

MEDICAL DISORDERS EXPERIENCED BY FEMALE CONVICTS ON VOYAGES TO VAN DIEMEN'S LAND

1. MAIN CONCLUSIONS

The common medical conditions on the voyages fall into two types: those relating to physical disorders and those relating to stress or trauma.

The most common physical disorders appear to relate to the digestive system: Diarrhoea, Obstipatio (severe and long lasting constipation) and Dyspepsia.

The women are likely to have arrived in Van Diemen's Land in a poor condition. However, the death rate from physical disorders was generally not high. Given that Nutritional Science was in its infancy and the conditions on the ships were cramped and wet, this is surprising and reflects well on the work of the Surgeon-Superintendents. It is also a tribute to the resilience of the immune systems of the women, most of who would have been already exposed to squalid living conditions.

A wide range of mental disorders or stress related conditions were exhibited by the women. Some of these disorders were serious and likely to have had a lasting effect. Generally, the Surgeon-Superintendents would simply refer to these conditions as 'Hysteria'. Today they would be considered to be stress disorders of various types, such as Post Traumatic Stress Disorder (PTSD), psychosomatic reaction and Depression.

Transportation involved significant disruption to the routines of the women and stress of both a physical and mental nature. A consequence was 'suppressed menstruation' and this was common on the voyages.

2. OUR METHODOLOGY

Our primary evidence has been the journals maintained by the Surgeon-Superintendents on the voyages. We have examined the journals which appear on the site of the Female Convicts Research Centre (FCRC).ⁱ

The journals follow a similar form.ⁱⁱ They contain:

- notes of medical conditions, treatments provided etc.
- 'a nosological synopsis of the Sick Book' pursuant to the Surgeon's Instructions. (Nosology is the branch of medicine dealing with the classification of disease.) The synopsis shows the types of illnesses, the number on the Sick List, whether the patient was sent to the hospital or died.
- General Remarks (a report made by the Surgeon-Superintendent immediately after the end of the voyage).

This paper is co-authored by Dr Peter Lucas. Peter is an experienced General Practitioner and he has used his expertise in the preparation of this paper.

Limitations

Although the journals are a valuable source of evidence, there are limitations, namely:

- The Surgeon-Superintendents did not record all cases of particular illnesses. On occasions a Surgeon-Superintendent would state that he did not record individual cases of a disorder as the disorder was so common. Thus it is not possible to be precise about actual number of particular illnesses.
- The Surgeon-Superintendents of course wrote in terms of the knowledge and language of their times. An example is the state of Nutritional Science. We know today that a nutritional deficiency can lead to a range of conditions, for example, a vitamin B12 deficiency (caused by lack of animal products) can lead to anaemia and a vitamin D deficiency (caused by lack of sunshine, dairy products, fish oil and greens) can lead to Rickets and low immunity to disease. The consequence of these deficiencies was not then understood. The study of Nutritional Science was accelerated in 1785 by the so called 'Chemical Revolution' in France. Ideas began to be tested in a scientific way but progress was slow. In 1842 George Budd, Professor of Medicine at King's College, London in an important lecture to the profession, entitled 'Disorders resulting from Defective Nutrition' said that:

There is no subject of more interest to the physiologist...than the disorders resulting from defective nourishment...These disorders are, no doubt, frequently presented by the destitute poor in our large towns; but...from our not being acquainted with the all the circumstances in which they arise *their real cause escapes us...*ⁱⁱⁱ (Emphasis added.)

3. THE PRE-EXISTING CONDITION OF THE WOMEN

A degree of selection operated as which women boarded the convict ships. The consequence was that the women were likely to have had tough immune systems and constitutions. Such people had a fair chance of survival in Van Diemen's Land.

The women were raised in an environment in which they depended on their immune system to survive. Generally they were exposed to living conditions which by the standards of today were unhygienic. Indeed, since infancy they are likely to have ingested significant amounts of human and animal faecal matter. This would have happened in their daily living as they did not wash their hands regularly, or at all. Crops may have be fertilised with animal and human faeces and they lived in close proximity to animals (for example, Irish peasants kept the pig in the home when they could afford one).

Many of the women did not see any reason at all for hygiene. Surgeon-Superintendent Moody on the *Blackfriar* (1851) ordered one of the Irish women to wash a 'dirty, squalid child' to which she replied indignantly:

Glory be to God, I have raised nine of them and never put a drop of water on one of them!

