

**CONVICT HEALTH AT
PORT ARTHUR & TASMAN PENINSULA
1830-1877
THE RELATIONSHIPS BETWEEN
DIET, WORK, MEDICAL CARE & HEALTH

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and
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Contents

Summary.....	4
Introduction.....	5
Equipment and Medical Supplies	6
Diet	8
Diseases Prevalent 1830-45	12
Medical Officers	14
Food, Favouritism and Black Markets.....	17
Sexually Transmitted Diseases	19
The Last Years at Port Arthur.....	20
The Model Prison; an Insane Device.....	21
Lunatic Asylum.....	23
Bibliography	24
List of Appendices	25
Appendix 1: Letter from Commandant.....	26
Appendix 2: Medical Returns by Year – Diseases & Deaths	28
Appendix 3: Disease Prevalence	32
Appendix 4: Rations	35
Appendix 5: Boys Rations at Point Puer.....	37
Appendix 6: Deaths at Port Arthur.....	38
Appendix 7: Adequacy of Diets	40
Appendix 8: The Doctors	41
Appendix 9: Dining at Pentridge	43
Index.....	44

Summary

As a punishment station for secondary offenders, deprivation at Port Arthur was severe. A restricted diet and strenuous work enforced the punitive nature of the penal station. The provision of limited medical services by the colonial government appears to have been part of this policy. Differences of opinion existed between those doctors who regarded all patients as equally deserving, and those who distinguished between the free and the convict. The need to produce 'fit' labourers faced doctors with an ethical conflict.

The scarcity of food inevitably resulted in a black market. Favouritism and 'corruption' and a pecking order amongst convicts apparently resulted in an unequal distribution of food.

A wet climate and arduous work involved in timber cutting and other industries contributed to the illnesses suffered by prisoners.

Bond and free were prone to viruses, including influenza, which effected residents particularly during 1835 and 1839.

The spartan diet and physical work does not appear to have injured the juvenile convicts at Point Puer, who were described as "healthy".

The psychological effect of incarceration, punishment with leg-irons, bread and water, solitary and dumb cell, flogging - and the later "Silent System" - have not been studied in detail.

This report discusses illnesses prevalent during the period 1831 to 1844 in particular, and their correlation with diet, climate, work and punishment. There is additional emphasises on the nutritional value of the convict diet of 1836, and the "new" diet prescribed in May 1867. The former diet coincides with the youthful early convict period, and the latter with the increasingly geriatric nature of the penal settlement at Port Arthur.

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Introduction

The health of convicts at Port Arthur and on the Tasman Peninsula, and indeed throughout the whole of the island, is an area of study so far overlooked. Documentary sources are dispersed throughout many government departments. From the scattered references in colonial correspondence a picture of sickness and health at penal settlements can be constructed. A number of hospital records have survived, as have tables, and lists of diet rations. Contemporary reports in the way of correspondence and journals also facilitate an insight into living conditions. However, these too vary in detail over the time span of the settlement and while being observant, are not necessarily empathetic. Researcher must also be wary of the difference between what was stated in official correspondence concerning the diet and health of the convicts and what actually occurred.

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Equipment and Medical Supplies

A general improvement occurred in the supply of medical services during the life of the settlement. However, the primitive nature of the first years of settlement is indicated by the absence of basic medical equipment.

"The hospital is in the most wretched state of poverty, not even a bougee¹ to administer to the relief of the prisoners nor rag to dress his sores".²

The lack of medical stores was described in detail by acting-surgeon H.T. Harrington who was both hospital overseer and school-master.³ His dispensers were often convicted men, including Joseph Brown (per *Sir William Bensley*) and C.H.T. Constantine, (later a well-known colonial artist.)

I am entirely without instruments, excepting two or three rough knives, made here, and in several recent cases, I am necessitated to resort to the common darning needles in closing with "sutures" deep, and dangerous wounds. The instance of Paine, (who severely cut his throat, on the 28th inst., laying the muscles of his neck quite open) is now in a very precarious state entirely attributable to the want of the common sticking or adhesive plaster (or the requisites for making it) as three of the sutures had worked through, and owing to the tenseness and sensitiveness of the wound now, it would be extremely hazardous, to reclose it with the needle. In many cases, particularly, the one just quoted, I have been under the necessity of resorting to a new, and experimental practice, being entirely cut off from the means adopted in the usual treatment, at the same time, I beg to state, I have not a single text volume, (as a reference) to confirm a wavering and not sufficiently matured judgement.

Except what you sir, [i.e. the Commandant] kindly furnished in extreme cases, there has been no wine to administer to the suffering patient, for the last eight months, in fact, but two dozen bottles have been supplied, since the formation of the settlement.

The simple ointments necessary for common dressings, I am obliged to make by rendering down the salt pork, and this is but a poor substitute, as it is impossible to entirely free it, from all saline influence. I believe sir I may safely add, that unless we shortly have a supply of medicines the appellation "medical" to this department will be entirely nominal."⁴

Until the establishment of the new building in 1842, the hospital at Port Arthur was calculated to accommodate thirty patients only.

"a considerable number of patients were treated under very disadvantageous circumstances and had not the greatest vigilance and care

¹ Bougie – rubber tube (dictionary)

² CSOI/569/12811.

³³ In 1838, Surgeon H.T. Harrington married Priscilla Muir, daughter of the late George Muir. (Sydney Monitor, 3/9/1838, p. 3.) She died in Philadelphia USA in 1838, while her husband – 'late of East Maitland, New South Wales' - died in Melbourne, Victoria.' (The Maitland Mercury & Hunter River General Advertiser, 7/12/1872, p. 1.

⁴ *ibid.*

been exercised, there would in all probability have been a considerable mortality".⁵

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⁵ CSO22/52/305.

Diet

The punitive diet based on salted meat plus, flour, and water (gruel) with occasional vegetables resulted inevitably in health problems. During the early period in the precarious days of the settlement pre 1833, Commandant Mahon allowed convicts and officials to fish. In 1832 visiting Quaker James Backhouse noted that prisoners were allowed "a few square yards of ground for gardens". This had avoided the incidence of scurvy. The freedom to cultivate ground was withdrawn by Lt. Governor Arthur because it was incompatible with the rigid nature of discipline intended at such stations. As a result in the years 1833 and 1834, the incidence of scurvy skyrocketed as the population increased.

After his visit to Port Arthur. James Backhouse recorded his impressions of the hospital and convict health:

"...About 20 patients have been in the hospital on an average for at least 3 months; 36 are now exempted from work and in addition to these between 50 and 60 are now receiving medical care who are not exempted. Scurvy is the prevalent and increasing disease; dysentery, pulmonary diseases are also not infrequent. The supply of vegetables produced here is very small, quite insufficient to counteract the effects of salt meat which is almost the unvaried diet. Vegetables are not served out, except to invalids on account of their scarcity. A few cells have been erected for solitary confinement... bread and water... considerable emaciation..."⁶

Backhouse, in his report to the Lieut. Governor proceeded to elucidate the major problem of scurvy among the convicts.

"A large number of the adult prisoners are now suffering under this disease, chiefly in consequences of being limited to salt meat without rations, and although when under the surgeon's care their diet is altered, and other means are resorted to for their recovery; yet as soon as they recover, and return to the usual fare, the disease again makes its appearance..."

Rations in 1833 consisted of -

BREAKFAST	4 ozs of flour made into gruel or skilly 3 ozs of flour made into bread
DINNER	1 lb salt beef or 10 ozs salt pork 14 ozs flour made into bread
SUPPER -	3 ozs of flour made into bread 1/8 oz of tea and 1 2/7 ozs of sugar for overseers and others granted this indulgence ⁷

By 1836 this ration had been altered to include 1 lb of green vegetables or 1 lb of potatoes (see per attached report on convict rations). As a result, a decrease in scurvy was recorded.

"The Medical Officer, does attribute the decrease of scorbutus, wholly to the addition of vegetables to the former rations".⁸

⁶ Backhouse, Narrative.....

⁷ ibid.

⁸ CSO1/869/18399.

Despite a long known history of scurvy on sea voyages, it had taken until May 1834 for land to be cleared for settlement gardens with the establishment of 6 acres for potatoes, 5 acres for turnips and 1 acre for cabbage being finalised in November 1834.⁹

A Dietary Imbalance

The presentation of the convict diet raises a number of points which must be considered if a correlation with illness is to be made.

- (1) The diet is deficient in fresh fruit, dairy products such as eggs, milk, cheese, butter, legumes, alternative grains or alternatives to salt meat. This deficiency could almost certainly lead to a vitamin/mineral imbalance. Hence, conditions such as scurvy, debility, headache, skin rashes, slow healing, vulnerability etc. develop. (see diet-related diseases per attached list).
- (2) The list presented does not include notes on food preparation, raw weights, food quality etc. which could again alter nutritional value dramatically.
- (3) The ration does not accommodate differences in food energy requirements for different convict classes or individual need e.g. stone cutting or shoemaking; a convict weighing 10 stone, or 14 stone, and also seasonal variation in weather conditions.
- (4) The ration does not indicate the procedure for food substitution during shortages. Substitution of carrots and leeks for potatoes during a temporary shortage and the great dissatisfaction that this caused among the convicts was commented on:

"Carrots' ...by analysis are but a poor substitute for the potato to a working man limited to a daily ration of twelve ounces."¹⁰

This issue also raises a consideration of the position of food in the convicts' lives; how they viewed it and their reactions to any alteration in procedure. Wheat shortages and substitution with barley and pea meal contributed to an inconsistent and inadequate diet.¹¹ Records indicate that the administration was only moved to action by vocal dissatisfaction by prisoners – and (at least) one recorded case of 'industrial action.'

