous night en route to Calcutta. The fire could not be controlled and she was abandoned off West Nanka Point with the loss of 17 lives.

Hobart beat off further air attacks and picked up 57 survivors including 28 wounded, while another six died on passage before they were landed the following day at Tanjong Priok (Batavia, now Jakarta).

Surgeon Commander Lockwood later wrote:

Another type of injury dealt with was due to the effect of blast at the time of bombing. Two cases received the blast injury while in the bombed ship; the third was stated to have been injured by the compression wave in the water after having jumped overboard, due to a bomb bursting in the water not very far away. At first sight this type of the injured does not appear to be very ill. The patient complains of some pain and discomfort in the abdomen; one had a moderate degree of haematemesis. A characteristic feature of all three was their inability to micturate; all had to be catheterised. Abdominal rigidity did not develop until some hours after admission to hospital the next day, that is until at least twenty-four hours after receipt of the injury. What made things more difficult was the fact that all three cases were Chinese and could not speak any English.

When abdominal rigidity developed, Professor Reddinhuis (of the Central Civic Hospital, Batavia) at once operated. Two cases were found each to have a rupture of the ileum; in the third the sigmoid colon was ruptured. In the latter case a left-sided ileostomy was performed. The first two cases were found to have large tears of the ileum; owing to their shocked condition resection and anastomosis was inadvisable, and exteriorisation of the affected loop of ileum was performed in each case; that is, the ruptured segment of bowel was brought outside the abdominal wall and sutured to the peritoneum. After the patients had recovered from the initial shock and their general condition had improved, it was proposed to resect an appropriate amount of small intestine. In the case of the sigmoid colon lesion, it was hoped that this would heal and that later the colostomy could be closed. However all three cases died, and autopsy showed that in each general peritonitis had developed.

The combination of severe burns with blast injuries undoubtedly increases the hazard very greatly.

The lack of personal protective equipment despite Japanese air attacks appears particularly noteworthy.

Further patrols were made from Batavia despite heavy air raids, with Hobart enduring 13 attacks by 109 aircraft in one day; once being straddled by no less than 24 bombs. However she was not hit and there was only one casualty. Lack of fuel meant Hobart missed the Battle of the Java Sea when the
Biography

Allies lost half their force, and she left Tanjong Priok on 27 February to pick up refugees at Pedang. En route Surgeon Commander Lockwood operated on a sailor from the accompanying destroyer HMS Tenedos, removing the largest appendix he had ever seen. Hobart departed Pedang at 29.7 knots and arrived safely at Columbo on 4 March, thereby avoiding Perth's fate (sunk in Sunda Strait 1 March) and that of the sloop HMAS Yarra (sunk south of Java on 4 March). Surgeon Commander Lockwood was later awarded the Distinguished Service Cross 'for bravery and endurance when HMAS Hobart was taking convoys across the China and Java seas in the face of sustained enemy attacks'.

Hobart returned home via Fremantle and Adelaide, arriving at Sydney on 4 April for a refit before sailing on 1 May. She participated in the Battle of the Coral Sea as part of Task Force (TF) 17.3, which was detached from the main Allied force to intercept the Port Moresby Invasion Force, however the latter withdrew before contact was made. Further patrols were made in the area until the US-led landings at Tulagi and Guadalcanal in the Solomon Islands on 7 August. Hobart was on patrol to the east of the landing force and therefore missed the Battle of Savo Island two days later, where four Allied cruisers including HMAS Canberra were sunk while patrolling to the west. Hobart returned to Brisbane with TF 44 on 3 September, and spent the next few months patrolling the Coral Sea with TF 44 (later renumbered TF 74).

Surgeon Commander Lockwood left Hobart on 17 April 1943, shortly before she was torpedoed by a Japanese submarine off Espiritu Santo on 22 July, with 13 killed and seven wounded.

Surgeon Commander Lockwood spent the rest of the war at Cerberus as a specialist in pathology and bacteriology. He was promoted to acting Surgeon Captain on 14 January 1946 and was Medical Officer-In-Charge (MOIC) at Cerberus from December 1946 to January 1950. He was then posted to the new Balmoral Naval Hospital at HMAS Penguin as MOIC and Command Medical Officer to the Flag Officer East Australia Area.

Surgeon Captain Lockwood and SBPO C. McKenzie with two patients in A Ward BNH, 1954.

