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ST. GEORGE HISTORICAL SOCIETY BULLETIN

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24 Duff Street,
ARNCLIFFE. 2205.

July 1984.

Dear Friend and Member,

The July Meeting will be held as follows:-

Date: Friday Evening, July 20th, 1984, at 8.00 p.m.

Place: Council Chamber, Town Hall, Princes Highway, Rockdale.

Business: ELECTION OF OFFICE BEARERS 1984 - 1985.

Syllabus Item: This being the Annual General Meeting & Election of Officers, time will be the deciding factor. Mr. Don Sinclair, our Senior Vice President, has kindly offered to be Guest Speaker.

Supper Roster: Miss E. Smallwood, Captain, with Mrs. I. Nelson & Miss P. Gall.

Ladies please bring a plate.

Mr. R. Lee,
President.
Phone 570 1244.

Mrs. B. Perkins,
Publicity Officer.
Phone 587 9164.

Mrs. E. Eardley,
Sec. & Bulletin Editor,
Phone 59 8078.

Mrs. E. Wright,
Treasurer.
Phone 599 4884.

Miss D. Row,
Social Secretary.
Phone 50 9164.

Mr. A. Ellis,
Research Officer.
Phone 587 1159.

"To labour and to love, to pardon and endure,
To lift thy heart to God above, and keep thy conscience pure."

Anne Bronte. (Extract)

A cheerio call to Members who may not be so well. We do hope you will soon join us at our meetings once again.

The Annual Meeting will take place on 20th July, 1984. Please come along.
Yearly Subscription is due then, also Election of Officers for 1984 - 85.
New blood is good for any organisation. Will you think about it ??????????

SPECIAL NOTICE.

The St. George Historical Society is pleased to announce that the following books, Nos. 1 - 7 written and illustrated by the late Gifford H. Eardley for the Society, have been reprinted and are now available. Books Nos. 8 and 9 have been compiled by Mrs. Bronwyn Perkins.

No. 1.	"The Wollie Creek Valley" (Reprint now available))	
No. 2.	"Kogarah to Sans Souci Tramway")	
No. 3.	"Saywells Tramway - Rockdale to Lady Robinson's Beach")	Books No.
No. 4.	"Arncliffe to Bexley Tramway")	1 - 8
No. 5.	"Our Heritage in Stone")	
No. 6.	"All Stations to Como")	\$2.50 each.
No. 7.	"Tempe and the Black Creek Valley")	
No. 8.	"Early Churches of the St. George District")	
No. 9.	"Early Settlers of the St. George District" - now		No. 9
	available, Price \$4.00 <u>plus postage.</u>		\$4.00.

For your copy of the above books, please contact one of the following:-

Mrs. E. Wright - Phone 599 4884, Miss B. Otton - Phone 59 4259 (after 8 p.m.)
Mrs. E. Eardley - Sec., Phone 59 8078, Mr. A. Ellis - Phone 587 1159.

* * * * *

2NBC-FM STEREO 90.1 - ST. GEORGE HISTORICAL SOCIETY -

Tuesday Evenings 6.30 p.m. - 6.45 p.m.

- Tape 64 - 24th July 1984 - St. Davids Church of England, Arncliffe - C. Wilding.
- Tape 65 - 31st July 1984 - The Napoleon Street Tram Stop, Sans Souci. - D. Row.
- Tape 66 - 7th August - An Old Time Journey to the Cooks River Settlement. - M. Callister.
- Tape 67 - 14th August - Samuel Schofield - A Pioneer of Rockdale. - C. Wilding.
- Tape 68 - 21st August - Paddy's Market Hay Street, Sydney, 1920 - 1971. - M.D. Fleming.
- Tape 69 - 28th August - The Colonial Medical Service Part 1, The General Hospital Sydney 1788-1848. - M.D. Fleming.
- Tape 70 - 4th September - Our Heritage in Stone - Book 5. - M. Cumming.
- Tape 71 - 11th September - Early Settlers of the St. George District. Vol. 1, Book 9. - M. Cumming.
- Tape 72 - 18th September - The Colonial Medical Service Part 11. - M.D. Fleming.
- Tape 73 - 25th September, 1984 - The Environs & Ecology of Nanny Goat Hill at Turrella - M.D. Fleming.
- Tape 74 - 2nd October, 1984 - The Rosevale Nurseries, Rocky Point Road, Cooks River. - M. Cumming.
- Tape 75 - 9th October, 1984 - Rockdale Methodist Church - Jubilee - 1858-1908. - M. Cumming.
- Tape 76 - 16th October, 1984 - The "Echo", October 16th, 1890. - S. Richter.