Later Diets

By the 1860s Port Arthur was a geriatric institution for homeless paupers. In May 1867, as a result of the implementation of steam for cooking purposes, convicts, paupers and lunatics at Port Arthur were introduced to a new diet:

"with perfect order and success. The former rations of meat and bread have been considerably diminished; but various changes of food (had been) adopted with a superior system of cookery, thereby rendering the present dietry much less monotonous than the old."¹²

The diet indicated in Rules and Regulations for the Penal Settlement on Tasman's Peninsula (1868) (see appendix) forms an interesting comparison with the early years. It not only includes fresh meat, bacon, molasses, barley, peas and oatmeal but grades rations according

⁹ CSO1/716/16340.

¹⁰ Mis.62/36 A1145 F22950-9/6/58.

¹¹ CSO5/188/4528 20.14.39.

¹² Glover, "Some Port Arthur Experiments", P.132-43..

to convict class and labour. A table of equivalents and invalid/paper diet is also provided. For an establishment which was aimed at successful industrial enterprise it had taken 37 years to finalise a nutritionally-sound convict diet.

Adequacy of Diet; Varied Opinions

Day visitors to Port Arthur such as James Ross (1837) and David Burns (1842), commented on the good quality of the food at Port Arthur and Point Puer, the juvenile prison.

However, in 1843 a more permanent investigator, Benjamin Horne, commented less enthusiastically on the convicts' diet. In theory the Point Puer diet was a third larger than the highest of 9 Dietary Tables sanctioned by the Poor Law Commissioners for Union Workhouses in England. In practice, Horne made these qualifying remarks about the rations on Tasman Peninsula;

"Two circumstances however would warrant a higher ration in Van Diemen's Land than in England; first, the quantity of food allowed the free labourer as rations, or which he may easily procure by his labour here, is much greater than in the Home Country, and, secondly, the quality is much inferior. Even the ration bread allowed superior officers at Point Puer is not equal in quality to that used by the Poor in a Union Workhouse or by the boys in Parkhurst Prison."¹³

The Poor House diets in Britain were set deliberately low to discourage dependency on this form of social welfare. To compare the Pt. Puer and Port Arthur diet with these is to therefore assume that one was already adequate. Cut-backs in food rations in the United Kingdom over a 30 year period caused sickness and near-starvation conditions at times. By the 1840's the British Home Secretary was obliged;

"to warn J.P.s against using diets as an "instrument of punishment." ¹⁴

The Port Arthur - Point Puer diet was unbalanced and for example, suffered from an absence of dairy products. The Parkhurst Boys Prison Diet in Britain at least included cheese.

However, despite being camped on the barrack floor "like a horde of gypsies", Horne found the health of the boys "remarkably good". Only 3 deaths were recorded from 700 inmates in the previous year (1842). This was less than those listed in the *Northhampton Table of Mortality* according to Horne. This he attributed to a healthy climate, and the boys being "almost always in the open air." ¹⁵

The labour of the Pt. Puer inmates was generally less arduous than that experienced by their adult counterparts at Port Arthur. No equivalent of the Horne Report is extant for the diet and health of the men at Port Arthur and the outstations.

Burns in 1842 reported on the diet and mess routine of the adult convicts.

"After service we accompanied the Commandant to the Cook house, where the respective rations were about to be issued. The manner in which this is arranged is admirable. The messes, varying from 12 to 26 men, are berthed

¹³ Home Report CO280/157/520, 1843.

¹⁴ M. Ignatief, p.176-7.

¹⁵ Horne, Report op. cit..

in chambers of the penitentiary, affording accommodation for their respective numbers. Each of these messes select, in daily rotation, two delegates, who receive the victuals, and afterwards apportion each man his share. That this may be fairly done, the mess, drawn up in double lines before the table, surveys the partition. They then sit down and consume all the food that is set before them, it being one of the imperative regulations that nothing shall be laid by, a measure to ensure the impossibility of husbanding, and thereby obtaining a provision in case of absconding. So rigidly is this necessary precaution enforced that eating out of season becomes a punishable offence, and no food (fish or kangaroo, for example), caught in the bush is on any pretext permitted to be consumed there. The meal afforded the convict is not only ample but nutritious, consisting of excellent soup, good wheaten bread (I tasted both), and beef, mutton or pork - such a meal, indeed, as would rejoice the heart and gladden the eyes of many an honest, hardworking, hungry Briton. Breakfast and supper of bread and a pint of skilly".¹⁶

Escapee Martin Cash described the food less appetizingly:

"My dinner, for which I had an excellent appetite (after hauling bundles of shingles), consisted of six ounces of salt pork, one pint of soup and twelve ounces of brown bread. I cannot describe the soup, but I can (describe) ... the manner in which it is prepared, viz., the salt pork when boiled is taken from the copper, which being again nearly filled with water, the allotted quantity of Swedish turnips and cabbages are then cut up and placed in the copper, and when nearly cooked one or two pieces of the pork are again returned to the copper with a view to giving it a flavour. Each prisoner was allowed one pint of this compound....."¹⁷

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¹⁶ Burn "Excursion to Port Arthur", 1842.

¹⁷ Cash p.49.

Diseases Prevalent 1830-45

Contributing Factors

The "Return of Diseases" showing the number of cases treated in His Majesties Colonial Hospital, Port Arthur, from 9th September 1830 to the 31st December 1835 inclusively, gives further indication of the prevalence of diet-related diseases other than scurvy e.g. dysentery, diarrhoea, dyspepsia, colic. These also include symptoms of illnesses which are easily reflective of nutritional deficiencies e.g. abscesses, ulcers, debility, headaches, colds, constipation. It must be remembered that diet-related diseases were not mutually exclusive but in fact closely tied with hygiene, work and weather conditions and water supply.¹⁸

The Medical Officer in 1836 reported:

"...Dysentery does not at all times admit of being traced to its exciting cause; occurring at times epidemically at the period in question (1835) there was much exposure to cold, and damp, in consequence of extensive" logging carried on in the water; which no doubt conduced powerfully to produce this disease".¹⁹

(Four convict deaths were reported for 1836, from a maximum population of 1,168).

Diseases and conditions which were not diet-related but still occurred as a result of work or climate were also noted in significant numbers. Abrasions, contusions, rheumatism, dislocations and wounds were common, especially in 1834 when the convict population doubled and the weather was unusually severe. References can also be made to industrial health with heavy labourers being susceptible to conditions such as Paronychia, a fingernail infection. (An interesting reference to industrial health concerns Samuel Burrows, overseer of Shoemakers, incapacitated by the nature of his work/trade).²⁰

Medical staff on the Peninsula had to compete not only with the wounds of an industrial site but also the sanitation problems involved. In 1837 Dr Graham complained strongly about the tanning pits dug below the hospital at Port Arthur. Other pits which collected hospital effluent were filled with sea-weed to create garden-manure and a nauseous smell.²¹

Climatic Influences

As Backhouse observed, the climate at Port Arthur appears to have been a major influential factor in determining convict health. A general survey of the death registers from the years 1833-50 indicate that the majority of deaths occurred in the winter months to November, both periods of extremes in weather. An annual rainfall of 44 inches resulted in perpetually wet clothing; worst affected were the bush gangs, carting and cutting timber.

(For further references see Appendix 5: Death Register Records and comments as attached.)

¹⁸ Misc.62/20 F7343-4/5/47.

¹⁹ CSO1/869/18399.

²⁰ Misc.62/31 A1135 F14269 2013/54.

²¹ Misc.62/30 A1114 March 1847.

A picture of the weather patterns at Port Arthur can be gained by reading journals of the period. The diary of John Mitchell, Superintendent at Point Puer is particularly good for this purpose. By consensus, Port Arthur weather was not conducive to good health:

"... It lacks the main element of a sanatorium, namely a bracing and invigorating atmosphere. Even in Summer the air fills with moisture on the slightest provocation; the number of rainy days is above the average of the colony; and a stranger visiting the place feels uncomfortably relaxed and disinclined for either mental or bodily exertion.... Rheumatism is a not unfrequent affliction; influenza and the complaints arising from colds are common...." ²²

Mitchell's comments are reinforced by Martin Cash's description of working in wet clothing:

".....We again resumed our labour and about three o'clock in the afternoon the rain came down in torrents, drenching us completely to the skin. We continued to work until the ball appeared at the flagstaff, when we were conducted back to station. My apartment was six feet long by three wide, in the corner of which, folded up with military precision, lay my bedding, consisting of a single blanket, rug and empty canvas mattress. I stood shivering in my cell, the rain dripping from my clothes, until the wardsman brought me my supper, after which I retired for the night.

The bell rang out at five o'clock on the following morning, it being two hours before daylight; and on putting on my clothes I found them nearly as wet as on the previous evening. We were then escorted by a host of constables and watchmen to the yard adjoining the cells, in order to perform our ablutions, and on returning to our domiciles we received the stipulated quantity of brown bread and skillery, after which we were left to cool our heels in anticipation of daylight, at which time we resumed our labours." ²³

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²² Mitchell Journal, Mitchell Library Doc. 2530.

²³ Cash, p.49.