Paradoxically for many of the women, exposure to germs may have been to their advantage as it made them more likely to survive a voyage on a convict ship. They had grown to adulthood and their immunity from germs would have well developed. Today it is recognized that a certain amount of faecal micro biota can be of benefit to infants who have not been exposed to a diverse range of microbes. In recent years the medical profession has taken what appears to be a radical step by correcting an immune deficiency via a transplantation technique (involving the introduction of faecal micro biota into the gut of the infant).^{iv}

There was also an element of selection as to which convicts were accepted for the voyage. The Surgeon-Superintendents had the role of selecting suitable convicts. Their written Instructions provided:

8. He [the Surgeon-Superintendent] is not to receive on board any convict for transportation, unless he be in a state of health that his life is not likely to be endangered by the voyage, and unless he be free from any infectious disorder...and he is to observe that old age and infirmity is not to be a cause of rejection.

Thus convicts unlikely to survive the voyage or who had the symptoms of an infectious disorder would, or should, have been rejected. The Surgeon-Superintendents certainly had an incentive to do so. It would reflect badly on the Surgeon-Superintendents if a large number of convicts died on the voyage.^v

It must be recognized that the internment of the women before the voyage may have adversely affected their health and mental well-being. For long periods many of the women were kept in cold and dark prisons and provided with poor diets. As a result they would have been more likely to fall victim to a range of disorders on the voyage. Even so, they were a robust group and a welcome addition to the gene pool of the early Australian population.

4. THE COMMON PHYSICAL DISORDERS ON THE VOYAGES

4.1 DISORDERS OF THE DIGESTIVE SYSTEM

Disorders of the digestive system appear to be the most common medical condition. They could take a variety of forms.

The condition is described by David Thompson, the Surgeon-Superintendent on the *New Grove* (1835). He was an experienced Surgeon-Superintendent and this was his third voyage. He made the general observation:

The number of persons daily applying for medical assistance is in general considerable, especially at the commencement of the voyage. The change in the diet, in the habits of life, as regards exercise, sea sickness, depression and anxiety of mind arising from their situation all tend to predispose the body to disease. The most common of these morbid afflictions are those arising from a disordered state of the *Prima Via*,^{vi} indicated by headache, febrile affection, bowels either constipated or loose, sickness, foul tongue etc....These are by far the most frequent complaints on board [and are]...in general of a short duration...a detailed account in a medical journal would be superfluous.

Diarrhoea

Diarrhoea was very common on voyages. It would have been difficult to avoid given the crowded conditions, the vomiting and the lack of facilities to maintain personal hygiene. The contamination of water and food against a background of poor diet and possible nutritional deficiencies would have ensured a high incidence of diarrhoea.

For example:

- *Tasmania* (1845). 20 cases (about 11% of the number of female convicts on board) were placed on the Sick List for Diarrhoea.
- *Mexborough* (1841). 13 cases (about 7% of the number of female convicts on board) were placed on the Sick List for Diarrhoea. One convict died on board of the condition.
- *East London* (1843). There were a significant number of deaths on the voyage: of the 133 female convicts, 19 died (14% of the women) and of the 49 children on board, 12 died (25% of the children). The Surgeon-Superintendent noted that the 19 convicts who died did so because of Diarrhoea.

A Medical Board of Inquiry was established to inquire into the ‘unprecedented mortality’ on this voyage. The Board’s report is dated 5 October 1843. It found that Surgeon-Superintendent had not been responsible for the high death rate. It also found that the deaths had result from both Diarrhoea and Scurvy. Most deaths had resulted from Scurvy as the prisoners had ‘obstinately refused’ lime juice and the like to ward off Scurvy. Diarrhoea was also a factor. This was caused by the convicts ‘filthy habits’, namely depositing faeces and urine over the decks during the night (which would then be washed into the areas where the women lived).

The death of the children on the *East London* is discussed below (paragraph 5.4).