THE COLONIAL MEDICAL SERVICE. - (continued)

11. The Administration of the Convict
Hospitals of New South Wales.

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Modern Medicine of
Australia.
Vol. 17, No. 2. 1974.

Medical Staff Establishments.

When the Colony was first founded there was need to provide medical staff only to the General Hospital and the hospital at Norfolk Island. The latter was staffed with two units until 1804 (Jamison and Irving from 1788 to 1791; Jamison and Balmain until 1796, and Jamison and Wentworth until 1804). After Jamison's return to Sydney, Norfolk Island was staffed henceforth with one surgeon.

The principle established, viz. that the General Hospital was to have priority because of the demands upon it, was maintained throughout the whole of this period of the Colony's development until the Hospital closed in 1848. The General Hospital was also the headquarters of the Head of the Colonial Medical Service, who was Senior Staff Surgeon. With the exception of Wentworth, who was dilatory in his attendance at the General Hospital, the Principal Surgeons actively participated in the Hospital's medical programme. Bowman assumed duties in consonance with his authority as Principal Surgeon and Inspector of Colonial Hospitals, including re-organization of the Medical Service and inspection of its establishments. Because of increasing demands from his supervisory responsibilities he relinquished active clinical duties. From 1824 the attachment of the Principal Surgeon to the General Hospital was super-numerary to its clinical staff and its immediate administration was left to James Mitchell, who became the first Medical Superintendent.

The overall principle of medical staffing was to provide at least two surgeons to the General Hospital and one surgeon to a district hospital or settlement. The General Hospital functioned also as a staff pool to which Colonial Surgeons were attached temporarily awaiting vacancies in the districts. When there was no surplus staff available recruitment was either direct from England through the Under Secretary of State for the Colonies, from the transports servicing the Colony or from doctors immigrating to the Colony, usually with recommendations to the Governor for appointment to the Colonial Medical Service. Under these circumstances, recruited surgeons were posted direct to a hospital with a vacancy.

The first official pronouncement determining the distribution of

the Colonial Surgeons was issued in a Government and General Order by Governor Hunter in 1802 ... "It is to be understood that not less than three commissioned staff surgeons are to be resident in the Colony, and one for Norfolk Island." (16). This order was a definition of minimum active strength to permit a system of leave rotation to England.

The first defined establishment to cater for the hospitals generally was drawn up by Governor King in 1806..."One Principal Surgeon and one Assistant Surgeon to be located at Sydney; one Assistant Surgeon at Parramatta; one at Newcastle and one at Norfolk Island." (17). Henceforth as a new hospital was established so was a position for an additional Assistant Surgeon created and added to the strength of the Colonial Medical Service. The duties of the two surgeons on the staff of the General Hospital were sharply defined:

"One was charged with the immediate duties of the Hospital, including the outdoor department together with those of medical storekeeper and apothecary; to the other surgeon, were allotted the outdoor duties; the medical supervision of the convicts at Hyde Park Barracks, the Gaol, Goat Island, the Hulk, the ironed gangs at Carter's Barracks, and Woolloomooloo, and assistance at the Hospital when necessary." (18)

