

“when any convict was dying and had bread or lillipie (flour and water boiled together) given him; those nearest him would seize them, saying with an oath that they were useless to him as he was going to die; no sooner was the unfortunate dead than his body was stripped by those around him who were always in waiting to do so(41).”

Even in less troubled times when thoughts and ideals were turning from military dictatorship to instruments of self-government, it was the common practice of the staff of the General Hospital to sell the meat and other victuals provided for the patients, leaving them to fare as best they could on the charity and mercy of friends and relatives.

The convict hospitals never entirely lived down their reputation until the Colonial Medical Service passed to military control in 1836, after which conditions improved under military discipline and a systematic and accountable administration.

After the arrival of the First Fleet, Principal Surgeon John White's first task was to establish a hospital base from which he and his staff could operate a medical service. A series of tents was erected on the west side of Sydney Cove in the vicinity of the present Maritime Services Building. One tent was used as a consulting room and dispensary for minor treatments and dispensing of medicines, and the remainder as sick tents for patients' accommodation. This was soon replaced by a timber building with dirt floors, almost opposite the original site. So the General Hospital was established, to be replaced in 1790 by a wooden prefabricated hospital which was transported to the Colony in the transport Lady Juliana. Erected on wooden blocks, and attacked by white ants, it was soon in a state of disrepair; despite which it served the capital of the Colony until the arrival of Governor Lachlan Macquarie.

Lachlan Macquarie was a man of singular determination whose characteristic was independent action. He was appointed with specific instructions to bring the Colony to order; to restore authority; and, to act according to his discretion in emergencies which required prompt and immediate decision. One of his first tasks was to establish a town plan and building code. The General Hospital was high on his list of priorities as an essential institution, then in a state of total neglect, which

The convict hospitals

“...to gather in the sick from the streets and to nurse the wretched sufferers, wasted with poverty and disease.”

Saint Jerome's dictum for the first nosocomium in Western Europe could well have been written on the convict hospitals of NSW, so accurately does it depict their function and the social status of those who entered their portals. Admission was often a choice of desperation especially in the founding years following the first three fleets. Governor Phillip, a humane man, was forced to protest vigorously after the arrival of the Second Fleet in 1790. Words failed him:

“I will not dwell, sir, on the scene of misery, which the hospital and sick tents exhibited(40).”

Nor was the behaviour of the convict patients superior to their environment. The majority were covered in filth and vermin, and brutal and callous each to the other:

required reconstruction in permanent materials. This he interpreted as a situation of emergency to be acted upon without delay. On the 17 and 20 May 1810, he invited tenders in the Government Gazette for its construction, and this before his despatches of 8 May, describing the condition of the hospital could reach Lord Castlereagh.

The site chosen by Macquarie was on a high ridge of land south of Government House in Macquarie Street, a new street which Macquarie named after himself. Its architect has not been determined, although it is often surmised that it was Mrs Macquarie, who had an interest in architecture which lifted her to amateur status. Seven acres of land were reserved for the purpose, of which one acre was ceded by John Blaxland's widow under pressure from Macquarie and a vague promise of compensation. It was to be a grand building of noble proportions to accommodate 200 patients and to serve the needs of the colony for all time. There were two wings to house the Colonial Surgeons flanking the hospital proper. All buildings were of two storeys, surrounded by verandahs and enclosed by a high brick wall.

The first acceptable tender, including as one of the tenderers Principal Surgeon D'Arcy Wentworth, who later withdrew at Macquarie's request, was received on 6 November 1810, and after much controversy the building was completed in 1814. The controversy arose from the method of financing the building by the grant to the tenderers of a monopoly to import 45,000 gallons of rum over a period of three years, provided that construction was at no cost to the Government. Macquarie proposed initially that the rum imports would be free of excise tax, in direct contradiction to his obligations to impose a tax of 3/- per gallon to control the rum trade. The initial contract was modified subsequently to increase the amount of spirits imported to 60,000 gallons, on which excise would be paid with a time lapse of six months to meet payment. The hospital was known colloquially as the Rum Hospital and its origin is commemorated in the Coat of Arms of the Sydney Hospital today. It set the pattern for all other convict hospitals in its

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function, criteria of administration, admission procedures and staffing. As mentioned in the Chapter on Medical Benevolence, it became the Sydney Dispensary and later the Sydney Dispensary and Infirmary in 1845 and 1848 respectively, and the Sydney Hospital in 1881. It was the only hospital serving Sydney (as a convict and then voluntary hospital) until St Vincent's Hospital was established by the Sisters of Charity in 1856.