- *Margaret* (1843). Nine cases (about 6% of the number of female convicts on board) were placed on the Sick List for Diarrhoea.
- *Emma Eugenia* (1844). Seven cases (about 7% of the number of female convicts on board) were placed on the Sick List for Diarrhoea. Significantly the Surgeon-Superintendent wrote in his report that Diarrhoea was the ‘prevailing complaint’ throughout the voyage. ‘Scarcely a day passed without a case’ but when ‘instantly attended to the disease was easily and speedily removed without confinement to bed or admission to the hospital’.
- *Tasmania* (1845). 20 cases (about 11% of the number of female convicts on board) were placed on the Sick List for Diarrhoea.
- *St Vincent* (1850). 23 cases (about 10% of the number of female convicts on board) were placed on the Sick List for Diarrhoea. The Surgeon-Superintendent considered that this was the ‘prevailing affliction’ on the voyage and that it was induced by salt provisions. The condition was soon cured after treatment in the Hospital.
- *Sir Robert Seppings* (1852). 54 cases (about 25% of the number of female convicts on board) were placed on the Sick List for Diarrhoea.

Obstipatio

This means severe and long last constipation. It was common on the voyages. Probable causes were lack of fibre in the diet and lack of exercise. In the tropics dehydration would also have been likely unless the women drank large amounts of water, which they probably did not. It can also be caused by opium and this was commonly prescribed by the Surgeon-Superintendents.

Dyspepsia

Dyspepsia is the impairment of the power or function of digestion, usually in the upper central region of the abdomen.^{vii} It can be caused by many things, for example, bacterial contaminants, parasites (worms), a vitamin B deficiency and stress. It was common on voyages.

For example:

- *Brothers* (1824). The Surgeon-Superintendent noted that the most common complaints were Dyspepsia, functional disturbance of the uterine system and Obstipatio. He complained that he did not have the medicines to treat all of these ailments.
- *Hope* (1842). 12 cases (about 6% of the number of female convicts on board) were placed on the Sick List for Dyspepsia.
- *Emma Eugenia* (1844). Four cases (about 2% of the number of female convicts on board) were placed on the Sick List for Dyspepsia. The Surgeon-Superintendent described the symptoms of one, Jane Hallard (Case 6) as follows:

Irregular appetite, flatulency, acidity, giddiness, ringing in the ears, restlessness at night, fatigue from slight exertion, heartburn, pain in the stomach occasionally, depression of spirits, countenance dingy, pale, pulse languid, tongue white, bowels slow.
- *Tory* (1848). 10 cases (about 6% of the number of female convicts on board) were placed on the Sick List for Dyspepsia. During the first months ‘Dyspeptic afflictions’ were common and presumably most were not placed on the Sick List.

4.2 SEA SICKNESS

This was extremely common especially during the early part of the voyage.

For example:

- *Brothers* (1824) – three weeks into the voyage many of the women were affected by sea sickness.
- *Midas* (1825) – there were many cases during the early part of the voyage. After 25 days two thirds had been ‘severely affected’ by sea sickness, the symptoms being ‘incessant vomiting’ with no movement of the bowels. Laxatives and enemas were used as treatments. Some women were ‘much reduced in consequence of not being able to retain anything in their stomach’. A number were placed in the Hospital.

4.3 CATARRHUS

This condition is an inflammation of the mucous membrane, especially in the air passages of the head and throat, with a free discharge of mucus.^{viii} The air on the ships below deck was likely to have been unhealthy. It was dark, cold and wet. Many women suffered from diarrhoea or sea sickness. The bilge water would have built up during the voyage. In these conditions fungi and moulds breed and microscopic particles are released into the air which would then be inhaled by the women. These are favourable conditions for the spread of illnesses such as Catarrhus.

For example:

- *Mexborough* (1841) 12 cases (about 6% of the number of female convicts on board) were placed on the Sick List for Catarrhus.
- *Margaret* (1843). 10 cases (about 6% of the number of female convicts on board) were placed on the Sick List for Catarrhus.
- *Tasmania* (1845) 6 cases (about 3% of the number of female convicts on board) were placed on the Sick List for Catarrhus. The Surgeon-Superintendent said it was a 'wet and leaky' ship and the weather conditions unfavourable.
- *Tory* (1848). 6 cases (about 4% of the number of female convicts on board) were placed on the Sick List for Catarrhus.

4.4 FEVERS

'Fevers' is a general term and is capable of referring a large number of conditions. The nosological synopsis of the Sick Book merely requires that fevers be set out under 'Continual' or 'Intermittent' fevers.

