

Department of the
Physician General

Admiralty, 1st November, 1836

The Surgeons Superintendent of Convict Ships are particularly desired to notice, that they will be required to render a regular Sick Book, with the Journal, and the Nosological Synopsis now added thereto, in a complete and Scientific state, together with a Certificate from the Medical Storekeeper at Deptford, as to the condition and number of their Surgical Instruments, in all respects the same as if employed in King's Ships, agreeably to the new Instructions for the Service Afloat, and that in the event of any failure in these particulars, the Certificates necessary from this Department, to entitle them to receive their Pay and Allowances will be withheld.

W. Burnett
Physician General.

Noted at the side

NEW INSTRUCTIONS

Art. 2,5,30,32

Appendix

Form No 3,

“ “ 9,

“ “ 11,

“ Letter F.

Surgeon's Journal of Her Majesty's Female Convict Ship *Atwick*
Mr Peter LEONARD, Surgeon
from 21st August 1837 – to 31st January 1838
Adm. 101-006-004

PA 290376JPG

Copy of the sick list of the *Atwick* Female Convict Ship

When Put On Sick List	Name	Age	Quality	Disease or Hurt	When Put Off Sick List	How Disposed Of
1837						
September 17	Ellen Smith	20	Convict	Urticaria	Sept. 19 th	Discharged
18	Elizabeth Davies	18	“	Hysteria	22	“
“	Mary Grant	20	“	Colica Flatulenta	21	“
20	Mary King	24	“	Cholera accidentalis	24	“
“	Marg ^t McNiven	21	“	Colica callosa	21	“
22	Mary Armstrong	26	“	Menorrhagia	27	“
23	Agnes Thompson	19	“	Vulnus Capitis	“	“
24	Elizabeth Kelly	24	“	Cholera accidentalis	“	“
“	Mary Ann Barnard	16	“	Asthma	29	“
26	Jane Keith	24	“	Apoplexia Atonica	October 15	Died
27	Marg ^t Main	21	“	Asthma	12	Discharged
“	Caroline Perry	1	Convict's child	Pneumonia	1	“
“	Alexander hall	7		Psora	Sept. 29	“
October 5 th	Marg ^t Gillon	22	Convict	Obstipatio	October 8	“

12	Mary Ann Dowell	25	“	Fractura ossæ Sinistr.	29	“
16	Mary Armstrong	25	“	Epilepsia	19	“
19	Ann Crawley	19	“	Colica Stercorea	21	“
22	Margaret Christie	35	“	Febris Ephemera Simplex.	25	“
22	Sarah Thompson	29	“	Colica Accidentalis	28	“
25	Eliza Rawlins	23	“	Vulnus Cruris	November 15	“
November 1st	Jean Munroe	44	“	Dysuria	7	“
“	Elizabeth Honour	44	“	Dyspepsia	“	“
PA 290377JPG November 8 th	Janet Fell	10	Free woman's child	Ambustio	November 23	Discharged
9	Grace Kimbury	25	Convict	Hysteria	11	“
“	Elizabeth Davies	18	“	Ophthalmia	Decem. 22	“
10	Margaret Gillon	22	“	Hysteria	Novem. 11	“
13	Catherine Martin	40	“	Diarrhoea	17	“
“	Hannah Collis	47	“	Rheumatismus	January 14	“
“	Margaret Gillon	22	“	Hysteria	Novem. 19	“
17	Eliza Taylor	22	“	Febris Synochus	20	“
21	Margaret Main	26	“	Ophthalmia	29	“
29	Margaret Gillon	22	“	Hysteria	Decem. 26	“
December 11 th	Elizabeth Ellis	19	“	Scorbutus	January 21	“
12	Jane Fell	45	Free woman	Phlegmon	Decem 22	“
22	Charlotte Stevens	18	Convict	Colica Accidentalis	26	“
“	Georgina Harper	21	“	Cynanche Tonsillaris	27	“
24	Frances Shepherd	24	“	Premature labour – child putrid	31	“
27	Sarah Ferguson	26	“	Natural Labour – child healthy	January 6	“
1838						
January 3 rd	Elizabeth Davies	18	“	Ophthalmia	25	Sent to Hospital
9	Eleanor Pollard	34	“	Cynanche Tonsillaris	14	Discharged
21	Elizabeth Davidson	33	“	Rheumatismus	25	Sent to Hospital

