

## The Colonial Surgeons

The Colonial Surgeons serviced the Colony in an era wherein jealousies, frustrations and thwarted ambitions were resolved in vitriolic words and even with pistols. Nepotism was rife and conflict between individuals, and with authority, the rule and not the exception. Struggle for power was but vaguely disguised, and for property and riches open and unabashed. Social caste was paramount in the three decades following Foundation, but was less influential after this period, as free and freed settlers united in a single ambition to convert a prison settlement to a self-governing colony.

Throughout the period to self-government the Colonial Surgeons and their colleagues in private practice were prominent in commercial and political manoeuvres, sometimes to the disadvantage of their professional image and reputation. This was particularly so when military power was predominant and service in the Colony was a temporary phase to be endured, not perhaps without advantage, before return to the Motherland. Nor, at this point of time, can this attitude be wholly condemned. Who would willingly suffer privations of isolation and desolation; threats and actuality of famine; loss of domestic and cultural comforts; scenes of daily brutality and squalor; vagaries of discipline; environments charged with hostility and forboding; favouritism and conflict, and yet maintain equanimity and ideology of purpose? If there were villains, so were there heroes. Much can be forgiven the former as time mellows judgment, and the latter also had their peccadillos, which were trivial compared with their achievements.

After the arrival of the First Fleet, the four naval surgeons commissioned to establish the Colonial Medical Service were supplemented by Thomas Jamison, who had been surgeon's mate (apprentice) to Surgeon B. Morgan of H.M.S. Sirius, and by John Irving, a convict 'bred to surgery' about whom little is known, and who probably acted as a surgeon during the voyage. Both White and Balmain held commissions from George III each granted on the same day, the 24 October 1786. Although there are no records of similar Commissions for Surgeons Consider and Arndell, it can be assumed that their appointments were confirmed prior to their departure from England. This is implicit in the first estimates for the civil establishment in 1786, which provided salaries for a surgeon and three surgeon's mates.

These six surgeons servicing the convict hospitals were the first of a long line of Government doctors, until 1848. It is not possible, in the confines of this publication, to do justice to them all. Rather one can only dwell on those who achieved some degree of distinction or villainy, and whose efforts and behaviour added distinction or notoriety to the Service. It is convenient to consider their terms and conditions of service, their relationships to the Administration, and to their own professional Head in chronological compartments equating to the tenure of the Office of Principal Surgeon or its equivalent. A complete list of the Colonial Surgeons, and their appointments, during each of these periods of medical administration is listed in Appendix 1.

### 1788-1795 Principal Surgeon John White

John White was born in 1757 and entered the navy as surgeon's third mate in 1778. He was a man of means from a country family, probably with whig political convictions and philosophy. He obtained his professional qualifications from the Company of Surgeons in 1781, prior to which he achieved early promotion to the rank of surgeon in the navy in 1780 at the age of 23. He was occupying this post on H.M.S. Irresistible when he was proposed by its Commander, Captain Sir Andrew Snape Hammond, to Under Secretary Nepean as a candidate for Botany Bay. He was accepted and sailed on the transport Charlotte.

His was a most unenviable task under conditions which were more than usually trying. His career might have reached a sudden end in August 1788, when he fought Australia's first duel with his assistant William Balmain, and although Balmain's irascibility may well have contributed to this episode, there is evidence in the friction between White and his staff that he was too much the gentleman and 'naval officer' to command leadership despite his competence and diligence. White had no control over the appointment or distribution of his staff, surgeons or convicts. Such flowed from the Governor's authority over each individual in the Colony, and was exercised personally by Phillip and succeeding Governors, who filled vacancies in the establishment of Colonial Surgeons by recruitment locally or from England.

The efforts of White and his staff were directed to the specific needs of the Colony as a penal settlement. The Colonial Surgeons provided a comprehensive hospital and personal medical service to all the residents in the Colony, civil and military, prisoners, emancipists, and to invalided sailors from the ships which called at the port. In addition, they were expected to supervise floggings, of which there were many; attend executions; act as members of medical boards to advise on medical determinations for repatriation of civil and military staff; and to perform magisterial duties(18). Their remuneration for this latter obligation was indirect:

“...with the labour of four convicts each, victualled at public expense, which cannot be averaged at less than £20 a year for each convict(19).”

