

Public health administration: the genesis of the Board of Health

The morning of the 25 May 1881 was most unpleasant. A gusty southerly was blowing storm clouds across the harbour and the scudding showers were merging into heavy rain. It was a day of gloomy portent for On Chong in his humble abode at 223 Lower George Street. He was an inoffensive Chinaman, one of the many moon-faced coolies who had drifted into Sydney town. At this moment he was worried and bewildered, and oblivious of the chill wind whistling through the broken window pane into his drab and bare bedroom. Its only furnishings were two beds, the one in the corner still disturbed by the feverish tossings of his son throughout the night. He had tried to soothe him these last three nights as his delirium worsened, and pus sores erupted over his face and down his legs and arms. He had watched him grow weaker and his fretful cries sink into a pathetic whimper. And now he had gone, whisked away in haste to the North Head Quarantine Station with the dreaded smallpox. On Chong did not understand the implications nor the inoculation which had been forced upon him. He was more fearful of the reaction of his neighbours, many of whom were resentful of Chinese and the yellow peril which, the broadsheets had proclaimed, were threatening the morality and livelihood of 'white Australia'. He was unappreciative of the historical significance of the event – the commencement of the first major outbreak of smallpox in NSW since the inexplicable outbreak among the Aborigines in 1793.

Nor were the Government and the Medical Adviser unduly alarmed. None of the contacts or associates of On Chong displayed any evidence of the disease, and it appeared that it could be contained by isolating On Chong. But this complacency was to be shattered by the sequences which followed. The State was to be confronted with an outbreak in a population unprotected by vaccination and unprepared for its consequences. Within 20 days more cases appeared in the City suburbs followed by a further outcrop

after a similar interval. Now there was spreading fear and panic. The one doctor experienced with the disease, Health Officer Dr H.G. Alleyne, was absent on sick leave and refused to return to take control. In his absence a meeting of Heads of Departments was hurriedly summoned, and they decided that the Quarantine Station was to be used to isolate patients and those in direct contact with them. In the absence of any smallpox hospital there was no alternative. But even this was not absolute. Patients could be quarantined in their homes if they could afford the daily visit of a doctor and there was no effective law to prevent this. These arrangements were controlled by the Under Secretary of Treasury who used the police force to carry out his decisions.

The situation rapidly degenerated into a shambles. The staff of the Quarantine Station was small, fearful of the disease and loathe to support the patients. Supplies of stores and clothing were insufficient, and the general organisation lacked leadership and was unsuited to the occasion. Transport through the streets and to the Station was inefficient, and circumstances on the Station led to mixing of persons afflicted with smallpox with those who were free from the disease. Morale was non-existent and treatment negligible.

The Board of Advice

Public panic was unallayed and criticism of the Government vociferous in the press and Parliament. Action had to be taken urgently and a special Cabinet meeting was called on 9 July by the Premier, Sir Henry Parkes, at which the Colonial Treasurer, Mr J. Watson, and Under Secretary of Treasury, Mr Geoffrey Eager, were present to report on the quarantine law and the administration of quarantine services. The decision of Cabinet was unanimous. An organisation must be established to relieve Treasury of its quarantine administration, and it must

be composed of persons of authority and vested with special powers through these persons, to contain and control the epidemic threatening the security of the State and the future of the Government.

Sir Henry Parkes may have remembered the previous attempt by Dr H.G. Douglass to legislate for a Central Board of Health which would have been a very suitable instrument for the purpose. But the legislation had lapsed and there was no time for special legislation nor any existing which could give executive status to any Committee or Board on this

model. It had to be a Board of Advice only, but one which was strengthened by unqualified Government support and with sufficient funds for the purpose. Because of the latter and the present role of quarantine as a unit of Treasury, the board would likewise be responsible to Government through the Colonial Treasurer.

The Premier was pleased to announce the establishment of a Board of Advice on 11 July 1881, and of the same date the Colonial Treasurer issued a memo to its members setting out its composition and extraordinary powers(96):

"Subject:

Appointment of a Board of Advice to Assist in Preventing the spread of smallpox

I think it desirable that a number of gentlemen should be appointed as a Board of Advice or Board of Health to advise with and assist the Government in preventing the spread of smallpox; such board to have power to act in cases of emergency and incur expenditure without consulting the Government in cases of urgent necessity to an amount not exceeding £200 – the gentlemen are:

The Mayor of Sydney*
 The Under Secretary for Finance and Trade,
 The Inspector General of Police,
 The Health Officer,
 The Colonial Architect,
 and Dr Alfred Roberts.