On 12 March 1955 Surgeon Captain Lockwood was promoted to Surgeon Rear Admiral and appointed to Navy Office (then in Melbourne) as Director of Naval Medical Services (later re-designated Director-General Naval Medical Services, thence Director General Naval Health Services), following the death of his predecessor (Surgeon Rear Admiral Denis Pritchard CBE RAN). Whilst DGNMS he also

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¶ Denis Adrian Pritchard. Born 26 Apr 1895 Petersham NSW. Joined Penguin 05 Mar 23, to sea aboard destroyer Anzac 01 Jun 24, Penguin 26 Nov 26. To sea aboard cruiser Melbourne 22 Dec 26, Penguin 14 Feb 27. To sea aboard Moreay 01 Mar 27, shore to Penguin 05 Sep 28, promoted Surgeon Lieutenant Commander 03 Aug 29, RAN College (later known as Creswell) 06 Jan 30, then Penguin from 01 Jul 30. To UK for training 09 Dec 33, promoted Surgeon Commander 03 Aug 34, then Cerberus 14 May 35. To sea aboard Sydney 06 Nov 36, Canberra 09 Jul 37, Perth 10 Jun 40. Shore to Penguin from 13 Dec 40, then to sea aboard Australia 29 Apr 42. Shore to Penguin 11 Jul 44; Cerberus 14 Nov 45, promoted Surgeon Captain 31 Dec 45. Lonsdale (Navy Office) from 01 Oct 51, awarded CBE 01 Jan 52, promoted Surgeon Rear Admiral 20 Mar 52 (first two-star medical officer in the RAN); died 11 Mar 55. (NAA item A6769 5221310 Officers Record of Service Card).

|| B2106 /R30828 Colin Ross Mckenzie. Born 14 Feb 12 Brisbane QLD. Entered RAN Reserve as SBA second class 02 Sep 39 at Penguin, promoted SBA 01 Oct 39. Brisbane 01 Aug 40, Cerberus 30 Dec 41, Brisbane 13 May 42, loaned to corvette HMAS Broome 29 Jul 42. Shore to Penguin 17 Aug 43; overseas to HMAS Ladava (Milne Bay New Guinea) 11 Sep 43. To HMAS Moreton (Brisbane) 18 Dec 44, Penguin (Birchgrove Park NSW) 17 Apr 45, then sea aboard Manoora 7 Jun 45. Shore to Penguin 01 Sep 45, loaned destroyer HMAS Arunta 01 Jan 46. Transferred to PNF 08 May 46 and had a long post war career, with service at Penguin, Harman, Kuttabul, Nirimba and Cerberus; ships included Sydney, Swan, Warramunga and Barcoo. Promoted LSBA 01 Jul 47, SBPO 01 Oct 51, transferred to RAN Reserve 13 Feb 62, retired 14 Feb 69. (NAA item A6770 4528835 Ratings Record of Service Card).
became Chairman of the Defence Medical Services Committee from 1958, which included chairing the Defence Medical Services Rationalisation Committee in 1962-1964.\(^5\)

Rear Admiral Lockwood proceeded on final leave on 17 December 1963 before retiring from the RAN on 12 January 1964. His successor as DGNMS was Surgeon Captain Robert Coplans RAN.\(^7\)

Rear Admiral Lockwood strongly encouraged a vibrant reserve medical branch, such that at least eight of his reserve protégés were subsequently promoted to Surgeon Captain.\(^8\) The late Surgeon Rear Admiral John Cotsell RAN (DG NHS 1970-76)\(^11\) wrote that during Rear Admiral Lockwood’s tenure, the recruitment of consultants to the RANR was widened and that “the hospitals were thronging with panels of top rate civilian consultants, the medical reserve was full of good up and coming specialists”. He also credits Rear Admiral Lockwood with progressing the re-creation of the RAN Nursing Service following the disbandment of the wartime service in 1948, and establishing the undergraduate medical scheme used to this day. Rear Admiral Cotsell also described his predecessor and mentor as “shrewd as a wagon load of monkeys”.\(^3\)

Rear Admiral Lockwood was also instrumental in establishing the RAN School of Underwater Medicine (later the Submarine and Underwater Medicine Unit or SUMU). Following the establishment of the RAN Diving Branch at HMAS Rushcutter in 1951, underwater medicine support was initially provided by Surgeon Lieutenant Commander Shane Watson DSC RANVR.\(^9\) Notwithstanding Lieutenant Commander Watson’s interest in sharks and rays, it became apparent that deficiencies in understanding the physiological diving hazards also had to be addressed. Rear Admiral Lockwood therefore invited Surgeon Lieutenant Commander Rex Gray RANR\(^10\) to consider full time service in underwater medicine, it being considered his skills as a civilian consultant anaesthetist would be of great value. Lieutenant Commander Gray resigned his practice and commenced a four-year short service commission at Rushcutter on 20 February 1961. The need for his services was highlighted the same day by a diving fatality during free ascent training at Garden Island.\(^6\)