Medical Officers²⁴

As with other penal stations, government doctors at Port Arthur Penal Station were responsible to the Colonial Surgeon in Hobart, who in turn corresponded with the Lieutenant-Governor through the Colonial Secretary.

A number of acting surgeons and temporary appointments occurred during the first 5 years of Port Arthur's establishment. (See Appendix 7). The first Commandant John Russell, of the sixty-third Regiment was a surgeon (Sept. 1830 - May 1831). Dr T.C. Brownell was appointed for 12 months in 1832-33.²⁵

Staffing and equipment improved, with the appointment of Dr Gavin Casey in 1835. He was a competent if somewhat quarrelsome member of the staff at Port Arthur, who performed amputations successfully. (Later with Dr Pugh, in Launceston he was one of the first to use ether for sedation during surgery.) After falling out with Commandant Booth in 1837, Casey resigned. His replacement was Dr William Benson, a young Scot, who remained at Port Arthur until 1841, and returned as Colonial surgeon for the Tasman Peninsula in 1848.²⁶

Brownell recorded in his letterbook that the prison population at Port Arthur had grown from 280 in 1833, (the year of his first appointment), to over 1000 convicts in 1840 when he resumed his appointment. This figure did not include the military and free officials and their families. In addition, Brownell was responsible for the 600 teenagers in the juvenile prison at Point Puer, and 340 convicts working the Coal Mines on the north of the Peninsula – also exclusive of the military and the overseers and their families located there. The prison population in 1843 was 2,300 and in 1842 Brownell treated over 13,000 cases, while deaths numbered 10.²⁷

Dr F.G. Brock, Brownell's sterner successor - from March 1843 - returned again to the Peninsula in 1848-1853.²⁸

The large 100-bed sandstone hospital constructed in 1842 was an improvement on the timber structure of the 1830's. Two busts of Hippocrates, carved in sandstone, stood atop the front gable of the hospital wings. Shortly after its completion it was considered too extravagant for the needs of the convicts. This is perhaps an implied criticism of both Brownell, medical officer, who was considered to be too sympathetic of the convict patients under his care, the Royal Engineers who designed it, O'Hara Booth who approved it, and lastly, Lt Gov Franklin who authorized its construction.

Meanwhile, on the northern side of the Peninsula, the establishment of Probation Stations to house convicts in gangs necessitated medical supervision. One - and occasionally two - Medical Officers were responsible for the Coal Mines, Saltwater River, Impression Bay and Cascades Probation Stations. Hospitals in these locations were usually of timber construction.

²⁴ See Chronological list in Appendix

²⁵ Brownell in Glover, Lifestyle, N.P.W.S.

²⁶ in Glover Papers Vol. I N.P.W.S.

²⁷ Extract, "Brownell" in Glover, Lifestyles, N.P.W.S..

²⁸ Misc.62/34 A1141 F21046.

In 1854, Col. Surgeon Seccombe, was in charge of 516 men, (including 325 invalids) at Impression Bay Probation Station and Invalid Depot and Cascades Probation Station with 327 inmates. Seccombe was helped by surgeons Eckford,, Huish & Huston. In addition to the inmates, they cared for the families of officials and military, numbering 185 at Impression Bay, and 63 at Cascades.

Sickness, Malingering, and the Doctor's Role

The opportunity for convicted men to avoid work and therefore punishment were rare at Port Arthur. A sympathetic medical officer may have provided the chance to feign illness. The pressure to pronounce men for work is evident in the conflict experienced by Dr Thomas Coke Brownell, surgeon, Wesleyan and humanitarian who returned to Port Arthur in December 1840.

He had been criticised previously for his overly sympathetic treatment of prisoners at Maria Island (another convict station) and similar charges were levelled at him while at Port Arthur. At Maria Island, Brownell had been accused of "too lavish" use of medical supplies, Brownell replied,

"is a Prisoner...when the subject of disease, to be treated as a man or an animal.... does his degraded situation... render him less the subject of the pains and infirmities of human nature?... Rather would not that very situation call forth our tenderest sympathies with a view to arouse the dormant moral feeling that may yet remain in his heart?"²⁹

Martin Cash, bushranger, recalled that after an unsuccessful escape attempt at Port Arthur, Brownell treated his lacerated feet:

"He was the first person I had seen at Port Arthur who evinced the slightest feeling of humanity".³⁰

The supply of medicine itself could be used as a method of censoring a doctor. The cost of treating a convict patient was carefully calculated for each of the medical stations, and the number of convicts hospitalised regularly audited. Brownell's medical supplies on Maria Island were restricted by the Colonial Surgeon, James Scott, critical of his "...good nature... encouraging the complaints of malingerers".³¹

Memorials in support of Dr F.G. Brock indicates he was unsympathetic to any such "malingering". Brock had first been appointed to Port Arthur in 1843 as Brownell's successor, returning in 1848 only to be "reduced" in status. Courtenay, the new Port Arthur superintendent appointed in 1848, regretted his removal:

"Thanks to your judicious care and attention the enemy (malingering) (sic) has nearly or quite disappeared although before it was so successfully combated by you, the amount of feigned sickness amongst the men, and its direct injury to the discipline had caused me most serious anxiety".³²

The effectiveness of Brock's measures were indicated by:

²⁹ Brownell Letterbook, in Glover, "Lifestyles", N.P.W.S..

³⁰ Cash, p. 47.

³¹ Brownell, in "Lifestyles", p.4.

³² Misc.62/31, 13/12/1849.

"The appearance of the gang [i.e. chain gang], the almost empty hospital there being only two patients (there today), prove most satisfactorily the healthy state of the men under your medical care".³³

Courtenay, who had ruthlessly removed older officials from Port Arthur, approved of Brock's stern approach. But on another occasion, Brock was criticized by one of his peers for his "highly irritable temperate and arbitrary manner". The reaction of the convicts to Brock's treatment of them is not recorded, but the same critic - Dr McDonald, Medical Officer at New Norfolk in 1844, - commented:

"...there must be something wrong in your mode of management, as universal discontent seems to prevail amongst the persons of all classes under your orders".³⁴

Dr George Everett was another doctor praised for his "keeping the loss of serviceable labour to minimum by cleaning malingers".³⁵

This refers to the year 1844 when Everett was doctor at Norfolk Island, then administered from Tasmania, although earlier Everett had been at Port Arthur for 2 years. Later he was medical officer at Saltwater River, the Lunatic Department, Tasman Peninsula.

Martin Cash, after his bushranging escapades, was a prisoner on Norfolk Island. He regarded Everett as a "great martinet and much dreaded by prisoners". Presumably Everett's attitude to "malingerers" at Port Arthur was identical to those shown when Medical Officer on Norfolk Island.³⁶ Malingering, or sabotage, did occur, as the following for example, from Norfolk Island, explains:

"I asked (my neighbour) how I could manage to get off the chain. He said: '...I have a bit of copper in my pocket ...Get a bit of string and tie it tight round the muscles of your arm. Keep the copper always on your tongue when you are in your cell of a night, and, when you are ready to face the doctor, say, when you are called, that you are too sick to get up. The doctor will be sent for. Upon hearing him coming, knock your elbows hard on the wall.

The doctor will want to feel your pulse and see your tongue - without the copper though. He'll exempt you from work, and you can lie in your cell all day. If you want to keep up the game take some soap pills to upset you. '

"I followed his advice and found that the plan answered. I succeeded in making myself appear to be very ill, and was taken off the cable."³⁷

The cable refers to work on the Coal Mines, Tasman Peninsula, where Derricourt was imprisoned.

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³³ *ibid.*

³⁴ Brock in "Lifestyles" *op. cit.*

³⁵ Everett in "Lifestyles", *op. cit.*

³⁶ Cash, p.162.

³⁷ ." W. Derricourt, *Old Convict Days.*

Food, Favouritism and Black Markets

As an inducement to reformation, tea and sugar were rations available to constables and overseers at Port Arthur, and the boy monitors at Pt. Puer. The spartan diet of the prisoners contrasted with that of the officials whose gardens bearing small fruit and orchards were tantalizingly close. Not surprisingly, a black-market existed in food and tobacco, the last being illegal until the later years of settlement. A selective distribution of food was practised by the official culture and the "unofficial" prison sub-culture as evidenced by the reports of both ex-officials and ex-convicts.

Convict, Mark Jeffreys "ghosted" auto-biography "A Burglars Life" reveals a black-market in foodstuffs. While at the Coal Mines on Tasman Peninsula about 1850, Jeffreys engaged in trapping kangaroos with snares and bartering them with other overseers.