With the increase in population of the closer districts and where external duties and travelling intruded substantially on the Assistant Surgeon's hospital routine, the establishment was increased to cope with these circumstances. Bowman successfully pleaded for an increase in the establishments at Parramatta and Liverpool Hospitals from one to two Assistant Surgeons. This enabled the Assistant Surgeons to augment their income by private practice, so making these posts more attractive. A geographical limitation on private practice to a radius to ten miles from the hospital was imposed by the Board of Inquiry in 1826, to prevent abuse of this privilege to the detriment of hospital and official duties. (19)

When the medical services were reorganized in 1836, one of the instructions to Deputy Inspector General Thompson on assuming office was to revise immediately all existing medical establishments. This review did not reduce the existing medical establishment, either overall or as allocated to the individual hospitals. Thompson's inquiry did substantially alter the conditions of service of the Colonial Surgeons. They were no longer allowed to hold any other office in the Colony and their right of private practice was further restricted to circumstances where there was no interference with official duties, and then only under conditions established by the Governor and enforced by the Deputy Inspector of General Hospitals.(20) As a consequence the content of private practice was no longer significant.

With the policy to taper off transportation, the post at Norfolk Island was transferred to Van Dieman's Land after the resignation from the service of Assistant Surgeon Reid in 1844. In the same year, the second position at Liverpool was abolished. Other than these variations, the establishments of the individual hospitals remained unaltered until their cessation of function as "convict hospitals".

Prior to 1836 the creation of the establishment for either the overall medical service or for individual hospitals was a component of the Governor's Authority, subject to ratification from the Under Secretary of State for Colonies. Likewise the Governor alone had power to appoint, post or transfer medical staff and this power was never delegated to the Principal Surgeon. Movements of staff were effected by Government and General Orders. Until Bowman's appointment as Principal Surgeon the Head of the Medical Service was not consulted on the movements of medical staff. Bowman made recommendations on staffing and distribution of staff to the Governor through the Colonial Secretary. During the military regime the Deputy Inspector General of Hospitals was granted authority to effect appointments and exchanges, provided there was no variation in the establishment as a consequence.

There was a general seniority list for the whole of the Colonial Medical Service. Individual seniority was on the basis of length of service dating from the granting of a Commission by the Monarch, through the Under Secretary of State for the Colonies on the recommendation of the Governor. There was no grading of the hospitals to the seniority of the Colonial Surgeons, who were posted as circumstances dictated irrespective of seniority. The formula determining seniority was laid down in 1812 by Earl Bathurst, whose decision also clarified the Governor's Authority in appointing staff. This ruling left no doubt that promotion in rotation (to Principal Surgeon) would occur on the basis of seniority and that the latter would be calculated from the grant of a "regular commission from Home", and not from the date of provisional appointment by the Governor. (21) Seniority levels by classification were introduced with the formation of the Colonial Civil Service in 1827. The Service consisted of four classes of which the first was exclusive to the Chief Justice and a small cadre of senior civil servants who were Heads of Departments. The Principal Surgeon was classified in the second class with other senior technical officers and the Assistant Surgeons were placed in the fourth class - the general division of the Civil Service. (22)

After 1836 those civil surgeons who remained in the Service retained their seniority, each to the other, on the basis of their civil commissions. Military Surgeons who joined the Service were in a different category. If previously they were on the Retired List they were restored to the Active

List and their seniority depended on rank and length of service.

The only promotional post in the establishment other than the rank of Deputy Inspector General was that of Surgeon at a salary of 13/- per day. / It would appear that the senior position at the General Hospital carried this classification and that otherwise promotion to Surgeon was on a personal basis resting on seniority and length of service as with Brooks, Richardson and Hill, who had achieved this classification prior to the amalgamation of the Civil and Military Medical Services. After the amalgamation promotion to Surgeon was restricted to the post at the General Hospital. So Richardson succeeded Harnett in 1844, being then the senior Assistant Surgeon.

The concept of retirement pensions or gratuities was confused throughout the period from 1788 to 1848 during which the convict hospitals operated. This confusion was due to the reluctance of the Home Authorities to lay down a standard policy. There was no difficulty for ex-Naval or Military Surgeons who were recruited to the Colonial Medical Service. At the termination of their appointments they reverted to the Half-Pay List. A similar expectation was advanced by the Colonial Surgeons in 1814, but was not granted.....