White and his colleagues were able to surmount the catastrophic epidemics which followed the arrival of the notorious Second and Third Fleets, inadequacy of medicine and medical supplies, famine and hospital food rationing, and the brutality and indifference of convict nurses. There were times when White was to disclaim in despair against the harsh, barren land and the settlement imposed upon it.

Balmain was confirmed as Principle Surgeon in August 1796.

Much can be forgiven White for the difficulties under which he laboured. If sometimes he buckled under the challenge it must be remembered that he bore the greater burden. It was inevitable that the stresses and brutality of the settlement would breed friction, animosity and jealousies between himself and his staff. His isolation was destructive to his equanimity and judgment. He was frequently frustrated in his objectives by lack of support and supplies, and his pleas, even when heeded, were, in the circumstances, often impossible to satisfy. Yet, in less troubled times, he too saw the vision of a great land, to which in the afterdays his contribution is gratefully remembered. He sought retraction of his hasty forecasts by his request that from the publication of his journal should be suppressed... ‘many remarks not very favourable to the Settlement, as I now trust from change of men (I mean Governors) measures will be pursued that will soon make it in a great degree independent of the Mother country’(20).

White was a person with high principles and a considerable sense of personal responsibility. This he demonstrated in the public acknowledgement of his natural son born in 1793 of his housekeeper Rachael Turner and the subsequent support and education of this child as a member of his own family. He returned to England in 1795 because of ill health where he married and reared a family. He severed all his remaining ties with the Colony when he disposed of his land grants in 1806. He died in February 1832, at the age of 75.

### 1796-1805

#### Principal Surgeon William Balmain

William Balmain was an able administrator; the recognition of which is often overlooked because of his personality clashes with his superiors and associates. He was a person of strong will and singular determination, easily stimulated to truculency and quick to take offence. He aroused hostility and antagonism in others which were not easily allayed or forgiven. The rift between him and White, arising from their duel, was never healed and the latter’s intense dislike of Balmain persisted, even to the extent of thwarting his justifiable request for a salary allowance while acting as Principal Surgeon during White’s absence on leave in England.

That Phillip transferred him to Norfolk Island in 1791 may have been no mere coincidence, but a tactful manoeuvre to separate the two. His temperamental indiscretions did not affect his seniority and he returned to Sydney as Acting Principal Surgeon in June 1795. He enjoyed the confidence of Governor Hunter who later praised his public spirit.

Balmain was confirmed as Principal Surgeon in August 1796. His aggressive attitude was still a source of constant irritation, often involving him in explosive, and even ludicrous situations, as when he accepted the collective challenges of the Officers of the NSW Corps to a duel on a one-after-another arrangement(21). His involvement with D’Arcy Wentworth in the rum scandal was probably but a profitable extension of his providing commercial activities.

There was no variation in the numerical strength of the establishment during this period. Governor Hunter described the minimum strength which he considered essential for staffing:

'It is to be understood that not less than three commissioned staff surgeons are to be resident in this Colony, and one at Norfolk Island, which will permit of two being absent on leave(22).'

Appearing also during King's regime as Governor is a concept of home leave for the staff of the medical establishment. White, Balmain and Jamison each at various times applied for such leave to the Home Authorities, usually on the pretext that such was necessary to supervise their personal affairs in England which had, or would, deteriorate with their prolonged absence in NSW. King appears to have accepted the principle that a system of home leave was necessary as a component of the term of service: 'Assistant-Surgeon Jamison having to obtain leave to return to England... his leave from the Colony is to continue only for one year from time of his arrival in England to enable other assistant surgeons to procure a similar leave(23)'. This principle was desirable as salaries (£182.10.0 per annum for the Principal Surgeon and £91.5.0 for Surgeons) were drawn in England by agents appointed by the Surgeons to act on their behalf. Mileham, for one, had his salary misappropriated by his agent.