Fevers were a common condition. Clearly there may have been many causes including insanitary living conditions, insect bites (for example, from the fleas on rats and mice) and exposure to tropical disorders often spread through mosquito bites.

Examples:

- *Midas* (1825). There were 16 on the Sick List for 'Continued Fevers' and 4 for 'Intermittent Fevers' out of 43 on the list for the voyage. None were sent to the Hospital or died as a result.

5. LESS COMMON PHYSICAL DISORDERS

5.1 DYSENTERY

Dysentery is any of the disorders marked by inflammation of the intestines, especially of the colon and attended by pain in the abdomen and the frequent passing of stools containing blood and mucus. Causes include bacteria, protozoa and parasitic worms.^{ix} On a convict ship, due to the confined living areas, an occurrence of Dysentery was an alarming development. Widespread morbidity leading to

mortality can result. Spread of the disease can be controlled by avoiding contact with persons with the disorder, personal hygiene and clean living conditions. It was not common on convict ships. There are some examples:

- *Garland Grove* (1843). There were three fatal cases and the Surgeon-Superintendent remarked on the 'great importance of such a disease occurring in a ship and a disease under such circumstances, always to be avoided.'
- *Tasmania* (1845). There was one case and this was fatal.
- *Phoebe* (1845) – 8 cases (about 5% of the number of female convicts on board) were placed on the Sick List for Dysentery. One died.

5.2 SYPHILIS

There were limited numbers of women placed on the Sick List because of Syphilis.

For example:

- *Mexborough* (1842). 3 cases (about 2% of the number of female convicts on board) were placed on the Sick List for Syphilis.
- *Rajah* (1841). 8 cases (about 4% of the number of female convicts on board) were placed on the Sick List for Syphilis.
- *Hope* (1843). 6 cases (about 3% of the number of female convicts on board) were placed on the Sick List for Syphilis.

5.3 SCURVY

In the journals this is often called 'Scorbutus'. It is caused by a deficiency of vitamin C in the diet and marked by weakness, anemia, spongy gums, a tendency to haemorrhages in the nose and hardening of the muscles of the lower limbs.^x

In the field of Nutritional Science, Scurvy was the one disorder that had been the subject of systematic study. In 1746 an Englishman, James Lind, carried out controlled clinical trials of therapies for the treatment of Scurvy. He found that eating lemons and oranges was an effective treatment. However, he did not understand the cause of the disease. He thought that the cause was sea air clogging the pores of the skin, leading to a build-up of poison in the body. His reasoning was that eating citrus fruit cleared the pores of the skin. He did not consider that Scurvy could occur on land. By 1843 it was clear that his conclusion as to the cause of the disease was wrong. By that time there had been at least 20 outbreaks of Scurvy in English prisons.^{xi}

The application of Lind's work was that on voyages Scurvy was prevented, or if it did occur, was well treated. However, in prisons and hulks, citrus fruit was not thought important. As a consequence, many convicts when they boarded ships must have been on the verge of developing Scurvy.

It may well be that the incidence of Scurvy was under reported by the Surgeon-Superintendents. Surgeon-Superintendent Peter Leonard of the *Atwick* (1838) considered that Scurvy was often hard to diagnose and was frequently confused with other conditions. In fact he considered that on a convict ship most of the diseases were connected with a 'Scorbutic tendency'. Case 8 in his list,

Elizabeth Ellis, had Scurvy which commenced with symptoms of Pleuritis. She looked pale and sickly and had pain in her breast. After eight days, the symptoms of Scurvy became clear, with tender gums and discoloured patches on the extremities.

If Scurvy was hard to diagnose, incipient Scurvy was worse. This point is made by Katherine Foxhall and she relies on the opinion of Surgeon-Superintendent Pineo on a male convict ship, the *Lord Lyndock* (1838). He considered that the convicts had been properly fed on the voyage, but not in the prison in England. Scurvy was concealed 'under the convicts' appearance of wellbeing' and it was not until the ship had rounded the Cape of Good Hope, that the disease made its appearance.^{xii}

Examples of Scurvy are:

- *Midas* (1825). There were many cases but none were individually recorded. They rapidly recovered after being given lemon juice and other sources of vitamin C.
- *East London* (1843). This voyage is referred to above. Nineteen women died due to a combination of Diarrhoea and Scurvy.

