

FEMALE CONVICTS IN VAN DIEMEN'S LAND – FERTILE GROUNDS FOR THE DEVELOPMENT OF POST TRAUMATIC STRESS DISORDER

Many find that their female convict ancestor was a broken person, unable to settle into a normal family life and drinking to excess. My ancestor, Margaret O'Hara, was a woman from Kildare in country Ireland. If her Convict record is to be believed, during her time in Van Diemen's Land she became a "fallen woman". To make it worse, the child she raised, Jim Smith, my great grandfather turned out to be a bully with an anger management problem. Were these people simply like this or are there other reasons?

My investigations have given me the following answers.

Female convicts in Van Diemen's Land were subject to trauma in many ways.¹ It is likely that as a result a high number suffered from what is currently known as "Post Traumatic Stress Disorder" (PTSD). Lives can be devastated by PTSD. This has only been properly understood in the last 30 years.

Some idea of the impact of PTSD on the female convict population is gained by considering the incidence of PTSD in risk groups today. For example, it is estimated that 18.7% of Australian Vietnam veterans developed PTSD.² The position of the female convicts would have been far worse. None were diagnosed for the disorder and the treatments provided were highly inappropriate on the basis of our understanding today.

Further as female convicts were often primary caregivers it is also likely that problems were passed to the next generation. I believe that this is what happened to my great grandfather.

¹ This paper considers only female convicts transported to Van Diemen's Land and not to other Colonies.

² A/Prof Graeme Hawthorne, Department of Psychiatry, The University of Melbourne, *The cost of post traumatic disorder (PTSD) in Australia's Vietnam veteran community* (August 2010), p.1. www.psychiatry.unimelb.edu.au/

“Hysteria”

In the 1800s women with mental issues were commonly diagnosed as suffering from “Hysteria.”³ This was thought to be a disorder to which only women were subject. There were various theories as to its cause, such as “weak nerves” or that it was somehow connected with the process of ovulation.⁴

One of the Surgeon Superintendents on a female convict ship reported that during the voyage “Hysterical Mania” was “by no means uncommon”. He said that this was also the case in Van Diemen’s Land. He considered that this was caused “in nervous temperaments” by the heat when the ship was passing through the Tropics and by “indolent life”. However, a greater contributing factor he considered to be “exciting the passions”.⁵

“Hysteria” is no longer recognised as a mental disorder.

PTSD

PTSD is a severe anxiety disorder following exposure to an event(s) that causes psychological trauma. A traumatic event involves a threat to a person’s physical, sexual or psychological integrity (or witnessing such a threat to another). Sufferers have a range of symptoms including flashbacks or nightmares and often an inability to control anger. The effects can be long term and cause significant impairment in social and other important areas of functioning.

There are a variety of treatments available today which can lessen and even cure the disorder. Early recognition of the condition and counselling is important.

Individuals vary greatly and the majority of people experience a traumatic event at some point in their life. Most do not develop PTSD.

³ There were early reports of what appears to be a mental disorder following trauma. For example, the Greek historian Herodotus reported that in 490 BC during the Battle of Marathon, an Athenian soldier who was not touched by “sword or dart” became permanently blind after witnessing the death of a fellow soldier. Herodotus, *The Histories*, Rawlinson translation 6.117.

⁴ In the late 1700s, Phillippe Pinel, a French doctor classified the condition as a “genital neurosis of women”. Paul Turnbull, *The Female Mind: Hysteria*, eHistory at the University of Queensland. <http://paulturnbull.org/?q=node/34>

⁵ Surgeon John Moody, *Blackfriar* (1851). The Surgeon Superintendents are referred to in this paper as “Surgeons”, although their duties did go beyond that of medical practitioner.

For all of us, fear triggers responses for dealing with danger (and maximising the chances of survival). Early man developed “fight or flight” reflexes. We are still wired in the same way.

In early Australia the appropriate reaction to danger was considered by many to be calm or even cheerful in a dangerous situation. This is reflected in one of Banjo Patterson’s poems when he tells the story of a rider who knows that he will die in a horse race but goes on with “never a show of gloom”. Before the race, he even makes a jest to the other riders.⁶

Sometimes responses of this type do not work. PTSD results where the event overwhelms the individual’s ability to cope.