The amount and type of retirement benefit was decided for each individual application. Some of the Assistant Surgeons as, for example, Mitchell, Brooks and Anderson, while still serving received land grants in lieu of pensionable rights.(24) This system went into discard after 1828 from which date generally a cash grant was made.....

Nursing Staff Establishments.

No provision was made by the British Government for civilian staff to assist Principal Surgeon John White and his Assistant Surgeons in the performance of their medical tasks. The convicts in the First Fleet were the pool from which labour was supplied to maintain the Colony, including its hospital services. This principle pertained throughout in nursing, domestic and general staffing of the convict hospitals, with some modification, after control passed to the Military Service, by the appointment of Deputy Purveyors to supervise hospital equipment and stores. It was understandable that, with the tribulations of the Colony in its early days, the better skilled and more responsible convicts were allotted to duties essential for the physical survival of the Colony and the hospitals suffered both in numbers and quality. The disregard of the needs of the hospitals, and also a reflection on the status and standard of nursing, is well illustrated by the actions of the magistrates who were prone to sentence female convicts for offences committed in the

Colony to serve a term at the Hospital. (26) The selection of convicts for nursing and other duties improved during Governor Macquarie's regime and thereafter, they were carefully chosen by the Principal Superintendent of Convicts and were liable to instant dismissal for misconduct. A system of gratuities was introduced, and at the General Hospital (and presumably the other hospitals) one wardsmen and one nurse were made senior. The latter was officially called the Matron and was responsible for the supervision of domestic staff as well as the female nursing staff. (27)

The first staffing establishment was laid down by Governor King for the hospitals (the General Hospital, Parramatta and Norfolk Island) as "twenty persons acting as overseers, dressers, wardsmen, gardeners, boatmen etc. plus nurses (by assumption from the distinction drawn these were probably female) all of whom were selected from the convicts, and of course, receive noother reward than their maintenance by the public".(28) Bowman, in his reorganisation of the General Hospital, augmented the general staff and defined a ratio of nurses and wardsmen in proportion of one to each seven patients.(29) After the medical service was reorganized in 1836 as a component of the Military Service the nurse-patient ratio was stabilized at one for ten for all hospitals.

Salaries.

Prior to the establishment of the Civil Service in the Colony the salaries of all civil staff were determined by the British Government, which supplied finance on the basis of a yearly budget prepared by the Governor. The original determination for the medical staff was Principal Surgeon pounds 182.0.0 per annum, Assistant Surgeons pounds 91.5.0 per annum, and Junior Surgeons \$50.0.0 per annum. The latter post was created for the convict surgeon John Irving (a man "bred to surgery") who was not eligible for inclusion in the seniority list. Rations and quarters were provided and convict servants were allocated and victualled at Government expense. Salaries were paid in England by the Treasury to the agents of the surgeons, occasionally to the discomfiture of the latter, as with Mileham, when defalcation occurred. This system persisted until the early 1800's.

In 1803 Governor King faced a crisis in the Medical Service which was under-staffed to cope with the increase in population from 2,050 in 1790 to 7,127 in 1803. He secured an increase in salaries of the Principal Surgeon to pounds 365.0.0. per annum, his First Assistant Surgeon to pounds 182,10.0 and other Assistant Surgeons to pounds 136.17.6 and the Junior Surgeon to pounds 91.50. The free allocation of convict servants to each surgeon was withdrawn with the instruction that "the augmentation of salaries of the civil officers will enable them to pay for the services of such convicts as they may choose to employ." (30)

The Colony by then was attracting revenue from duties and customs collected at the Port and from fines imposed by magistrates. This revenue was paid into the Female Orphan and Gaol Fund in support of the female orphanage and the gaol in Sydney. In 1810 Macquarie reorganized the Fund into a Police Fund and an Orphan Fund, each with separate trustees, the former to receive one fourth of the revenue to support a police force and the latter the remaining three fourths. Although Macquarie laid down the criteria of disbursement from the Police Fund "to defray the expense of the Jail and Police Establishments, the Erection of Wharfs, Quays, Bridges and the making and repairing of Streets and Roads within the limits of the Town of Sydney", he and succeeding Governors found it expedient to pay the salaries of temporary appointments to the Medical Service from this Fund (31). This rather questionable departure from the objectives of the Police Fund was facilitated when Principal Surgeon WENTWORTH was appointed Commissioner of Police and Trustee of the Police Fund.