P. Leonard
Surgeon Superintendent

Medical and Surgical Journal of Her Majesty's Convict Ship *Atwick* between the 21 August 1837 and the 31 January 1838 during which time the said ship has been employed in a voyage from London to Hobart Town, Van Diemen's Land

Nature of Disease	No. of Case	Women's Names, Ages, Qualities, Time when and where taken ill, and how disposed of.	The History, Symptoms, Treatment, and Daily Progress of the Disease or Hurt.
<p>Cholera Biliosa Accidentalis</p> <p>PA 290379JPG</p>	1	<p>Mary King Ætatis 24 Convict Woolwich 20th Sept. 1837 Discharged 24th Sept.</p>	<p>Patient of a Phlegmatic Temperament. The present is the menstrual period – This has been suppressed for three months past and irregular for sometime before. Was seized last night with vomiting & purging attended with severe abdominal pain – pulse at present (6 AM) 104 small and weak – tongue clean – complains of intermitting pain in the lower part of the Belly relieved on pressure – nausea & vomiting constant and purging frequent – slight headach & numbness of the hands.</p> <p><i>Rx. Tinct Opii g' Lx Spt. Aeth. Nit zfs Aqua ʒi fiat Haust. statim capiendus</i> – warm fomentations to the abdomen – Bottles of warm water to the feet.</p> <p>10 AM - No change – vomited the draught.</p> <p><i>Rx Camphoræ g' viijfs</i> <i>Solve in Spt. Vin. g' viij et adde</i> <i>Tinct Opii g' xii</i> <i>Acid Nit. D. ʒfs</i> <i>Aqua ʒij fiat Haustus</i></p> <p><i>Statim adhibendus et repetend tertia q.q. hora.</i> Fomentations to be continued – the hot flannels to be sprinkled with mustard.</p> <p>6th much relieved – no desire to stool for the last two hours – pain almost gone – pulse 96 – perspires freely. <i>Omt' Haustus.</i> Continue the Fomentations and encourage the perspiration.</p> <p>25th Patients very weak but almost free from complaint – no call to stool during the night. <i>Omt' Omnia</i> – Diet to consist of Gruel, Sago & Tea.</p> <p>26th Had a little Castor Oli this morning which acted moderately and from this time the Patient rapidly recovered.</p>
<p>Apoplexia Atonica commencing with Fever</p>	2	<p>Jane Keith Ætatis 24 Convict Put on the Sick List at Woolwich 26th September 1837 Died on the 15th October 1837</p>	<p>Patient of a Leucophlegmatic temperament & pallid sickly aspect. Has had several attacks of ague. Is at present in the stage of rigor – has a general feeling of uneasiness throughout the body without any fixed pain – pulse 85 small – skin dry - heat almost natural - respiration accelerated – bowels costive – tongue white – kidneys and bladder act freely - urine high coloured. Patient has all the appearance of having been a dissipated person and confessed to having drank hard and led a very irregular life. States that she was long ill in Jail at Edinburgh from whence she was sent to this ship and took much medicine. Seems melancholy and despondent.</p> <p>Ordered the following Draught</p> <p><i>Rx. Tinct Opii g' Lx</i> <i>Spt. æth. Nitros. ʒfs</i></p>