There appear to be a number of reasons why a particular individual develops PTSD including: the severity of the trauma, whether it is frequently repeated and the susceptibility of the individual. Again, an “interpersonal” trauma is more likely to result in PTSD than an “impersonal” trauma.⁷

Recognition of PTSD by the Courts

The present approach of Australian Courts to PTSD is shown in protracted litigation concerning the collision in 1964 of HMAS Melbourne (an Aircraft Carrier) and HMAS Voyager (a Destroyer). The Voyager sank as a result with a loss of life of 82 sailors. Many compensation claims were brought by sailors who had been on the Voyager and also the Melbourne.

The sailors on the Melbourne had not been physically injured. The Melbourne was a much larger ship and cut the Voyager in two. However, many on the Melbourne felt the impact and observed the collision. A number of sailors claimed that this caused them to develop PTSD.

One such claim was heard by Justice Phillip Cummins of the Supreme Court of Victoria in Russell v Commonwealth of Australia on 12 November 1999.

⁶ *Rio Grande’s Last Ride* written in 1902. This was a favourite poem in the family of my great grandfather, Jim Smith.

⁷ “Interpersonal” trauma involves violence, or the threat of violence, to the person or to another person. “Impersonal” trauma is experienced from a distance, for example witnessing a disaster.

On the date of the collision the Plaintiff, Seaman Russell, had been a 17 year old on his first sea duty. He had just commenced watch on the Melbourne and witnessed the ships collide. One of his colleagues said that “in horror we just stood there and watched it happen”. There was not a great impact on the Melbourne when the ships collided - it felt as if the ship had gone “over a speed hump”.

One element of the Commonwealth’s defence was that PTSD had not been shown to be a separate medical disorder. The Judge rejected this. He found that “there is a substantial body of qualified and reputable medical opinion in support of its existence and integrity”.

The Judge found for Mr Russell holding that on the night of the collision Mr Russell had undergone a “major trauma”. He noted that for Mr Russell, PTSD began as a pattern of acute distress and then developed into a long term disorder. Mr Russell was able to work successfully for many years after the trauma. However, later in life, the disorder “caught up with him”. He developed alcohol and marriage problems. Further his career with the Navy was badly affected. The Judge found that in this sense PTSD has “long arms”.

Mr Russell was awarded a large sum of damages, \$546,000, albeit 36 years after the collision of the Melbourne and the Voyager.

Traumatic Events in the Life of a Female Convict

The lives of female convicts were studded with conditions likely to give rise to traumatic events: from the initial arrest, the shock of the trial and verdict, a period in prison, leaving the land of their birth, a harrowing voyage, separation from their children and physical harm by the authorities, their masters or other convicts.

I propose to illustrate the frequency of traumatic events in the life of a female convict by outlining the life of my ancestor, Margaret O’Hara.

Although born in 1797, Margaret is close to present times in the following way. My great grandfather, Jim Smith, was orphaned in 1856 and raised by Margaret. Jim’s youngest child, Daisy, was my grandmother. Daisy died only 4 years ago, aged 107 years. Daisy provided the family with a detailed description of her father (Jim Smith) and his life. For reasons she never understood he was a terrible person,

unkind and with a bad temper. My grandmother is a valuable link back to these earlier times.⁸

1841 was the eve of the Irish Famine. Margaret had lived with her three children in Ballitore, a small country town in County Kildare, Ireland. She worked as a cook and laundry maid.

Kildare was an agricultural county with some small industries. A string of industrial closures had caused high unemployment. Many parishes were showing signs of distress. One observer wrote that children “were wretchedly off, their diet consisting of potato and salt, seldom three meals a day”.⁹ It is reasonable to suppose that Margaret was a hard working person from a rural village whose main aim in life was to support her family.

On 15 March 1841, Margaret was convicted of stealing a cloak, value 2 shillings and sixpence. She was sentenced to transportation for 7 years.¹⁰

A Petition was presented to the authorities on Margaret’s behalf asking that she not be transported. It stated:

The petitioner was never prone to vice, but in an evil hour was tempted to commit the felony for which she is about to suffer so severely. What makes her case more melancholy is that she is aged 44 years with 3 small children, who in the event of the petitioner being sent out of the country will be left without protection.

The Petition was refused. However, she was allowed to take two of her children with her.

On a leaky old boat

In 1841 Margaret was transported to Van Diemen’s Land on board the *Mexborough* with two of her children (Bridget aged 11 years and Patrick aged 6 years).