Rear Admiral Lockwood also fought hard for a visible presence of navy medicine in postgraduate activities in both Melbourne and Sydney. In the late 1940s he was a frequent attender at ward rounds and clinical meetings of the Clinical Research Unit under the direction of Dr (later Sir) Ian Wood at the Royal Melbourne Hospital, and was later a frequent presence in his admiral’s uniform at postgraduate teaching sessions in Melbourne. He was immensely proud of his affiliations with the Royal Melbourne, the Alfred (The Baker Institute) and St Vincent’s Hospitals and the Peter MacCallum Clinic in Melbourne as well as the Royal Prince Alfred Hospital in Sydney.\(^5\)


†† John Arthur Basil Cotsell. Born 19 May 16 Lee-On-Sea, Essex UK. Appointed to RAN 17 Mar 51 as Surgeon Lieutenant following wartime RN service (including Atlantic convoys 1942-3 and British Pacific Fleet 1944-5). Joined Rushcutter 04 May 51 and promoted to Surgeon Lieutenant Commander 07 Jun 51. To sea aboard destroyer Tobruk 23 Jun 51, Rushcutter 02 Aug 51, then back to sea aboard Australia 20 Sep 51, Rushcutter 05 Oct 51, and then Australia again from 06 Jan 54 until Penguin 24 Jul 54. To Lonsdale (Navy Office) 03 Jan 55, to sea aboard Melbourne 31 Dec 56 and promoted to Surgeon Commander 30 Jun 57. Posted ashore to Penguin 03 Mar 59 and promoted Surgeon Captain 31 Dec 62. Cerberus from 14 Jan 63 and Penguin from 27 Nov 67. No further information available after 01 Feb 70. (NAA item A6769 5217168 Officers Record of Service Card).

纣 Shane Andrew Clarke Watson. Born Broughsham, Antrim, Ulster 21 Jul 55. Promoted to Surgeon Commander 13 Jan 65; visited 1 Aust Field Hospital and USN hospital, Vietnam 1968. No further information available after 01 Feb 70. (NAA item A6769 5233281 Officers Record of Service Card).
Rear Admiral Lockwood’s non-naval professional organisations included membership of the National Council and the National Blood Transfusion Committee of the Australian Red Cross from 1955, Chairman of the Central Citizen’s Appeal Committee of the Victorian Red Cross in 1961-2, Member of the St John Ambulance Executive Committee since 1954, and member of the British Medical Association (Victorian Branch) in 1961 (the Australian Medical Association from 1962). He also chaired the Naval, Military and Air Force Sections of the BMA Congresses in Brisbane (1950) and Hobart (1958), and was vice-Chairman of the Australian BMA Congresses in 1950, 1955, 1958, and 1962.  

Besides his appointment as Honorary Surgeon to the Governor-General in 1945-6, Rear Admiral Lockwood was also Honorary Surgeon to His Majesty King George VI in 1946-52, and to Her Majesty Queen Elizabeth II from 1952. He was appointed Commander of the British Empire on 1 January 1957 in recognition of his distinguished service to the RAN, admitted to Fellowship of the Royal Australasian College of Physicians in 1958, and to Fellowship of the (then) Australian College of Medical Administrators in 1967.

In 1970 Rear Admiral Lockwood chaired a committee to conduct a feasibility study on raising the Victorian colonial naval vessel *Cerberus*, which had been sunk as a breakwater at Black Rock in Port Phillip Bay in 1926. This committee later formed the basis of the Maritime Trust of Australia, and it was during his tenure as vice-chairman in 1970-74 that it was gifted the WW II corvette *Castlemaine*, now a museum ship at Williamstown VIC.

In 1974 Rear Admiral Lockwood was appointed a Knight of Magisterial Grace of the Sovereign Military Order of Malta, a lay Catholic order that operates as a neutral, independent and non-political religious, charitable and hospitalier organisation.

Dating back to 1050, the Order is based in Rome, but claims sovereignty under international law and has permanent observer status at the United Nations.

From 1976 to 1982 Rear Admiral Lockwood led fundraising campaigns as Chairman of the Queen’s College Foundation. He worked tirelessly in this role, and was successful in raising large capital sums. In an early fundraising letter he wrote:

Having been a resident scholar at Queen’s for five years many years ago, the passing of the years has impressed upon me the great benefits which my time in Queen’s has given me. I am certain that such success as I have achieved in life is largely due to Queen’s, with its accent on learning and character development. It is out of gratitude that I recently accepted the arduous office of Chairman of Queen’s College Foundation.

