## The Ministry of Health

The Ministry of Health was established in 1913 by the Holman Government when the Hon. Frederick Flowers was appointed the first Minister for Health with the portfolio of Public Health. This appointment consequential to the retirement of Dr Ashburton Thompson as Chief Medical Officer of the Government and his replacement by Dr Robert Thompson Paton. The Government took the opportunity provided by this changeover of executive authority to integrate the administration of the health Acts, health institutions and services into a unified departmental structure. George Paton was the obvious choice to achieve this objective. He already had a long career in the public service, in the latter years of which he displayed administrative capacity in his supervision of State asylums and Charities as Inspector General of Charities and Head of the Branch of the Government asylums for the Infirm. His supervisory powers were extended to metropolitan hospitals in 1912 and his title was altered correspondingly to Inspector General of Metropolitan Hospitals and Charities. Although he was not the senior of the medical officers in the Government Health Services, the imminence of his promotion was forecast when he was appointed Chairman of the Tuberculosis Advisory Board in June 1912. This board comprised the most senior and influential doctors of the time, the litany of which brings back nostalgic memories of the grand masters of medicine and surgery, in an era when individual reputations and skills were attributes for public discussion. It was inconceivable that the Government medical institutions would be divorced from Paton after his promotion, and he (and successive Directors General) continued as Inspector General of Hospitals and Charities as well as Chief Medical Officer of the Government. It was logical to return the Bureau of Microbiology to the Department of Public Health and transfer the Board of Health from the Treasury to the new Ministry. The amalgamation of health services ranging from public health

supervision and control of infectious diseases to scientific divisions and health institutions demanded a title indicative of the change and the enhanced status of Robert Paton in the Ministry. He was appointed Director-General of Public Health.

The other addition to the Ministry was the organisation of the Inspector General of the Insane, including the mental hospitals, the Deputy Master in Lunacy and other appurtenances of the Lunacy Act of 1898. The only health units which remained within the administration of the Colonial Secretary's Department were the Professional Boards, at that time the Medical Board, the Dental Board and the Pharmacy Board. There was no attempt at this stage to transfer medical services provided by other Departments, such as the Department of Public Instruction, into the new Ministry. That was to await a further development in 1941.

## The Office of the Director-General of Public Health and the Department of Public Health

The Department of Public Health, when transferred to the Ministry of Public Health in 1913, consisted of a central administration servicing the Chief Medical Officer of the Government, the public health sanitation and infectious diseases services; the Pure Food Branch; the Private Hospitals Branch; the Veterinary Branch; the public health laboratories; the Government Medical Officer and staff (including the gaol medical services), and the Hospitals Admission Depot. These were housed at 93 Macquarie Street from 1898, in a building built to accommodate the laboratory services. After the amalgamation of the State hospitals with the public health services, the central administration of the Director-General was known formally as the Office of the Director-

General of Public Health, in consonance with the similar title for the administrative unit of the Inspector General of the Insane. The clerical sector of the Office of the Director-General of Public Health serviced the Board of Health, and the Secretary to the Director-General was also Secretary of the Board of Health. The location of the clerical services of the Office of the Director-General of Public Health was moved to rented

premises at 52 Bridge Street in 1935: the scientific services, the Government Medical Officer's Branch, the Hospitals Admission Depot and the Venereal Diseases Branch remaining at 93 Macquarie Street. The Board of Health met in the boardroom of the Chief Secretary's Department until 1935, after which it enjoyed its own boardroom in Winchcombe House at 52 Bridge Street.

The seniority levels of the headquarters staff of the Office of the Director-General of Public Health in 1913 were:

Robert Thomas PATON, Director-General of Public Health
George William ARMSTRONG, Senior Medical Officer of Health
Frank Martin SUCKLING, Assistant Medical Officer to the Government
Arthur Aubrey PALMER, First Government Medical Officer for Sydney
Arthur Charles CAHILL, Second Government Medical Officer for Sydney
George Hulton Smyth KING, Secretary
James Julius POTTER, First Clerk
Ernest John THRONWAITE, Accountant
Alfred LAKE, Inspector of State Hospitals

Nine clerical officers, three junior clerks, eight shorthand-typists, three attendants, one messenger and one night officer (for the Hospitals Admission Depot)

This pattern of staffing and relative seniority did not alter substantially until 1941 when the administrations of public health and mental hospitals were amalgamated in yet a further reconstruction of the Ministry.