The women on the *Mexborough* would have suffered extreme grief on leaving their homes and country. In addition in terms of emotional

⁸ In 1981 when she was 80 years of age, my grandmother wrote a book *No Water Laid On* (unpublished) which included a description of her father and his life.

⁹ Lewis’ *Topography dictionary of 1837*, quoted by Catherine Fleming, *The Transportation of women from Kildare to Van Diemen’s Land in 1849* (Four Courts Press) (2012) and see pp. 14 to 15 of Catherine Fleming’s book for a description of Kildare.

¹⁰ She had one prior conviction for stealing a turkey and had served 14 days.

support, they were now alone. They were not accompanied by family and friends, as were often free emigrants.

One Surgeon commented that it is not until “the final separation from the land of their fathers and the home of their infancy that they awaken to the full consciousness of their wretchedness...and their minds are opened to “fearful foreboding for the future”.¹¹

The *Mexborough* was a “Barque”. This was the name given by the Royal Navy to small nondescript ships. The *Mexborough* was very old and in a poor state of repair. The weather was bad during most of the voyage. Water continually entered the cramped area where the women were accommodated. Many of the women suffered from sea sickness and the smell of vomit must have been overpowering.

To be on a Convict ship could be terrifying. The Second Officer on the *Garland Grove* (1842) recalled that when his ship had passed the Cape Verde Islands there was a heavy squall which did not trouble the crew. However, the female convicts confined below deck did not understand what was happening and no doubt few had experience of sea travel. He wrote:

The women heard it below and they did screech and were very much frightened thinking that the ship was sinking.¹²

The women on the *Mexborough* would have encountered similar conditions. They must have sometimes feared if their ship was in danger.

On further problem of an unusual and unpleasant nature developed on the *Mexborough* in respect of one of the convicts, Mary Holohan. Mary began behaving very strangely and appears to have developed some type of mental disorder. The most obvious problem was that:

She was exceedingly dirty in her habits...using her shoe as a bed pan and keeping the shoe in her blanket, full of excrement.

This happened more than once when she was in perfect (physical) health. On examination Surgeon Hampton found her “perfectly sensible and able to assist herself” (in other ways). However, she was unable or unwilling to stop using her shoe as a bedpan. She put up the “most violent resistance” when anyone tried to move or help her. She developed

¹¹ Surgeon Robert Malcolm, *Sovereign* (1827).

¹² *Reminiscences of the Voyage of the Garland Grove 2* by Second Officer, Abraham Harvey (AO Tas. Copy NS816). <http://www.femaleconvicts.org.au/images/pdfs/GarlandGroveVoyage.pdf>

diarrhoea because of her continually dirty hands and died when the ship was only 60 miles from Hobart.

After leaving Cape Town the ship was subject to gales and “very inclement weather” up to its arrival in Hobart.

Huddled together on the upper deck would be up to 192 women and children. Especially as it passed through the Roaring Forties, this small ship would have been exposed fully to the elements – wild weather, large waves and persistently strong and cold wind. The women would endure these conditions from 10.30 am to late in the day. Despite the weather, the women would remain on the upper deck even when allowed to return to the quarters below.

The sight of so many on the deck of a female convict ship was compared by a contemporary observer to “a slave ship of the old time”, the difference being that the women were crowded together on the deck and the slaves in the hold.¹³

The *Mexborough* arrived in Hobart on 25 December 1841. Two convicts had died. Margaret’s condition was described as “middling”. The O’Hara children were not treated for any illnesses.

Break up of the Family Unit

The convict system in Van Diemen’s Land did not respect the fundamental relationship between mother and child.

Margaret was assigned to a master within a week of arrival.¹⁴ On 4 January 1842 Bridget and Patrick were sent to the Queen’s Orphan Schools in Hobart. Margaret had cared for her children in Ireland and on the voyage. She was now separated from them.

The actual separation of mother and child was frequently traumatic. An account was written many years later by an observer. The person appears to be a Mr George Pullen.¹⁵ He was writing of conditions in the 1820. However, in the 1840s during the time of the O’Hara family it was still the practice to separate families.

¹³ The Second Officer on the *Garland Grove*. See Footnote 12.

¹⁴ She was assigned to a Mr A Fraser of Hobart. See VDL Return of Convicts showing their distribution throughout the Colony on 31 December 1841. (Female Factory Research Group Website).