The latter gentleman to be paid reasonable professional fees for attending in such board.

J. Watson."

Dr Charles MacKellar was appointed in September when he succeeded Dr H.G. Alleyne as Medical Adviser to the Government.

The first meeting was held on 18 July, with the Mayor in the Chair and all attended. Meetings were frequent at weekly or two-weekly intervals as determined by the board at its sittings. It had powers of co-option. The Mayor was Chairman when present, otherwise the board elected a Chairman for the meeting. It met at the Treasury Building at 127 Macquarie Street and existed as a Board of Advice until 31 December 1881, when it was translated into the Board of Health with statutory recognition as such under the provisions of the *Infectious Diseases Supervision Act 1881* (45 Vic. No. 25).

The Board of Advice was vigorous, efficient, and determined in its task of combating the smallpox epidemic for which it was created. In anticipation of its first meeting the Government had made regulations for the conduct of an ambulance and disinfecting staff. The first residence to be disinfected was that of Lum Kum Fry under the supervision of Dr Louis Foncart, Assistant Health Officer to the Port. The disinfectant used was carbolic acid which at that time was in short supply. The Under Secretary for Finance and Trade (Treasury) placed an order for 3,000 gallons on London.

*The persons involved were: The Mayor of Sydney, the Hon. J. Harris; Under Secretary Finance and Trade, the Hon. G. Eager; Inspector General of Police, E. Fosberg, Esq.; Health Officer Dr H.G. Alleyne; and Colonial Architect, James Barnet Esq.

The smallpox epidemic of 1881-1882*

The epidemic lasted from 25 May 1881 to 19 February 1882. The total number of cases was 154 and the death rate 25.9 per cent. Of those treated at home (77 cases) the death rate was 29 per cent. Of the remainder, 52 cases were accommodated at the Sanitary Camp at Little Bay, together with 85 contacts. The Quarantine Station at North Head accommodated 31 early cases and an unknown number of contacts. It was rarely used after the establishment of the additional station at Little Bay (the Coast Hospital). Notification until December 1881, was optional. It appears that the medical profession were reluctant to accept responsibility for voluntary notification. Cumpston records that the reason for lack of cooperation was conditioned by the circumstance that the first two medical men who reported cases were quarantined against their will for some months. They were Dr M.J. Clune and S.M. Caffyn(97). The epidemic was almost entirely contained to the Sydney Metropolitan District, with the heaviest incidence in the poorer suburbs, in which the labouring classes were housed in unsanitary and crowded conditions.

The attack on the epidemic by the Board of Advice was systematic and assisted by powers which were granted to it in August 1881, by Regulation under the Quarantine Act, whereby 'the Health Officer and any two members of the Board could compel isolation or remove to isolation any person deemed likely to imperil the public health'(98). It employed its own doctors at a rate of 3.5 guineas per day plus buggy, horse and forage, and appointed Dr A. Beattie resident superintendent of the Quarantine Station at North Head with executive powers over the Station. It issued regulations defining the periodicity of visits by its doctors for the treatment of proven cases and supervision of contacts. It conducted a voluntary and successful vaccination campaign among the general population as well as immediate contacts. For this purpose it appointed public vaccinators from the practising profession who were paid correspondingly. An ambulance corps had been established on 12 July in anticipation of the first meeting of the Board of

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Advice. The function of this corps was to convey patients and contacts from infected houses, to coffin and bury the dead and disinfect premises. They were under immediate police control as were also a small number of special constables.

Undoubtedly the major measures responsible for the containment of the outbreak were the vigilance of its medical staff; its statutory capacity to isolate patients and contacts, and its early development of the second quarantine station at Little Bay, where originally tents were used to house patients and contacts, pending the erection of temporary buildings. The wide spaces at Little Bay were effective barriers to the spread of infection, and of the contacts accommodated there only three subsequently developed smallpox.

By November 1881, the epidemic was diminishing and medical staff were being progressively dismissed. The success of the Board of Advice and the public confidence it inspired made its continuation inevitable after the immediate crisis had passed. It was to continue as the Board of Health, the most influential instrument in the administration of health services until the creation of the Department of Public Health in 1941. Thereafter, although still retaining wide executive powers it lacked resources to exercise these powers, which more and more were undertaken by local government and other agencies.

* An excellent report of this epidemic is contained in *The Reports and Publications of the Board of Health*, Health Commission of NSW Library Vol. Q614.0981 who were sworn to guard quarantine premises.