<p>PA 290380.JPG</p>			<p><i>Aqua - ℞i fiat Haustus statim sumendus</i> Vespere – The sweating stage set in about an hour ago – is perspiring freely – pulse soft and natural. September 27th Intermission perfect <i>Rx. Hydrarg Submuriatis g^r iij</i> <i>Extract Coloc. Comp. g^r v M fiat Pil statim capienda.</i> To be followed by a little Sulphate of Magnesia in three hours if necessary. Vespere – Bowels well evacuated by the Purgative. Feels easy – 28th 10 am Febrile Paroxysm returned – but milder – <i>Rx. Quinae Sulphates g^r ij</i> <i>Acid. Sulph. Dilut g^r iij</i> <i>Aqua ℞i – fiat Haustus terin die sumendus.</i> 29th Pulse 72 – soft – tongue pale and flabby – skin cool – bowels free. Fels tolerably easy. <i>Cont^r. Haustus Quinae</i> October 1st No rigor – feels tolerably easy but excessively weak and experiences a creeping sensation throughout the skin. Oct. 2 Had an irregular attack of shivering, followed by heat and perspiration during the night – Found that she had been eating more than she ought to have done at Dinner and vomited afterwards. Stopped the whole of her rations and ordered a light diet of Soup, Sago or Rice for Dinner with Tea morning and evening. Continue the Quinine. 3rd Feels better – Pulse 75 soft. Bowels constipated. <i>Rept^r Pil Cal et Coloc. a a</i> 4th Feels so much better that she begged to have her Rations which were allowed. Pulse natural. Is free from pain and feels altogether better excepting that she is excessively weak and has lost flesh very much. Two glasses of Port Wine daily 6th Has had occasional irregular shivering fits followed by heat and perspiration which have increased the debility. Pulse good – skin dry – tongue pale and flabby. <i>Rx. Hydrarg Submur g^r. ifs</i> <i>Antimon Pulv. g^r iij fiat Pilula omni nocte sumenda. Con^r. Quinae Sulph.</i> 9th Went out of Hospital to her mess saying she felt much better but was ordered back again and the medicines continued. 12th Complains of being much worse – Pulse 65 weak – Is restless and uneasy– skin dry – tongue the same pale and flabby appearance as before – Has had no rigor for some days. Bowels constipated. <i>Rept^r. Pil. Cal et Colocynth a a</i> followed by <i>Magnes. Sulph</i> and an Enema if necessary. Vespere – Bowels well opened – feels easier – complains of pain in the head. <i>Omit^r. Haust. Quinae et Pil. Hydrarg Submur.</i> The nurse states that she has been eating freely and forcing herself to vomit by irritating the fauces with her finger. 13th Great pain in the head, pulse 60 oppressed but regular – strength prostrate – ordered the head to be shaved and a Blister applied over the Scalp. 14th 7 AM – The patient while on the close stool chair – at which time her Bowels were moved – became suddenly insensible and was carried to bed by the nurses. On seeing her immediately I found her in the following state.</p>
<p>PA 290381.JPG</p>			

PA 290382.JPG			<p>Insensible – pupils dilated – pulse 72 & very irregular – upper extremities convulsed – tongue protruded – power of deglutition lost, moaning, restless & moving the lower extremities but not violently – hands bent upon the wrists but not strongly. Ordered a stimulating enema and Blisters to the Calves of the Legs. The Blister on the head not risen well – renewed and reapplied.</p> <p>10 AM. Enema acted powerfully bringing off a large quantity of dark coloured foetid matter – pulse 64 regular- Still insensible – pupils dilated and unimpressed by the light – countenance bloated and pallid – breathing laborious and occasionally stertorous – fingers drawn towards the palm - wrist joints bent forwards- Enema to be repeated an hour hence.</p> <p>2 PM – A general increase of heat – pulse sometimes full & oppressed and about 72 – at other times small rapid, scarcely perceptible and incapable of being counted. Spasms draw the wrists backwards. Moans much and makes inadequate efforts to move.</p> <p><i>App. Cucurbit. Nuchæ</i> A Blister to be applied afterwards over the same place and at 3 PM another enema to be administered.</p> <p>5 PM. Moaning greatly some abatement of the Convulsions. The pulse can now be counted although with difficulty and amounts to nearly 170 – and the power of deglutition has in some degree returned – pupils less dilated and slightly sensible to the light. Enemata have brought off a very considerable quantity of dark coloured foetid matter. Blister rising well.</p> <p><i>Capiat Aqua Ol. Croton Tigl.g' ifs cum Saccharo et aqua statim.</i></p> <p>8 PM. Moans very much. Pulse 155 – swallowed the draught tolerably well – seems less restless and easier but there is no return of sensibility – indeed this seems but the effect of exhaustion</p> <p>Midnight – A change has taken place for the worse – the pulse is now scarcely perceptible and exceedingly rapid – pupils fixed and dilated to their fullest extent, moans still and is evidently more feeble.</p> <p>15th October – 6 AM. Gradually sinking – very quiet – pupils fixed – pulse scarcely perceptible – rapid – no convulsions. Extremities have been alternately hot and cold during the night.</p> <p>10 AM. Lower extremities cold – Body covered with profuse clammy perspiration preceding dissolution.</p> <p>1:45 PM. Expired with a struggle.</p>
Fractura Fibula Sinistra	3	<p>Mary Ann Dowell Ætatis 25 Convict Lat. 49.45 N Long. 7.24 W 12th Oct. 1837</p> <p>Discharged on The 29th October 1837</p>	<p>The after Hatchway being open for the purpose of getting up provisions and the Ship rolling considerably at the time – this woman missed her footing and fell into the afterhold. She was taken up sensible but suffering great pain and placed in the Hospital. Considering the nature of the accident the injuries are but slight -consisting of an oblique fracture of the left Fibula and a rather severe contusion over the spine of the right Ilium. Suffers great pain over the seat of the Contusion which is much swollen and discoloured, extending from the central part of the Superior Spine of the Ilium backwards to the Scarum and</p>