¹⁵ *Backward Glances*, published in the *Launceston Examiner* in November 1892. The articles appear to have been written by George Pullen, the son or nephew of Jesse Pullen, an Assistant Superintendent at Cascades Female Factory. (Female Convicts Research Centre Inc. Website).

Mr Pullen wrote:

The scenes witnessed at the separation of mother and child were sometimes very harrowing. One woman, for half an hour after her babe was literally torn from her arms exhibited all the forms of raving madness, till a copious flood of tears relieved her overwrought brain....

Children who had been separated from their mothers would be brought to Church services in Hobart where they might see their mothers, even if briefly. Mr Pullen reported that mother and child would make desperate efforts to see each other and recalled the long processions of children in the streets of Hobart:

...the wee toddlers of four or five years trotting wearily along, trying to keep up with the older boys and girls....Here and there a mother might be seen skirting the procession, carrying her worn out child for some distance, and, on leaving loading it with cakes and sweet meats.

Margaret must have been in a state of anxiety as to the welfare of her children. The Queen's Orphan Schools had had a reputation for the mistreatment of children since opening in 1833. Over the years there were reports in the local press of sexual abuse and excessive punishment of children.¹⁶ It is likely that Margaret would have heard something of these reports, increasing her anxiety for her children.

In 18 January 1842 Bridget was removed from the orphanage. She was 12 years of age. She was not placed in the care of her mother.

Punishment in Cascades Female Factory

In 1843 Margaret's behaviour deteriorated and she commits a number of offences over the next three years. These include abusing her supervisor; being absent without leave; having a man in her room for "an improper purpose" and being drunk.

She was sentenced to a number of a prison terms with hard labour. The total time served was seven months. At least part of these sentences would have been served at the Cascades Female Factory.¹⁷

¹⁶ "A most shocking tissue of barbarous cruelty" scandal and death in the Queen's Orphan Schools", Rebecca Kippen, University of Melbourne. Founders & Survivors Chainletter, Issue no 5, August 2010, pp.5-6.

¹⁷ She appears on the list "Female Convicts in Van Diemen's Land at the Cascades Female Factory (an incomplete list)" on the Female Convicts Research Centre Inc. Website.

By the 1840s there had been changes in the administration of the Factory. There was less brutality in the treatment of convicts but the cruelty remained. For example, the heads of women in the “Crime Class” who entered the Cascades Female Factory were no longer shaved. However, female convicts who were already traumatised were still punished with hard labour and solitary confinement in dark cells for long periods.

Today a person who has been subject to trauma is counselled and encouraged to talk about their trauma. They are encouraged to “confront their demons”. Female factories treated women in the opposite way. It is difficult to think of a more inappropriate treatment for a traumatised person than solitary confinement. The detrimental effect on the mental health of many of the women must have been dramatic.

On 1 August 1846 Patrick was discharged from the Queen’s Orphanage into Margaret’s care. On 18 March 1848 Margaret was granted a Certificate of Freedom.

The Victorian Goldfields

Margaret’s daughter, Bridget married John Smith, an English convict in 1848. The O’Hara family (Margaret, her son Patrick, Bridget and her husband) made their way to the Victorian Goldfields in the early 1850s.

However, Vandemonians suffering from trauma were unlikely to receive sympathetic treatment in Victoria. They were feared (and demonised) by better established people.

An English lady, Mrs Ellen Clacy, came to Melbourne in 1852 for the purpose of visiting the Goldfields and to write an account for people in England to assist them in deciding if they should visit the Colony.¹⁸

Mrs Clacy had a low opinion of diggers from Van Diemen’s Land calling them “outcasts” and “refuse”. As soon as she stepped off the ship in Melbourne, Mrs Clacy thought she saw people on the road to Melbourne who “all seemed to belong to the one family, *so truly Vandemonian was the cast of their countenance*”. (Emphasis added.) In the streets of Melbourne she saw more Vandemonians “with cunning eyes and light fingers”.

¹⁸ *A Lady’s Visit to the Gold Diggings*, Ellen Clacy,
<http://archive.org/stream/aladysvisittothe04054gut/lvtgd10.txt>

The family remained in the Ballarat area for some years. Margaret's son-in-law, John Smith, was injured in the fighting at Eureka Stockade.¹⁹ This indicates rebellious attitudes within the family at that time.²⁰

The effect on Margaret O'Hara

Having regard to the frequency of traumatic events during Margaret's times, there is a real possibility that Margaret was suffering from PTSD or some type of mental injury. Certainly from 1843 there is a change in her behaviour. She no longer acted like an Irish mother from a quiet country village, who was "never prone to vice", but more like a "fallen woman", abusing her mistress, caught with a man in her room "for an improper purpose" and drinking too much.

