

CHAPTER III.

OCCUPATION OF THE HOSPITAL—THE WENTWORTH REGIME, 1816-1819—
ADMINISTRATION DETAILED —GENERAL CONDITION OF HOSPITAL—RESIGNATIONS
OF WENTWORTH AND REDFERN— APPOINTMENT OF BOWMAN.

THE Hospital, as completed, was in conformity with the original plans and elevation, with the exception that the central block was 2 feet lower, and the verandahs in front were not extended outwards to a large flight of steps in the middle of the building as was first intended.

There is some doubt as to the exact date on which the Hospital was opened for the reception of patients. Most certainly a Government order was issued directing the transfer of the patients and hospital stores on 8th April, 1816, from the old Hospital at Dawes' Point, but whether this was carried into effect seems doubtful, as Mr. Commissioner Bigge was informed in evidence that the transfer took place in July. It seems probable that the adverse report of the Survey Commission as to the completion of the contract, which was received by the Governor on 2nd April, may have caused some delay, and all that can now be said is that the Hospital was occupied in the middle of 1816.

The first staff to have control is of great importance, as to its *personnel* and individual characteristics, for with it and in part by it the first routine principles of administration were inaugurated. The first medical staff consisted of Mr. D'Arcy Wentworth, who, as Principal Surgeon of the Colony, was the official head of the institution, and Mr. William Redfern, who, as the Assistant Surgeon quartered in Sydney, had the more immediate care of the patients, but in June, 1817, Mr. R. W. Owen was appointed Acting Assistant Surgeon to strengthen the establishment.

Wentworth had arrived in the Colony in 1790, and although he appears to have assisted in medical duties from that date, he was not officially appointed to the medical staff of the colony until 1796. His professional qualifications were meagre, and he had received the position of Principal Surgeon by seniority of service and the influence of Earl Fitzwilliam. He had never passed any professional examination, but had studied in London hospitals. The Colonial examinations, which

appear to have been established subsequent to his appointment¹, were held as occasion demanded before a board of three appointed by the Governor from amongst the civil, naval, and military medical staffs in the Colony to test all candidates for the medical service who were locally appointed. In addition to his medical appointment, Wentworth was a magistrate, Superintendent of Police, and Treasurer of the Police and Orphan Funds; so his time must have been fully occupied.

Wm. Redfern had been a surgeon's mate in the Navy, and had passed an examination without receiving a diploma before the Company of Surgeons of London, the predecessor of the R.C.S. He had been transported for a minor participation in the Mutiny of the Nore, but was pardoned in the Colony, and had passed the Colonial medical examination in September, 1808. He was a great favourite of Macquarie, and in consequence around his head gathered the storm of opposition to the Governor's attempted introduction of the emancipists into the Colonial official society. He appears to have had fair professional attainments, and Macquarie described him as the best practitioner in the Colony, and probably equal to the best anywhere; but he was dilatory and careless in his hospital practice.

R. W. Owen held the diploma of the Royal College of Surgeons, and therefore had the best qualifications of the original staff. Although Redfern was without a qualified junior assistant until Owen's appointment, throughout his practice at the Hospital he always had with him the son of a settler named Cowper. Henry Cowper had apprenticed himself, without indenture, to Redfern in 1814 at the age of 14, but he resigned this apprenticeship, and was appointed an assistant at the Hospital on 1st April, 1817, at a salary of £25 per annum and a free ration. Apprenticeship to a qualified man in those days was the current method of acquiring medical knowledge, and, as Redfern's apprentice, he attended the practice in the Hospital, and was, therefore, the first clinical student²; and by his appointment in 1817 as assistant, he was virtually the first predecessor of the present junior resident medical officers.

The unqualified staff consisted of an overseer, an attendant who acted as a clerk, a gatekeeper, a matron, and a number of nurses both male and female. All of these were drawn from amongst the convicts, and in this period received no salary, but were victualled from the Government stores. The overseer and clerk-attendant resided in one of the kitchens, but the remainder lived away from the Hospital. The female nurses were usually a dissolute class, and often came on duty intoxicated in spite of frequent punishments for such offence. In addition, there were always several convict constables on duty to prevent the patients escaping and to protect the Hospital stores from thieving. Escapes, nevertheless, were frequent, notwithstanding the wall 8 feet high which surrounded the Hospital enclosure.

