

**“Revealing identities beneath the ‘factoids’ official documents in  
Australian convict history.”**

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The title of David Lowenthal’s book *The Past is a Foreign Country* serves my purpose for this essay which focuses on the retrieval of the silenced and invisibilised identities that lie beneath and within the official documents of convict transportation to Australia. The past is a fragile and shifting ground both for individual and collective memory and identity. As Lowenthal points out “Awareness of the past is in myriad ways essential to our well-being” (185). Our well-being depends on our own and collective sense of identity which stems from our past. Identity is universal and individual and collective survival is contingent upon it as David Hume pointed out as early as 1739: “Of all relations the most universal is that of identity, being common to every being whose existence has any duration” (NP). Both individual and collective past form part of history and postmodernism has clearly defined history to be as unreliable as any other text or, as William Maxwell puts it “In talking about the past we lie with every breath we draw”(29). This is perhaps a rather overstated judgement on the way in which we report and read the past, but it serves to find a definition of history and the way in which Oliver Rackham has picked up on Maxwell’s statement in a milder but nonetheless meaningful way.

If we look for a definition of history, we might start by consulting *The Oxford English Dictionary* which says authoritatively that history is the “continuous methodical record...of public events...the whole train of events connected with nation, person, thing, etc...” History is fact, or so we always thought, until postmodernism undermined the reliability of history and its “facts,” even such “reliable” things as dates and the chronologies constructed from them. The very term “convict history” or “the history of penal transportation” suggests the macro narrative, the broad sweep of “story” into which the individual narrative becomes absorbed and remains ignored. Often, what appears to be fact is what Oliver Rackham terms “factoids,” that is something which “... looks like a fact, is respected as a fact, and has all the properties of a fact except that it is not true” (23).

The history I am dealing with has, like any other, its unreliable master narrative, its own “factoids,” in the notion that the convicts transported to Australia were, with a few exceptions, British, or, to use a more problematic term, Anglo-Celts. Such a construction of convict history suggests a non-existent homogeneity. There is no allowance for national or regional differences. The individual accent, the linguistic markers of origin vanish into the undifferentiated, unaccented “English” of the official records and the academic historical text. But we know, and common sense tells us, that behind this screen of homogenisation lie individuals, each distinguished from the other by a huge range of factors; class, gender, region, religion, abilities, physical appearance and above all their own inner personalities, to name but a few.

The constant construction of the Britishness of these convicts is also open to question. What exactly constituted being “British” in the nineteenth century? After all, by then the inhabitants of Great Britain were a nation of “mongrels” and no single notion of “British” will bear scrutiny. But some convicts fall outside whatever may be constructed as “British” because they are foreign, or of foreign descent. Their voices are often heavily accented if able to speak English; their bodies are the evidence and “text” of their otherness, their culture or religion distinctly alien to the notion of being “British.” The presence of these foreign “bodies” not only defies the reductive interpretations of convict history as British, but goes further revealing that a sophisticated network of transportation between the colonies also existed as the judiciary of Empire set about removing undesirable individuals from colonial societies to their antipodean outpost: Australia.

Postcolonial theory lends itself magnificently as a critical tool with which to approach historical documents. If we consider that the postcolonial constantly challenges and is being challenged, requiring a constant reassessment of itself and the texts, contexts and discourses it analyses, then it is the ideal tool with which to reconsider the master narrative of Australian convict history. One thing that postcolonial theory leads to is the reading against the grain of the historical texts, particularly manuscripts, as artefacts of accepted historical truths. Indeed, the postcolonial perspective demands that the text, or manuscript, not only be reassessed, but read through and beyond, thus leading the reader to a new or differently slanted reading from the hitherto “accepted” one. Nothing in a historical manuscript, especially a government generated document, can be taken at face value. In his chapter on “Spatial History” Paul Carter points to a fundamental fact which concerns the way in which history and, in our case, historical documents have usually been regarded: “The primary object is not to understand or to interpret: it is to legitimate” (376).<sup>1</sup>

