

## State hospitals

In 1855 the Government constituted a board consisting of Mr W.C. Mayne, Inspector General of Police, and Mr E.G. Mereweather, Acting Agent for Church and School Lands, to enquire into the operation and general management of the Benevolent Society, and to determine the position which the Government ought to adopt with respect to the Society in terms of continuing subsidy from public funds.

The *Mayne-Mereweather Report* was critical of the Society, particularly the laxity with which it distributed outdoor relief. The Commissioners argued that the practice of the Society was at variance with its aims, and, in effect, the Society encouraged mendicity and vagrancy and did not foster a spirit of independence among its applicants.

The report was presented when the Colony was on the verge of self-government and the Executive

Council left any action to the incoming administration. The process of questioning and enquiry continued intermittently in an informal manner until 1862, when the Government moved to take over the care of the aged and infirm from the Benevolent Society, creating the Board of Government asylums for the Infirm and Destitute, with

A new and exciting spirit was released as the Colony moved towards self-government.

Frederick King, a public servant, as Secretary. The constitution of the Board remained constant until it was abolished in 1873, following a recommendation from the Royal Commission on Public Charities viz Chairman: Christopher Rolleston, Auditor-General; Members: Captain John McLerie, Inspector-General of Police; Mr Harold Maclean, Sheriff; and Dr J. Alleyne, Health Officer. Frederick King was to become the second Inspector of Public Charities under the *Institutions Inspection Act of 1866* replacing in 1869, the initial incumbent, Mr R.C. Walker. He retained his position as Secretary of the Board of Government asylums.

The Liverpool Hospital was placed under this Board, and the aged women were removed from the Sydney Asylum to the Immigration Barracks at Hyde Park. A third asylum was established at Parramatta in 1862, variously known as the Macquarie Street Home, Parramatta, or the Home for the Blind and Men of Defective Sight and Senility. It was located in the buildings of the Military Hospital (opposite the

Queen's Wharf), which had been erected as a military barracks by Governor Macquarie in 1822, and subsequently converted to the convict barracks and stables, before becoming the Military Hospital in 1843. In addition to siphoning off the overflow from the Liverpool Asylum it functioned as a receiving house for aged and infirm men. Its original Master and Matron were Mr and Mrs James Denis, who arrived from England in 1861. For a short time there was also an asylum at Port Macquarie occupying the convict hospital. It was very unpopular because of its location.

The attitude of the Board of Government asylums towards its responsibilities was a display of almost total lack of concern. It was inactive and, by default of its executive management, Frederick King discharged its functions personally. He described his duties:

"I am charged with the general supervision of the asylums, and held responsible for their good order and management. I have control of the expenditure under the board's direction, and am held responsible for all disbursements, and for the general accuracy of the accounts, books and records of this office. I give a £1,000 (bond) guarantee of faithfulness in the discharge of these duties(71)."

He did attempt some degree of supervision by personal inspections, but these were irregular and perfunctory, and of necessity so because of the burden of his duties in his combined posts. No such excuse could be offered to minimise the board's dereliction. The members rarely visited the asylums, explaining that their other duties did not permit of the time, and in any case 'it was of no use'.

The latter may have contained some element of truth. The Government appeared to be more concerned in containing expenditure at the expense of the welfare of the inmates under its charge. The total cost voted annually did not vary substantially from year to year and was in the region of £12,000 to £18,000 to cover all State asylums.

Conditions and care in the asylums varied. Apparently the women were reasonably catered for in the Hyde Park Barracks, and the discipline at Liverpool was such that men preferred to go to Parramatta despite its rigours and reputation. At least there they were allowed to wander freely between the town and the institution. It was the

shameful conditions at Parramatta which led to the abolition of the board of Government asylums.

Dennis' attitude to his inmates was callous and harsh, often bordering on brutality. He was insensitive to their needs and they had no redress. George Harris, an ex-inmate, in evidence before the Royal Commission on Public Charities (1873) describes one incident, which is still incredible allowing for exaggeration:

"Last Christmas Day (1872) there were 270 men left there without a bit of breakfast at all. Mr Dennis goes down the Bay in his yacht and never gives us a bit of bread and meat. He goes away with his two sons and two boatmen, and he leaves 270 men there without a bit of bread(72)."

Nor apparently were conditions substantially better in the hospital section established in the tweed millhouse adjoining the asylum. Dr Robert Champley Rutter, M.D., Visiting Surgeon to the asylum, complained bitterly to the Royal Commission on the attitude of the Sydney Infirmary to transfer of patients, and the primitive facilities for nursing and hospital care at the Parramatta Asylum.

The Chairman of the Board of Government asylums, in his evidence before the Royal Commission, absolved himself of responsibility for its shortcomings in terms which, paradoxically, were self-condemnatory:

"I have never been satisfied with Parramatta. It is a faulty institution and the Master is not up to his work either. The place is not healthy-looking, it is untidy-looking(73)."