James Mileham, who was later to figure in the Bligh Rebellion, was commissioned to the establishment in August 1796 and arrived in 1797. D'Arcy Wentworth, whose medical qualifications were dubious and who also was to become Principal Surgeon, was appointed surgeon in 1796. Other surgeons were appointed temporarily by Governor King as replacements for surgeons on leave. The exception was John Savage who was retained and subsequently included in the establishment.

Balmain was precise in his administration and early instituted returns on the 'State of the Sick and Hurt', at first on an annual basis for the years 1797-1799, and then on a less regular pattern, sometimes quarterly, sometimes half-yearly, until 1801. They were discontinued by Jamison in 1802 when acting in lieu of Balmain, then on leave.

Balmain frequently complained of the difficulty of obtaining adequate supply of drugs, medicines and provisions, and although his complaints were constant one gains the impression that never were situations as critical as in the period of his predecessor. He returned to England on leave for the second occasion in 1805, and died there in that year.

## 1805-1811

### Principal Surgeon Thomas Jamison

In 1894 Thomas Jamison had his seniority restored thus correcting a possible injustice because of a clerical omission in backdating his commission. With this action it was also confirmed officially 'that he was next in succession on the medical staff of this Colony to the present Surgeon-General, Mr Balmain(24)'. He was appointed to the office of Principal Surgeon in 1805 after a quiet and uneventful career in the medical service of the Colony, the greater portion of which was spent at Norfolk Island. He was well qualified having graduated from Trinity College Dublin in 1780, in which year also he joined the Royal Navy as surgeon's mate. He was still following his naval career when he was appointed to H.M.S. Sirius of the First Fleet as surgeon's first mate.

The latter half of his career as Principal Surgeon was as turbulent as the first half was placid, culminating in bitter differences and hostility between himself and Governor Bligh, over Bligh's intrusion into the medical administration. He was involved in the deposition of Bligh in 1808 with his colleagues D'Arcy Wentworth and Mileham, and Surgeon Harris of the NSW Corps. In 1809 he was recalled to England as a witness in the court-martial of Johnston for his part in the affair of Governor Bligh. After his return he resumed his office of Principal Surgeon and was restored to his magisterial position. He died in 1811. Ford attributes to him the first medical publication in the Colony on 'General Observations of the Smallpox' in the *Sydney Gazette* on October 14 1804(25).

Governor King confirmed the numerical strength positions and distribution of the medical establishment in a comprehensive document in August 1806, as 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.

Jamison's regime was a period of rapid change for the Colonial Surgeons with deaths, suspensions for court-martials, resignations and recalls to England. The morale of the service was at its lowest during Bligh's governorship due to his forthright intrusion into its affairs – so much so that at one stage in 1807, after D'Arcy Wentworth had been further suspended on Bligh's charge of misuse of public labour in the hospitals, the active staff in Sydney and districts was two only, Jamison and Mileham, and Jamison had requested of the Home Authorities to be allowed to retire if Bligh's government continued. Even the surgeons of the transport ships refused to join the service. Bligh, by Government and General Order, transferred control of the medical stores from the Principal Surgeon to the public store under the Commissary, from which Jamison had to requisition for supplies. These requisitions in turn were scrutinised by Bligh – a cause of further irritation.

Surgeon J. Thompson (appointed in 1795), who had been superseded by Jamison, again became Senior Assistant Surgeon on Jamison's appointment as Principal Surgeon. He died on the 23 May 1807, from which date D'Arcy Wentworth was promoted to Senior Assistant Surgeon.

There was general discontent among the Colonial Surgeons at their duty to attend and treat settlers, not victualled by the Crown, without fee. The court-martials of Surgeons Mileham and Savage, both for refusing to attend women in labour – the latter in rather heartless circumstances – created a crisis. The sentence imposed on Savage, that he be cashiered, was not confirmed by His Majesty because it was not a military offence within the *Mutiny Act or Articles of War*(26). This intrusion of the authority of the Governor into the professional relationship between the civil servants and free settlers was resolved by permitting the surgeons a right of private practice.

Major General Lachlan Macquarie arrived in December 1809, to take charge of a medical service, disorganised in its branches, and with individuals in a state of unrest. He was to institute vigorous reforms, the benefits of which were to be enjoyed by D'Arcy Wentworth as successor to Thomas Jamison. The latter was a loyal and conscientious officer, who served the Colony faithfully and did not deserve the turmoil and intrigue into which he was precipitated.