The thrust of both Rackham’s distinction between fact and factoid and Carter’s interpretation regarding the aim of the historical document is central to this essay and essential in my research. My material is drawn from all fields of archival convict documentation: Newgate Gaol records, trials both in London and at county assizes, military courts, hulk and transport records followed by the convict records extant in Australia. Other kinds of archival material come from newspaper reports of the time, letters between the colony and the Colonial and Home office, and various types of miscellaneous material. Because the documentation is “official” and written for and by the servants of empire and with the Imperial project informing its writing, I have to use the term “factoid”. What I am working with is only partially “fact”, for example in terms of statistics, but, more often than not, it is marbled through with

<sup>1</sup> In this essay I have used two sections from a chapter written for Armstrong, Charles I., and Øyunn Hestetun, eds. *Postcolonial Dislocations: Travel, History, and the Ironies of Narrative*. Oslo: Novus Press, 2005.

the “factoids” that have been handed down through generations and remain as “fact” in the history books minds of many.<sup>2</sup>

The central concern of this type of archival research is paradigmatically postcolonial as it interprets and contests the fixity of Australian convict historical documentation and the reductive conclusion that all convicts were British. It is a postcolonial re-reading of official papers generated by the metropolis that gives another view of Australian convict history and which allows the scholar to reinscribe the silenced and invisibilised back into the historical domain. My research consists in unearthing the documents, reading beyond and against them, lending an ear to the silences, to the tenuous fragments of voice and traces of personality lurking behind the language of officialdom, eventually reconstructing, wholly or partially, the biographies of individual convicts. On other occasions, I am deflected when a convict remains hidden under a mantle of silence and dust, and can only hope for other encounters in the archives that might enable me to winkle the individual out to tell some of his or her story.

In this essay my primary concern will be to look at some of the medical journals on convict transports and the extent to which they are a revelation not only of medical praxis, but also of the social dialogical interactive process as it evolved between the surgeon, convicts, the guard and the infirm in the infirmary on men’s transports running between England and Australia.<sup>3</sup>

The Colonial and Home Office looked upon the surgeons’ journals as a mere medical record of disease, medical condition, survival and death rates. As official documents that is what they were meant to be. However, to the postcolonial reader, working against and beneath the grain of the text, other factors emerge and with them much more clearly defined identities of both the convicts and the surgeons. The silenced “self” and identity comes more sharply, though rarely completely, into focus. Most convict records included the individual’s crime, where committed, where tried, sentence, native place, age, religion and marital status. It is ironic that the “factoid” that all convicts were British is clearly overridden by these documents where native place is often foreign, or the comment, “can not speak English” is noted, very often accompanied by a clearly foreign physical description such as “dark woolly hair” or of “Jewish countenance”. This goes hand in hand with ignoring names such as Samuel Belasco, Esther Bottibol, Aaron Mendoza, José Perez de Castañós, Pietro Calligari and the list grows longer as the documents surface.<sup>4</sup> It is only with the advent of historical revisionism and postcolonialism that

<sup>2</sup> This essay stems from joint research being carried out by Prof. Lucy Frost at the University of Tasmania and myself. The research centres on convicts of Hispanic and Lusophone origin but has widened to take in the medical journals written on the transports.

<sup>3</sup> *The Sarah, Dunvegan Casyle, Lady Kennaway, Canton*

<sup>4</sup> None of these foreign convicts appear in the medical journals of the transports on which they travelled. They have surfaced as a result of research carried out on Hispanic and Lusophone convicts transported to Australia and as such are a clear example of how their individual identity was subsumed into the all inclusive Britishness of convicts transported to Australia and the histories written on transportation thereafter.

these facts are emerging and the surgeons’ journals are a major factor in this re-reading of the history of convict transportation.

The surgeons’ journals leave the reader in no doubt that these medical practitioners were a key figure during the trans-oceanic passage to Australia. In case of necessity a surgeon could demand that the Master call in at a port en route if the state of his patients, both convict and guard, required such action. He had sole control of the disciplinary routine to be followed by the convicts, in many cases instigating certain duties to enable greater comfort for the prisoners and the infirm. In his report at the end of his journal he could and often did make suggestions for consideration to the authorities based on his experience on the voyage, though many of these suggestions seem to have been largely overlooked. One important aspect of these journals is that in the process of transcribing them, one can discern how certain bedside manners and medical praxis reveal themselves, informing the reader of the personality of the surgeon and how this might reflect upon the micro-social world of the infirmary and prison.