The Hospital and staff were a part of the general medical establishment of the Colony, and as such were, like the Colonial departments generally, under the control of the Governor, who reported all proceedings and received sanction for any changes from the Secretary of State for the Colonies. The staff took precedence with other Crown officials in the Colony, and certain of the latter were in consequence their superior officers. This was the direct cause of the court-martial of Wentworth in 1817, *re* certain charges of maladministration in the Medical Department outside the Sydney Hospital preferred by Lieutenant-Colonel Molle. With reference to this case, the Crown law officials in London decided that the Colonial surgeons were not amenable to the Articles of War and the Mutiny Act. The natural result of this decision was that the Medical Department became a distinct separate establishment in the Colony, and the staff acknowledged the Governor alone as their official superior.

The expenses of the General Hospital in this period were paid out of the general Colonial revenue. However, certain minor expenses—as, for instance, Henry Cowper's salary—were informally defrayed by the Police and Orphans' Fund, which was raised by local taxes for local purposes; but this lax administration was only too characteristic of the Wentworth regime. The exact cost of maintenance of the Hospital cannot be ascertained, as the expenses of the whole medical establishment of the Colony were given *in globo*, and varied between £2,000 and £3,000. The emoluments of the medical staff are known. The principal surgeon received £365 per annum, with quarters in the northern wing, fuel, and forage allowance for two horses. Wm. Redfern had a salary of £136 17s. 6d., and quarters in the southern wing, and fuel. In addition, the surgeons were allowed unrestricted private practice, and obtained grants of land.

The Hospital was maintained for the treatment of all convicts who were working for and victualled by the Government. Assigned servants—that is, convicts who were allotted to and maintained by settlers in return for their services—were admitted on condition of their master supplying them with rations for fourteen days. If the patient was not cured at the expiration of the fortnight, the master could continue to supply rations and receive the servant back when discharged, or resign the assignment and return the convict on the Government stores. Free settlers were admitted, if they were in poor circumstances, by application at the Hospital, where they were examined by the doctor in charge. If that official thought their case was suitable for hospital treatment, a memorial to the Governor was prepared and was signed by the medical officer, and the Governor granted an order for admission or simply initialled the memorial. Merchant seamen were admitted at the expense of their employers, who were not only liable for their maintenance, but also for fees to the medical staff for professional attendance, and these fees were divided equally between

Wentworth and Redfern. All civil officers of the Crown were treated gratuitously by the Hospital staff in their own homes, and were supplied with medicine from the Hospital stores free of expense.

The number of patients with which the Hospital started was forty, and they were accommodated in three wards at the southern end of the main building—two on the ground floor for male patients, and one above for the female, and these were the only wards in professional occupation until 1819. Of the remaining five wards, the four at the northern end were allotted to the use of the newly established Supreme Court; the two lower ones accommodated the court itself, and the two upper ones were for the convenience of the presiding judge, but he used only one as a retiring room, and permitted Lewen, the artist, to occupy the other as a studio; the fifth and last ward formed a hospital dispensary and store room. In addition, a second dispensary and store room were located in the quarters of the Principal Surgeon (the northern wing). In the latter was also an anatomy room, intended for the dissection of criminals under the sentence of the law, and this may be regarded as the germ of a pathological department.

The Hospital was frequently overcrowded. Each ward was virtually 60 feet by 24 feet and 16 feet high, and was intended to hold twenty patients, allowing 1,150 cubic feet per occupant; but as many as forty-two were accommodated in it at one time, with beds arranged down the centre of the ward allotted to them. During this whole period, the average number under treatment at the one time was stated to be between seventy and eighty, but no regular record was kept.

The hospital practice consisted of indoor and outdoor work. Every morning, between 8 a.m. and noon, Redfern went through the wards, attended by the overseer, clerk, and assistant. Each patient was inspected, and any prescriptions ordered were taken down by the clerk, often poorly-educated convict, into a case-book, which was the only book kept, whilst all the dressings were attended to by Cowper. When the rounds were completed, Redfern went to the stores and issued what was required, and sometimes paid a visit to the dispensary. Medicines were dispensed by Cowper or a convict assistant, and the bottles handed to the convict nurses and wardsmen, but it was well known that the medicines ordered were often administered to the wrong patient. There was always a poor supply of drugs, and when one was not available the most suitable in his opinion was added by the dispenser. The deficiency of drugs and sundries appears to have been due to the dilatoriness of the Home authorities. All medicines were ordered by requisition on London, but sometimes an interval of three years was allowed to elapse before an order was completed.