Appointed baker at the Coal Mines, Jeffreys expected as remuneration, "half a sovereign and a bottle of rum". At Port Arthur, Jeffreys also pointed out that the honesty of the duty-cook was related to the correct weight of food issued. Martin Cash also refers to cooks withholding flour which was sold to sub-overseers and watch-men.³⁸

The diet of prisoners was subject to the honesty of both fellow prisoners and officials. At Impression Bay, (now Premaydena), during the 1840s, 100 of the 500 strong probation station were in the hospital, according to one retired official:

"The rations of the sick were drawn by the medical attendant, who was a paid officer, receiving one shilling per diem, without rations, as the attendant of a gang comprising 500 men! Their general appearance was that of wretchedness and misery, indescribable and alarming. The whole station was in a condition of confusion and discontent, but, one month after introducing the same system I had adopted at other stations, the sick were reduced from one hundred to ten, and all complaints ceased."³⁹

The role of the superintendent and overseers is obviously crucial in the health of convicts. Syme increased the men's rations:

"I think my first month's report said I have given every man out of his allowance of rations four ounces of food per diem, (and a pint of good warm soup) more than they ever had on the station before - the visiting magistrate was so forcibly struck at the change of the gang, that he sent the Superintendent of the Mines to me for instruction. I also went to the Mines Station to assist him."⁴⁰

At the Coal Mines, William Derricourt (the pseudonym for an unidentified ex-convict) had to fight for the right for his share of rations:

"When (the meal)...was ready one man stood up with his back to the table, and another, tapping each successive lot of victuals with his knife, asked 'Who shall have this?' If there was a particularly bony portion, the auctioneer would strike the bone smartly with the knife, and then he always got from his assistant the answer, 'New Chum'. Because of my well-known

³⁸ Jeffries, *A Burglar's Life*, p.110.

³⁹ J. Syme, *Nine Years in Van Diemen's Land* ..

⁴⁰ Syme, *op. cit.*.

skill with my fists, I, however, soon escaped from being put upon in this way...When the commissary boats came from the Sounds with rations, I always volunteered (to carry stores). In carrying meat, I, being strong as a horse, would reach...the embankment first...Should there be a bit of meat to be screwed off, off it came, and the same with flour when I could manage to get any by sticking my fingers into the bottoms of the bags. Raw potatoes, too, were heartily devoured. The only way to get anything without detection was to bolt it immediately."⁴¹

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⁴¹ William Derricourt op. cit..

Sexually Transmitted Diseases

"This Horrid Crime"

The existence of "un-natural crime" caused consternation amongst officials – and eventually the public in the UK and Van Diemen's Land - as knowledge of the existence of sexually transmitted diseases became publicly known during the 1840's.

Although reported in 1838, the prevalence of homosexuality disappears in the medical reports.⁴² However, in 1846 concern for the existence of "le vice anglais" reappeared, with the Comptroller-general admitting its existence at all peninsula penal stations, particularly at the Coal Mines, where "there was sufficient evidence of the crime prevailing to a greater extent than at any other station"⁴³

Doctors were expected to report on the prevalence of the disease and thus the "crime" involved. Additional solitary cells, extra lighting in wards and closer supervision were designed to lessen homosexual practices. Invalids were especially suspect, Wedge Bay and other invalid depots being particularly "fruitful in crimes of the kind...generated by idleness...."

The end of coal-mining by the government in 1848, and the lease of the Mines to private tender were on "moral and economic grounds." Moral supervision had interfered with economic productivity of the Coal Mines⁴⁴

Gonorrhoea also existed at Port Arthur, as in 1843 the Principal Medical Officer complained of John Dent ("*Royal George*") having recently arrived in Hobart with a "venereal affliction that give rise to suspicion of a most disgusting cause". The P.M.O. believed that an inspection of "all convicts of the station with a view to detect such diseases."⁴⁵

Booth punished "2 or 3 (Pt. Puer) boys for horrid crimes" in 1836.⁴⁶ Further concern over "a certain very revolting offence" being a "frequent occurrence at Pt. Puer", although denied, resulted in an attempt to appoint free, rather than convict, overseers.⁴⁷

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⁴² CO50/1838.

⁴³ B.P.P. Transportation Vol. 7 C.G.-Lt. Gov. 14.3.1846.

⁴⁴ CO280/228/565 Lt. Gov.-Sec/State - 3.6.48 in Brand, Penal Peninsula, p.91.

⁴⁵ MM Tas. Papers 137 - 4.5.1843 PMO-Command..

⁴⁶ Heard, Booth Journal p. 202.

⁴⁷ Executive Council, 4/5, 28.9.1837. Minute No. 5.

The Last Years at Port Arthur

An Old Men' Home

By 1871, Dr J. Dinham the resident Medical Officer explained that:

"At the present time, Port Arthur is little else than a large hospital and infirmary, the number of able bodied men being merely nominal."⁴⁸

The committed population at Port Arthur consisted of:

58 convicts
 118 paupers
 56 paupers in hospital
85 lunatics
 317

That is, only 19% of inmates were "convicts".

The settlement's new role meant changed medical approaches, capable of dealing with a geriatric and insane population, as the 1867 diet indicates. Drs J. Dinham and Eugene McCarthy, were critical of the effects of the Model or Separate Prison, based on a system of silence and separation, on its aging inmates.⁴⁹

Therapy or Punishment?

McCarthy clashed with the last civil commandant of Port Arthur, A.H. Boyd, over the medical treatment of patients. McCarthy was criticized for allowing lunatics and invalids recreational activity such as wood-gathering and fishing, which he regarded as therapeutic.

Boyd deplored his action in allowing two lunatics (both ex-convicts), to fish for 2 or 3 hours unsupervised in a boat off Pt. Puer. McCarthy wrote to the colonial secretary:

"I cannot allow the civil commandant to dictate to me how the patients are to be employed. They are confided to my care and I know what is best for them."⁵⁰

Boyd stressed the danger presented by the two lunatics by detailing their convict histories. The pair were Peter Gibbons (per "*Orator*", 10 years Life) and William Woolley (per "*Pensongee Bomongee*", 14 years). Boyd particularly stressed Gibbon's conviction for horse-stealing at Oatlands in 1848, for which he received a life sentence, i.e. 23 years earlier.

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⁴⁸ CSD 7/22/93, Brand Vol. 14.

⁴⁹ *ibid.*

⁵⁰ *ibid.*

The Model Prison; an Insane Device

Shortly after McCarthy's arrival at Port Arthur, Boyd had complained of his being "totally unaccustomed to the discipline absolutely necessary in such an Establishment as Port Arthur." Boyd believed McCarthy would "adopt the same course as his predecessor."

The commandant continued,

"He appears to me to be of the opinion that it is not advisable that men should be retained in the Separate Prison for any length of time."⁵¹

McCarthy queried the physical size of the cells and declared half the inmates to be rheumatic and the other half consumptive. Dinham had appalled Boyd by releasing six convicts from the Separate Prison on medical grounds, an approach which was followed by McCarthy. He insisted that a prisoner, Foster, be removed from the Separate Prison and "employed on outdoor labour on medical grounds" (Boyd's under-lining stresses his incredulity.) For his part, McCarthy emphasized his ability to live harmoniously with his supervisors, as he had done for 5 years with Dr Button (at New Norfolk), and felt that Boyd;

"...expends his entire genius for annoyance upon me..."⁵²

No study of the effects of isolation on prisoners at Port Arthur has been undertaken. The English experience was that prisoners on release were disoriented, unable to cope with noise, suffering hallucinations, with some being committed to insane asylums for varying times - some permanently.

At the time Tasmania's Model Prison was being constructed in the 1850s, Britain was doing away with separate chapel stalls, solitary exercise stalls and masks.⁵³ When Marcus Clarke visited Port Arthur in 1870, he inspected the model or separate prison, where "an absolute silence reigns in this monument of official stupidity."⁵⁴ Here, in white-washed corridors, the warders wore slippers to deepen the silence of solitary confinement. Clarke's Port Arthur guide commented that, with 12 months solitary, a prisoner "becomes weak in the mind."⁵⁵

Mayhew and Binny, contemporary observers in London, thought Pentonville produced "upwards of ten times more lunatics than should be the case according to the normal rate."⁵⁶ The Pentonville authorities in Britain, on recognizing the detrimental effects of solitary treatment on mental health, relaxed punishment. Isolation time was halved, brisk exercise and fresh air became mandatory.⁵⁷

Finding - and keeping - suitable staff was a problem, with many being dismissed for incompetence, and drunkenness.⁵⁸ By 1875, twenty years after its construction only 3 or 4

⁵¹ *ibid.*

⁵² *ibid.*

⁵³ Ignatief, p.199-200.

⁵⁴ Wannan (ed.) *A Marcus Clark Reader* pp.137-48.

⁵⁵ *ibid.*

⁵⁶ Mayhew & Binny, "The Criminal Prisons of London" London, 1862, in Evans, "The Fabrication of Virtue"..

⁵⁷ . Mayhew & Binny, *Criminal Prisons of London* pp.168-70.

⁵⁸ CSD 7/48/953 Dec. 1874..

inmates were housed, although the Chaplain still read prayers and preached on Sundays, as if to a full congregation.⁵⁹

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⁵⁹ RS 24/1(2) p.233. Glover Papers Vol. 3..

Lunatic Asylum

Completed in 1867, the new asylum's construction coincides with the new diet introduced the same year. Built to house 100 inmates, when Anthony Trollope visited in 1873, 89 lunatics were resident, 4 of whom were under sentence.⁶⁰ In 1869, the whole of the paupers and lunatics (with one exception) had been prisoners.⁶¹ They seemed to Marcus Clarke unlike other insane, without any "pleasurable emotions." Instead, they either "cowered or crawled like whipped fox-hounds to the feet of their keepers, and or raged, howling blasphemous and hideous imprecations upon their gaolers."⁶² At the time of closure, 79 patients were housed, although not treated as such, but merely kept. Their only amusement being draughts and dominoes, but without outdoor games.⁶³

The severely insane were housed in a wing of the Model Prison, and allowed exercise in an adjacent fenced yard. Violent patients were given exercise in a small circular palisade outside the walls of the prison. The yard is referred to as "Quigley's Cage", a name deriving from one of its regular users.⁶⁴

When the Port Arthur Asylum closed in 1877, the last of convict settlements still funded by the Imperial government ended. Inmates were transferred to Cascades, Hobart, the original Cascade Female Factory.⁶⁵ In the final 3 years of settlement, the conflict between Medical Officer and Port Arthur commandant could not occur; Superintendent Coverdale was also the station doctor.