## 1811-1819

### Principal Surgeon D'Arcy Wentworth

D'Arcy Wentworth arrived in the Colony in 1790 as a self-appointed exile to escape the consequences of his misdeeds and the possibility of criminal proceedings in England. Of all the Principal Surgeons he was the least qualified. A spasmodic study of medicine in the hospitals of London, plus his experience as assistant to the surgeon at Norfolk Island for some six years, was the total content of his professional qualifications when he was appointed to the medical staff in 1796. He succeeded to the position of Principal Surgeon by seniority in rotation, assisted also by the influence of Earl Fitzwilliam.

He was an opportunist quick to recognise and seize the chance and turn it to his own advantage. Despite criticism of the morality of some of his commercial ventures, his reputation stood high in the Colony as a shrewd man of affairs. That he was successful was justification enough. If further justification were needed, then his respectability was assured by his service in civil affairs as magistrate, treasurer of the Police and Orphan Fund, and superintendent of Police. His part in the rum traffic scandal was soon forgotten by the authorities and barely censured by his superiors. His participation in the contract for the General Hospital was condoned and justified by Macquarie as an unusual means to achieve a worthy objective. His career was certainly colourful and eventful, and more successful in civil affairs and commercial promotions than in medical administration.

He was fortunate in enjoying Macquarie's friendship. Although his professional deficiencies did not impede the latter's reform of the medical services, he, as Principal Surgeon, was of little assistance in the programme. Commissioner Bigge derided his capacity as a medical administrator with the scathing denunciation that it was 'little deserving of censure or praise'. Macquarie very tactfully concentrated on his extra-medical positions when he supported Wentworth's memorial for a pension on retirement bearing testimony to 'the indefatigable zeal, vigilance, activity, honor and integrity, uniformly manifested by him in due execution and faithful discharge of his various important public duties(27)'. If his energies were greater than his commercial morality then he redeemed himself by begetting a son whose name

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'was in the mouth of all as that of the ablest man on Australian soil' and founding one of the great Australian family dynasties.

Macquarie increased the establishment of Colonial Surgeons by the expeditious stratagem of paying their salaries from the Police and Orphan Fund, with the connivance of D'Arcy Wentworth as chairman of the controlling committee(28). He was scathing of the professional and intellectual capacities of several of the surgeons, Mileham, Luttrell and Henry St. John Young to name three. He used a system of partial banishment to dispose of Luttrell and St. John Young by posting them to Van Dieman's Land. This he could not do with Mileham, who was a permanent civil servant, and he left him at Nepean until his resignation in 1821.

Macquarie's actions did not go unnoticed by the Home Authorities. The determination of seniority in the medical service was again stated by Earl Bathurst whose decision also clarified the limits of the Governor's authority in appointing staff. The ruling left no doubt that entry into the permanent establishment and promotion in rotation could only occur after the surgeon 'has received a regular commission from home', and further that seniority should date from confirmation by commission and not from the time of provisional appointment by the Governor(29).

A procedure for granting pensions following cessation of service was instituted at the discretion of the Secretary of State and not as a right to the individual or within the authority of the Governor. The method of approach was a testimonial plea by the applicant to the Secretary of State for the Colonies supported by a covering testimonial from the Governor. When granted, the pension was at the rate of half pay following the military practice, although for lesser terms of service or less meritorious service a specific and lower annual sum might be granted. Allowance for pension payments was included in the Governor's estimates for the civil service.

There was no variation of salaries during this period from the increase which had been granted by Governor King in 1803, viz £365.0.0 per annum for the Principal Surgeon, £182.10.0 for the First Assistant Surgeon and £91.5.0 for Assistant Surgeons. Salaries were paid from civil revenue collected in the Colony and reimbursed from England.