The Royal Commission was not impressed by the management of the board or its Secretary. It criticised the former on the grounds that they were all busy men and could not afford the time to discharge their duties as members, and the latter as deficient in his active duties of inspection and supervision of the welfare of inmates. Its recommendation to abolish the board was accepted, but its further recommendation to absorb the positions of Inspector of Charities and Secretary of the board into a Department under a Comptroller of Charities was not implemented. King continued in his dual role to guide the destiny of the Government asylums.

A more responsible and enlightened approach to the administration of the government asylums was to be delayed until the 1890's when the Rookwood Asylum (later the Lidcombe State Hospital) was built. In the meantime the women from the Hyde Park Barracks had been transferred to the Blaxland property on the Parramatta River in 1882, and in 1884 an admission office was established as a central admission depot for State asylums. It was to expand in the twentieth century to a hospital admission depot for general hospitals, convalescent homes and state hospitals (asylums). These changes will be elaborated in Part II of this study. Suffice to say that in the last quarter of the nineteenth century, the State asylums were auxiliary hospitals – part poorhouses and part chronic diseases hospitals. Their facilities were limited, their policies restrictive, penny-pinching and open to frequent criticism. Yet, as Brian Dickey concludes, they were the hospitals for the chronic and incurable patients in the community other than those who could afford private treatment(74).

## The voluntary hospitals

The voluntary hospitals were as much a part of medical benevolence as were the benevolent asylums, and were founded by private enterprise on the same principle of mutual self-help divorced from Government interference. Unlike the benevolent asylums, which became Government institutions after self-government, the voluntary hospitals continued independent of Government control, each under its own individual board of management. Until the growth of friendly societies following the *Friendly and Other Mutual Benefit Societies Act* (37 Vic. No. 4), they provided a complete medical service to the poor and indigent through their outpatient and inpatient facilities, supplemented by the charitable attitudes of private medical practitioners, who would attend the poor in their homes for no fee or a nominal fee.

They were widely recognised by the community as benevolent institutions for the poor or charity hospitals. From their management there was a common attitude to their patients implying relative

or absolute pauperism. This was so evident that the Inspector of Public Charities suggested in 1877 that a payment of one shilling a day be asked of patients in order to inculcate 'feelings of self-reliance and self-respect by paying... in part for the benefits received'(75). This proposal was never effectively introduced as a compulsory requirement, and the voluntary hospitals (then known as the public hospitals and now the general hospitals) remained essentially free charities, although they sought voluntary contributions from patients able to provide.

The first such institution was the Sydney Dispensary, which, in 1845, became the Sydney Infirmary, when the board of the Dispensary accepted inpatient facilities in the south wing of the General Hospital. It was later to extend its facilities throughout the whole of the General Hospital and was incorporated in 1881 as the Sydney Hospital, as exists today.

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The principles and mode of administration, on which the Sydney Dispensary and Infirmary, was based set the pattern adopted by all other voluntary hospitals which developed in this century. The implications of ownership and consequential independence from direct Government control was, and still is, jealously guarded by these hospitals, to the degree, that as late as 1972, they were able

collectively to exert pressure on Government not to proceed with Stage II of the *Health Commission Act* of that year. This Stage would have converted their boards of directors to the status of Government trustees.

### The Sydney Dispensary and Infirmary\*

Dr Redfern was an early protagonist of a separate medical service for the indigent poor. Mr R. Howe, editor of the Sydney Gazette, in defence of Redfern against certain accusations of his opposition to the Sydney Dispensary stated:

"Towards Dr Redfern, we think it our duty to state that he suggested a similar institution as long ago as 1816, but it was then found impracticable(76)."

\* For a detailed description of the foundation, development and management of the Sydney Dispensary and Infirmary the reader is referred to the author's private publication *The Sydney Dispensary and Infirmary 1788-1855*, and *A History of Sydney Hospital* by F.J. Watson, published by the Government Printer, 1911.

The concept of a non-government medical service remained dormant until 1826. In June of that year a group of influential citizens headed by Alexander McLeay, the first Colonial Secretary, appealed for public subscriptions to establish a dispensary. The objective of the appeal was stated in the preamble of the advertisement:

“As many of the Free Class of Poor Inhabitants of the City of Sydney, when suffering from Disease, are unable to pay for Medical Advice, and not having any claims on the Government Medical Establishments, are frequently doomed to hunger on the bed of sickness, and perhaps fall victims to its painful effects; it becomes necessary to appeal to the Benevolence of the richer Inhabitants, to endeavour, by their assistance, to avert the Evils to which their poorer neighbours are subject(77).”