5.4 MALNUTRITION

On the *East London* (1843) 12 children (25%) died from Marasmus (a severe form of malnutrition characterised by severe loss of weight and energy and unfortunately still seen today in some African countries). This outbreak of Marasmus appears to have been an isolated occurrence. However, many of the women and children were likely to have had malnutrition or nutritional deficiencies of a lesser order.

6. COMMON MENTAL DISORDERS RELATED TO STRESS AND TRAUMA OF TRANSPORTATION

There is one word that occurs frequently in the journals – 'Hysteria'.

During the convict era it was believed that women (and only women) were apt to develop 'Hysteria'. As medical practitioners must do, the Surgeon-Superintendents saw the convicts' medical conditions in terms of the learning of the times. It was thought that up to 25% of women in Europe suffered from Hysteria– it was the 'great neuroses' of the time. It is hardly surprising that on a convict ship this was a common diagnosis.

The symptoms were said to be a loss of emotional control often resulting in uncontrollable screaming or weeping. Reading the journals today it is often difficult to know what was meant by a diagnosis of 'Hysteria'. A person who has not been to sea before, who is confined below deck and has been subject to many distressing or traumatic events, may well weep and may do so uncontrollably. Indeed it would take great powers of self-control and resilience not to do so. It does not follow that the person is suffering from a mental disorder. However, many of the women were so disturbed that it is likely that they were, or in the process of, developing a mental disorder.

There are a number of general observations by Surgeon-Superintendents indicating that Hysteria was very common on the voyage (and also in Van Diemen's Land). For example, Surgeon-Superintendent Charles Cameron on the *Midas* (1825) noted that:

To mention the various cases of Epileptic and Hysterical fits I have had to attend to lately...some of them very severe, would be *endless...*' (Emphasis added.)

In 1850 during the voyage of the *Duke of Cornwall* the Surgeon-Superintendent, Charles Smith, described many cases of Hysteria. On this voyage there were 200 female convicts on board and 32 children. The convicts embarked in Dublin. A great number suffered from hysterical episodes. Twenty were put on the Sick List because of Hysteria and many others had occasional hysterical fits of short duration.

Surgeon-Superintendent John Moody on the *Blackfriar* (1851) 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 the condition was caused 'in nervous temperaments' by the heat when the ship was passing through the Tropics and by an 'indolent life'. However, a greater contributing factor he considered to be 'exciting the passions' (that is, excessive sexuality). Medical learning has changed and Hysteria is no longer regarded as a mental disorder.^{xiii}

Today there are a variety of disorders and conditions that are known to be caused by mental trauma or stress. It is quite likely that many of the female convicts on the voyages were suffering from PTSD or would go on to develop it in future years.^{xiv} There were further disorders which are discussed below.

6.1 SUPPRESSED MENSTRUATION

A high incidence of suppressed menstruation was an inevitable consequence of Transportation. The Surgeon-Superintendents usually considered the cause to be Hysteria. In this they were mistaken. There can be various causes of failure to menstruate. Suppressed menstruation can be caused (or aggravated) by malnutrition and stress. This may be an evolutionary development. If a woman becomes pregnant during a long and stress journey, her chance of survival (and that of her baby are significantly reduced).

A further cause of suppressed menstruation is disruption to the biological rhythms of the body. The 'Circadian Clock' in particular should be noted. This is a person's behaviour over a 24 hour period and for all of us it is synchronised with times of light and darkness. Where the pattern is disrupted, problems can follow. For example, female shift workers and flight attendants who work on long distance flights may find that their systems become out of sync with the external light cycle.^{xv} This can affect menstruation.

Biological rhythms are certainly likely to be upset when a woman is cast into a dark prison, transported across the hemispheres, separated from their home and children, confined, starved and perhaps abused in transit. Circadian and many other internal biorhythms are likely to be at least altered, if not fractured.

In the journals, there are many instances of suppressed menstruation. For example, Abigail Calaghan was 23 years of age and travelled on the *Hope* (1842). She had not menstruated since she was arrested. This continued for three months until the ship sailed. During the voyage she had pains in various parts of the body and was diagnosed as suffering from Hysteria. Her treatment included opium. Her periods started to come back slowly and by the end of the voyage, she was in a tolerable state of health.

