

'Understanding Resilience through the Frame of Madness'

“Woman, you seem to want to create a disturbance”¹

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Introduction:

I have been working on a research project on snapshot photography and migration which got me thinking about forced migration and my female convict ancestors. All of the women convicts who were transported to Van Diemen’s Land were victims of forced migration and forced labour. Migration is the process of separation and social change and always involves displacement and loss, it “shakes up the physical, social, financial, legal, and emotional being and self-definition”² and is inevitably fraught with what has been called “culture loss”³ a loss that is both symbolic and tangible. For women forcibly exiled to Van Diemen’s Land, transportation meant the trauma of a forced separation and displacement from all that was familiar, separation from parents, husband, children, and from a culture and environment. And for convicted criminals, convict women, the trauma of forced migration was exacerbated by the stresses of incarceration, discipline, punishment and forced labour. A note in the New Norfolk Lunatic Asylum case notes of

¹ Euripides, *Medea*, line 337. Medea’s anger at Jason’s betrayal is transformed into female hysterics: “Woman, you seem to want to create a disturbance” (line 337).

² Berger 2004: 4

³ Furnham and Bochner 1986

convict Emma Stamp⁴ reflects an acknowledgement of the mental stress of the convict system: “Mania probably dependent on her position as a convict.”

The process of migration is never simple or straightforward. Several studies in the 1980s and 1990s showed that rates of schizophrenia were higher among migrant groups to the UK compared to the native population.⁵ When the migration process is not voluntary, as in the case of convict women in the 19th century, at each step of the transportation process women experienced varying levels of stress and emotional trauma. Add to these pressures the fact that many convict women were already economically and socially alienated from society, often malnourished, addicted to alcohol, homeless, suffering disease, and poorly educated with a limited understanding of the world outside of their immediate sphere of influence and the impact of being caught up in a regimented system of containment and permanent displacement to a place on the other side of the world and it is not difficult to understand that many of these women were deeply traumatised. And when one looks at the convict woman’s experience of transportation through the frame of “forced migration” it is not surprising that so many women behaved ‘badly’ aboard ship, and upon arrival in Hobart Town, when the realisation of what the future held started to become a reality. With the brutal realisation that they would never see

⁴ HSD246/1/5 Female (mental) (Volume No. 9).

⁵ Dinesh Bhugra and Peter Jones (2001), “Migration and mental illness”, in *Advances in Psychiatric Treatment*, 7: 216-222.

their families again, it is no wonder they continued to behave in a disorderly manner, to seek solace in alcohol and to rail against the system in ways which saw them diagnosed as suffering from 'mania'.

Methodology:

This paper looks at the concept of 'resilience' through the frame of 'madness'. It draws upon primary historical documents, namely a nineteenth century New Norfolk Lunatic Asylum Casebook HSD246/1/2 Female (mental) (Volume No. 3), and secondary sources to address two key questions:

1. Were the convict women admitted to New Norfolk Asylum suffering from insanity/mania/amentia as a result of hereditary factors, criminality, moral and physical degeneracy and a low social status – or was their mental state a combination of factors including an emotional response to the trauma of forced migration?
2. How was female 'insanity' understood and managed in the penal and medical institutions of colonial Van Diemen's Land?

I looked at 155 women who were admitted to New Norfolk Asylum over a period of 24 years from 1830 to 1854. 85% were convicts (131) 14% (22) were free to the colony [one of those free women was 18-year-old Elizabeth Long who as a child had accompanied her convict mother Mary Long to the colony. Her mother, Mary was a patient at the Asylum in 1843]. One per cent (2) were recorded as free by servitude

[check] – that is former convicts no longer in the convict system. Ages of the women on admission ranged from 17 to 70.

For Irish women the loss of home and culture [homogeneity] appears to have been particularly significant in terms of their mental health diagnosis. The racist stereotyping in the casebook files is evident and the medical officers showed contempt for the Irish convicts and often used pejorative language. Irish women were considered ‘naturally’ weak of body and mind. Terms such as ‘vicious’ and ‘ignorant’ were consistent descriptors for Irish patients and women of low social class. Margaret Murphy’s⁶ notation is representative of these comments. She was: “Irish, ignorant, uneducated, probably profligate habits, intemperate.”