Doctors Bowman, Ivory, Mitchell, Royal and McIntyre offered their professional services gratuitously, to which list of volunteers was later added Doctors Bland, Gibson and Redfern. The public meeting was successful and £286.5.0 was subscribed. A meeting of subscribers was called for 25 September, at the Sydney Hotel to elect a committee of management.

The committee, with Governor Darling as patron, and Alexander McLeay president, read like a ‘Whose Who’ of the notable citizens of the day. Drs. Bowman, Bland, Mitchell and Gibson were appointed honorary doctors. It became a prestige appointment to be appointed as an honorary doctor to the Dispensary (and later the Infirmary), and was a position sought by the most prestigious doctors of the Colony. So was born the ‘honorary system’ which still survives today, despite inroads of paid specialist staff in the larger general hospitals and the impact of the *National Health Act* and Medibank. I would suggest that the prestige of honorary appointment is still undiminished particularly in teaching hospitals.

The Sydney Dispensary was located in rented premises in Macquarie Street, then described as a part of the town inconvenient for the attendance of patients. Its address was changed on 1 October 1873 to Mr Terry’s New Buildings in Pitt Street. As a measure of economy the rent (£34.14.0 per annum) was shared conjointly with the Australian Library.

The rules and regulations adopted by the Dispensary are set out in Appendix 2. Of interest are the first and tenth:

- “1. A subscription of One Pound Sterling annually contributes a Member of the Institution, with a right of having one patient at all times on the books. An annual subscription of Two Pounds constitutes a Member, with the right of having two patients constantly on the books. A Donation of Ten Pounds constitutes a Life Member, with the right of having two patients constantly on the books. And larger Annual Subscriptions in the same proportion.
11. That One of the Medical Officers of the Institution be every day (Sunday excepted) in attendance of the Dispensary from eleven to twelve o’clock. Subscribers are requested to be particular that the persons they send as patients be such as really require the Aid of the Institution(78).”

The Dispensary was a private charity based upon the subscriber system. Only members (including life members) were eligible for appointment to the committee, which was elected annually by the subscribers and members. Under this system patients were sponsored for treatment by the subscribers, although in pressing emergency patients would be seen without this permit. While the Dispensary remained as an outpatient service this rule was rigidly enforced. Patients were required to visit the Dispensary, but medical staff would, if necessary, visit patients in their homes. Subscriber nomination fell into discard after the establishment of the Sydney Infirmary and patients were admitted on merit by the resident doctor, often on referral from the honorary staff.

The Sydney Dispensary was largely self-supporting by its annual subscriptions until it moved to the south wing of the General Hospital. In times of economic difficulty subscribers were canvassed to increase their subscriptions and solicit new subscribers. They were exhorted to do so on occasions for the benefit of their own social class, a concept somewhat unique in preventive medicine:

"...and as there is no limit to the savages of distemper among rich and poor, breathing in the same tainted atmosphere, it becomes a question of self-preservation, for persons in the more wealthy classes, to assist their poorer brethren in their struggles with poverty and ill-health(79)."

In 1838 Sir George Gipps replaced Governor Bourke. Gipps had foreknowledge of the British Government's intention to reduce the convict establishment and was convinced 'that something more than a mere dispensary will shortly be required and hope that the town of Sydney will not be backward in providing accommodation and medical treatment for its sick and indigent poor'(80). By this time the Dispensary was treating some 1,300 new patients annually, severely taxing its resources and the capacity of its honorary staff.

Gipps was sympathetic to an appeal from the management committee of the Dispensary for a Government grant of land or premises in which it could be relocated, thus saving rent. Several sites were considered but rejected as unsuitable. It was Gipp's determination despite implacable opposition from the Head of the Colonial Medical Service, Deputy Inspector John Vaughan Thompson, that the south wing of the General Hospital was granted to the Dispensary to be used as a hospital during the Governor's pleasure. In 1845 a private Member's Bill received assent in the Legislative Council, giving the Dispensary Committee power to sue and be sued in the name of their Treasurer, authorising them to hold or lease lands, and to receive voluntary grants from donations and estates. The board now had official recognition in law, presaging the first *Hospital's Act of 1847* (11 Vic. No. 59), which extended these rights to voluntary hospitals generally. These executive capacities are still confirmed in the present *Public Hospitals Act of NSW 1929* (as amended), Part V, Section 22. A deed of grant for the south wing was given in 1846.

The Dispensary continued as a separate outpatient service after the South Wing had been converted into the Sydney Infirmary to receive patients in 1845. By this time a resident surgeon had been appointed, the commencement of the intern system. Likewise

the Government recognised further its responsibility to support financially the institution, it now being incapable of maintaining its support from subscriptions. The formula was officially on £1 for £1 basis of income from subscriptions or other avenues, although from time to time this was conveniently forgotten, and the Government made up the difference between expenditure and income. The formula of £1 for £1 subsidy was subsequently extended after self-government to other voluntary hospitals, the Inspector of Charities being responsible for determining the amount of subsidy after inspection of the hospitals' accounts.