Rear Admiral Lockwood was also a member of the Committee of the Naval & Military Club from 1959, the Melbourne Cricket Club, and the Lawn Tennis Association of Victoria, the Beaumaris RSL, and the Australian Club (Sydney). Recreations are listed as included gardening, however his grandson Rodney Calhaem did not recall him as having any special leisure activities. Rodney does however recall as a child being taken by his grandfather to the member’s stand of the Melbourne Cricket Ground every year for the VFL Grand Final “just like any other kid”! Perhaps understandably given his age at the time, he remembers a rather formal man, referred to within the family as “the Admiral”.

Lionel Lockwood had converted to Catholicism when he married Evelyn Loretto Shelton on 29 August 1925 at St Patrick’s Cathedral, Melbourne. They had one son (Geoffrey Shelton) and three daughters (Judith Mary McGingle, Margaret Evelyn Plunkett, and Rosemary Alice Calhaem), all of whom survived both parents. He also married Daisy Margaret Paterson on 12 July 1980 following Evelyn’s death in 1977.

Rear Admiral Lockwood died on 19 September 1987 at Diamond Creek in Melbourne, and was buried at the Boroodara Cemetery in Kew. Speakers at his funeral included RSL president Bruce Ruxton.
Biography

Lionel Lockwood came a long way from a small country town in Victoria; his naval career spanning 40 years full-time service, and a world war. He was immensely proud to be a naval officer, a naval medical officer and a fellow of the Royal Australasian College of Physicians. His initial service coincided with a modest naval expansion after significant cutbacks following WWI. This expansion was curtailed by the Great Depression and it is interesting to speculate what Lockwood might have done with his career had the world economy (and Australia's in particular) been in better shape.

Lockwood's wartime sea service coincided with the heaviest casualties sustained by the RAN during WWII. All of HMAS Sydney's crew were lost in November 1941 off Geraldton WA, including Surgeon Commander John Hasker RAN (joined 1928), Surgeon Lieutenant Commander Francis Genge RAN (joined 1936), and Surgeon Lieutenant (Dental) Mervyn Townsend RAN (joined 1940). A week later Surgeon Lieutenant Charles Harrington RANR (joined 1939) was missing presumed killed when HMAS Parramatta was torpedoed in the Mediterranean. Surgeon Lieutenant Commander Eric Tymms DSC RANR (joined 1935) and Surgeon Lieutenant Commander (Dental) Alleyne Tregear RAN (joined 1927) were lost when HMAS Perth was sunk in the Battle of the Sunda Strait in March 1942, and Surgeon Lieutenant William McLaren-Robinson RAN (joined 1938) were lost when Yarra was sunk three days later. Although there were no casualties among Canberra's health staff when she was sunk in August 1942, Surgeon Lieutenant John Gaskell RANR (joined 1941) was killed when Hobart was torpedoed only three months after Lockwood posted off. Given his rank and seniority Lockwood was perhaps fortunate to have survived his wartime sea service, when many of his wartime seagoing contemporaries, many of whom he had served with in the small pre-war Navy, did not.

With five years as MOIC Cerberus, another five as MOIC BNH followed by eight as DGNMS, Lionel Lockwood was pivotal to the evolution of the Navy's post-war health services. It is worth noting that no less than five of his PNF protégés achieved two star rank before the 1989 Sanderson report reduced it to a one-star billet. His post war career also included commissioning the new hospital at HMAS Penguin, and instigating the first permanent peacetime nursing service, the School of Underwater Medicine, and the undergraduate medical training scheme.

The end of his service coincided with the Indonesian Confrontation, the first stirrings of Australian involvement in the Vietnam conflict, and the impending Melbourne-Voyager collision and its aftermath. His legacy therefore underwent considerable testing in the years following his retirement. Arguably, this remains the case even today.

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Biography

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Introducing the Laryngeal Mask LTS II

- Anatomically oval shaped cuff which adjusts to the esophagus.
- Larger internal diameter for better ventilation and drainage.
- Small design which allows easier insertion into the esophagus and is soft and atraumatic.
- Dual tube for the separation of ventilation and drainage.
- Ventilation holes which lie in front of the larynx and allow suctioning and the passage of a fiberoptic bronchoscope.
- A Proximal Cuff which helps to stabilise the tube and blocks oro- and nasopharynx and adjusts ideally to suit the anatomical situation.
- A Distal Cuff which blocks the esophageal inlet and reduces the possibility of gastric ventilation.

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