On board each transport was a clone micro-patterning of English social hierarchies. Every man, and occasionally woman, would, initially, on boarding know their place, from the Master down to the convicts.<sup>5</sup> There would have been a clear separation of the “above-deckers”, guards, crew and free passengers and the convicts confined below. Although the Surgeon Superintendents, the official rank for the naval surgeons, took precedence of command over the Master regarding convict, crew, guard and passengers, it was still the Master who had the ultimate control of the ship. Social hierarchies also pervaded convict life on board both with regard to their kind of “business”, levels of literacy, social skills and own social class and those who occupied a privileged place in the eyes of the Surgeon Superintendent, becoming infirmary warders, helpers etc. At this early stage of the research no particular reason as to which convict might acquire a privileged position with the surgeon has emerged. However, there was one place in which the pecking order of social class vanished: below deck in the infirmary. This is where convicts, crew and guard were all levelled by infirmity and suffering. None of the Surgeon Superintendents’ journals I have examined show any form of discrimination in treatment socially or medically between convict/non-convict patients. Within the micro-social unit of the ship’s infirmary the sickbed recognised no class.

In his report at the end of the voyage of the *Dunvegan Castle*, Robert Dunn, the surgeon remarks:

I was appointed to the convict ship *Dunvegan Castle* on the 8<sup>th</sup> of September 1829 and the Military Guard embarked on the 11<sup>th</sup> one of which I rejected on account of a long history of

<sup>5</sup> Women on male transports were usually members of free settler families on their way out or family of the crew or guard.

illness I also inspected the ships crew in order to prevent as far as possible the contagion of infectious diseases being introduced into the ship as had been the case on my last voyage.<sup>6</sup>

Although not always reflected in the journals, this was one of the first duties of a transport's surgeon. Prior to the arrival of the guard or crew he would ensure that the prison and hospital were in fit condition for the transportation of the convicts. This involved not only victualling the vessel but also ensuring that all the necessary medication was boarded. The medical inspection of all on board did not, of course, detect the incubations of a disease which both the guard, convicts and free passengers might be carrying and which would later emerge once at sea. This medical inspection, however, was the first contact between the surgeon and his charges. Those convicts who become ill, will cease to be mere names on a list but acquire, both in life and death, a tangible physical presence for the reader.

So in what way can one "read" the social dialogical interaction between doctor and patient? Robert Dunn, on the *Dunvegan Castle*, is quite unique among the four journals I have looked into in depth. When examining each case he takes into account not only his own estimation of the illness, on a first inspection, but also gets the convict/guard to offer his opinion as to how he might have become ill. On the 7<sup>th</sup> of October 1829 he examines eighteen year old William Clark noting "Thinks the cold damp weather the cause of his complaint and says he has been ill for several days, but did not want to complain, thinking it would go off."<sup>7</sup> Similarly, on the 5<sup>th</sup> of December James Fowler believes "the present hot sultry weather the cause of his complaint"<sup>8</sup>. Take the case of William Hunter, a member of the guard aged 28, with hepatitis who on examination says "he has been frequently troubled with the same complaint and was a short time back sent home from the East Indies on that account"<sup>9</sup>

Not only does this give a convict a "voice" rarely heard in official documents, but it reveals a careful and interested bedside manner and medical praxis, also evident in the fact that Dunn never let any of the men back into the prison or to guard duty unless convinced both by his own prognosis and that of his patient that they were fit. Thus, William Clark is noted as saying "thinks himself rather better this morning" shortly before being discharged.<sup>10</sup> A comparison of the number of days spent in the hospital with, say, uncomplicated diarrhoea is longer than the average on the other three ships, hinting perhaps at Dunn's zealotry. But to return to the case of young William Clark who did not want to complain about his symptoms. His unwillingness to complain raises questions. Is it merely not to draw attention to himself in any way or is it the result of having been mistreated while on the hulk perhaps for complaining? Could it be a fear of close confinement in the infirmary

<sup>6</sup> PRO ADM 101/20/6

<sup>7</sup> PRO ADM 101/20/6

<sup>8</sup> PRO ADM 101/20/6

<sup>9</sup> PRO ADM 101/20/6

<sup>10</sup> PRO ADM 101/20/6

and risk of possible contagion? We do not know and speculation will take us no further.