New Norfolk Lunatic Asylum:

The New Norfolk Lunatic Asylum began life as an invalid hospital when Governor Arthur ordered the transfer of all invalid convicts from Hobart Town, Launceston and all outstations to New Norfolk. The first recorded female mental patient was Irish woman Judith Chambers who was admitted at the age of 49 on 14 January 1830 suffering from ‘mania’.⁷

⁶ HSD246/1/9 Female (mental) (Volume No. 13).

⁷ HSD246/1/2 Female (mental) (Volume No. 3). HSD246/1/2 Female (mental) (Volume No. 3).

In 1832 the Lieutenant Governor reported to the Executive Council that the accommodation for the insane at the Colonial Hospital Hobart Town was insufficient and that a building adjoining the hospital at New Norfolk was to be erected solely for housing the insane. The old joke about the patients running the asylum was no joke at New Norfolk – the hospital was staffed by convicts and ex-convicts with the only free staff the Medical Officer the Matron and the Head keeper.⁸ By 1845 the hospital was described as the New Norfolk Lunatic Asylum “an establishment for the reception of pauper invalids and Lunatics” (Crabbe 9).

Insanity and the 19th century female:

There was very little scientific understanding of mental illness in the 19th century and physicians often relied upon accepted social conclusions to explain mental illness. Heredity, environment, gender, class, and 'sinful' behavior were commonly identified as causes of mental illness. Classification of insanity, treatment methods, and asylum design were based on these same principles. Women were expected to suppress their emotional needs and when they did not they were regarded as deviant, as mentally unstable, a threat to the family and society. In the nineteenth century medical men became obsessed with curing “hysterics” in middle-class women, which they diagnosed as emanating from the female reproductive organs, continuing the ancient inscription of hysteria from the

⁸ In 1833 a report from the Board of the New Norfolk Invalid Hospital reported 45 male invalids in the general hospital and 16 male lunatics; while in the female section there were 4 invalid female patients and 4 'lunatics' and 21 wardsmen, nurses and washer women. Through the 1830s complaints about overcrowding and poor conditions persisted (Crabbe 5) with more than 300 patients accommodated in 1836. From 1836 “more special attention was given to the mental cases and proper segregation” (Crabbe 5).

Latin “hystero,” meaning womb.⁹ Female insanity continued to be linked to a woman’s reproductive organs, as reflected by the constant reference in the case notes of patients at New Norfolk to the state of their menstrual cycles: Elizabeth McNew¹⁰ had “not menstruated for some time”; Susan McKenna¹¹ had “not menstruated in weeks”; Jane Pollard¹² had “not menstruated in months”; Mary Welsh¹³ “two months since menstruated”; Emma Stamp’s¹⁴ “Mania [...] connected with menstrual discharge”; English woman Mary White¹⁵ had “not menstruated for 12 mos”.

New Norfolk Asylum and female Insanity

While the medical men employed by the government to manage the lunatic asylum had been educated in the British medical system and their view of medicine and insanity reflects this indoctrination, the context for practising medicine in a penal colony meant that they adapted their views in the context of a convict management and discipline. Patients were already under the control of the crown and were treated as powerless individuals. Resources were limited, trained medical professionals rare and views about the convict population were coloured by bureaucratic issues related to a penal colony and the politics of the colony.

⁹ The ‘hysterization of women, which involved a thorough medicalization of their bodies and their sex, was carried out in the name of the responsibility they owed to the health of their children, the solidity of the family institution, and the safeguarding of society’ (Foucault 1991a, p. 268).

¹⁰ HSD246/1/8 Female (mental) (Volume No. 12).

¹¹ HSD246/1/8 Female (mental) (Volume No. 12).

¹² HSD246/1/8 Female (mental) (Volume No. 12).