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⁶⁰ Trollope op. cit..

⁶¹ CO280/376/1971 - 1.2.1869 Brand Vol. 3..

⁶² Clarke, op. cit..

⁶³ C.1875-7 Port Arthur in its Last Days - RS 24/1(2) Glover Papers Vol. 3..

⁶⁴ Tasmania Papers 315. p.297, June 1866-7, Glover Papers, Vol. 3..

⁶⁵ Brown, Poverty is Not a Crime, p.86..

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State Archives. These were also referred to on a number of occasions.

List of Appendices

1. Commandant to Colonial Secretary, Discussion re Deaths & diseases 1836 ⁶⁶
2. Return of Diseases etc (as per document) ⁶⁷
3. Comments on most prevalent Diseases. Dr Phillip Thompson, M.D. Nubeena.
4. Ration Scales, Port Arthur, 1836. ⁶⁸
5. Boys Rations at Point Puer, 1836. ⁶⁹
6. Analysis of Death Records for Port Arthur, 1848-50.
7. Adequacy of Diets - comments by Dr Phillip Thomson (M.B.R.S., F.R.A.C.G.P.) Nubeena.
8. Port Arthur Doctors - 1830-1877. List Compiled by Peter MacFie
9. Doctors and Surgeons at Port Arthur 1830-1877
10. "Dining at Pentridge 1984", ⁷⁰

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⁶⁶ CSO1/869/18399, 27/8/1836.

⁶⁷ CSO1/869/18399.

⁶⁸ CSO1/869/18399.

⁶⁹ CSO1/807/17244.

⁷⁰ 1.c.1978, W. Australian 26/5/84.

Appendix 1: Letter from Commandant

Discussion regarding deaths and diseases 1836

Letter from Commandant Port Arthur to Colonial Secretary.⁷¹

I do myself the honour to acknowledge the receipt of your note of the 17th instant, relative to the statistical return forwarded on the 8th and requesting further elucidation on the following heads or points as connected with the returns in question; I do myself the pleasure to place the explanation in juxtaposition with the query and which I trust will give every satisfaction.

1st With regard to the deaths, are those which take place at Point Puer exclusive of those at Port Arthur? or are the same casualties stated twice?

1st In the return of "disciplinary treatment," and "deaths" at folios from 'R1 to 1T1, and in the proprot table of "Deaths," at folio ' U 1 , all such casualties are indiscriminately enumerated. The deaths which appear at folio 5, Point Puer return, are merely placed there to show the extent of mortality amongst the boys; and , consequently under such circumstances are stated twice.

2nd What is the number of convicts sent down in each year who have been previously at the settlement?

2nd

1830	-
1831	1
1832	2
1833	8
1834	26
1835	45

3rd Does the Medical Officer attribute the decrease of disease in 1834, and 1835, particularly scorbutus and some others to the introduction of vegetables ? and to what does he consider the increase of Dysentery attributable?

3rd The Medical Officer, does attribute the decrease of scorbutus, wholly to the addition of vegetables to the former rations. Dysentery does not at all times admit of being traced to its exciting cause; occurring at times epidemically at the period in question, there was much exposure to cold, and damp, in consequence of the extensive logging carried on in the water ; which no doubt conduced powerfully to produce this disease .

Query 3rd, having been referred to the Medical Officer, the remarks opposite are verbatim his explanation; I have the pleasure at the same time to add an extract for His Excellency's further information from the return of cases treated in the half year ending June 1836; of the two diseases alluded to, viz. dysentria and scorbutus, by which it appears, that, the decrease,

⁷¹ 27 /8/1836 TSA/CSOI/869/18399

up to that period (and the winter almost over") is proportionately greater than the increase for 1835

Dysentery - 29

Scorbutus - 5

and, up to the same period only four deaths have occurred; the prisoner population ranging as high as 1168 . I have every reason to believe that the cause attributed by the Medical Officer to the number of cases of dysentery in 1835, must have probably proceeded from the logging work that was carried on in the water that season; as on reference to the daily work book there has been little comparatively of similar employment, during the present year. I trust the above will be found sufficient explanatory relative to so a conspicuous portion of the general return.

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Appendix 2: Medical Returns by Year – Diseases & Deaths

Return of diseases and showing the number of cases treated in His Majesty's colonial Hospital, (Port Arthur) from 9TH September 1830, to the 31ST December 1835 inclusively.⁷²

Notes	Diseases	1830		1831		1832		1833		1834		1835	
		Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths
	Abscefsus	7	-	45	-	25	-	31	-	6	-	26	-
	Ambustio	-	-	15	-	2	-	22	-	7	-	5	-
	Amputatio	-	-	-	-	1	-	-	-	5	-	8	-
	Anasarca	-	-	4	-	-	-	2	-	7	1	11	1
	Apthoe	-	-	-	-	-	-	-	-	-	-	2	-
	Apoplexia	-	-	-	-	-	-	-	-	1	1	3	-
	Ascarides	-	-	-	-	-	-	-	-	-	-	2	-
	Asthma	1	-	-	-	-	-	15	-	-	-	-	-
	Aneurisma	-	-	-	-	-	-	1	-	-	-	-	-
	Abrasio	-	-	-	-	-	-	8	-	39	-	-	-
	Bronchitis	-	-	-	-	-	-	-	-	19	-	25	1
	Carditis	-	-	2	-	-	-	-	-	-	-	8	-
	Catarrhus	4	-	110	-	44	-	184	-	161	-	38	-
	Cephalalgia	-	-	20	-	24	-	27	1	111	-	185	-
	Cerebritis	-	-	-	-	-	-	1	1	1	1	4	3
	Colica	1	-	7	-	7	-	22	-	12	-	56	-
	Contusio	3	-	51	-	33	-	98	-	283	-	64	-
	Cynanche	-	-	6	-	3	-	31	-	35	-	9	-
	Cystitis	-	-	-	-	-	-	2	-	2	-	1	-
	Caries	-	-	-	-	-	-	-	-	2	-	-	-
	Cholera	-	-	-	-	-	-	-	-	16	-	-	-
	Debilitas	-	-	-	-	-	-	13	-	30	2	60	-
	Diarrhoea	6	-	13	-	45	-	232	-	386	-	289	-
	Dysenteria	2	-	40	-	20	-	93	-	24	7	135	9
	Dyspepsia	2	-	9	-	1	-	32	2	34	-	27	-
	Dysuria	1	-	-	-	-	-	-	-	6	-	6	-
	Dentito	1	-	-	-	-	-	-	-	-	-	-	-
	Empyema	-	-	-	-	-	-	-	-	-	-	2	2
	Enteritis	1	-	3	-	-	-	-	-	2	-	9	-
	Carried over	29	-	325	-	205	-	814	4	1297	12	975	16

⁷² CSO/869/18399

Notes	Diseases	1830		1831		1832		1833		1834		1835	
		Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths
	Brought over	29	-	325	-	205	-	814	4	1297	12	975	16
	Epilepsia	-	-	-	-	-	-	15	-	12	-	5	-
	Eruptio	-	-	-	-	13	-	34	-	52	-	14	-
	Ervsipelas	-	-	1	-	-	-	4	-	13	-	21	-
	Epistaxis	-	-	-	-	-	-	-	-	2	-	3	-
	Febis	4	-	15	-	8	-	29	-	54	2	122	3
	Fistula	-	-	-	-	-	-	2	-	7	-	1	-
	Fracture	-	-	2	-	-	-	2	-	14	3	7	1
	Furunculus	-	-	-	-	-	-	123	-	69	-	35	-
	Gastrodynia	-	-	-	-	-	-	-	-	-	-	6	-
	Gastritis	-	-	1	-	-	-	9	-	21	2	25	2
	Gastro-enteritis	-	-	-	-	-	-	-	-	-	-	9	3
	Gonorrhoea	-	-	-	-	-	-	6	-	6	-	2	-
	Hernia	-	-	2	-	2	-	9	-	16	-	9	-
	Hepatalgia	-	-	-	-	-	-	-	-	-	-	2	-
	Hepatitis	-	-	1	-	-	-	3	-	10	2	8	-
	Hoemorrhoids	-	-	2	-	-	-	22	-	28	-	10	-
	Hoemontyvis	-	-	-	-	-	-	10	-	6	-	5	2
	Herpes	1	-	-	-	-	-	12	-	-	-	-	-
	Hydrocele	-	-	-	-	-	-	3	-	11	-	-	-
	Icterus	-	-	-	-	-	-	-	-	-	-	7	-
	Insanitas	-	-	-	-	-	-	-	-	7	-	1	-
	Impetigo	-	-	-	-	-	-	-	-	-	-	1	-
	Ileus	-	-	-	-	-	-	-	-	-	-	5	-
	Ischuria	-	-	-	-	-	-	-	-	-	-	3	-
	Larvngitis	-	-	-	-	-	-	-	-	-	-	5	-
	Norbis Cords	-	-	-	-	-	-	4	1	9	-	18	-
	Neuralgia	-	-	-	-	-	-	-	-	-	-	1	-
	Nephritis	-	-	-	-	-	-	-	-	-	-	2	-
	Obstipatio	6	-	43	-	16	-	123	-	224	-	139	-
	Odontalgia	2	-	13	-	3	-	50	-	41	-	37	-
	Oedema	-	-	-	-	-	-	-	-	-	-	-	-
	Ophthalmia	-	-	-	-	-	-	-	-	-	-	-	-
	Otitis	-	-	-	-	-	-	-	-	-	-	-	-
	Paralysis	-	-	-	-	-	-	-	-	-	-	-	-
	Carried over	43	-	408	-	425	-	1320	5	1977	21	1550	27