The Incidence of PTSD among Female Convicts in Van Diemen's Land

A general conclusion about the incidence of PTSD in the female population of convicts can be made from a comparison with other risk groups. The logic is simple.

1. Today it is known that PTSD is common in groups subject to trauma. For example, the incidence of PTSD amongst Australian Vietnam War veterans has been estimated at 18.7%.²¹
2. In Van Diemen's Land female convicts were subject to a wide variety of traumatic events.

It follows that there was a high incidence of PTSD amongst female convicts. It is reasonable able to say it would be at least as high as it is for the Vietnam War veterans.

Analysis of the Surgeon's Journals

The Journals of the Surgeons show considerable evidence of trauma suffered by female convicts during the voyages.

¹⁹ This was passed onto me by Daisy, his granddaughter (and my grandmother).

²⁰ This is hardly surprising. The amount of the licence fee caused outrage amongst the miners. It is interesting to compare it to the value of the cloak that Margaret O'Hara had stolen and for which she received the penalty of 7 years transportation – two shillings and sixpence. This would cover licence fees on the goldfields for a mere 2.5 days.

²¹ See footnote 2.

The Surgeons saw the convicts' medical conditions in terms of the medical learning of the times. Thus they frequently diagnosed the women as suffering from "Hysteria".

In the Journals there are references to "Hysterical fits" on many of the voyages. The Surgeon on the *Midas* (1825) said that to record such fits, some of which were "severe", would be "endless". On the *Duke of Cornwall* (1850), of a complement of 200 female convicts, 20 women were put on the sick list because they were suffering from Hysteria. Many more had occasional fits of short duration. The worst affected on this voyage was Jane Cook who had "Hysteria Paroxysms", laughing, screaming and the like "in an extreme degree". Her head was shaved and vinegar and water poured from a height onto the naked scalp.²²

Where the person cannot be examined, a positive diagnosis of PTSD is of course impossible. For example, the patient must be asked if they are having flashbacks or nightmares, and none of the Surgeons asked these questions. However, what is interesting is that many female convicts had some symptoms consistent with PTSD. **Schedule 1** gives examples.

The treatments considered appropriate for mental disorders were often bizarre (and harmful). For example:

- Opium was frequently administered. Today doctors do not treat mental disorders with narcotics. This may make the condition far worse.
- If the woman was violent or insolent, she might be put in irons or "confined in a solitary box".
- The woman's head might be shaved and cold lotions applied (or water poured onto the head from a height as with Jane Cook above). One Surgeon said that there was no better treatment for Hysteria than a "shower bath or a few buckets of water thrown over" the woman.²³
- On occasions the Surgeon would interpret the symptoms as malingering and turn the woman out of the Hospital on the ship.

There is no doubt that many of the women were severely traumatised (and badly treated from a medical perspective). It can also be anticipated

²² Jane Cook subsequently had many problems in Van Diemen's Land. She was sentenced 37 times for offences. She died a pauper. (*Convict Lives, Women at Cascades Female Factory*, Convict Women's Press (2012) pp.138-143).

²³ Surgeon John Moody, *Blackfriar* (1851).

that if they were examined by a medical practitioner today, many would be diagnosed as suffering from PTSD.

“Intergenerational Transmission” of PTSD

There are a number of studies which indicate that the effects of trauma can be transmitted from one generation to the next.²⁴

The studies proceed on the basis that the relationship of primary caregiver and child is essential to the development of the child. If the relationship is deficient the child may not have the capacity to develop healthy relationships with others (and in time with their own children).

This is because the relationship determines if the child will have good “emotional regulation” skills. These skills enable a person to recognize their emotions and to engage in healthy strategies to regulate (manage) them. People with good emotional regulation skills are able to control anger during stress.²⁵ These skills are developed in the first five years of life.

The parenting skills of female convicts in Van Diemen’s Land must have been seriously damaged on many occasions. Families were forcibly separated. Further, many female convicts were subjected to “interpersonal trauma”, that is, they experienced or witnessed violence.²⁶ Left untreated, this can cause feelings of detachment from others and problems in forming healthy relationships. It compounds the problem when the child sees an unhappy caregiver (suffering from bad moods and anger), and copies that behaviour.