On the voyage of the *Margaret* (1843) there were many cases. The ship sailed from Woolwich. The Surgeon-Superintendent recorded that Hysteria Amenorrhoea (the absence of a menstrual period) was common.

On the *Elizabeth and Henry* (1848) the Surgeon-Superintendent commented that the majority of convicts requiring hospital treatment had conditions connected with ‘uterine functional derangement of one kind or another, most generally from suppressed menstruation’. There were also cases of ‘Hysteria, simulating apoplexy and deranged digestion’.

6.2 PSYCHOSOMATIC REACTIONS

Today it is well known that stress or trauma can lead to an illness which does not have a physical cause, a ‘psychosomatic reaction’. The technical term for this is ‘somatisation disorder’. It is likely that many of the cases of Hysteria were in reality somatisation disorders brought on by the stress of the voyage and other circumstances related to Transportation.

The disorder arises when a person who has been traumatised is unable to deal with basic feelings such as anger, happiness or fear. This may cause the person to experience emotions as physical problems. In other words, an emotional disturbance is converted into a physical one.

These disorders may result in problems with the digestive system, failure to menstruate, chronic pain, conversion symptoms (where a physical condition has not an apparent cause), cardiopulmonary symptoms or sexual problems.

There are many examples in the journals where a female convict suffered from Hysteria coupled with another disorder(s). For example, Sarah Day on the *Brothers* (1824) had a number of medical problems and was diagnosed as suffering from Hysteria. She was a ‘delicate made girl who had been ‘on the town’ [that is, a prostitute]. The Surgeon-Superintendent’s notes include the following observations:

...she was seized by pain in the bowels...she screams in a terrific manner...the pain remits for 5 or 10 minutes; it is accompanied by *globus hystericus* [a sensation of having a lump or obstruction in the throat when there is not one] ...objects around her appear confused and her brain feels disturbed...she talks rationally but on irrational subjects and is not conscious of the objects that surround her...she sometimes sighs and then falls into a fit of laughter in which she continues, till, being exhausted, she falls into a state of insensibility...her looks indicate wildness...*she has no recollection of past events*...a paroxysm continued for two hours-there was delirium, laughing and a certain degree of wantonness in the looks as if *furor uterinus* [female Hysteria] were present. (Emphasis added.)

The *Hope* (1842) saw a number of cases of Hysteria associated with apparent physical disorders. The Surgeon-Superintendent, Richard Lewis, made notes on four. They were:

- Mary Crimey

Mary was 30 years of age. She became ill in the harbour of Dublin. She was diagnosed with Hysteria. She also had bowel problems. Sometimes she would be mirthful and at other times depressed with great fretfulness. Her treatment included opium. (This is no longer considered to be an appropriate treatment for patients with a possible mental disorder. Opium may in fact make a mental disorder worse.)

- Mary Hannikan

Mary was 18 years of age and had a 'delicate constitution and nervous temperament'. She suffered badly from sea sickness and vomited incessantly. Mary suffered 'hysterical convulsions' and was diagnosed with Hysteria. Her treatment included opium. She gradually recovered.

- Ellen Lovett

Ellen was 22 years of age. She did not menstruate during the entire voyage. She had missed several periods before the ship left. Early in the voyage, Ellen suffered severe pain in the left side and throbbing pain in the temple. At times she had great distress and difficulty in breathing, nearly to the point of suffocation and presented a most alarming appearance. The Surgeon-Superintendent performed a full bleeding on two occasions. Up to 20 ounces of blood was taken. She could not use her bowels without medicines.

Ellen was diagnosed with Hysteria. The Surgeon-Superintendent considered that Ellen was one of many women during the voyage who suffered from 'disturbance of the functions of the uterus'. She also had 'simulated Asthma' which caused alarming Paroxysms on three occasions. He considered that the full bleedings helped her symptoms but the function of the uterus principally was not so readily restored. This conclusion is based on the erroneous view then held by many physicians that Hysteria was caused by the movement of the Uterus, or a 'wandering Uterus'. In other words, he thought that Ellen's Uterus had moved out of position.

6.2 ANGER MANAGEMENT ISSUES

It is common for people who have been traumatised or who are suffering from stress to direct their anger against others.