¹³ HSD246/1/9 Female (mental) (Volume No. 13).

¹⁴ HSD246/1/5 Female (mental) (Volume No. 9).

¹⁵ HSD246/1/8 Female (mental) (Volume No. 12).

The Case Book Discourse: The ‘maniac’; the ‘idiot’; the ‘hysteric’:

Much of the terminology from the 19th century focused on sensationalism and was label driven. At a time when medical science could not fully explain the workings of the mind, society relied upon external factors to justify the unknown. This led to the continued use of the term ‘lunatic’ through the 19th century, which was originally derived from the belief that the influence of the moon could drive people to insanity, they were moon struck, meaning they suffered fits of insanity because of the lunar cycle. As Michel Foucault¹⁶ maintained, “Psychiatric discourse finds a way of limiting its domain, of defining what it is talking about, of giving it the status of an object – and therefore of making it manifest, nameable, and describable.” The difference between ‘disorderly behaviour’ which was criminal, and ‘disorderly behaviour’ which was madness, was made manifest in the language used to describe this behaviour: the words of the medical discourse inscribed women’s bodies with illness.

Working-class women were less likely to be diagnosed as suffering from hysteria, for instance, but rather were diagnosed as suffering from *mania*, *epilepsy*, *idiocy* or *amentia* and this is reflected in the New Norfolk casebook where only two women were admitted suffering from hysteria, and they were both free to the colony.

How was female ‘insanity’ understood in a penal colony?

Diagnosis on admission:

¹⁶ Michel Foucault (2002), *The Birth of the Clinic*. p. 46.

Of the 155 women in this study:

- **MANIA:** 58% of the women (85 + 6 = 91) were diagnosed with '**mania**' which could be 'monomania' mania epilepsia' (6)
- **AMENTIA:** 9% (14) were diagnosed with amentia – that is Mental retardation, a lack of development of intellectual capacity as a result of inadequate brain tissue. Physicians regarded these patients suffering from mental illness deemed hereditary as incurable because their condition was inherited rather than acquired.
- **EPILEPSY:** 4% (6) were recorded as suffering from 'Epilepsia' alone.
- Epilepsia and mania also were reported throughout the case-notes after admission to describe patient symptoms over the period of their time at New Norfolk.

LANGUAGE IN CASEBOOK

“The rise of the ‘medico-legal’ discourse that implicated the medical man in the process of legalising the body of the lunatic was crucial to the production of the asylum and its patients.”¹⁷ The language of medical observation and diagnosis at this time, as I have found in my work 19th century infanticide, was infused with moral judgments about women’s actions, opinions not based on science, but rather on the dominant moral rules of society. In Colonial Australia, as in other parts of the Empire, sexual behaviour was

¹⁷ Catharine Coleborne (2007) *Reading “Madness”: gender and difference in the colonial asylum in Victoria, Australia, 1848-1888* (Perth, WA: Debut Books Series Network Books, Curtin University of Technology), p.45.

used as a principal criterion in evaluating women's conduct.¹⁸ Disorderly conduct within the Factories and in assignment was regarded as an obstruction to the convict system and was therefore dangerous and needed to be controlled wither through punishment or through the framework of madness. As Elaine Showalter argues, in the 19th century "expressions of sexual desire, anger, and aggression were taken as morbid deviations from the normal female personality."¹⁹ The illnesses of the women admitted to New Norfolk Lunatic Asylum in the period of this study (1830-1854) became manifested through moralistic, sexist, racist discourse, which spoke to the imperatives of those who ran the penal system.

Irish convict women were considered inherently weak in body and mind. As already mentioned the pejorative term "vicious" was often used to explain disorderly conduct: Irish woman Emma Stamp²⁰, according to her case notes was suffering from "moral mania is an ignorant vicious girl of inferior phrenological development"; young Anne Peacock²¹ was "ill tempered, vicious, ignorant"; Irish woman Julia Donovan²² was "ignorant and vicious, incoherent, talks about witchcraft"; fellow Irish inmate Mary Kelly²³ was a "depraved vicious person, temper extremely irritable"; while Margaret

¹⁸ Catharine Coleborne (49)

¹⁹ In Catharine Coleborne 46.