²⁴ There are limitations to the firmness of conclusions as survey work on transmission to the next generation is not well developed. However, the following papers support the proposition that PTSD can be transferred to the next generation.

Daniel Schechter and others, *Distorted Maternal Mental Representations and Atypical Behaviour in a Clinical Sample of Violence Exposed Mothers and their Toddlers* (2008) (NIH Public Access Website). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2577290/>

Surgeon Hadass Goldblatt, *Is there Intergenerational Transmission of Trauma? The case of Combat Veterans’ Children* (American Journal of Orthopsychiatry 2008).

www.dr.dk/NR/rdonlyres/053F0BD6-B27F-461F-AC45-78C4AF5AC196/1869157/Dekel_artikel.pdf
Ken O’Brien, *The Intergenerational transference of PTSD among children and grandchildren of Vietnam veterans in Australia: An argument for a genetic origin. Review of current literature.* (Paper presented in 2004. Queensland University of Technology). eprints.qut.edu.au/650/1/obrien_ken.pdf

²⁵ About.com Borderline Personality (a New York Times Company)

bpd.about.com/od/glossary/g/emotreg.htm

²⁶ Where a trauma is “impersonal”, the evidence is that the person is still able to form healthy relationships with a child.

A further study by the Australian Institute of Health has found that children of Vietnam veterans are in excess of three times more likely to suicide than the members of the general Australian community.²⁷

The effect on Jim Smith

As noted above, my great grandfather Jim Smith, was raised by his grandmother, Margaret O’Hara. Jim was orphaned at a very early age. He was born in 1856 at Beaufort, a town not far from Ballarat. Shortly after his birth his mother Bridget suddenly died. His father John Smith appears to have also died. At the age of 59 years, and in all likelihood traumatised from her convict experiences, Margaret now became the sole carer for baby Jim.

Jim turned out very badly. As an adult he was unable to control his temper and was a bully. He loved his wife but wanted to “possess her body and soul”. She always called him “Boss”.

He was unable to form a healthy relationship with his children. They would not call him by name and to attract his attention before talking to him would simply say, “Hey”. He drove most of his sons out of the home, on one occasion chasing his son with a gun in his hand. He was cruel to young children. When his children found their presents before Christmas Day, he took all of the toys and burnt them. The children had a toyless Christmas which they never forgot. No other person in the family ever behaved in the way that he did, so we can say that it is unlikely that there was a genetic cause for his behaviour.

It is relevant to know that Jim did have an older brother, Tom. In 1856 when his mother died, Tom was six years old. Tom turned out to be a well adjusted person,²⁸ which may well reflect the different parenting in his early years of life.

Margaret had the drive to ensure that Jim had a trade. She organised an apprenticeship for him with a blacksmith, a trade that Jim learnt well. My grandmother recalled that:

I would love to go in when he [Jim] had the bellows working and to watch the red coals glowing; what he could do with red hot iron, anvil and hammer was fantastic. He shaped the shoes for the horses and shod them himself... The coal he used was really charcoal – he would select a big gum tree and set it alight,

²⁷ Ken O’Brien, [opp.cit](#), p4.

²⁸ According to my grandmother who knew him.

and when the wood had turned to red hot “coal”, water would be thrown on it. This was gathered and taken home for the forge.

In other situations his bad temper would get the better of him and my grandmother recalled:

He was a washout with stock; there were more horses minus an eye, and cows minus a horn than there should have been.

Jim did have some good personality features. He had ambition and secured his own Selection in outback Queensland. Life was uncertain but in the face of any danger he would show “grim determination with no sign of fear”.²⁹ Any sign of “Hysteria” was suppressed. He taught this survival technique to his children.

Implications

1. The “Mans’ World” of the convict system in Van Diemen’s Land had the following effects:
 - (a) The medical profession was the preserve of men. It relied on a now discredited notion of “Hysteria” - a disorder from which only females were believed to suffer. Misdiagnosis and wrong treatments only worsened the suffering of the women.
 - (b) The Government did not respect the relationship between mother and child. This led to cruel separations and further trauma.
2. Where a female convict appears to be a “broken” person or cannot fit into normal life after she gains her freedom, we should consider if this was due to PTSD or other serious mental disorder.
3. Problems are likely to have been passed to the next generation (and perhaps beyond) and thus these issues are important in the development of the Australian population.