The *Rajah* (1841) left Woolwich with 207 female convicts and 26 children. The Surgeon-Superintendent, James Donovan, noted that the first female convicts to embark at Woolwich were from Millbank Penitentiary (151 convicts and 6 of their children).

The Surgeon-Superintendent considered that a number were suffering from 'insanity'. He understood that in the Millbank Penitentiary they had been subjected to the Silent System. (Under this system the prisoners were strictly forbidden from talking with other prisoners and made to perform monotonous tasks.) Some of the female convicts were showing 'violent symptoms of derangement'. The women had 'faces of derangement'. There were a number of epileptic and hysterical seizures. Five had to be removed from the ship before it sailed.

6.3 DEPRESSION

People who have been traumatised or stressed may develop Depression. This can take a number of forms.

Detachment from life

Depressed people often become detached from life and unwilling to join in normal activities in the home or the workforce. It is to be expected that women on convict ships would have felt depressed but their responses went well beyond normal mood changes.

It should be remembered that, detachment from life and lack of energy can also be caused by nutritional deficiencies, namely a lack of iron or vitamin B12. The symptoms may not be caused by a mental condition at all.

Miss Falloon on the *Brothers* (1824) was diagnosed with 'Hysteria/Nostalgia'. She was 18 years of age. She had no obvious physical issues. The Surgeon-Superintendent noted that she took to her bed as soon as the ship weighed [anchor] at Gravesend. He said:

...she is irritable, will not allow any examination to be made, nor scarcely admit her hand to be touched. She has no appetite...a melancholy pervades her mind...The remote cause of her present state seems to be mental affliction at being taken from England and having a lover behind...internal senses wander at times...unwillingness to be disturbed.

At other times she had 'delirium and fits of screaming prevailing nearly all night...' At other times she was 'perfectly sensible...has a good appetite...has no pain...she will not quit her bed.'

Not wishing/expecting to live

Depressed people may develop a belief that they will not live much longer or may simply wish they were dead. Some become suicidal.

Mary McGowan on the *Lord Sidmouth* (1823) had a bowel complaint and a 'miserable foreboding of death'. Her treatment included half a grain of opium twice a day. Mary did not respond well. She attacked the Surgeon-Superintendent in the 'most violent manner' regarding the soreness of her mouth and accused the Surgeon-Superintendent of having 'beguiled her'. She used 'many hard sayings and vile epithets not fit to repeat'. The Surgeon-Superintendent tried all in his power to placate her, 'instancing the wonderful effect of the medicine'. However, 'neither entreaty nor force could prevail on this wretch...she departed this life in the harbour of Rio Janeiro'.

Ann Stanley on the *Garland Grove* (1843) was suicidal. Ann presented to the Surgeon with labour pains, having repeatedly complained of 'false pains'. He considered that she was 'mentally weak'. She had attempted to hang herself in Liverpool Jail. She would not take her child, yet answered questions rationally. Since she came on board she had been 'wandering in her mind'. The Surgeon-Superintendent shaved her head and applied cold lotions constantly. She has been 'very indolent, dirty and careless in her person'. She died suddenly of apoplexy with blood issuing from her nose and mouth.

Ellen Sullivan on the *Tasmania* (1844) was a 'very delicate' woman. She had been in 'a low desponding state since she has been on board'. She also had griping pains in her stomach. She persisted in suckling her child. As she was confined to bed, her child was taken from her and put into the care of another woman. She stated she was 'sure to die' and did so about one month before Hobart was reached. The immediate cause of death appears have been a refusal or inability to eat and dysentery.

6.4 PARANOIA

People who have been traumatised or stressed may develop an altered capacity to form relations with others. This can include an inability to trust others.

Mary Wilson on the *Brothers* (1824) was 'insane in many of her ideas, and foolish almost in all'. She lived apart from the other women on the voyage because of her 'suspicious temper' and would not take medicine for fear that the Surgeon-Superintendent would poison her.

Mary Griffon on the *Tasmania* (1845) was diagnosed with 'Partial Insanity'. She had three small children. Her behaviour was:

'very oculant [secretive] she is more vindictive and had secreted in her bed an iron bar, threatening everybody...paroxysm of rage without cause...it has been found necessary to separate her from the others by confining her in a solitary box...she is suspicious of her mess mates'.