As peripheral settlements were established so the population of the Colony increased rapidly, stimulated more by immigration than by transportation. In 1817 it had reached 15,175. The emancipist and settler proportion (the so-called non-victualled group) was 73 per cent of this total. The rise in population did not unduly strain the resources of the medical service, as much of the demand, particularly from the non-victualled group, was met by the emergence of private medical practice in the Colony. The colonial surgeon to population ratio of the segment to which personal medical service had to be provided varied from 1:519 in Windsor to 1:1,370 in Sydney. Hospital attention had to be provided for all inhabitants, other than the military staff in Sydney, and this duty reduced the opportunity of the surgeons to indulge in private practice. Redfern resolved this conflict between official and personal obligations by giving preference to private practice, correspondingly being dilatory and careless in his hospital practice at the General Hospital.

Wentworth's span as Principal Surgeon covered a period of transition during which civil procedures and civil government began to emerge as portents of the change in the function of the Colony from a penal settlement to a colonial state. Macquarie's emphasis in governing was more to the civil administration and in opposition to military dominance. The civil status of the Colonial Medical Service was assured but its reputation was not enhanced by Wentworth's administration. His successor, James Bowman, by comparison was a vigorous and dynamic leader who had at heart the interests of the Colonial Medical Service and the Colony.

### 1819-1836 Principal Surgeon (Inspector of Colonial Hospitals) James Bowman

James Bowman had previously visited NSW in 1816 as a Naval Surgeon on the transport *Maryanne*. His application for a position of Assistant Surgeon at Hobart was refused by Macquarie and he returned to England. He was appointed as Principal Surgeon by the Prince Regent in 1819, thus denying the policy laid down previously by the Secretary of State, that the senior position in the Colony should belong to the Assistant Surgeons by rotation in order of their seniority. This decision was undoubtedly directed against Redfern's recommendation by Macquarie

and as a mark of disapproval of Macquarie's emancipist policy. He assumed office on the 25 October 1819.

Not only was he an able clinician but he was equally dedicated and skilled as an administrator. He carried out his civic duties well but never to the degree of distraction from the affairs and destiny of the Colonial Medical Service. Equally he remained aloof from politics, and when he did intrude into local movements it was more in a passive than dynamic role. Because of his loyalty to the civil service and his identification with it he enjoyed the confidence of successive Governors, and was able to achieve reform by dogged persistence and without offence. Likewise he was respected by his colleagues who accepted his leadership in contrast to the relationships of previous Principal Surgeons to their staffs.

The basis of seniority by commission from England on which the establishment was structured was altered substantially during this period. In 1820 Bowman proposed a revision to provide for one additional Assistant Surgeon in Sydney, Parramatta and Windsor; and the creation of new positions at Castle Hill and Bathurst(30). The request was satisfied at the local level by Governor Macquarie and his successors using the resources of the Police and Orphans Fund. This then became the accepted procedure for appointment of Assistant Surgeons as vacancies occurred, and was confirmed after the formation of the Colonial civil service in 1827.

Of the Assistant Surgeons remaining after Wentworth's retirement, Redfern 'felt so hurt and mortified on the occasion' of Bowman's appointment that he resigned in February 1820, and Mileham submitted his resignation in July 1821, after 27 years of unobtrusive, but dedicated, service, most of which was spent in the Windsor District. He was but 57 years of age, financially desperate, almost blind and otherwise medically incapable of performing his duties.

The remuneration of the Colonial Surgeons underwent successive improvements. Commissioner Bigge instituted the first move to improve conditions in 1821 on the basis that the salaries were inadequate and the limited right of private practice was no longer a source of reasonable income.

Many of the surgeons, including Bowman, Hill and Anderson, drew military or naval pensions in addition to their colonial salaries, and Bigge proposed that this should be taken into account in the distribution of such fringe benefits as a servant, horse and forage at Government expense(31). The increases were not effected until 1828 following the reorganisation of the Medical Department and were substantial. Bowman as Inspector of Colonial Hospitals was granted £750 per annum plus quarters but no other allowances, and the junior staff was graded into two categories, Surgeons and Assistant Surgeons. The former received £273.15.0 per annum and the latter £182.10.0 respectively with quarters. In addition, as with other officials of the day, nearly all received grants of land to stand in lieu of pensions, Bowman receiving 2,560 acres, Mitchell, Brooks and Anderson 2,000 acres, and MacIntyre 1,000 acres. Similar land grants were made to the surgeons appointed after 1828(32). Bigge also proposed that a central fund for the civil service (created in 1827) should be established from which pensions would be paid after a minimum of twelve years service, which would include furloughs of up to two years. This principle was adopted with the alternative choice of land grants in lieu of pensions.

