



An Unsung Architect of Medical Administration: Life and Legacy of Dr. J.H.L Cumpston, First Director General of Health of the Commonwealth of Australia

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Introduction

Dr John Howard Lidgett Cumpston is a Medical Administrator whose meticulous work in the field of Public Health, Epidemiology and Administration made him a pioneer in Australian Public Health Field. As the Maiden Director General of the Federal Health Service of the Commonwealth of Australia he was fortunate enough to build the pillars of an enduring system with bureaucratic bricks his mastery had crafted. He navigated the country through a rampant pandemic of influenza in 1918-19 and a quarantine crisis while causing Improvements in school health, Tuberculosis and Miners Health, Diet, Housing and Eugenics at an era as early as 1930's. This Herculean Contribution gave birth to the national blue print for federal health in the Commonwealth of Australia in the early 1930s.

Early Life and Formative Years

John Howard Lidgett Cumpston was born in Southern Yaara, Australia on 19th June 1880 to a family of modest wealth and strong intellectual value. His father, George William Cumpston was a warehouseman, and his mother Elizabeth Cumpston (nee Newman) was a reformist kindergarten teacher by profession. The early views on Education, morale and social reforms may have shaped his commitment to a life of public service. New College of Box Hill and Wesley College, Australia served as his alma masterships prestigious medical education was carried out at Melbourne between 1898-1902 and at the conclusion of the course, he immediately committed himself for public and preventive Health. After a year of residency in Melbourne Hospital, He left Australia in 1905 with the hope of studying the public Health systems worldwide. His particular interest was served with the opportunity to study early American achievements of Dr. V.G. Heiser in the Philippines. He further expanded his knowledge in 1906 by obtaining a public health diploma in London School of Tropical Medicine and Hygiene, and his research work carried out in 1907 with regard to Scarlet Fever and Diphtheria earned him a MD from university of Melbourne. London facilitated him to meet few gigantic pillars of public health, such as Sir Ronald Ross (discoverer of the mosquito transmission of malaria), Sir Arthur Newsholme (Chief Medical Officer for England) and statistical epidemiologists who applied quantitative methods to disease control. Dr. Cumpston was a keen learner on their teachings, and it is when he realized that the idea of public health was not merely a ramification of clinical medicine but an arena of logistics, Governance, Data, law, and above all, prevention of Disease rather than preparing to Treat it.

A torchbearer in reformation and Genesis of Federal Health

It was in early December 1907 that he was appointed to the Central Board of Health, Western Australia. His inquisitive mind soon turned its focus into the areas of sanitation, epidemiology, miners Health, childhood health and Tropical disease dispersion in the country. It was his creed that 'It is certainly by sympathetic administration but always through people, that effective sanitary and health progress can be obtained'. It is by this time The federal quarantine service of Australia was established by an act in 1908. Dr. Cumpston Joined the federal quarantine service in 1910 as a general quarantine officer and by the beginning of 1912 he was appointed the Chief quarantine officer of Australia. It was a game of fate that within that year an epidemic of smallpox went through the state of New South Wales and his knowledge was duly tested in a delicate time. His command and competency in this regard paved the way to a solid reputation in his skill, not only as a public health expert, but also as a medical administrator in the subcontinent. His vigorous research on History of smallpox in Australia (1788-1908) published in 1914 stored facts to form purposeful and palpable policies.

He was the commanding sanitary officer for Australian Army medical Corps and with the expansion of World War I his role in the military became more profound. He was also a member of the federal board on "concerning Causes of the death and invalidity in the commonwealth" which gave recommendations to reform the federal government health services. This gave pressure to convert the quarantine and sanitation services to a Department of Health, and His early mentor, Dr. V.G Heiser, who was now, the Director for East, at Rockefeller Foundations International Health

Board offered to provide skills and training to form a department and the government finally approved Cumpston's request. He was appointed as the first Director General of Health and Director of Quarantine in March 1921. He had a career in the post for three decades which included the great depression, Two world wars, The Spanish Flu and the beginning of the social welfare state. In 1930 the department underwent reforms and burgeoned to a growth in the Cumpston's belief in the need to cherish health rather than treating illness. Hence in 1937, The federal Health Council Transformed into National Health and Medical Research Council (NHMRC). World War II was a fitting aptitude test to assess the strengths and frailties of the meticulously architected system and resulted in the birth of an elaborate scheme for a federally originated Health and Medical Service.