The development and location of the convict hospitals followed the extension of the settlement beyond Sydney as population demanded. So hospitals were established at Norfolk Island, Parramatta, Liverpool, Windsor, Newcastle, Bathurst, Goulburn and Port Macquarie to provide a total medical service for the convict prisoners or indentured labourers and their military guards in the outposts of the Colony. In Sydney separate provision was made for the military garrison, by a military hospital staffed by military surgeons, until this was redundant after the General Hospital was placed under military control.

The convict hospitals were constructed of permanent materials, brick or stone, following a basic plan, which was contracted or expanded depending on the population of the town and district. They provided separate accommodation for the Colonial Surgeon, and were located close to the convict barracks or prison. So well were they constructed that it was a simple transition to civilian control, after transportation ceased, to form the nucleus of the general hospital system of the Colony.

Despite their vicissitudes the convict hospitals served the Colony capably. Their defects were those of their times magnified by problems of manpower and resources, when little was spared for the sick and institutions which housed them. They were essentially a base from which the surgeons provided an itinerant service to Government institutions and outposts, as well as an inpatient service to eligible persons. The General Hospital was always the senior in status and authority, in which the Principal Surgeons and their successors were located.

The civil administration of the convict hospitals

Until 1836 the convict hospitals were institutions of the civil component of Government, during which there were varying degrees of administrative responsibility delegated to or assumed by the Heads of the Colonial Medical Service.

Two hospitals were established during White's regime – at Sydney and Norfolk Island. There was never any doubt about White's control over the hospital at Sydney. Some doubt does exist about the administration of the hospital at Norfolk Island. It was staffed by Colonial Surgeons but was treated in despatches by Governors Phillip and Hunter as though it was an independent institution subject to immediate military discipline. This is understandable as Norfolk Island was a secondary penal colony remote in communication from the major settlement.

Governor King left no doubt as to the authority of Principal Surgeon Thomas Jamison over the convict hospitals: '(the Principal Surgeon) has the charge and superintendence of the hospitals, makes his daily and occasional reports to the Governor; resides at Sydney and accounts to the Commissary for all stores and necessaries received quarterly(42)'. King's despatch also confirmed the immediate responsibility of the Principal Surgeon to the Governor and his right of direct access.

This edict was not generally accepted by the military, especially in the districts where the military commandants had delegated authority for civil and military administration. Here conflict arose as the Colonial Surgeons insisted on their civil rights to administer their hospitals. In 1810 a violent clash took place in Newcastle over this issue between Commandant Lieutenant Purcell and Assistant Surgeon Horner, who resigned as a consequence. Macquarie appointed William Evans to replace Horner and gave an emphatic ruling in favour of Evan's civil authority.

The conflict between civil and military areas of responsibility was symptomatic of the growing resentment in the Colony against the power of the Military, and the latter's reaction to any intrusion on their commissioned capacity. Bligh tended to favour the military, to the outrage of the civilian population, and permitted D'Arcy Wentworth to be twice

court-martialled for resisting military orders of admissions to his hospital. The second court martial on 1817 on charges laid by Colonel Molle finally determined the civil status of the Colonial Surgeons. Macquarie's decision that the court martial was invalid was upheld by the Home Authorities that Wentworth 'was not amenable to martial law from the tenor of his commission(43)'.

There was no doubt about the status of the Colonial Surgeons after the establishment of the Colonial Civil Service in 1827. The Principal Surgeons and Colonial Service were included in the Civil List, and reported to the Governor through the Colonial Secretary. The Principal Surgeon was able to concentrate on the reorganisation of the convict hospitals (including the General Hospital). The later title of Principal Surgeon Bowman, following the Board of Enquiry of 1826, Inspector of Colonial Hospitals, delineated his administrative responsibility as Head of the Colonial Medical Service and its convict hospitals.

It was during this period that the duties of the two surgeons on the General Hospital were 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 what were termed the exterior duties; the medical supervision of the convicts at Hyde Park Barracks, the Goal, Goat Island, the Hulk, the ironed gangs at Carter's Barracks and Woolloomooloo, and assistance at the Hospital when necessary(44)'. From 1825 James Mitchell was permanently associated with the inpatient duties of the General Hospital responsible to Bowman, the equivalence of Medical Superintendent.

The military administration of the convict hospitals

There was a clearer chain of command after 1836 when the Colonial Medical Service was reorganised to become a segment of the military forces of the Colony, under John Vaughan Thompson in the newly created post of Deputy Inspector General of Hospitals. The effect of this was to provide a unified service under a single authority, charged with a continuing and strict financial scrutiny over the establishment, expenditure and activities of the convict hospitals. The Colonial Medical Service was

thus converted into a strictly hospital service, thrusting upon civil government the responsibility to provide visiting medical services for its civil establishment and institutions.