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The Colonial Medical Service was then included in the civil service, the Principal Surgeon being classified in the second class and Assistant Surgeons in the fourth class. The further personal promotional post of Surgeon was created. The medical service was now a colonial career service, with the Principal Surgeon as its administrative superior responsible through the Colonial Secretary to the Governor for its efficiency, and no longer the chief technical medical adviser immediately responsible to the Governor.

Bowman had long anticipated this change. Shortly after his appointment he had made proposals for variation in the establishment, recommendations for the appointment of Assistant Surgeons and further suggestions for the control of stores and the appointment of civil staff for this purpose at the General Hospital. Additionally he made frequent inspections of the hospitals in the outlying settlements.

In the earlier years of his administration he took an active part in the affairs of the General Hospital and reorganised its clinical and administrative structure. Subsequent to 1826 he was so preoccupied with the general oversight of the Colonial Medical Service that he left the clinical and routine work of the Hospital more and more to the Surgeons stationed in Sydney. Bowman's title was altered by recommendation of the Board of Enquiry in 1826 to Inspector of Colonial Hospitals, thus further emphasising his civil administrative responsibility.

Bowman supervised essentially a hospital medical service which was maintained primarily for the treatment of convicts, and outside Sydney for the military forces. His staff was expected to extend service to other government institutions on a visiting basis or at demand, including the Women's Factory at Parramatta, the Orphan School, and the penal establishments in Sydney. They performed forensic duties for coronial inquiries and participated in medical boards for the determination of mental or physical capacity particularly where administrative problems, such as repatriation to England, were involved. They were authorised to issue statements of opinion of insanity for admission to the Lunatic Asylum at Liverpool.

The control and supervision of medical stores rested with Bowman, who instituted a system of two years stock being maintained at the General Hospital to supply its needs and those of the other convict hospitals. Although Bowman demanded careful supervision and stock records and returns at the General Hospital, the stores procedures seemed to fail beyond this point and district hospitals and medical stations were often inadequately supplied. This was one of the reasons given for the reorganisation of the Colonial Medical Service in 1836.

Bowman apparently had intentions of resigning in 1827. Governor Darling disclosed this in a secret and confidential letter to the Colonial Under Secretary, wherein he also proposed an amalgamation of the civil and military medical services. Although in Sydney at that time the two were separate medical services there was no such distinction in the outstations, where the military detachments were too few in number individually to warrant the attachment of a military surgeon, and were attended by the nearest colonial surgeon. Nothing came at this

time of the proposal to amalgamate the two services and Bowman continued in office. It was implemented finally in 1836 by Lord Glenelg on the grounds of economy of staff and supplies to apply separately to Tasmania and Sydney. Bowman was supplanted by a superior officer, John Vaughan Thompson, in April of that year. He was never specifically discharged from the civil service but had no option but to cease active duty after Thompson's arrival. He was allowed to draw his salary for a further two years, and this irregularity was finally regarded as a retiring allowance(33). He became a very successful grazier supported by his marriage to Macarthur's daughter and her substantial dowry of cattle and sheep to stock his earlier land grant. His descendants are still prominent pastoralists in the Hunter Valley District. He was also restored to the naval half pay list.

### 1836-1848 Military Rule – Deputy Inspector General of Hospitals, John Vaughan Thompson and William Dawson

The official motivation behind the abrupt reorganisation of the Colonial Medical Service in 1835-36 is not clear. The immediate justification for this action was Bowman's failure to supply and distribute effectively medical stores and equipment to the peripheral hospitals and district settlements. The opportunity to effect the change arose from the decision to transfer the penal settlement from Van Diemen's Land to Norfolk Island, then re-established from 1824, and the need to reorganise the administration of the former, including its medical service. There was no associated audit of the convict administration of NSW, where the Colonial Medical Service had reached a stable phase.