Architect of Protection: Ad astra per Astrum

Upon his appointment as The Director General of Health and Director of Quarantine in 1921 he immediately looked in to strengthening the federal health bureaucracy from scratch. Even though his administration was universally not welcomed it did not disturb his urge to work as his goal was not popularity but was aimed in the best interest of the system he was set to build. He was the architect of the Nation's first National Disease Surveillance system which initially used telegraphs, telephone networks to provide timely information on outbreaks and it is currently functioning as a fully upgraded real time electronic system.

For him History was not a parade of pomp and pageantry, but a silent source of academic strength to make predictions for any future possible Conundrum. His radical thinking made him commission multiple studies in the past epidemics such as smallpox (1881), Influenza (1890), Bubonic Plague (1900).

The 1922 Quarantine Act which was drafted under his guidance served as the base document of Australia's Bio Security law-invoking the powers it vested a century ago during the COVID-19 pandemic through the famously called "Cumpston Model".

"The cost of prevention is always less than the cost of cure — in lives, in money, and in social disruption." was the simple yet powerful philosophy he practiced and preached, which guided his work and Australia's approach to border and preventive health for generations.

The Spanish Flu

The Great influenza Pandemic of 1918-1920, known as the Spanish flu was a deadly global influenza pandemic caused by the H1N1 subtype of the Influenza A Virus. And when it reached Australia in early 1919 the federal system of Dr. Cumpston was ultimately put to the test.

Cumpston was well aware of the global trends and was always protective of the National health.

Finally, when the virus broke free they were well prepared for this foe. Schools were close, Mass gatherings were restricted while guidelines were issued on public behaviour, Isolation and case reporting, and naturally he was criticized. He was called a "Tyrant in quarantine" but the data spoke in his favour and admiration as death rate in Australia (2.7:1000 population) was significantly lower among to the other contemporary nations such as United Kingdom(4:1000), United states(4.4:1000) and in India (20:1000) — proving that his policies, though criticized, imperfect and unevenly applied, had worked. In 1919 his report on "Influenza pandemic in Australia is known as a masterpiece document in public Health. The data driven logical nature of the report and the candid criticism of the internal system is a model for future evaluation of health systems and pandemic planning throughout the world.

Mental Health, Maternal and Child Health and Sexually Transmitted Diseases

Even though Dr Cumpston carried a soft spot for quarantine and prevention his vision for public health was larger than life.

He was a pioneer who shaped the concept of Australia's first maternal and child health welfare programme in the early 1920's. His wisdom identified Maternal and neonatal health as one of the important indicators in health and tirelessly aimed to reduce them. As a result, Australia's Maternal and child mortality rate showed a 40% decrease within a decade. He convinced the federal government to fund for Child health centers, provided Training for the staff involved and took a special interest in providing Health education of the new mothers on childcare.

He was an empathetic medical administrator. At a time when the society and its values were deeply influenced by religious belief, He was a policy maker of secular nature for diseases such as Gonorrhea and syphilis while many overlooked those patients as sinners. In a memo written in 1925 he stated that "Disease is not a Sin. It is Biology. And Biology responds to science, not sermons."

Mental Hygiene

It was this commiserative nature of him that lead him to excellence in innovative thinking and patient care. At an era when mental health was a cause of social stigma, he was able to convince the federal authorities to provide subsidized care for the mentally ill forming the Australian Council for Mental Hygiene, the first of its kind advocating for national mental health in the entire world. He formulated concepts decades ahead of his time while advocating for Home based care, Community Support groups and De-institutionalization of the patients. He was in many ways a humanitarian, one of a kind in his own breed.

In 1936 he formed the National Health Medical Research Council (NHMRC) insisting that policy



The Medical Mission for Experts on their visit to India: group portrait includes Sir Weldon Dalrymple-Champneys (front row, centre right) Dr.J.H. L Cumpston (front row far right) and Henry E. Sigerist (back row, second from right). ca. 1950

must be evidence based which was radical in that era of politically bias governance.

A Bureaucrat

All along his long public service, Dr Cumpston was a collaborator rather than a confronter's Tact and calm has crossed the treacherous federal bureaucratic waters beating any other agile, ambitious administrator. He was firm, precise, pedantic and empathetic while often purposefully avoiding the limelight.