Dunn's skills as a surgeon were to be taxed to the full on this voyage. The *Dunvegan Castle* took 181 days to reach Sydney. During the month of November the ship was running under very light winds and thus all but becalmed in the tropics but everybody on board was more or less well. He reports "the thermometer was often as high as 100 in the prison at night"<sup>11</sup> Later, they began to move through cold damp weather and by the time they had been at sea 157 days the men, convict and crew, were in a bad way. There were multiple cases of scurvy, dysentery, diarrhoea among other ailments. The men, the convicts in particular, were suffering badly as debilitation and fevers also set in. Fresh water was running out and little lemon juice was left. Dunn takes action "I thought it my duty to instruct the Master to head to Hobart the nearest port in order to obtain water and refreshment"<sup>12</sup> It is to Dunn's credit that he only had four deaths on board especially when we consider his polite but stern note to his superiors:

I cannot conclude my report without stating for the information of your Honorable Board that the lemon juice was brought on board in casks instead of bottles. The consequence was that it was so thick ... that it had more the appearance of pure sark than anything I could compare it to. [The Convicts] loathed it that it was only that by standing by myself that I got them to drink it<sup>13</sup>

Here we get a picture of a man who is able to hold his authority over his patients, yet behind his stern comment one senses that his sympathies were with his patients and his irritation with the authorities and their incompetence and thriftiness at the cost of human suffering. How Dunn was able to actually contain scorbatus in the way he did and with fermented lemon juice which could have adverse effects and certainly a reduced medicinal effect, is a feat of good practice. When he embarked only two cases of bottled lemon juice came on board and these he wisely set aside for the hospital. Dunn was not unique however, in having a traumatic voyage which required him to draw on all his skills and knowledge.

John Irving, surgeon superintendent on the *Canton*, on one occasion only, follows Dunn's bedside practice of allowing the patient to give his own version of what has happened. The patient, convict Dennis Glendenning, is suffering from tuberculosis of the lungs, and the story Irving elicits from him speaks for itself:

(...) he had been a soldier and for insubordination to his superior officer at the Island of Bermuda he was sentenced to seven years transportation. He had been much addicted to the use of spirits whilst in the army and at Bermuda he had frequent attacks of pneumonia from which he never had good recoveries. He was desirous of being sent to Australia, in the hope of his health improving in that mild climate, and purposely avoided reporting himself unwell to the Surgeon of the Hulks at Portsmouth, in order that he might better accomplish his purpose.<sup>14</sup>

<sup>11</sup> PRO ADM 101/20/6

<sup>12</sup> PRO ADM 101/20/6

<sup>13</sup> PRO ADM 101/20/6

<sup>14</sup> ADM 101/15/9

Here is a man who deliberately chooses to hide his illness in order to get himself transported. This raises a number of questions about which one can only hypothesise, but how many ill men actually did the same when on the hulks so as to guarantee their transportation for whatever motive? Given that transportation had largely replaced the death penalty, it also begs the question as to how many individuals deliberately sought conviction for reasons known only to themselves. Glendenning's story and clearer identity are only made available to us by the journal. As far as the officials were concerned, the motives behind his holding back vital information regarding his health while on the hulk would have been of no consequence and would have been passed over, if read at all. Glendenning did not survive the journey. Irving seems to have been a thoughtful and caring doctor in his dealings with the sick men. Realising from the beginning that Glendenning was not going to survive he arranges from "the commencement of his illness a careful steady person" to be "appointed to attend on him alone"<sup>15</sup> For Irving, like Dunn, these men are not mere numbers on a nosological tally sheet, they are individuals with names, voices and identity.

James Wilson, Surgeon Superintendent on the *Lady Kennaway*, was confronted by a rising number of cases of dysentery and scorbutus as the journey was taking considerably longer than expected. He took immediate action by writing to the Master:

On the 25<sup>th</sup> of July we had 13 persons on the sick list When taking into consideration the character of the disease which had manifested, and the probability of their numbers being much increased in the course of the long voyage still before us. I deemed it my duty to write the following letter to the Master of the ship. – Sir, the disease scurvy having attacked some of the convicts and there being four aged convicts at present labouring under atrophica.

It is my direction that you carry the ship under your command into the harbour of Bahia it being the one nearest. Mooring her at some considerable distance from the shore. (...) And there take on Board such Refreshment as may be directed for Ministry of the progress of the said complaints. (...)