The duties of Thompson (and after 1844 William Dawson) were precisely laid down by Sir James McGrigor in his formal instructions to Thompson:

- “(i) To revise immediately all existing medical establishments connected with the Military and Convict Departments so as to be placed under hospital regulations of the army.
- (ii) To undertake personal inspections, initially and periodically, of each station and hospital and report to the Governor.
- (iii) Not to vary any of the medical establishments or construct new hospitals and buildings without previous sanction of the Government of England.
- (iv) To be guided generally in his administration of army ‘Instructions to the Principal Medical Officer of Foreign Stations’.
- (v) To organize and control the distribution of medical stores through the Deputy Purveyor. (Shades of Bowman’s lapse still lingered – Thompson was exhorted ‘that utmost vigilance was required in controlling this branch of public duty’.)
- (vi) To revise the scales of diets for use in hospitals. This obligation implied not only initial revision to set uniform standards through the convict hospitals, which Thompson did, but continuing supervision to see that these standards were applied appropriately. He was reprimanded in 1840 by Sir James McGrigor for neglect of this duty, which McGrigor emphasised was

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personal to him and not to be delegated to the prescriber’s sole judgement.

- (vii) To establish a quarterly Board of Survey on stores and medicines.
- (viii) To make reports on civilians and civil establishments to the Governor. Professional reports on army personnel were to be directed to the Director-General of Hospitals and expenditure returns to the Secretary of War.’

The relationship between the Deputy Inspector General of Hospitals and his medical staff was quite definite. All communications from the medical staff to any superior authority must pass through him, and all appointments and exchanges (to the limit of the establishments laid down) were to be made by him. The establishments were determined by the Director-General of Army Hospitals in Great Britain.

In many ways the assimilation of the convict hospitals into the army system was an advantage as ancillary support and services could be obtained from army facilities. The domestic establishments of the hospitals were placed on a rational basis with less dependence on convict staff and greater supervision by qualified army personnel.

These changes reduced the authority of the Colonial Surgeons over the administration of their hospitals, leading to further discontent and resentment. It was such a conflict of authority between the Deputy Purveyor (supported by Thompson) and Medical Superintendent Mitchell at the General Hospital, which started the chain of events culminating in Mitchell’s rebellion at this intrusion into his status, and which led to his dismissal for insubordination. Surprisingly, in view of Thompson’s policy of replacement of civil medical staff by Military Surgeons, Mitchell’s successor was a civilian recruit, Dr Kinnear Robertson. Thompson was replaced by William Dawson in 1844 who served in NSW until 1848 as Deputy Inspector General of the diminishing number of the convict hospitals.

Medical staff establishments

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 Surgeons. Movements of staff were effected by Government and General Orders. Temporary staff were appointed locally by the Governors subsequent to Macquarie, as a charge on local revenue. Permanent medical staff were a charge on the Civil Chest and reimbursed from England in the yearly budget. Until Bowman's appointment as Principal Surgeon, the Head of the Civil Medical Service was not consulted on the movements of medical staff. Bowman enjoyed the privilege of consultation and recommendation on staff movements by virtue of his position as a senior (Class II) civil servant. 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 civil service after 1827 in which the Principal Surgeon and Colonial Surgeons were included in different category levels. The Colonial Surgeons were in the lowest class (Class IV). Prior to this, individual seniority was on the basis of length of service dating from the granting of the monarch's commission. There was no grading of the hospitals to the seniority of the surgeons.

After the convict hospitals transferred to military control the Colonial Surgeons retained their seniority. Military Surgeons appointed from the retired list were restored to the active list and their seniority depended on rank and length of military service. A promotional post of Surgeon was created at a salary of 13/- per day. One position of Surgeon was included in the establishment of the General Hospital, otherwise promotion to Surgeon depended on seniority.

There was no mathematical formula to determine the active establishment of Colonial Surgeons in individual convict hospitals. The General Hospital always had an establishment of at least two surgeons, and other hospitals one. This latter could be increased on occasions, after much travail, if demand necessitated. However, never was the establishment of a regional hospital more than two Colonial Surgeons.

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 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 as a punishment in lieu of prison. The selection of convicts for nursing and other duties improved during Governor Macquarie's regime. Thereafter, they were carefully chosen by the Principal Superintendent of Convicts and were liable to instant dismissal for misconduct. A system of gratuities were 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.

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 are selected from the convicts, and of course receive no other reward than their maintenance by the public(45)'. 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. After the medical service was reorganised in 1836 as a component of the Military Service the nurse-patient ratio was stabilized at one for ten for all hospitals.