<p>PA 290383.JPG</p>			<p>about three inches in breadth perpendicularly. The Fracture of the Fibula is situated two inches above the malleolus, is oblique with but very little separation of the ends of the Bone – crepitus distinct. Patient placed in Bed – applied a Bandage from the toes to the knee of the injured extremity placing pads on each side of the fractured ends of the Bone to keep them in opposition and placed the limb in splints. Ordered the following Lotion to the Contusion on the Loins.</p> <p><i>Rx. Aquæ Ammon. Acct.</i> <i>Spt. Vini Rect.</i> <i>Aquæ a a ʒfs ℥</i></p> <p>13th October – Slept little – no fever, still considerable pain in the Loins – less swelling – discolouration extended. Bandage and a folded piece of cloth applied over the contusion – to be wetted with the Lotion occasionally. Fracture more painful but no swelling and very trifling discolouration, adjusted the splints & Bandage.</p> <p><i>Capiat Aqua Magnes Sulph. ʒfs</i> 14th Oct^r. Doing well – no fever – much less pain – swelling over the loins much abated and the effused blood absorbing rapidly. Limb easy. Bowels open.</p> <p><i>Pergat.</i> 16th Is able to sit up in bed – loins free from pain except when touched – swelling entirely removed. Fracture doing well – adjusted the Bandage & splints and found the ends of the Bone uniting well and in close approximation. Reapplied the bandage & compress to the loins. Omit the lotion – perfect rest enjoined.</p> <p>20th Patient rapidly improving. <i>Pergat.</i> 29th Discharged from Hospital being able to move about a little – union of the Fracture perfect & the Loins free from pain and tumor.</p>
<p>Ambustio Scald</p> <p>PA 290384</p>	<p>4</p>	<p>Janet Fell Ætatis 10 Free woman's child 8th November 1837 at Sea Lat 5.02.40 N Long. 23.16 W. Discharged on the 23rd Nov^r 1837</p>	<p>Severe scaled of the left arm & hand and right cheek and ear from falling into a vessel containing a quantity of hot Pea Soup. Vesication extends over the whole arm and hand from midway between the shoulder & elbow – and there are several isolated blisters on the cheek & ear. Patient placed in bed – the arm rested on a soft cushion of Tow covered with Calico over which fine Flour was thickly strewn, with which the whole arm and hand and right side of the Face was likewise covered and directed to be removed as it became moist with the discharge.</p> <p>9th Nov^r. Pain severe but less so than it was last evening. Patient feverish – pulse quick – swelling of the arm considerable – vesications general – large and much distended. Punctured the skin cautiously and continued the Flour.</p> <p><i>Rx. Hydrargyri Submur g^r iij</i> <i>Antimonii Pulv. g^t iv ℥ fiat Pulv. Statim adhibendus</i></p> <p>10th – Arm easy – profuse discharge of serum from the punctures. Fever abated – bowels opened this morning by <i>Infusum Sennæ</i>. Face looking much better – discharge slight and swelling diminished. Continue the application of the Flour.</p>