²⁰ HSD246/1/5 Female (mental) (Volume No. 9).

²¹ HSD246/1/5 Female (mental) (Volume No. 9).

²² HSD246/1/5 Female (mental) (Volume No. 9).

²³ HSD246/1/8 Female (mental) (Volume No. 12).

Gibbons²⁴ who was in and out of the asylum over a three-year-period was at first considered “probably vicious” then later was definitely “ignorant and vicious” and then “ignorant, vicious and of inferior intellect” and “ignorant and vicious, temper very bad” and finally “ignorant and vicious, suffers headache”. Mary Clogherty²⁵ an “Irish girl, ignorant, uneducated, habits intemperate, now rational, very industrious, but exceedingly stupid” was in and out of the asylum from the Cascades Female Factory over a period of four years “This woman on third admission, ignorant, vicious, violent temper, complains of her treatment in Cascades, her “conduct quiet, amenable, industrious, quite content to remain here,” she was eventually discharged although she suffered from “moral mania”. Mary White²⁶ was considered “dull and stupid”.

Other descriptive terms used throughout the casebook which have no medical basis and also reflect the moral judgments of the medical officers include: “moral mania,” “insane obstinacy” and “moral degeneracy”. Frances Longstaff²⁷ was admitted to NNLA despite “betraying no symptoms of insanity, is more vicious than mad.”

The male gaze: notes frequently reflect the sexual gaze of the medical man who made notes about a woman’s physical attractiveness: Mary McLeod was a “rather good looking girl, dark hair, blue eyes”²⁸; Elizabeth Harvey was a “good looking girl, light hair, blue

²⁴ HSD246/1/8 Female (mental) (Volume No. 12).

²⁵ HSD246/1/8 Female (mental) (Volume No. 12).

²⁶ HSD246/1/8 Female (mental) (Volume No. 12).

²⁷ HSD246/1/5 Female (mental) (Volume No. 9).

²⁸ Mary McLeod (Garland Grove 1841) HSD246/1/8 Female (mental) (Volume No. 12).

eyes”;²⁹ Emma Stamp³⁰ was “a good looking girl” while Matilda Duncan³¹ was a “rather good looking girl light hair and eyes.” Scotswoman Ellen Kelly was “a good looking healthy girl, dark hair and eyes”;³² Matilda Watson was a “a tall good looking woman”;³³ 18-year-old Agnes Lander was described as a “robust rather good looking girl, light coloured hair, blue eyes, countenance indicates temper and violence of her passions”.³⁴ The pejorative “good” was also used often to describe a woman’s conduct: “general conduct good”;³⁵ “conduct good after first day when she appeared insubordinate”³⁶;

TREATMENT – CONTAIN OR CURE?

From Superintendent Garvin Murray Crabbe’s 1966 account of nineteenth century treatment at New Norfolk and through a study of the case-books there is evidence that while women were admitted to the New Norfolk Asylum with the intention that they would be cured and returned to productive labour the treatments were crude, administered ad hoc and almost always ineffective, and many women remained in the asylum for years without effective treatment. The *Colonial Times* in 1847 was direct about how it perceived the institution: “*As regards the insane, no attempt is made to cure – the patient is merely imprisoned there, and many, from mental derangement become*

²⁹ Elizabeth Harvey (free) HSD246/1/8 Female (mental) (Volume No. 12).

³⁰ HSD246/1/5 Female (mental) (Volume No. 9)

³¹ From Register 3 & 4 fol 65 to fol 117. HSD246/1/2 Female (mental) (Volume No. 3).

³² HSD246/1/2 Female (mental) (Volume No. 3). To fol 166 to 225.

³³ HSD246/1/5 Female (mental) (Volume No. 9).

³⁴ HSD246/1/5 Female (mental) (Volume No. 9).