Admittedly, there was the anomaly in having colonial and military surgeons providing for the same segment of the population but with different administrative loyalties. There is some reason also to believe that the personal standards and professional competence of the Colonial Medical Service, with some exceptions, compared unfavourably with the military surgeons. This viewpoint was implied by Thompson in one of his early dispatches to the Army Director-General of Hospitals, but his opinion may have been exaggerated as it was bound up with an attempt to replace civil surgeons with military surgeons in outlying posts(34).

Economy was probably the determining factor which precipitated the reorganisation of the Colonial Medical Service in NSW. Throughout the various instructions from the Director-General of Army Hospitals, Sir James McGrigor, to Deputy Inspectors General Thompson and Dawson is the constant reiteration for supervision of stores, distribution of medicines, revision of establishments and control of diets to prevent wastage. During this period the policy was to hold the status quo of the Colonial Medical Service despite an expanding population, with a continuing and strict financial scrutiny over its expenditure and activities.

The basis of the reorganisation was a report by Sir James McGrigor in which he proposed separate military medical establishments for Van Diemen's Land and NSW, each under the immediate control of 'a superior staff officer for the purposes of controlling the Medical Department connected with the military and convict branches of the services in those Colonies(35)'. Sir James was asked to select from the half pay list two Deputy Inspectors General of Hospitals, and he chose John Vaughan Thompson for NSW. He proposed also that an apothecary should be appointed to each service. There were no efficient apothecaries on the half pay list and a compromise was made with the appointment of Deputy Purveyors (stores officers). Thompson's salary was £1.10.0 per day (comprising 17/- per day half military pay and 13/- per day from the Colonial Fund).

Thompson arrived in the Colony in June 1836, with orders to take over from Bowman. From this date the Colonial Medical Service was no longer a component of the civil service. Its status was summarised by William Dawson on another occasion in 1844, when, in support of Busby's testimonial for a pension, he wrote that it 'was assimilated in rank and pay and in the nature of its duties to the medical staff of Her Majesty's Army(36)'. Thompson's authority and official duties are listed on page 27.

The responsibilities and lines of communication between the Deputy Inspector General of Hospitals and his army superiors were precisely defined in

these instructions. The Medical Service still had certain civilian responsibilities because of its monopoly of hospitals at least in the first half of Thompson's appointment. His responsibility in part to the civil administration was early a source of friction between himself and the Colonial Secretary. It was clarified by the Under Secretary of State for the Colonies through an unusual formula of informal and formal communications. He was to have direct and personal intercourse with the Governor without any interposition of the Colonial Secretary. If later official submissions became necessary because of these discussions they were to be made either through the Military or Colonial Secretary as appropriate(37). The relationship between him 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 were to be made by him.

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The immediate effect of the reorganisation on the Colonial Surgeons was that the stability of position and location previously enjoyed was lost, and they were liable to postings and exchanges on the same oasis as the military forces. They were not liable to discipline by military courts for refusal as they were not recruited into the army, but flagrant disobedience could result in dismissal, as with Mitchell from the General Hospital. Minor breaches, usually refusal to accept transfer, could interfere with promotion and loss of retirement privileges. Busby was thus penalised, despite long and meritorious service, for his refusal to accept promotion and transfer from Bathurst. After the closure of the Bathurst Hospital as a convict establishment in 1842, his position in the Colonial Medical Service was terminated and he was refused a half pension on these grounds.

The reaction of the Colonial Surgeons to the new system, and particularly to Thompson's autocratic attitude and disdain of their personal responsibilities was one of resistance and obstruction. Simultaneous resignations threatened to disrupt the service in 1839, but were not accepted by the Home Authorities because they were coupled with the condition of a retiring allowance to each(38).



Not all fault rested with Thompson. Many of the obstructions placed in his way by the Colonial Surgeons were retaliatory tactics of passive resistance as the additional duties imposed upon them interfered with their lucrative private practices or avocations as agriculturalists. To counter these attitudes, Thompson proposed that as vacancies occurred these should be filled by Assistant Surgeons from the army staff pay list at salaries of 10/- per day on the same formula as the make up of his own salary – the half pay still to continue from the English Treasury and the remainder from the Colonial Fund. This proposal was attractive to the Army Department as the salary suggested was lower than that enjoyed by the Assistant Colonial Surgeons, so it was approved and gradually resistance and obstruction subsided as the service was staffed with a greater proportion of surgeons, who had no experience of the old system and were accustomed to the new.