Stores and equipment

The First Fleet carried 'medicines, drugs, surgeons' instruments and necessaries' to the value of £1,429 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(46)'. White drew upon the commissary store for general stores, equipment and rations.

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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 NSW 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 takeover, acted as apothecaries and dispensers and were responsible for custody of the medical stores, requisitioning, returns, etc. A convict acted as storekeeper and bookkeeper.

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 minimise 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.

Principal Surgeon Bowman instituted a system of a two years' stock being maintained at the General Hospital to supply its needs, and those of the country stations and the hospitals generally. It does appear that Mitchell from 1824 assumed some degree of control over the stores and equipment at the General Hospital, probably by a working arrangement with Bowman. Apparently there was no separation administratively between the working stock of drugs, stores and equipment for the Hospital and the reserves for the Colonial Medical Service.

After John Vaughan Thompson's appointment a Deputy Purveyor was appointed to the General Hospital to control the medical stores for all hospitals. The ultimate responsibility still rested with Thompson, who, in his instructions was exhorted to exercise the utmost vigilance in controlling this branch of the public duty.

Patient's fees and maintenance

Essentially the convict hospitals rendered a free service to those persons in the Colony who were dependent upon the Government for supportive services or assistance. The majority of patients who were received into these hospitals were convicts and civilian paupers. Likewise members of the military forces were treated at the Colony's expense and were admitted where there was no alternative military hospital to accommodate them. Although members of the civil staff were eligible for free hospital treatment in practice they were treated in their homes by the Colonial Surgeons and medicines and other 'necessaries' were provided free from hospital stocks.

A distinction was drawn between convicts assigned to individuals and those assigned to the State. Until 1839 convicts assigned to individuals were victualled in the hospital free for the first fourteen days. Thereafter the master was responsible for victualling, or, as an alternative, he had to surrender his assigned convict to the State. The formula for payment for treatment of invalid sailors from the warships in port was curiously cumbersome. It was at 'a cost of 13/6 for each cure performed on His Majesty's seamen(47)'. This fee was a perquisite of the Principal Surgeon and has to be recovered by his agent in England from the Sick and Hurt Board. As an alternative Balmain proposed that his salary should be increased by five shillings a day, but there is no evidence that this request was granted, nor is it clear when this charge was discontinued.

In 1839, as a result of a Board of Inquiry presided over by the Deputy Inspector General of Hospitals, charges were imposed for patient care. Only those convicts at Government labour and military personnel were admitted free, otherwise there was a sliding scale from 3/- per day for free persons to 1/- a day for assigned servants. Free paupers were also admitted at a rate of 1/9 per day, the cost to be borne from the Colonial Government's funds. The actual cost per patient at this time was approximately 1/3 per day at the General Hospital.

The responsibility for admission of patients and their classification for the purpose of collection of fees was imposed on the Colonial Surgeon in charge of the hospital. He was required to admit civilians 'on payment being guaranteed to him of the accustomed

charge by two or more responsible parties'. He, personally, collected the money and paid it to the Commissary General. If the guarantors failed to make good their guarantee he could sue and occasionally such actions for recovery were brought.

Seamen were charged 3/- per day (under guarantee from the agent of the vessel) for as long as the vessel remained in harbour and for fourteen days thereafter, from which period they were classified as paupers and became a charge on the Colonial Government. Reimbursement for paupers (from civil funds) was 1/9 per day, and a certificate from a parish clergyman was sufficient declaration of indigency for this purpose.

The daily cost per patient was progressively reduced at hospital until it was about nine pence per day in 1844. Fees from civilian patients and reimbursements from colonial funds were now more than adequate to cover the cost of free treatment of the convicts and service personnel. Following a report by William Dawson the rate for private patients and those supported by the local administration was reduced to 1/3 per day(48). Although the financial dissections and calculations were made on the General Hospital, the fees determined applied generally to all the convict hospitals and the lunatic asylum.

The first convict hospitals were established in desperate circumstances to cope with the almost insurmountable burden of morbidity and mortality in the new Colony. If conditions in the early years were harsh and medical care and nursing primitive, this was but a sad reflection of the social environment of the Colony and its neglect by the Mother Country. As conditions changed so did a system of medical care evolve, tied to the state and adequate for its needs as a penal settlement. There was no pretence to extend its function beyond these boundaries. It was inevitable that the system would become redundant after transportation ceased. One would have hoped that the standards of the general hospitals, which supplanted the convict hospitals, would have been more in consonance with the medical and emotional needs of the free community they served. Unfortunately the traditions of the convict hospitals seemed to extend into the general hospitals, whose attitude to their patients were little, if any, improvement on the past.