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I acknowledge the contribution of my brother Dr Peter Lucas MBBS in the development of medical issues in this paper.

²⁹ These are my grandmother’s words.

SCHEDULE 1

| Symptoms of possible PTSDⁱ | Examples from Surgeons' Journalsⁱⁱ |
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| Irritability, anger | <p>There are many reports of women unable to control their temper, for example:</p> <p>Mary Griffon (<i>Tasmania</i>) (1845): hid an iron bar in her bed, suffered from “paroxysm of rage” and “threatened everyone without cause”.</p> <p>Louisa Cogan (<i>Garland Grove</i>) (1843): had a “peevish and troublesome temper”, also suffered from “violent Hysteria”. Her treatment included opium.</p> <p><i>Raja</i> (1842): a number of women came from Milbank Penitentiary and were diagnosed as “insane”. They had endured the “silent system” at the Penitentiary and showed “violent symptoms of derangement”.ⁱⁱⁱ</p> <p>Ellinor Cooney (<i>East London</i>) (1843): had an “irritable temperament”, “careless of habit”, liable to fainting and Hysteria and required constant attention to keep her berth clean.</p> |
| Detachment from life | <p>Many were not prepared to leave their beds and often had no sign of disease, for example:</p> <p>Mary Turner (<i>Brothers</i>) (1824): lay for days in a “state of torpor, careless of everything”. No sign of disease and for which the Surgeon turned her out of the Hospital.</p> <p>Miss M Falloon (<i>Brothers</i>) (1824): “a melancholy pervades her mind, “unwilling to be disturbed”, she had fits of screaming which go all night, at other times “perfectly sensible”.</p> <p>Mary Partridge (<i>Brothers</i>) (1824): “a morbid aspect, retired habits”, “silent grief”. Bowel problems. Treatment included opium. “Suddenly seized with rigour” and died.</p> |

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| <p>Not wishing/expecting to live</p> | <p>Many of the women did not expect to live much longer or attempted suicide, for example:</p> <p>Ann Stanley (<i>Garland Grove</i>) (1843): had attempted suicide in prison. She would not take her child, yet answered questions rationally. Her head was shaved and cold lotions applied constantly.</p> <p>Mary McGowan (<i>Lord Sidmouth</i>) (1823): had a “miserable foreboding of death”. Treatment included opium.</p> <p>Catherine Murray (<i>East London</i>) 1843): attempted to hang herself, addicted to alcohol.</p> <p>Ellen Sullivan (<i>Tasmania</i>) (1845): stated she was “sure to die” (and did before reaching Hobart).</p> <p>Rebecca Crookes (<i>Tasmania</i>) (1845): suffered from “Mania”, attempted to strangle herself, struck the Captain and was put in a strong box. The attempted suicide was seen as a “coolly, planned and executed” way to cause “anxiety” for her superiors.</p> |
| <p>Somatisation^{iv}</p> | <p>“Hysteria Amenorrhoea”^v was very common for example, on the <i>Margaret</i> (1843), <i>Hope</i> (1843) and <i>Elizabeth and Henry</i> (1848). Some women did not menstruate during the entire voyage.</p> <p>There were also many cases of “deranged digestion” accompanied by Hysteria for example on the <i>Elizabeth and Henry</i> (1848).</p> |
| <p>Amnesia</p> | <p>Sarah Day (<i>Brothers</i>) (1824): “a delicate girl, “screams in a terrific way”, looks indicate “wildness”, “no recollection of past events”.</p> |

ⁱ These are some of the symptoms of PTSD. They are taken from David Baldwin’s Trauma Information Pages, and an article by Bessel van der Kolk and others, *Approaches to Treatment of PTSD* <http://www.trauma-pages.com/a/vanderk.php>

ⁱⁱ The examples have all been taken from Surgeons’ Journals. The only Journals examined by me were those which have been transcribed by members of the Female Convicts Research Centre Inc. and appear at <http://www.femaleconvicts.org.au/index.php/convict-ships>

ⁱⁱⁱ The “silent system” was a system for the management of prisons introduced by the British Government in the 1840s. It involved preventing the prisoners speaking to each other for long periods and requiring them to perform monotonous tasks.

^{iv} Somatisation is a condition where physical symptoms are experienced but are not explained by disease.

^v The absence of a menstrual period.