Wilson continues his report:

The Guard and Convicts had fresh meat and Vegetables, with 3 oranges daily while in Port and on Sailing we took on Board 6 fine Bullocks With a Proportion of Vegetables for use at Sea, and some Soft Bread and Oranges for the Use of the Sick, I ought to have stated that the Guard and Convicts had soft Bread supplied them in Port. They were six days in harbour.---And the Happy Effects which the Refreshment procured at "Bahia" had upon the general Health not only of / whose number were reduced from 13 to 6 / But which extended its Influence over all Would I mainly Attribute the much higher state of Health in Which the Convicts were landed at Sydney than that they were in When they Embarked in England.-----

And so strongly is this impressed upon my Mind that I am of the opinion that much Suffering would be Prevented if Convict ships were to call at some Port for Refreshment between England and New S. Wales.<sup>16</sup>

<sup>15</sup> ADM 101/15/9

<sup>16</sup> PRO ADM 101/20/6

Wilson's report, apparently precise and carefully worded, is undershot with tension and frustration. Like all medical practitioners, uppermost in Wilson's mind is the need to reduce unnecessary suffering of the kind he had witnessed in his infirmary, by calling in at ports along the route to take on fresh food but he is confronted by a government which is not only cost cutting, but also wants fast shipments, a safe delivery of a healthy human cargo and remains seemingly unaware of the suffering caused by such policies. Wilson, like Dunn seven years earlier, was fortunate, eventually landing in Sydney with a death toll of only four men. In spite of Wilson's suggestion, the ships continued to make the fastest non-stop voyages possible.

Death and the way the surgeon superintendent refers to it in his journals is also revelatory of the existence of certain kinds of emotions, bedside manners and interaction with the dying man. A cursory reading of ten journals has thrown up two kinds of medical voices. The first projects a purely "medical" distancing using "died at..", "expired at..", or just "Dead". The second is that of the practitioner who allows his medical and possibly even emotional involvement with the patient to reflect itself in statements such as "was finally released...", "death prevented further suffering". We must not, however, conclude that the distanced statement of death by no means signifies the surgeon was cold or uncaring. In most cases the tone used probably responded to the natural medical ethic of writing up a scientific medical case history.

For many of the surgeon's, their dealings with the patient ended either with discharge or death, others did carry out occasional autopsies but .....Johnston, Surgeon on the *William Miles*, carried out a post mortem on all four men who died on his ship. The post mortems were thorough indeed, such as that carried out on nineteen year old Henry Slaverly who died of dysentery complicated by scurvy:

Abdomen, liver enlarged gall bladder full of very dark bile several ecchymosis<sup>17</sup> over the small and large intestines vascularity ulcers in the colon close to the rectum colon very much contracted ulceration dark green with minute red specks. considerable swelling of the knee joints. But no discolouration had many ecchymosis over his body this man had been a very powerfull (sic) man and accustomed to a full diet and from his great despondence had suffered more than many and I have no doubt was a strong exciting cause for the scorbutic symptoms.<sup>18</sup>

Johnston's medical practice is of a good standard judging by his journal, but his meticulousness and need to know the exact cause of death probably leads him to carry out post mortems in every case thereby creating a full medical history of the deceased patients. Slaverly's post mortem tells us more than meets the eye as the surgeon records the mental state of the patient, his despondency resulting from a poor diet and his having suffered more than most before death. Here we have a man who is evidently suffering from severe depression as a result of his incarceration. Johnston attributes this to his diet, but reading underneath the text, it would also

<sup>17</sup> Bruise like marks both on the skin and interior organs

<sup>18</sup> PRO ADM 101/75/1

seem to suggest a whole host of other reasons, departure into the unknown, loss of family and friends, uncertainty regarding both his future and possible survival and so on.

So what is it that the surgeons' journals are beginning to reveal to us? It is possible to surmise that the work done by many of the surgeons provided them with an opportunity to broaden their scientific knowledge thanks to the continued observation of illness among individuals suffering from severe deficiencies both physical and psychological. Nonetheless, it is also a fact that, thanks to these journals, names appear materialised in infirm bodies which are rescued from anonymity in the overcrowded prison holds, to appear on the pages of a journal in which a name and a number becomes a human being with his/her own unique identity. Both illness and death define the life of each of these individuals and it is now our duty to return them to the pages of history.

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