All classes of diseases were admitted, as well as midwifery cases, and no effort at classification was made. Dysentery was the most prevalent disease, and recurred at regular seasons. It was ascribed to diet, water, and the conditions of life, but many cases were probably enteric fever. Measles, whooping cough, and smallpox³ were unknown. Catarrhal and pulmonary affections and

phthisis were rare. No endemic diseases were recognised, and typhus fever, although isolated cases were introduced, never gained a foothold amongst the colonists. Venereal disease and rheumatism were very common.

Treatment was meagre, but, unfortunately, the actual records of it, which were in existence quite recently, have been destroyed. Cupping was a prevalent remedy, and it is recorded that one patient suffering from brain fever had 2 lb. of blood removed in the morning and 3 lb. in the evening; he was then allowed to get up, and died. Dysentery was also treated by bleeding and small doses of calomel. There was no dietary scale, and all patients, no matter what disease they suffered from, received rations at the rate of 1 lb. of meat and 1 lb. of flour per diem. The rations were issued to the patients individually three times a week, and many, not desiring their full meat supply, sold it to the townspeople, who came to the Hospital verandahs for that purpose. No vegetables or milk were issued. A modification of this ration was proposed by Wentworth, partly for purposes of economy in the meat supply and partly for the benefit of the patients, but it was never adopted. In the last year of this regime, Redfern modified the system by the simple expedient of ordering the sale of the meat ration in special cases, and the purchase of milk and other necessaries with the proceeds. It seems almost incredible that dysenteries, and patients suffering from other acute maladies, were allowed such diet for so long a period.

Surgical operations were few, and were performed in a room set apart for that purpose in the surgeon's quarters. During the first year, three amputations were performed, one being recorded in some detail, that of the removal of a merchant sailor's arm, for which Redfern received £30. In the next two years, only one was performed, and that was for tapping.

In addition to the ward work, out-patients attended the Hospital at 8 a.m. They were treated, gratuitously by Redfern until Owen took charge of them on his appointment. No application for treatment was refused, and the average attendance was fifty to sixty. They were treated in summary fashion, as few were allowed to take a bottle of medicine away with them, but most were given a single draught before leaving.

A further duty of the medical staff was attendance at the corporal punishment of prisoners at Hyde Park Barracks and the gaol, but this was usually delegated to Henry Cowper. Attendance was required, as no man was flogged if he had a rupture or heart disease, and no case is recorded of serious injury from the punishment. The floggings were heartless, and were administered in full view of the assembled convicts ready to taunt the unfortunate who bore his punishment badly. They lasted from half an hour to two hours, and the first three or four lashes always brought blood. After such punishment many were admitted to the Hospital for treatment.

The general condition of the Hospital was disgraceful. After the completion of the building, it was found that a mortuary had been forgotten, and to supply this want one of the kitchens was converted into a "dead-house." As the other kitchen was occupied by the overseer and attendant, there was no available place for the hospital cooking. All food was, in consequence, cooked by the patients themselves actually in the wards, and as rations were issued to every patient individually three times a week, each ward was virtually scullery, kitchen, and larder combined, in addition to accommodating the patients. The patients were mustered every evening by the overseer, who locked them in their wards in the Hospital at sundown. They there remained until the following morning at 6 a.m., and so were shut in without overseer, nurses, or attendants throughout the night, and the abuses that grew under such conditions may be readily conjectured when we remember the depraved class from which the patients were drawn. The windows, after the overseer had left them for the night, were shut by the inmates, probably to prevent any noise being heard without, and the atmosphere, on opening the wards in the morning, was described as revolting and nauseating in the highest degree on account of congestion of human beings, cooking utensils, and waste materials congregated in the enclosed space without adequate ventilation.