The salaries paid to the officers of the Medical Service after its incorporation into the Colonial Civil Service were at the levels laid down for the appropriate classification within the Civil Service, viz. pounds 800.0.0 per annum (Class II) for the Principal Surgeon (then called Inspector of Colonial Hospitals) and pounds 200.0.0 per annum (Class IV) for the Assistant Surgeons. The promotional post of surgeon within Class IV attracted a salary of pounds 237.5.0 per annum. These salaries were paid from the Civil Chest (the equivalent of the Colony's Treasury), so named to distinguish it from the Military Chest, to which was funded finance from the English Treasury to support the military and convict service.

After 1836 the salaries of the medical staff, being now classified as members of the military and convict service, were met by a complicated formula which did not impose upon the Colony's revenue. Such retired Army Officers as were recruited into the Service received a continuing daily half pay by rank from the Army and the remainder of their daily rate from the British Colonial Fund. Thus Thompson's salary as Deputy Inspector General of Hospitals was at the rate of pounds 1.10.0 per day, comprising 17/- half military pay and 13/- per day from the British Colonial Fund. (32) Vacancies at Assistant Surgeon level were filled from the Army Staff Pay List at a total salary rate of 10/- per day on the same formula. The salaries of Assistant Surgeons recruited on this formula were lower than those being paid to the civil Assistant Surgeons who were involved in the transfer and who remained at the level they had previously enjoyed when members of Class IV of the Colony's Civil Service. Their salaries were paid from the British Colonial Fund.

During Jamison's term as Principal Surgeon there was discontent among the Assistant Surgeons at their duty to attend and treat, without fee, settlers and other freemen not victualled by the

Crown. The courts-martial of Mileham and Savage, both for refusing to attend women in labour (the latter in rather heartless circumstances) created a crisis. The sentence imposed upon Mileham that he be cashiered was not confirmed by His Majesty because there was no military offence committed within the terms of the Military Act or Articles of War (33) The Professional relationships between the Assistant Surgeons and free settlers were resolved by permitting the Surgeons a right of private practice.

To those Assistant Surgeons who were located at hospitals in areas where the population of free persons was greatest, this became a lucrative fringe benefit. One complaint against Redfern was that he concentrated more on this privilege than his duties at the General Hospital. Macquarie appointed Henry G Douglas to the hospital at Parramatta in 1821, because there he would also have a lucrative private practice. (34)

The Board of Inquiry in 1826 attempted to minimize abuse of this right by restricting private practice to a radius of ten miles from a hospital. (35) It was further restricted by Deputy Inspector General Thompson under conditions laid down by the Governor and supervised by him. (36) By this time it was not a significant advantage in the larger centres which were well catered for by independent private practice. The proviso was aimed more at the outer districts where travelling time to attend private patients interfered substantially with the Assistant Surgeon's capacity to carry out hospital duties.

Stores and Equipment.

The First Fleet carried "medicines, drugs, surgeons' instruments and necessaries" to the value of pounds 1,429.0.0 as the basis of the Colony's medical stocks. Unfortunately, many of the drugs had perished on the voyage and of the remainder many were of poor quality. There were no blankets, sheets or other comforts for the hospital or an "adequate supply of 'necessaries' (special foods) to aid the operation of medicine." (37) White drew upon the Commissary Store for general stores, equipment and rations. To supplement and conserve the meagre stock of drugs and medicine, the Surgeons improvised with native flora, so discovering the value of sarsaparilla as an antiscorbutic and infusion of mild myrtle as an astringent for dysentery. The arrival of the Second Fleet in 1790 brought much needed relief.