Notes	Diseases	1830		1831		1832		1833		1834		1835	
		Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths	Cases treated	Deaths
	Brought over	43	-	408	-	425	-	1320	5	1977	21	1550	27
	Palpitatio	-	-	-	-	-	-	15	-	4	-	3	-
	Paronychia	-	-	2	-	-	-	23	-	18	-	39	-
	Partus	-	-	-	-	-	-	1	-	2	-	8	-
	Pedicute	-	-	-	-	-	-	-	-	5	-	3	-
	Pernio	-	-	-	-	-	-	-	-	-	-	12	-
	Pericarditis	-	-	-	-	-	-	-	-	-	-	2	1
	Peritonitis	-	-	-	-	-	-	-	-	1	1	7	1
	Phrenitis	-	-	-	-	-	-	-	-	2	2	2	-
	Phlegmon	7	-	46	-	24	-	-	-	102	-	81	-
	Phymosis	-	-	-	-	-	-	-	-	-	-	1	-
	Pleuritis	-	-	-	-	-	-	5	-	30	-	25	-
	Pluerodynia	-	-	-	-	-	-	-	-	-	-	4	-
	Plethora	-	-	-	-	-	-	-	-	-	-	-	1
	Pneumonia	-	-	20	-	-	-	13	-	27	1	5	2
	Punitas	1	-	-	-	-	-	55	-	46	-	23	-
	Phthisis	-	-	-	-	-	-	-	-	1	1	-	-
	Rheumatismus	-	-	16	-	5	-	126	-	207	-	79	2
	Rubeola	-	-	-	-	-	-	-	-	-	-	1	-
	Scabies	-	-	10	-	-	-	1	-	3	-	2	-
	Scorbutus	7	-	203	-	46	-	321	-	412	-	26	-
	Stricture	-	-	-	-	-	-	17	-	22	-	10	-
	Sublaxio	1	-	13	-	10	-	88	-	17	-	9	-
	Struma	-	-	-	-	-	-	-	-	-	-	2	-
	Testitis	-	-	1	-	1	-	10	-	7	-	5	-
	Tumor	-	-	-	-	-	-	-	-	8	-	-	-
	Ulcus	3	-	55	-	25	-	32	-	32	-	47	-
	Urticaria	-	-	-	-	-	-	-	-	-	-	4	-
	Varix	-	-	-	-	-	-	1	-	5	-	2	-
	Vermes	1	-	4	-	2	-	22	-	43	-	18	-
	Vertigo	-	-	12	-	29	-	103	-	13	-	11	-
	Vulnus	6	-	42	-	20	-	84	2	83	-	58	1
	Total	69	-	832	-	408	-	2235	7	3067	27	2040	34

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Number of Deaths in Each Year and Proportion to Total Number

	Year	Deaths	Proportions (approx..)	Remarks
	1830	-	-	
	1831	-	-	
	1832	4*	1 in 69	* Four men drowned while out with a boat on the Harbour
	1833	7	1 in 68	
	1834	27	1 in 27	
	1835	34	1 in 27	

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Appendix 3: Disease Prevalence

Comments on the most prevalent diseases recorded in the report of the Commandant to the Colonial Secretary, by Dr Philip Thomson in 1987, GP at Nubeena, Tasman Peninsula.

ILLNESS (LATIN)	Illness (current)	DESCRIPTION	COMMENT
Abscefsus	abscess	Infected wound/sore characterised by a collection of pus. *High incidence in 1831 & 33	Possibly symptomatic of another condition. In some cases diet/hygiene related. High incidence in 1831 & 33 may have been related to transportation conditions e.g. ship sores, scurvy etc. Common 'malingerers' complaint.
Abrasio	abrasions	Graze; laceration *High incidence in 1834.	More than likely work related and reflective of standard of safety precautions e.g. stone cutting, timber getters etc. Another 'malingerers' complaint, however as with abscesses the healing process could have been prolonged by deficiencies in diet e.g. anaemia; B12.
Catarrhus	Common cold; Influenza;	Characterised by nasal discharge or inflammation of mucous membrane. Decrease in 1832 & 1835.	Related to weather and/or living conditions e.g. dampness, draught etc. Being highly contagious its general high incidence is not surprising.
Cephalalgia Cerebritis	Headache Meningitis?	*Incidence proportional to population increase	Symptomatic of another illness. Malignerers complaint. Related to a variety of other factors e.g. sunstroke, intense cold, tension.
Colica	Colic	Abdominal pain - could also have been Gastro Enteritis or Appendicitis, Gastric upset. *H.I. in 1834.	If not symptomatic of another illness it was definitely diet related. The high starch content and lack of fibre in convict diet could have caused gastric complaints. Hygiene i.e. lack of, & water could have also contributed to the condition. Another 'malingerers' complaint.
Hoemorrhois	Haemorrhoids	Bleeding or Haemorrhoids?? *Incidence in 1833 & 34.	If haemorrhoids, this could reflect a lack of fibre in diet, especially if notable decrease in 1835 after the addition of market gardens.

Obstipatio	Obstruction	Constipation?? *Overall H.I but especially in 1834.	Although illness not clearly defined the condition can be seen as a diet related and perhaps also connected to haemorrhoids. The complaint however could be easily malingered and made to reoccur after treatment.
Odontalgia	Toothache	Incidence not extreme	Very few references made to dentistry within the settlement. Could be connected with headaches.
Orthalmia	Ophthalmia	Inflammation of the eye, e.g. Conjunctivitis *Proportional.to.population,	Common malingerers complaint because eyes could be easily tampered with.
Paronychia	Paronychia	Fingernail infection. *Incidence not high but its existence is worth noting.	Work related condition especially concerning those convicts involved in heavy manual labour e.g. stone cutting, timber getting etc in which repeated activity could delay healing.
Phlegmon	Phlegm	fluid secreted by mucous membranes especially in throat or chest	Symptom of influenza or catarrhus. however the degree of severity would be greatly varied.
Punitas	Punishment	Having been punished "Noted in 1833/34 & ' 35	
Rheumatismus	Rheumatism	Painful joints, *Especially significant in 1833 & 1834	Has no single cause. Rheumatism can be related to such things as work, old age, venereal disease, trauma, psychosomatics.
Scorbutus	Scorbutus	Scurvy. Disease of malnutrition caused by deficiency of fresh vegetables and fruit. Bleeding mouth & gums. Sores. General malaise.	The most prevalent diet related illness to affect the settlement which was not remedied until after the establishment of vegetable gardens.
Subluxatio		Dislocation of joints *significant in 1833.	Work related condition
Ulcus	Ulcers	Open sore on skin or mucous membrane discharging pus. No distinction between internal and external ulcers. *H.I., in 1831.	Could be related to vitamin deficiency or hygiene and hence be symptomatic of another condition e.g. scurvy. High incidence could be related to transportation i.e. ship voyage.
Vermes	Worms	*Incidence not high but its presence is significant.	Diet related condition.

Vertigo	Vertigo	Giddiness possibly caused by infection of the middle ear or in rare cases low/ high blood pressure. *H.I.in 1833.	A very common malingerers complaint because difficult to accurately assess.
Vulnus	Wounds	Wound or wounded	Wounds could be caused by or related to a wide variety of factors.

Comments on return of diseases (Appendix 3) by Dr Philip Thomson

A number of further comments should be made in conjunction with the report on convict diseases which has been included in the appendix.

1. The diseases referred to may be falsely represented by way of "malingering", a common practice among convicts to delay or avoid work. 'Ophthalmia, and/or malingering by tampering with the eyes and hence raising the issue of self-induced illness was one area of conflict for doctors. (See later)
2. There is no indication of the severity of conditions nor whether cases treated included repeated treatments.
3. Deaths are recorded but only those which occurred in the hospital.
4. Contemporary interpretation and diagnoses of diseases may differ largely from those recorded.
5. Generalisations may have occurred during the recording of illnesses.
6. There is the issue of professional reputation of the Acting Surgeons being brought under question by increases in illnesses.

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Appendix 4: Rations

Ration Scales at Port Arthur in 1836⁷³

	- No. 2 Scale -		Appropriation
18/16 lbs:	Flour 12 Per Cent	Breakfast	½ lb Bread
1 "	Fresh or Salt meat, or 10 oz: Salt Pork		½ pints gruel made with 2/16 of flour
1 "	Green Vegetables or ½ lb. Potatoes.		1 pint of tea
1 oz	Tea		
2/7 oz.	Sugar	Dinner	½ lb Bread
½ oz	Soap		12/16 S:Beef or 6 oz. S: Pork
1/49 Quart	Vinegar, when Vegetables are not issued.		1½ pints soup made with 2/16 Salt Beef (or Salt Pork) with the whole of the vegetables and 2/10 flour
½ oz	Salt		
	Note: When Fresh Meat is issued the soup is made from the whole allowance.	Supper	1½ pints gruel ½ lb bread 1 pint of tea

Note: No. 2 Scale - Issued to Convicts who are placed in situations of trust such as Clerks, Overseers , Watchmen etc,, etc., etc . ,

	- No 3 Scale -		Appropriation
18/16 lbs:	Flour 12 Per Cent	Breakfast	½ pints gruel made with 2oz flour and sweetened with ½ oz sugar
1 "	Fresh or Salt Meat, or 10 oz: Salt Pork		½ lb bread
1 "	Green Vegetables or ½ lb. Potatoes.		
1 oz.	Sugar	Dinner	Same as No. 2 scale
½ oz	Soap		
½ oz	Salt	Supper	Same as breakfast
1/49 Quart	Vinegar, when Vegetables are not issued.		