³⁵ Joanna Collins (Duke of Cornwall 1850) HSD246/1/9 Female (mental) (Volume No. 13).

³⁶ Jane Brush (Scotland. Sir Robert Seppings 1852) HSD246/1/9 Female (mental) (Volume No. 13).

confirmed maniacs in consequence of the imprisonment and the harsh treatment."³⁷ There are many instances in the case book of women whose conditions had clearly not improved but who were nevertheless discharged back to Cascades Female Factory – evidence that the treatment was more about controlling and containing women than treating their condition. However, there were some basic standard treatments and one quite sophisticated cutting-edge treatment used at New Norfolk during the period of this study. Emetics and purgatives were given to all women on admission, reflecting the belief that mental illness was organic and that the body needed to be purged of disease. Women's heads were routinely shaved and setons were inserted in the neck – "great satisfaction being expressed when they discharged freely"; heads were blistered. According to Garvin Murray Crabbe "disturbed patients were given cold showers, which frequently did anything but quieten them; mercury was given in full doses, till a stomatitis was produced, but this was not considered an indication to discontinue the administration Sedatives were too much favoured, the only one in use being opium, but in spite of its being effective, it was not used very often." ³⁸

GALVANIC TREATMENT: A remarkable discovery made by Garvin Murray Crabbe³⁹ when he was superintendent in the 1930s was the discovery of an electricity machine: "In an old attic which used to be the Medical Officer's bedroom, but of later years had

³⁷ *Colonial Times* 10 December 1847; cited in *Ralph Crane (2011) "Death in New Norfolk", Convict Lives at the Ross Female Factory*, Lucy Frost (ed), (Hobart: Convict Women's Press) p.184.

³⁸ Garvin Murray Crabbe, (1966) *History of Lachlan Park Hospital* (Hobart: D.E. Wilkinson, Government Printer) p.11.

³⁹ Garvin Murray Crabbe, (1966) *History of Lachlan Park Hospital* (Hobart: D.E. Wilkinson, Government Printer) p.12.

housed the Registers and other old records, there was a static electricity machine which had been puzzling us” (12). Crabbe had found in the patient registers from 1851 onwards until 1876 what he regarded as “an astounding fact” (12): “Electricity was used on the insane as treatment! During a routine reading of the registers to find any relevant facts, all of a sudden an entry was discovered to the effect that a patient had been treated by the ‘application of electricity’. The electrical treatment was clearly used as a way of managing difficult patients – as a threat and punishment for ‘bad’ behaviour and patients dreaded its use. One patient was “made to speak and feed herself through the fear of the Galvanic battery.”⁴⁰ Another suffering from mental affliction since the birth of her last child was in a torped state and would not speak but “when a gentle current of the battery [was] applied she spoke begging me not to use it”.⁴¹ The “electrogalvanic current was applied half an hour daily. Dr Crabbe found several instances of women who were terrified of the machine. One patient, aged 35, who had been a patient for 20 years, was given ‘an application of the battery’ because she would not wear shoes or stockings. It induced her to wear them.”⁴²

RESTRAINTS:

⁴⁰ Crabbe 16.

⁴¹ Crabbe 20.

⁴² Crabbe 16.

SLIDE: 19th century restraint harness – Science Museum London wrist restraints
Museum of London⁴³

Restraints were used as a method of controlling and punishing bad behaviour within the asylum. Handcuffs, straightjackets, leather mitts, muffs, and wristlets were restraints used on violent patients who tore their own clothing, were liable to strike others, or destroyed property. Mary McLeod⁴⁴ was “violent requiring restraint”; Sarah McDonald⁴⁵ who “curses without cause, tears out hair, attempted to get up chimney [...]required restraint”; as did Scottish widow Agnes Chambers⁴⁶ who “throws anything she can get her hands on, language obscene and blasphemous”. These restraints were also used to prevent patients from scratching at sores, tearing off dressings, or interfering with attendants who were trying to wash wounds. Patients who refused to eat were restrained in order to insert feeding tubes, as proper nutrition was seen as a key component of moral therapy. There were, however, more restrictive restraint treatments, such as crib beds. These barred cribs confined patients to the bed, and were often used in conjunction with other forms of restraint.