To ensure their dedication the Colonial Surgeons were no longer allowed to hold any other office in the Colony and were confined entirely to the execution of medical duties. They were not to enter into private practice except where there was no interference with their public duties, and then only under conditions established by the Governor, and enforced by the Deputy Inspector General of Hospitals. As a consequence the content of private practice was no longer significant, but additional fees were often drawn from local government for service to Government institutions in their districts. These fees were usually of the order of £20 per annum per institution serviced.

The Colonial Medical Service was now almost entirely a hospital service. As the convict hospitals in the districts closed or were transferred to civilian use, private medical practitioners were appointed by the civil administration as part-time District Surgeons to cater for any Government responsibility to persons or institutions still remaining. The salary of District Surgeons was £50 per annum, with additional emoluments for service to individual institutions. Thus commenced the present system of Government Medical Officers selected from the senior member of the practising profession in the town or district and still operative.

The principle of entitlement to superannuation by pension, or land grants in lieu, which was developed during Bowman's tenure of office, was not confirmed under the new system. The expectation was that retirement back to half pay would be the routine procedure for army or navy surgeons who had been recruited from the army list. There is doubt whether even this proposition was sound as it was never tested. The procedure for pension reverted to the formula in operation during the early days of the Service, by a memorial from the applicant with supporting documents from the Head of the Medical Service. Thus Busby's request for half-salary pension was refused by the Secretary of State for the Colonies, and the alternative of a gratuity of one year's salary was granted.

Thompson was an unpopular person, truculent and indiscreet and yet ruthless in obtaining his objectives. His cunning manoeuvres to displace Mitchell from the General Hospital were planned with a degree of assurance amounting to arrogance. He ruled, not by example or leadership, but by authority on strictly military lines meeting resistance with blunt truculency. He was constantly reprimanded by his military superiors for his approach and manner. Soon after his arrival Sir James McGrigor threatened 'I am of the opinion that henceforth no infirmity of temper will be displayed by the Deputy Inspector General of Hospitals for he has been informed if such should appear, that he will be superseded by an officer on whose discretion, prudence and zeal for the service I can fully rely(39)'. He was further cautioned and reported by both the Colonial Secretary and Governor Gipps for neglect of duty. Ultimately McGrigor did make good this threat in 1844 when he replaced Thompson as Deputy Inspector General of Hospitals with William Dawson, M.D.

Dawson was appointed Deputy Inspector General of Hospitals in September 1843, and arrived in the Colony in the first quarter of 1844. As with Thompson, he was selected by Sir James McGrigor from the army half pay list – on this occasion a more felicitous choice. He had the thankless task to preside over the disbandment of his own service. He appears to have been a reliable and efficient administrator who gave no cause for complaint in his personal attitudes or official actions. His plea on

behalf of Busby would suggest a depth of humanity and regard for his colleagues which was never displayed by his predecessor. He was respected by doctors outside the service and served as President of the Medical Board.

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. In 1847 the British Government decided to break up the convict establishment in NSW, and Dawson was warned to arrange a corresponding reduction of the medical department. The male convicts were to be transferred to Van Dieman's Land.

All the medical officers, including Dawson, had volunteered for service in Van Dieman's Land when their duties in NSW terminated. While awaiting decision as to their future they were paid at a reduced rate on a half pay scale, which varied according to rank and length of service. The rate varied from 13/- per day for the most senior Surgeon, Patrick Hill, to 4/- per day to the least of the Assistant Surgeons, J. Silver. With their departure the Colonial Medical Service was reduced to Surgeon Patrick Hill, who had been appointed as Superintendent of the Parramatta Asylum (the Female Factory) in which were now lodged those female convicts who were aged, invalids or lunatics.

In 1848 Patrick Hill was appointed to succeed Dawson as President of the Medical Board and to the newly created position of Adviser to the Government on Medical Matters, Inspector and Consulting Physician to the Lunatic Asylum.