When the time the ship arrived in Hobart she 'appeared tranquil and said she was very sorry for her former behaviour'. Unfortunately her tranquil frame of mind did not continue. By July 1849 Mary was a patient in the New Norfolk Asylum. She escaped from the Asylum but was caught on 23 July 1849 and returned to the Asylum 'being insane'.^{xvi}

Stephen Lucas

Dr Peter Lucas MBBS

ⁱ Transcriptions of the journals appear on the website of the FCRC. They are an invaluable resource made possible by the extensive work of volunteers of the FCRC.

<http://www.femaleconvicts.org.au/index.php/convict-ships>

ⁱⁱ Article 37 of the Instructions to the Surgeon-Superintendents provided for the making of the journals. The Instructions are set out as an appendix to the *Report of the Select Committee on Transportation* (House of Commons 14 July 1937). <http://books.google.com.au/books?id=iklDAAAaAAJ&pg=PA350&lpg=PA350&dq=instructions+to+surgeon+superintendents&source=bl&ots=YiB68le1Dm&sig=PIXn0laq7xxROKtRhbmOBSxJzhY&hl=en&sa=X&ei=MelZU-aEMz-lAXVIIgCg&ved=0CEAQ6AEwCA#v=onepage&q=instructions%20to%20surgeon%20superintendents&f=false>

ⁱⁱⁱ Kenneth J Carpenter (Department of Nutritional Sciences, University of Berkeley), *A Short History of Nutritional Science: Part 1 (1785-1885)*, American Society for Nutritional Sciences. *J. Nutr.* 133:638-645 (2003).

^{iv} (GB Rogers and KD Bruce, *Journal of Epidemiology and Infection*, Nov 2013). <http://www.ncbi.nlm.nih.gov/pubmed/?term=Challenges+and+opportunities+faecal+microbiota+transplantation+therapy>

^v In an article by Katherine Foxhall, *From Convicts to Colonists: the Health of Prisoners and the Voyage to Australia 1823-1853*, *Journal of Imperial Commonwealth History* (2011), p.9 two examples are given. In 1851 the Surgeon-Superintendent on the *William Dare* rejected 41 women from the Grangegorman Government Female Prison (Dublin). In the same year Surgeon-Superintendent Moody (*Blackfriars*) asked the prison surgeon not to bring for his consideration for admittance to the ship 'Women in an advanced stage of pregnancy or immediately after their confinement, women who from disease or age have lost their teeth or those who have suffered serious mental affections'.

^{vi} *Prima Via* is an archaic medical term. Translated literally from the Latin, it means ‘the main road’. In the context it appears to mean the digestive system.

^{vii} *Dorland’s Illustrated Medical Dictionary*, 30th Edition, Saunders, Philadelphia

^{viii} *Dorland’s Illustrated Medical Dictionary*

^{ix} *Dorland’s Illustrated Medical Dictionary*

^x *Dorland’s Illustrated Medical Dictionary*

^{xi} Carpenter, *History of Nutritional Science*, p.643-644.

^{xii} Foxhall, *From Convicts to Colonists*, p.4.

^{xiii} The DSM 5 (*Diagnostic and Statistical Manual of Mental Disorders- 5th Edition 2013*) sets out the present approach of the diagnosis of mental disorders. Hysteria is not mentioned. The closest disorder is Conversion Reaction, that is, a psychosomatic condition where there is no basis for a physical condition.

^{xiv} The possibility that many female convicts were suffering from PTSD is examined in a previous paper, *Female Convicts in Van Diemen’s Land-Fertile Grounds for the Development of Post-Traumatic Stress Disorder*
http://www.femaleconvicts.org.au/docs/seminars/StephenLucas_FemaleConvicts&PTSD.pdf

^{xv} The research of a US expert on the Circadian Rhythm, Dr Fred Turek is described in *Circadian Clock Plays Role in Female Reproduction Issues*. See the webpage of the Northwestern University Feinberg School of Medicine.
http://www.feinberg.northwestern.edu/news/2012/05/circadian_clock_pregnancy.html

^{xvi} Dianne Snowden, *Mental Distress and Forced Migration: Irish Convict Women in the Asylum for the Insane at New Norfolk, Van Diemen’s Land*, paper presented to a conference of the Irish Studies Association of Australia and New Zealand, Dunedin, 2012.