The Office of the Director-General of Public Health contributed the greater variety of services, although not the greatest numbers of staff, to the Ministry. The latter was provided by the Office of the Inspector General of the Insane and the staffs of the mental hospitals. Although their administrations were separate, that of the Director-General assumed a superior status within the Ministry, due to his official endorsement as Chief Medical Officer of the Government. There was very little interaction between the two major professional sectors. Their seniority lists were separate and staff feeling was one of veiled hostility, or at the best indifference, each to the other. This had not altered substantially when I joined the Department of Public Health in 1950.

## Ministers of Health

Since 1913 the Ministry of Health has continued, often in a combined portfolio until 1925, since which, with one exception, it has been a single portfolio. There is no significance in the various designations of Minister of Public Health or Minister of Health. The term public health was commonly used prior to World War II as a generic description of health services indicating professional and public preoccupation with infectious diseases and their aftermath. The term Minister of Health conjures up a wider scope of administration and the economic significance of institutions and hospitals in government budgets. It was the Ministry nomenclature of the Commonwealth and other States, and probably for no other reason than uniformity was adopted in NSW.

Ministers of Health since the Hon. Frederick Flowers to 1973 are:	
1915	George BLACK, Col. Secretary and Minister of Public Health
1916	John FITZGERALD, Minister of Public Health and local government
1919	David STOREY, Minister of Public Health
1920	Albert MOLL, Minister of Public Health
1920	John Joseph McGIRR, Minister for Public Health and Motherhood
1922	Charles OAKES, Colonial Secretary and Minister of Public Health
1925	George CANN, Minister of Public Health
1927	Robert STUART-ROBERTSON, Minister of Public Health
1927	Richard ARTHUR, Minister of Public Health
1930	James McGIRR, Minister of Public Health
1931	William ELY, Minister of Health
1932	Reginald WEAVER, Secretary Public Works and Minister of Health
1935	Herbert FITZSIMMONS, Minister of Health
1941	Christopher KELLY, Minister of Health
1950	Maurice O'SULLIVAN, Minister of Health
1956	William SHEAHAN, Minister of Health
1965	Arthur Harold JAGO, Minister of Health
1973	John WADDY, Minister of Health

There is no classification of Ministries in NSW at a political level, each Minister belonging to the one central cabinet. One gets the impression that unofficially it was not regarded as a prestige Ministry, although some occupants later achieved higher political posts, and others personally had strong political influence within their parties. It became a more difficult and significant Ministry of recent years because of Commonwealth involvement in health under the *National Health and allied Acts* and the major economic demands that the health profession and health institutions made on the public purse.

Generally it was a demanding portfolio for personal visits and appearances, and the interest and vigour of the occupant determined the public image of the Ministry and its services. The most interested and vigorous Minister of my experience was the Hon. William 'Billy' Sheahan, during whose period significant changes took place in health administration. But, 'Billy' Sheahan regarded no office as a sinecure and was equally as vigorous, and sometimes as controversial, in his other portfolios. His Department owes much to him for his support of reform and of his officers in difficult and trying circumstances.

The relationship of the Minister to his senior staff is important in a professionally orientated Department. My impression was that Ministers until 1965 did not differentiate significantly between the professional Heads and the Permanent Head, but sought advice as appeared appropriate. Certainly it was so with me and the Hon. W.A. Sheahan, and my observations of my predecessors confirmed this close relationship with their Ministers.

The Minister consequent from 1965, the Hon. A.H. Jago, was strongly influenced by the Under Secretary in maintaining very formal lines of communication through the Permanent Head. In fact written instructions were issued to this end involving both internal and external communication. The gulf became so wide that on one occasion it was proposed that it would be unnecessary for the Director-General to accompany the Minister to the Australian Health Ministers Council. I record with some amusement and appreciation that there were personal pressures exerted from other State Ministers, two of whom offered me senior positions if I wished to emigrate.