In 1848 the Infirmary took over the remainder of the General Hospital, and the Dispensary ceased to exist as a separate entity and became the outpatient's service of the Sydney Infirmary. The rights of subscribers to nominate patients had largely disappeared, although they were still responsible for election to the board of the Infirmary.

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Throughout the mid and late 1800s the Infirmary had a turbulent existence, and was frequently criticised publicly for the quality of its services and its lack of regard for the care of its patients. The central wing remained much as it was in Macquarie's day. The Gibson case in 1866 presented a picture of a hospital 'in a very filthy state and swarming with vermin. All the destitute and incurable old men were brought in by the police and placed in one ward'. There was no efficient nursing:

"...all that was provided was the rough treatment of old women. There were charges of inefficiency, poor bookkeeping, unchecked drunkenness, improper practices and lack of a regular system(81)."

Henry Parkes proposed a Royal Commission but the power of the board was demonstrated by its refusal to allow 'such interference on the part of Governor and resolved to decline furnishing the commission... with the documents demanded, and ...to prohibit any of the servants of the Institution from appearing before the commission'(82). Parkes was thwarted only temporarily. He introduced the *Public Institutions Act* which provided for the position of Inspector of Public Charities to conduct inquiries into the management of institutions at the direction of the

Colonial Secretary, and to inspect hospitals and other institutions wholly or partly supported by the Government.

Reform of conditions at the Infirmary gradually occurred accelerated by the establishment of a nursing service under Lucy Osborne. Its reorganisation and revitalisation culminated into its incorporation as the Sydney Hospital by the *Sydney Hospital Act*, 43 Vic., in 1881.

### The growth of voluntary hospitals

After transportation to NSW ceased in 1841 the demand on the convict institutions and the need for a separation of the convict and civilian components of the local administration progressively diminished. The convict hospitals at Windsor, Bathurst and Goulburn were discontinued in 1842 and handed over to civilian control, then Port Macquarie, Newcastle and Parramatta in that order and finally in 1848 Liverpool and Sydney. The first religious hospital, St Vincent's Hospital, was established by the Sisters of Charity in 1856. It was a free hospital supported by charitable donations and the Catholic Church.

Elsewhere in country districts hospitals were established by local effort, usually on the basis of a grant of land from the Government, and a local board raising the capital sum in whole or part. A considerable number of these hospitals were founded between 1856 and 1870 wherever local opinion determined it expedient, and a doctor was available. Among those so established were the hospitals at Orange, Goulburn, Yass, Tamworth, Maitland and Deniliquin – all rural centres of expanding population. It is interesting that the Goulburn Hospital had no honorary system. At that hospital three doctors each received two guineas a week to service its twenty beds(83).

The boards of the voluntary hospitals were a variable mixture of local residents with local doctors providing honorary services. The basis of election and continuing finance rested on the subscriber system, with demand on the Government for £1 for £1 subsidy. There was no quality control and quality of care was generally poor. Dickey summarises their function:

“...as scarcely better than refuges for the poor. They provided nothing but the bare minimum... as centres of local patriotism they grew in

prestige. Yet their facilities remained restrictive and relatively primitive. They were all the community could afford(84).”

There was little or no Government supervision until the appointment of the Inspector of Public Charities, and even here it was superficial and beyond the physical capacity of one person to make the necessary inspections except at most infrequent intervals. Frederick King, when occupant of the post, did institute a system of inspections and reports made by the local magistrates, but these soon went into discard.

By the end of the 1870s a system of voluntary hospitals had arisen in NSW, with independent boards of management which were untrammelled in their administration. The function of these hospitals was restricted largely to the treatment of acute and episodic illness and trauma. The autonomy of the boards was guaranteed by the *Hospitals Act of 1847* (II Vic. No. 59), which enabled public hospitals to sue and be sued for their debts, and provided for the acquisition of real property by these hospitals. The voluntary hospitals were demanding of Government for financial support and likewise strongly reactive against any form of government supervision or control. Government itself was apprehensive and developing a statutory system of supervision, which at this stage was not effective.

There was no control over quality of care which in general was poor and of comparable standard with the government asylums. The boards of management were remote from the professional staff associated with the hospitals, who, in turn, were reacting aggressively to the apathy and lack of concern shown by management, in an attempt to condition public and official opinion towards a form and improvement of nursing care.

Reform was to come stimulated by the establishment of nursing services and a growing public awareness of their deficiencies, often and critically expressed in the press and Parliament. The culmination was the Second Royal Commission on Public Charities 1888-1889, after which Government mechanisms of inspection and financial control were to emerge, *pari passu* with the systematic organisation of administrative health services.