INDIVIDUAL HISTORIES

⁴³ One: 19th century restraint harness – Science Museum London: Two: wrist restraints Museum of London. Three: Cracked glass plate image. ©2010 The Burns Archive Restraints No Longer in Use As of 1933 All photographs taken from *Patients & Promise: A Photographic History of Mental and Mood Disorders, Volume II* Burns Archive Press 2006.

⁴⁴ HSD246/1/8 Female (mental) (Volume No. 12).

⁴⁵ HSD246/1/8 Female (mental) (Volume No. 12).

⁴⁶ HSD246/1/9 Female (mental) (Volume No. 13).

Through an examination of individual patient's medical histories a pattern emerges of women becoming emotional unstable either on the voyage out to the colony or within a very short time of their arrival, which would indicate a clear correlation between the experience of separation and displacement and the onset of mental illness.

Irish widow **Catherine Rice**⁴⁷ "betrayed symptoms of mental disease both during passage and in prison at home. Manner quiet and taciturn, habit of sitting apart from other women with her apron on her head and talking a great deal to herself, fancies she can go straight to Ireland and requires constant watching, when opposed becomes violent, Illusions generally connected with the *idea of getting home*; fancies her brother is coming out with a horse and cart to take her home and enquires anxiously after him, no idea of time or place, 23 Dec 47.

Catherine had one child living, "has buried two, quite uneducated of middle stature, naturally choleric temperament. Catherine's "conduct good, employed at needlework, ignorant and of very moderate intellectual capacity, but hardly at present a fit subject for a Lunatic Asylum; 28 Feb discharged to Brickfields of sound mind [...] Discharged 15 Dec 1854 of sound mind and fit to take care of herself."

⁴⁷ HSD246/1/5 Female (mental) (Volume No. 9).

The effects of separation, displacement and transportation brought on mental illness in twenty-year-old **Emma Stamp**⁴⁸ from the Isle of Wight who was transported in 1848 and admitted to New Norfolk Asylum within weeks of her arrival. According to her notes “from evidence of one of her fellow passengers it appears on voyage conduct violent, struck medical officer and others, suspected to be affected in her mind at Millbank before she went on ship, constantly under punishment for violent conduct, lately in Hobart hospital, necessary to place her under severe restraint; threatened nurse for having poisoned her, had knife concealed in her bed. 25th March 48, Native of Isle of Wight, where she lived with family, father and mother alive, father a sawyer, has also five brothers and 3 sisters living, all with good health, went to school, but not regularly, can read little but not write. Was very ill at Millbank prison, also during voyage out, suffered from headache from her conviction, memory very defective, does not remember what happened to her in England, during the voyage only Col Hosp. Hobart. A good looking girl, dark hair and eyes, choleric temperament, expression of countenance extremely melancholy, Mania probably dependent on her position as a convict. [...] Discharged 17 April 1854 discharged of sound mind.”

Seventeen-year-old Irish girl **Margaret Gibbons**⁴⁹ was full of fury at life’s misfortunes. Illiterate and considered “vicious” with a “naturally phlegmatic choleric temperament” she was admitted to the asylum from Launceston female Factory in December 1848

⁴⁸ HSD246/1/5 Female (mental) (Volume No. 9).

⁴⁹ HSD246/1/8 Female (mental) (Volume No. 12).