Curtain Call and beyond.

Cumpston retired in 1945 with pride, at the age of 65 years, a decade behind the pensionable age at that time. The Federal department he began working, comprising a handful of staff in few states, grew into a massive organization with hundreds in each state and had a national reach.

It is in his retirement he found solace in documenting medical History, His 'Health and disease in Australia: A History, was a monumental, 800paged document commissioned by the government was published posthumously in 1989 and serves as a chronicle of public health and its evolution in Australia.

In 1946, a year after his retirement, He was called to serve by the Government of Ceylon. He was appointed as an expert to provide a report and recommendation causing for national health reforms.

The Cumpston Report.

It was in the early 1946 the call to duty from Ceylon came. It was his expertise, Enthusiasm and the ability to dissolve any Health-related enigma that earned him the opportunity to be a part of the panel from whom advise on reforms for public Health in colonial Ceylon was summoned by the Government of Ceylon. Dr J.H.L Cumpston along with Dr. Bennet Hance (Director General of Indian Health Service) drafted the renowned "Cumpston Report" which paved the yellow brick road to a health system that has stood the test of time. The 1950's Report on the Medical and Public Health Organizations of Ceylon (Colombo,1950) by Dr. J.H.L. Cumpston serves as the 'magna carta' on which the health system of the British dominion of Ceylon was reformed and continued to evolve as the Sri Lankan national Health System during the post-independence era. It continued to be a system which achieved impressive milestones keeping on par with that of countries with substantial spending on healthcare .In this report He describes how the Health system of Ceylon is different and unique to other contemporary systems, hitherto recommending to transform the Health and Sanitary Department to an Isolated unit under the oversight of a separate head of the institution, Medical Doctor, namely a Director General, with powers equivalent to a secretary(today's equivalent to a minister).It is in this report he categorically states that Administration of Hospitals and Health must be withdrawn from General Civil Servants and decision making of

Health must be vested to Medical Doctors with relevant Expertise, thus *silently sowing the seed of future in Medical Administration of Sri Lanka*.

It was a year after his retirement in 1945, the Government of Ceylon with its second board of ministers invites and seek his advice on national health reformations. The Deputy Head of the Government Rt.Hon. D.S Senanayake (Who later became the prime minister of the independent Ceylon) along with his Minister of Health since 1936 Mr. W.A.de Silva(Whose successor Mr. SWRD Bandaranaike was the one to execute the recommendations) was considering to deliver better healthcare and enhancing human health in the post-independence era, was carefully knitting the tapestry of the Ceylon Health system.

Canberra Times, printed in 1946, proudly acknowledges his expertise and service with a hint of the yeoman contribution he may deliver to the Ceylonese Government. Published Under the title ‘‘DR. J.H.L. Cumpston Accepts a Health post in Ceylon’’, the article states that ‘Ceylon is introducing a new scheme of health for its people and Dr. Cumpston will bring *A wealth of administration* in Health matters to the Ceylon Government’’. To the credit of the Canberra times, his Expert report paved the way for new social and Health Reforms which currently has lasted way passing half a century while giving impressive results in outcome.

The 104 paged Cumpston Report, Cumpston, J.H.L. *Report on the medical and public health organizations of Ceylon*. (Colombo, 1950), forever changed the trajectory of the Ceylon health system Concreting its sovereignty, transparency and accountability to people’s Health. The year after this massive work, in 1951 He served as an expert to United Nations Children’s Emergency Fund and was able to travel through south and far East Asia. Tall, leggy and bespectacled he was never charismatic but had an aura that demanded those who around him to aspire and achieve.

Dr John Howard Lidgett Cumpston died at the age of 74 in 1954, with an array of newspapers paying him respect in obituaries as a committed public servant but never as a pioneer as he is described today. His work later brought him the recognition and fame after many years of his work with sparkling and astonishing results in all the systems he oversaw. His wife Gladys Maeva survived him, and his legacy was duty fully documented through his seven children while all of his personal documentations were donated and are now an Australian state property which is well preserved. It continues to inspire the future inquisitive generation of medical administrators, public health experts and policy champions who wants to make a difference in this world.

HE WAS AN ARCHITECT IN MEDICAL ADMINISTRATION, AND EVEN AFTER A CENTURY OF ITS CREATION, HIS ARCHITECTURE STILL STANDS.

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