Note: No. 3 Scale - Issued to Convicts on Probation.

⁷³ TSA CSOI/869/18399 8/8/1836, in Brand Papers Vol.5.

	- No 4 Scale -		Appropriation
18/16 lbs:	Flour 12 Per Cent	Breakfast	½ pints gruel made with 2/16 flour
1 "	Fresh or Salt Meat, or 10 oz: Salt Pork		½ lb bread
1 "	Green Vegetables or ½ lb. Potatoes.		
½ oz	Soap	Dinner	Same as No. 2 and No. 3 scale
½ oz	Salt		
1/49 Quart	Vinegar, when Vegetables are not issued.	Supper	Same as breakfast

Note: No. 4 Scale - Issued to Convicts in Punishment Gangs

	- No 5 Scale -		Appropriation
18/16 lbs:	Flour 12 Per Cent	Food for day	1 lb bread
½ oz	Soap		
½ oz	Salt		

Note: No. 5 Scale - Issued to Convicts, sentenced to Solitary Confinement by the Police Magistrate on the Settlement.

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Appendix 5: Boys Rations at Point Puer.

The daily ration for the boys at Point Puer, undated, 1836⁷⁴

1 5/16 lbs flour 12 p cent **or** 1 lb flour and ¼ pint of oatmeal.

1 lb fresh meat **or** ¾ lbs salt beef and ¾ lbs flour **or** ¾ lb salt pork and ½ pint pease.

1/14 pint of vinegar.

1 lb vegetables

½ oz. salt

½ oz. soap

1 oz, sugar .

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⁷⁴ TSA/CSO1/807/172Ak

Appendix 6: Deaths at Port Arthur

Death Record for Port Arthur District: 1848-1850

Year	Month	Age	Occupation	Illness
1848	July	73	Labourer	Dropsy
1848	July	64	Thoem	Paralysis
1848	July	73	Labourer	Paralysis
1848	July	77	Labourer	Paralysis
1848	August	71	Labourer	Paralysis
1848	August	47	Labourer	Phthisis Pulmonatis
1848	December	88	Stone Cutter	Chronic Catarrh
1849	June	67	Labourer	Phthisis Pulmonatis
1849	August	82	Labourer	Phthisis Pulmonatis
1849	August	75	Labourer	Consumption
1849	*October	64	Cloth weaver	Jaundice
1849	*October	56	Wheelwright	Heart disease
1849	November	61	Tailor	Dysentery
1849	November	55	Labourer	Paralysis
1849	November	80	Labourer	Debility
1849	November	51	Labourer	Paralysis
1849	December	69	Labourer	Chronic Catarrh
1850	January	65	Labourer	Paralysis
1850	January	66	Weaver	Chronic Bronchitis
1850	June	80	Labourer	Catarrhus
1850	August	88	Bricklayer	Chronic Catarrh
1850	September	76	Carpenter	Chronic Catarrh
1850	September	50	Labourer	Dyspepsia
1850	September	44	Lawyer	Chronic Catarrh
1850	September	51	Labourer	Consumption
1850	November	31	Labourer	Paralysis
1850	November	62	Carpenter	Paralysis
1850	November	55	Carpenter	Apoplexy

* The change to Government kept records resulted in the recording of 'cause of death' which gives clearer indication of the types of illness which were (a) prevalent and (b) fatal

* The death records however give no indication of convict class in that each death noted 'occupation' but not status.

* The obvious deaths of free settlers/military etc. have been removed

* Convict or Free

Summary of the 30 deaths from 1848 to 1850:

- 9 Paralysis
- 6 Catarrhus
- 3 Phthisis Pulmonatus
- 2 Consumption
- 1 Dropsy
- 1 Dyspepsia
- 1 Apoplexy
- 1 Debility
- 1 Heart disease
- 1 Jaundice
- 1 Chronic Bronchitis
- 1 Dysentery

Only three of these men were under 50 years old, so old age was also a significant factor in their deaths.

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Appendix 7: Adequacy of Diets

Comments of Dr. Phillip Thomson (M.B.R.S., F.R.A.C.G.P.) Nubeena, 20/3/1985

I cannot make any knowledgeable assessment of the diets.

No. 5 Scale is certainly inadequate - proof given by the descriptions of convicts coming out of solitary.

No. 4 is only less 1 oz. sugar from No. 3 - so there is little difference.

And No. 2 as you see has a little more sugar & the addition of tea. I gather the appropriation would have made the difference - as they say, so much of a cook's skill is in the presentation of food.

I am inclined to disagree with comments I have read that the convicts were "adequately" fed. Nutritional value as you know is dependent on cooking as well as freshness of food, quality and quantity. My impression is that convicts often would have had poor nutrition from their diet. I am sure you have noted the relatively high prevalence of scurvy.

Apthoe; mouth ulcers

Debilitas; state of weakness (many causes) - include malnutrition

Febis (probably - Febris) : fever (numerous causes, some would be infectious diseases)

Hoemorrhois (probably = Haemorrhoid) : piles

Partus ; childbirth (female convicts of course)

Following not known: ' <

Ambustio

Cynanche (possibly Cyanosis) : blue colouration of skin & mucous membranes.

Neutito

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Appendix 8: The Doctors

Doctors and Surgeons at Port Arthur 1830-1877

Compiled by

Peter MacFie Historian October, 1985

PORT ARTHUR DOCTORS 1830-1877

RUSSELL, Dr John, Surgeon, 63rd Regiment September 1830-May 1831. First Port Arthur Commandant.

HARRINGTON, Henry Turner, Acting Surgeon, overseer hospital 1 March 1831.

CONSTANTINI, Charles Henry Theodore, (Convict) Hospital Superintendent and Assistant Surgeon, December 1831 - April 1832 (later, colonial artist.)

BROWNELL, Dr Thomas Coke, Colonial Assistant Surgeon, October 1832 - March 1833.

MACBRAIRE, Dr John, Colonial Assistant Surgeon, 10 April 1833 - January 1834.

CASEY, Dr Cornelius Gavin, Colonial Assistant Surgeon, 1835-1837 (Grandfather of Lord Casey, Australian Governor-General see Australian Dictionary of Biography, and Casey, Australian Father & Son)

BENSON, Dr William, Colonial Assistant Surgeon, November 1837 - 31 December 1840. (1848, Colonial Surgeon, Tasman Peninsula)

BROWNELL, Dr Thomas Coke, Colonial Assistant Surgeon, December 1840 - February 1843.

(1) BROCK, Dr Frederick George, Colonial Surgeon, March - October 1843.

EVERETT, Dr George, Colonial Assistant Surgeon, 15 November 1843, January 1846. (1852 Saltwater River, Tasman Peninsula).

BLYTH, Dr Robert, Colonial Assistant Surgeon, 20 March 1847.

DERMER, Dr. William, Colonial Assistant Surgeon, February 1845 - February 1847.

GRAHAM, Dr H., Colonial Surgeon, 11 March 1847 - January 1848.

BROCK, Dr F.G., Colonial Assistant Surgeon, June 1848 - November 1853.

BROWNELL, Dr T.C., Colonial Assistant Surgeon, 1853-1858.

SECCOMBE, Dr William, Colonial Assistant Surgeon, 1857-1860. Senior Medical Officer 1860-1864 (1851-57, Impression Bay Invalid Station, Tasman Peninsula).

(3) BROCK, Dr F.G., Colonial Assistant Surgeon, July - December 1859.

ECKFORD, Dr James, Junior Medical Officer, January 1859 - December 1864. (Also Impression Bay Invalid Station, May 1849 - May 1857).

DINHAM, Dr George Joseph, Junior Medical Officer, January 1864 - November 1865. Senior Medical Officer 16 June 1866 - 13 June 1871.

MCCARTHY, Dr Eugene C., Senior Medical Officer, June 1871 - February 1874.

COVERDALE, Dr John, Medical Officer February 1874 (and Commandant until closure of Port Arthur, 17 September 1877).

*The above staff served at other Tasmanian hospitals belonging to the penal establishment.

EWING, Dr Robert, Colonial Assistant Surgeon, Coal Mines, Tasman Peninsula, 1 July 1841.
Dismissed Flinders Bay Probation Station, Forestier Peninsula, November 1842.