suffering from “uncontrollable paroxysms of fury during which she destroys any thing within her reach.” She was in and out of the asylum for the next three years at times working “assisting nurses”. Despite outbursts of anger the medical officer admitted in 1849 that she “can hardly at present be considered a fit subject for a lunatic asylum”. She was discharged to the Brickfields in May but was readmitted in July 1849 from the Hobart Hospital. The report from the hospital “says she was constantly playing with a small doll which she says is her child, violent an threatening murder if detained or not provided with clothes for her child, incoherent, a variety of a hallucinations”. By 20 August 1850 - still a patient at the hospital she has *given birth to a child* as the entry reads: “in good health as well as the child.” A month later however she “became violently excited because she was not brought before the board” obviously hoping to escape the asylum. She was “so violent [it was] necessary to take her child from her and remove her to cells.” Four months later her child was in robust health and Margaret was “ignorant, vicious, temper very bad”. She was discharged in April 1851 but readmitted from the Cascades Female Factory in February 1852 in an emaciated state with no further mention of her child who, if alive, was most likely in the Factory Nursery or at the Queens Orphanage. Margaret was discharged for a final time in October 1853 “in good bodily health, able to earn her livelihood” she left the asylum for the last time.

Twenty-six-year-old English woman Ellen Parker⁵⁰ left Woolwich in 1846 aboard the *Sea Queen* and arrived in Hobart Town four months later. She was admitted to the General Hospital ten weeks after arriving in the colony, having been pronounced insane on board. She was transferred to New Norfolk on 29 December 1846 suffering from “mania epilepsia” and “exhibiting symptoms of deranged intellect, violent abusive language, threatening fellow prisoners, a knife secreted in her bed, dancing about her bed at night; conduct on board ship was as much as to lead the surgeon to report her to be insane. Has been subject to epileptic fits at irregular intervals. [...] Whatever she may have done before admission she is decidedly more the subject of *extremely irritable bad temper*, than insanity.” She was discharged on 25 March 1847 “being pronounced of sane mind.” Ellen was an angry disaffected young woman – and who can blame her? Until her arrest she may never have travelled further than a few miles beyond her home and since her conviction she had been forcibly removed from her home, her village, her country, placed on board a ship and sailed across the high seas to the other side of the world, totally powerless to do anything to recover her old life.

Welsh woman **Anne Livison**⁵¹ was admitted to the General Hospital within four months of her arrival on board *Sea Queen* in 1846 suffering from “melancholia”. She “Laboured for some time under extreme melancholia, shuns society of other prisoners, *weeps bitterly and suffers great mental distress, god has forsaken her*, her life if not worth

⁵⁰ HSD246/1/5 Female (mental) (Volume No. 9).

⁵¹ HSD246/1/5 Female (mental) (Volume No. 9).

preserving, not but misery is in store for her, sometimes not gloomy and despondant, but only reserved, quiet and taciturn. [...]discharged to Brickfields factory.”

Seventeen-year-old English girl **Ann Peacock**⁵² spent seven years in and out of the New Norfolk Asylum as she struggled to adapt to life as a convict from the time she arrived in the colony on 4 January 1847 and was admitted from the General Hospital Hobart where she had been pronounced insane on 25 May 1848. She was released and readmitted eight times over the next seven years suffering from ‘mania’. According to her notes she had” shown *strong symptoms of mental excitement since arrival in colony* and has required restraints at Hobart Hospital, temper overbearing no control over her actions but at other times rational”.

Jane Easton⁵³ was admitted to the asylum on 9 February 1842 (Janus – get date) suffering from mania. According to her record “she talks almost incessantly of her children and husband; this woman tried to destroy herself this morning (30 August 1842) by cutting her throat; the next entry is 9 years later 5 August 1851 and simply states “the same”, indicating the lack of care. On 12 April 1853 she was “able to walk about, fits more or less frequent, very incoherent.” The next entry on 30 January 1854

⁵² HSD246/1/5 Female (mental) (Volume No. 9).

⁵³ HSD246/1/2 Female (mental) (Volume No. 3).

“more epileptic fits, better during the day, took a little food, between 4 and 5pm **died** in about 10 minutes”.

Thirty-five-year-old **Rachel Wrighte**⁵⁴ “talking incoherently about her husband and children” when she was admitted in April 1838; Mary West⁵⁵ “believes that she was the Moon and the sun is her husband”; Susan Robins⁵⁶ who was admitted in September 1845 after 22 years in the colony was “constantly under the impression she is surrounded by family and friends and frequently addresses them by name. She died in New Norfolk Lunatic Asylum three months later.