The hospital at Sydney Cove was the general repository for medical stores and surgical supplies from which the Principal Surgeon distributed to other medical units, including in emergency, the N.S.W. Corps. The Principal Surgeon ordered drugs direct through the Secretary of State for the Colonies and not through the Commissary of Stores and Provisions. The drugs were supplied from the Apothecaries Hall to ensure quality.

This arrangement of a central medical store at the General Hospital to supply the hospitals of the Colony and other stores and equipment being drawn from the Government Store, remained, with some variations, the system of supply to the convict hospitals throughout the period from 1788 to 1848. The Assistant Surgeons at the hospitals, until the military take-over, acted as apothecaries and dispensers and were responsible for custody of the medical stores, requisitioning, returns etc. A convict acted as store-keeper and book-keeper.

When the Colonial Surgeons were permitted the right of private practice it was their custom to provide medicines from the hospitals for their patients free; thus giving them an advantage over their colleagues in private practice. To minimize this advantage a payment of 2/- per individual dispensing of medicine was imposed upon the Surgeons who, no doubt, included this charge in their fees.

The custody and control of the medical stores were an important responsibility of the Principal Surgeons and we find Bowman shortly after his appointment offering suggestions to the Governor on the control of stores and the appointment of civil staff for this purpose at the General Hospital. Although the latter recommendation was not realized prior to 1836, the post of storekeeper was one of the trusted posts in the hospitals, for which a gratuity was paid.....

Although Bowman demanded careful supervision over medical stores and introduced stock records and returns at the General Hospital, the stores procedures seemed to fail beyond this point and the district hospitals and stations were often inadequately supplied.....

Prior to 1836 the expenses of the medical services were paid generally from the Colonial Budget and the Police Fund. The cost of such drugs and surgical supplies as were ordered separately from London were met from the English Exchequer. From 1836 the convict hospitals, for budgetary purposes, were classified as a unit of the convict establishment and all stores expenses were met by the British Government. With the closure of the convict hospitals from 1842 onwards, their stores and equipment were transferred to the civilian Boards of those hospitals which passed to civilian control, otherwise the stock was sold by public tender.....

(to be completed).

HISTORIC PRINCE OF WALES.

- Uniken No.14 of 1975.

The item in UNIKEN No.10 on the renovation of part of the Prince of Wales Hospital for classes of the University's Faculty of Medicine (U.N.S.W.), elicited some interesting historical facts from Mr Bruce Crawford, Administrative Officer, Publications and Printing, at the Hospital.

It seems that the central and northern wings of the main stone building facing Avoca Street, Randwick, were designed by the famous architect Edmund Blacket for the Society for the Relief of Destitute Children. Known as the Randwick Asylum it was completed and occupied in 1858. A three-storey southern wing was added 10 years later, enabling an increase in the number of children to be housed to 400.

The 60 acres of land in which the Asylum stood were donated by the N.S.W. Government in 1855. The buildings were financed by public subscription including a bequest of \$24,000 from a Dr Cuthill, a staunch supporter of the Society.

It is this building which is being developed as a Clinical Sciences Building for the Faculty of Medicine. The alterations include an upgraded ground floor lecture room in both the north and south wings, provision for extensions to the library and reading room, and laboratories and offices in the south wing. The basement of the south wing is being prepared as a holding area for animals used in teaching.

The generosity of Irish soprano Catherine Hayes led to the erection of a two-storey sandstone building in 1870. Miss Hayes donated the equivalent of \$1,600.00 to the Society in 1861 and a further \$12,000.00 was raised by public subscription and Government grant. The building, which now bears her name, will form part of the new Psychiatric Unit at the Hospital. Its architect was Thomas Rowe.

The third sandstone building on the Prince of Wales site is the Superintendent's residence designed by J. Horbury Hunt and built in 1863. It currently houses the hospital Secretariat.

All three buildings are classified by the National Trust.