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Appendix 9: Dining at Pentridge

The menu for prisoners at Pentridge Gaol, Melbourne in 1984.⁷⁵

Breakfasts		Once a month – two eggs Twice a week Weeties or Weetbix Every other day porridge, bread and black tea Only enough sugar and condensed milk are supplied for either the porridge or the tea. Fresh milk not available.
Monday	lunch tea	Cold meat, mashed potato, cabbage, bun Meatballs, mashed potato, cabbage, bun
Tuesday	lunch tea	Stew, mashed potato, bun 1 sausage, 1 chop, mashed potato, cabbage or pumpkin, bun, 2 yeast buns
Wednesday	lunch tea	Same as Monday – sometimes sweets Potato pie, pumpkin, bun
Thursday	lunch tea	Same as Monday – sometimes spaghetti Meat pie and sauce, mashed potato, bun
Friday	lunch tea	Fish, peas, mashed potato, bun Same as Wednesday
Saturday	lunch tea	Stew, mashed potato, bun. Sometimes a soup 2 sausages, mashed potato, pumpkin or cabbage, bun
Sunday	lunch tea	3 cocktail frankfurts and sauce, mashed potato, macaroni or spaghetti, bun Cold meat, roast potato, gravy, cabbage or pumpkin, bun, sweets
		Two apples, two oranges and 250 grams of butter are issued each week

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⁷⁵ West Australian 26-27 May 1984

Index

abrasio.....	28, 32	Button, Dr ?.....	21
abrasions.....	12, 32	cabbage.....	9, 11, 43
abscefsus.....	28, 32	carditis.....	28
abscess.....	32	caries.....	28
abscesses.....	12, 32	carrots.....	9
ambustio.....	28, 40	Cascades.....	23
amputatio.....	28	Cascades Probation Station.....	14, 15
anasarca.....	28	Casey, Dr Cornelius Gavin.....	41
aneurisma.....	28	Casey, Dr Gavin.....	14
apoplex.....	38	Casey, Lord ?.....	41
apoplexia.....	28	Cash, Martin.....	11, 13, 15, 16, 17
apoplexy.....	39	catarrh	
apthoe.....	28, 40	chronic.....	38
Arthur, George (Lt Gov).....	8	catarrhus.....	28, 32, 38, 39
ascarides.....	28	cerebritis.....	28, 32
asthma.....	28	cheese.....	9, 10
Backhouse, James.....	8, 12	cholera.....	28
bacon.....	9	Clarke, Marcus.....	21, 23
barley.....	9	Coal Mines.....	14, 16, 17, 19, 42
beef		colds.....	12, 13, 26, 32
salt.....	11, 37	colic.....	12, 32
Benson, Dr William.....	14, 41	colica.....	28, 32
Binny, John.....	21	Constantine, CHT.....	6
black-market.....	17	Constantini, CHT.....	41
Blyth, Dr Robert.....	41	constipation.....	12, 33
Booth, Charles O'Hara.....	14, 19	consumption.....	21, 38, 39
Boyd, AH.....	20, 21	contusio.....	28
bread.....	4, 8, 9, 10, 11, 13, 35, 36, 43	contusions.....	12
bread and water.....	4, 8, 36	Courtenay, George.....	15, 16
Brock, Dr Frederick George.....	14, 15, 16, 41	Coverdale, Dr ?.....	23
bronchitis.....	28, 38	Coverdale, Dr John.....	42
chronic.....	38, 39	cynanche.....	28, 40
Brown, Joseph.....	6, 23	cystitis.....	28
Brownell, Dr Thomas Coke.....	14, 15, 41	deaths.....	10, 12, 14, 26, 27, 34, 38, 39
bun.....	43	debilitas.....	28, 40
Burns, David.....	10	debility.....	9, 12, 38, 39
Burrows, Samuel.....	12	Dent, John.....	19
butter.....	9, 43	dentito.....	28

Dermer, Dr William	41	gonorrhoea.....	19, 29
Derricourt, W.....	16, 17	Graham, Dr ?	12
diarrhoea	12, 28	Graham, Dr H.....	41
Dinham, Dr George Joseph.....	41	gruel.....	8, 35, 36
Dinham, Dr J.....	20, 21	haemorrhoids	32
dislocations	12	hallucinations	21
dropsy.....	38, 39	Harrington, Priscilla (Mrs HT)	6
drunkenness.....	21	Harrington, Dr Henry Turner	41
dysentery.....	27, 28	Harrington, HT	6
dysentery.....	8, 12, 26, 27, 38, 39	headache.....	9, 32
dysentria.....	<i>See</i> dysentery	headaches.....	12, 33
dyspepsia.....	12, 28, 38, 39	heart disease	38, 39
dysuria.....	28	hepatalgia.....	29
Eckford, Dr James	15, 41	hepatitis.....	29
eggs	9, 43	hernia.....	29
empyema.....	28	herpes	29
enteritis.....	28, 32	hoemoptysis.....	29
epilepsia.....	29	hoemorrhoids.....	29, 32, 40
epistaxis	29	homosexuality	19
eruptio.....	29	Horne, Benjamin	10
erysipelas.....	29	Huish, Dr H	15
Everett, Dr George	16, 41	Huston, Dr G	15
Ewing, Dr Robert.....	42	hydrocele.....	29
febis	29, 40	icterus	29
febris.....	40	ileus.....	29
fever	40	impetigo	29
fish.....	11	Impression Bay 14, 15, 41, <i>See</i> Premaydena	
fishing.....	8, 20	influenza.....	4, 13, 32, 33
fistula	29	insanitas.....	29
Flinders Bay Probation Station.....	42	insanity	23
flour.....	8, 17, 18, 35, 36, 37	ischuria	29
Foster, ?.....	21	jaundice	38, 39
fracture.....	29	Jeffries, Mark	17
Franklin, Sir John (Lt Gov).....	14	kangaroo.....	11
fruit.....	9, 17, 33	kangaroos.....	17
furunculus	29	lacerations	6, 15
gardening	8	laryngitis	29
gastritis	29	leeks	9
gastrodynia	29	legumes	9
gastro-enteritis.....	29	macaroni.....	43
Gibbons, Peter.....	20	MacBraith, Dr John	41

Mahon, ? (Commander)	8	Parkhurst Prison	10
malingering.....	15, 16, 34	paronychia	12, 30, 33
malnutrition	40	partus.....	30, 40
Maria Island	15	pea meal	9
Mayhew, Henry.....	21	peas	9, 37, 43
McCarthy, Dr Eugene.....	20, 21, 41	pedicute	30
McDonald, Dr ?	16	Pentonville	21
meat		Pentridge	43
cold	43	pericarditis	30
fresh.....	9, 35, 36, 37	peritonitis	30
salt	18, 35	pernio.....	30
medical dressings.....	6	phlegm.....	33
meningitis.....	32	phlegmon	30, 33
military		phrenitis	30
63rd Regiment	14	phthisis	30, 38, 39
milk	9, 43	phymosis	30
Mitchell, John.....	13	plethora	30
molasses.....	9	pleuritis	30
Muir, George.....	6	pluerodynia	30
Muir, Priscilla	See Harrington, Priscilla	pneumonia	30
(Mrs HT)		Point Puer.....	4, 10, 13, 14, 26, 37
mutton		pork	
salt	11	salt	37
nephritis.....	29	pork	
neuralgia.....	29	salt	11, 35
neutito.....	40	porridge.....	43
New Norfolk.....	16, 21	potatoes	8, 9, 18, 35, 36, 43
norbus cords	29	Premaydena),.....	17
Norfolk Island.....	16	Pt. Puer	19
Oatlands	20	Pugh, Dr William Russ.....	14
oatmeal	9, 37	pulmonary diseases.....	8
obstipatio.....	29, 33	pumpkin.....	43
odontalgia.....	29, 33	punishment.....	20, 33, 36
oedema	29	punitas.....	30, 33
ophthalmia	33	Quigley's Cage	23
ophthalmia	29, 34	rainfall	12, 13
otitis.....	29	rheumatism.....	12, 13, 21, 33
pain relief.....	6	rheumatismus.....	30, 33
Paine, ?.....	6	Ross, James.....	10
palpitatio	30	Royal Engineers	14
paralysis.....	29, 38, 39	rubeola.....	30

rum.....	17	subluxio	30
Russel, Dr John.....	41	sugar	8, 17, 35, 37, 40, 43
Russell, John.....	14	Syme, J	17
salt	36, 37	tea.....	8, 17, 35, 40, 43
salt beef.....	8	testitis.....	30
salt meat.....	8, 9	Thomson, Dr Philip	32, 34, 40
salt pork.....	6, 8	tobacco.....	17
Saltwater River	14, 16, 41	toothache.....	33
sanitation	12	Trollope, Anthony	23
scabies.....	30	tumor	30
scorbutus	26, 27, 30, 33, See scurvy	turnips	9, 11
Scott, Dr James.....	15	ulcers.....	12, 33, 40
scurvy.....	8, 9, 12, 32, 33, 40	ulcus.....	30, 33
Seccombe, Dr William	15, 41	urticaria	30
sexually transmitted diseases.....	19	varix	30
ships		vegetable	8
<i>Orator</i>	20	vegetables.....	8, 26, 33, 35, 36, 37
<i>Pensongee Bomongee</i>	20	vermes	30, 33
<i>Royal George</i>	19	vertigo.....	30, 34
<i>William Bensley</i>	6	vinegar.....	35, 36, 37
skilly.....	8, 11, 13	vulnus	30, 34
skin rashes.....	9	weather.....	13
slow healing,.....	9	Wedge Bay	19
soap	36, 37	wet clothing	12, 13
soup.....	11, 17, 35, 43	wheat	9
spaghetti.....	43	Woolley, William	20
strictura.....	30	worms.....	33
struma.....	30	wounds.....	6, 12, 34

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