Daylight brought little improvement. No lavatories had been provided in the Hospital itself, and patients, when too weak to walk, were actually seen crawling on hands and knees to those outside. Patients were often allowed to lie in bed without clothing. Dressings were thrown under the bed and lay there. The bed linen was changed once a week, and then replaced by imperfectly-washed linen. The convalescents were allowed to do their washing in the wards, and to hang their linen to dry on the Hospital verandahs, but this last proceeding was noticed by Governor Macquarie and prohibited. No attempt was at first made at the segregation of the sexes, and, in fact, this was not considered necessary by the Principal Surgeon, as it was notorious that all the female patients were infected with venereal disease. This free intercourse gave rise to such abuses that attempts were made to check it by affixing padlocks on the doors, without achieving the desired object, and the evil continued until Wentworth's retirement, owing to his lack of systematic supervision.

Wentworth's duties as Principal Surgeon were the general superintendence of the hospitals and the medical establishment of the colony, but, as has been noted, the detail work of the General Hospital at Sydney he left entirely to Redfern and the assistant subsequently appointed. Although his private practice was very small, Wentworth only entered the Hospital for purposes of consultation, and at times when other medical officers were absent, and he appears to have devoted his time to his other official duties. His administration of the department was feeble, and Commissioner Bigge in his confidential report stated there was little "deserving of censure or praise" in it, for some of the failures of his regime were not entirely due to him but to local conditions of the day.

Redfern did not devote his entire time to the Hospital, and was never in it after midday, except in special cases. He had a large private practice, not only in the town of Sydney, but also in the country, and was the leading consultant of the day although two private practitioners, Dr. Bland and Mr. Parmentier, had already established themselves. Redfern's fees were good. He received 5 guineas to 20 guineas for midwifery cases, 5s. for a town visit (a box of pills or a bottle of medicine), and £1 to £5 for a country visit. As he supplied his patients with medicine from the Hospital stores, at no cost to himself, his practice was a lucrative one. This practice was carried on at the expense of his time in the Hospital, and in addition he was engaged in farming pursuits in the district of Airs, which he frequently visited. The Hospital was thus frequently left in charge of Cowper alone, when Wentworth and Owen were fulfilling official duties outside the Hospital.

Towards the end of 1818, Wentworth signified his intention of retiring from his office of Principal Surgeon, and Governor Macquarie recommended the appointment of Wm. Redfern, who was next in seniority in the Colonial service, and it had become the custom for all appointments to be conferred in rotation on the succeeding juniors. This recommendation was not adopted by the Colonial Office, and in September, 1819, James Bowman arrived in Sydney to succeed Wentworth in his position. This appointment gave great dissatisfaction to the junior staff in the Colony, who were naturally expecting a step in the order of promotion. Redfern especially was much disappointed, and in consequence tendered his resignation on 18th October, and retired on 24th October following, the same day that Wentworth relaxed the reins of power⁴. The reason assigned for the superseding of Redfern was that he was a member of the emancipist class, who were people sent out as convicts but pardoned in the Colony. But on the other hand, Redfern's friends attributed it to the influence of Bowman with the English authorities. The appointment of Bowman most certainly was one of the ironies of life to Redfern. The latter had written an admirable report in 1814 on the subject of the medical supervision of convicts in the transport service, severely criticising the appointment of medical students and medical failures to the charge of transport ships which was then the custom. In consequence of this report, a system of appointing naval surgeons to the charge was adopted, and one of the first to come to the Colony was James Bowman in 1817. Bowman, on his arrival in Port Jackson, applied to Governor Macquarie for an appointment as an assistant surgeon in the Colonial service, but this was refused as there were no vacancies. He then returned to England, and in 1819 received the position of Principal Surgeon from the Colonial Office against all precedent and also against the Governor's recommendation. From this may be gathered the disappointment that Redfern, after twelve years' service, would naturally feel. However, as will be seen, the appointment of Bowman was a most beneficial one.

1. The first examinations that I can trace were those of Ed. Luttrell and Wm. Redfern in September, 1808. This system was subsequently extended to an examination of all who commenced practice in the Colony. Anyone failing to pass the examination was gazetted, and ordered to desist from practice—a summary method of dealing with quacks.
 2. Although the earliest clinical student at Sydney Hospital, Cowper must waive his claim to being the first medical student in the Colony, as James Sheers was legally apprenticed to Redfern in 1813, but died during his apprenticeship in 1814.
 3. A disease, probably smallpox, nearly exterminated the Aborigines from 1789 onwards, but it never attacked the Colonists.
 4. R. W. Owen had retired from the Hospital in March, 1819.
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