Conclusion:

Further study of other records relating to these women and their treatment etc at New Norfolk Asylum and their convict records will provide an even richer understanding of the lived experiences of individual women. Most of the convict women in this study admitted to New Norfolk Asylum were suffering from insanity/mania/amentia as a result of hereditary factors, criminality, moral and physical degeneracy and a low social status – but their mental health was also impacted by the trauma of forced migration. What is clear is that many of the women were traumatised by forced migration, never able to recover an emotional equilibrium to participate positively in colonial society,

⁵⁴ HSD246/1/2 Female (mental) (Volume No. 3).

⁵⁵ HSD246/1/2 Female (mental) (Volume No. 3).

⁵⁶ HSD246/1/2 Female (mental) (Volume No. 3).

while for others madness offered them a way to manage the trauma of separation, loss and forced migration and as the casebook shows this was so for the majority of women who entered the new Norfolk Lunatic Asylum and left to forge a new life in this new world that was to be for the rest of their lives 'home'.

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SLIDE: electrical

The discovery of an electrical machine in use at New Norfolk as early as 1851 is indeed “remarkable” as it was not until the 1860s that an ‘Electrical Room’ was established at St Guy’s Hospital in London and the use of electrical treatment did not become widely used until much later in the century 1870s. Who brought the machine out from England is not clear, it may have been Dr Meyer who had “sole charge of lunatics’ from 1845 to 1854. According to Crabbe “He owed his appointment to his ‘expert knowledge of brain diseases.”⁵⁷ It may have been his “electricity” machine which persuaded the Board of his impressive knowledge of brain disease.

“There were differing opinions as to the relative merits of the different techniques for electric therapy and the clinical accounts suggest a trial-and-error approach with a great variation in the number of treatments given.⁵⁸ It is clear according to Crabbe that the “battery” was obviously disciplinary rather than strictly therapeutic. It was also, according to a French doctor writing in 1899, a skill not easily acquired. “An application of the constant current to the brain ... is, in a certain sense, an artistic performance which requires not only knowledge but also much practice and some talent like a good

⁵⁷ Crabbe 11.

⁵⁸ Anon, 1871b; Allbutt, 1872; Newth, 1873; Anon, 1883b; Robertson, 1884; Wigglesworth, 1887; in Beveridge and Renvoize 159.

musical performance... A man who labours with love and care and has the discrimination to select one of the methods described by me or several of them ... will in the nature of things obtain better results than another whose heart is not in his work, who acts by mere routine, and who is devoid of the elements of an artistic disposition or true clinical instinct.”⁵⁹

Did convict women feign ‘madness’ to escape from the Factory or assignment systems? ONLY A HANDFUL OF women were recorded as feigning illness: **Agnes Chambers**⁶⁰ who was in Millbank before she was transported to VDL was said to “since admission complaining of affectation many of which we consider to have been exaggerated or feigned [...] exaggerates her ailments”; Fifty-six-year-old **Elizabeth Wardron**⁶¹ was said to have “Exaggerated her ailments wishing to be kept in hospital...”; **Ellen Parker**⁶² “Has been subject to epileptic fits at irregular intervals. Now regrets that she was insolent and passionate in the colonial hospital, certainly not that of an insane person; I am of the opinion that she deliberately exaggerated her ailments being probably not very anxious to be discharged. Whatever she may have done before admission she is decidedly more the subject of extremely irritable bad temper, than

⁵⁹ Althaus 1899 in Beveridge and Renvoize p. 158

⁶⁰ HSD246/1/9 Female (mental) (Volume No. 13).

⁶¹ HSD246/1/2 Female (mental) (Volume No. 3).

⁶² HSD246/1/5 Female (mental) (Volume No. 9).

insanity” and Eliza Cinnamon⁶³ “Every reason to believe exaggerates her ailments. She is also at times very troublesome and impertinent.”

⁶³ Name on indent records Cinnamon. HSD246/1/2 Female (mental) (Volume No. 3).