			<p>11th Swelling of the arm diminished – profuse discharge of purulent matter. Face doing well. Arm and hand to be enveloped in a soft oatmeal Poullice after removing as much of the caked flour as possible without separating the skin.</p> <p>12th Arm perfectly easy when in the Poullice but very painful on removing this and exposing the injured surface to the air. Continue the Poullice shifting it twice a day.</p> <p>14th Swelling much abated – the whole of the cuticle removed by the Poullice – Inflamed surface looks well – no ulceration excepting on the ulnar aspect of the Forearm about three inches long and one in breadth where the arm has rested. Patients health good.</p> <p>Continue the Poullices.</p> <p>16th Arm of its natural size. Little discharge and that from the ulceration only. Omit the Poullice and dress the arm with <i>Cerat. Calaminæ</i>.</p> <p>18th Nov^r. Ulceration looking well – clean and granulating – discharge healthy.</p> <p>19th Healing slowly – Powdered chalk applied over the ulcerated surface. <i>Cerat. Calaminæ</i> over all.</p> <p>21st Ulcer nearly healed up.</p> <p>23rd Ulcer healed without any contraction of the cicatrix. Patient discharged</p>
<p>Ophthalmia</p> <p>PA 290385</p>	5	<p>Elizabeth Davies Ætatis 18 Convict 9th November 1837 at sea Lat. 4.26 N Long. 23.28 W. 22nd Dec^r 1837 Discharged cured Added again On the 3rd January 1838 With a return of the same complaint. Finally went to Hospital at Hobart Town V.D. Land 25th January 1838</p>	<p>Conjunctiva of the left Eye in a state of slight inflammation- no pain in the head or eye except the usual sensation of something lodging in it – tongue white – general health good.</p> <p><i>Rx. Ipecacuanha Pulv. gr. xv</i> <i>Antimonia Tartr. gr i ℞ fiat Pulv. statim capiendus</i> – Cold water applied to the eyes frequently – rest with both eyes shaded – low diet.</p> <p>11th Nov^r. Some diminution of the redness & uneasiness of the organ. <i>Pergat.</i></p> <p>13th The inflammation continues without any very marked abatement. <i>Sl. Magnes Sulphates ℥fs pro re nata</i> <i>Rx. Zinci Sulphates gr v</i> <i>Tinct. Opii gr vi</i> <i>Aqua ℥ij ℞ et solve</i></p> <p>Collyrium to be used frequently – rest in bed and eyes shaded.</p> <p>15th Slight improvement – <i>Pergat</i></p> <p>18th November – Stationary-but the Injection of the Conjunctiva of a less brilliant red. Insinuated two drops of the <i>Tinct. Opii</i> between the Eyelids which gave relief.</p> <p>20th Today the right eye has become slightly red and painful. Omit. the <i>Tinct. Opii</i>. Cold Bread Poullice to be applied and a Brisk common purgative given.</p> <p>21st Increase of redness and pain in both eyes. Patients health does not suffer – her constant desire is for more food. <i>App. Emp. Vesicat temporibus</i>. The cold Poullices to be frequently renewed.</p> <p>23rd Some abatement of the Inflammation <i>Pergat.</i></p> <p>25th Little alteration. <i>Rept^r. Emp. Vesicatorium a a</i> Continue the cold Poullices with rest in bed.</p> <p>29th Inflammation abated – <i>Pergat.</i></p> <p>4th December – Redness and pain much lessened <i>Omit^r Cataplasma Rept^r Collyrium</i>. Eyes still kept shaded – The</p>

			<p>patient from this time continued to improve and was discharged on the 22nd entirely free from any inflammation in either eye. On examining her again however with the other Prisoners on the 3rd January the Eye exhibited an appearance of returning Inflammation and she was again placed on the Sick List where she continued until the 25th January 18838 when she was discharged to Hospital not being assignable although nearly convalescent. During the last three weeks the Inflammation was of a subacute character and was evidently connected with disorder of the digestive functions. The treatment consisted of the daily local application of astringent <i>Collyria</i> accompanied by small doses of <i>Pil. Hydrarg & Pulv. Rhei</i> internally – <i>mane nocteque</i>.</p>
Rheumatismus	6	<p>Hannah Collis Ætatis 47 Convict Placed on the Sick List 13th Novr 1837 at Sea Lat. 1.06 N Long. 27.35 W Discharged 14th January 1838</p>	<p>Has been for many years subject to Rheumatism. Being a weakly & debilitated person, she was placed in Hospital for the purpose of having a more generous & digestible diet. Her appetite and powers of digestion are much weakened. The knees are the chief seat of pain and the ancles swell towards night. <i>Infus. Aura</i>. Ordered with the <i>Mistura Guaiaci</i> occasionally and a mild laxative of <i>Pulv. Rhei Magnes Carbon. et Zingiber Pulv.</i> at intervals. Having improved greatly by the Regimen adopted she was discharged on the 14th January.</p>
PA 290386 Febris Synochus	7	<p>Eliza Taylor Ætatis 22 Convict Nov^r 17th 1837 at Sea Lat. 7.03 S Long. 32.05 W Discharged 20th November 1837</p>	<p>Patient a strong, muscular, and plethoric woman. Complains this morning of pain in the forepart and top of loins. Had a rigor during the night and has felt chilly and unwell at intervals for the last three days. Pulse 116 – full but soft – skin hot and dry – tongue white – eyes suffused and blood shot – bowels constipated – menstrual period – at all times regular -is just over – urine high coloured and scanty. A dose of Sulphate of Magnesia had been taken very early this morning since which she has felt considerable nausea.</p> <p><i>Rx. Hydrarg. Submur. gr̄ vj</i> <i>Antimon Pulveris gr̄ viij fiat Pulv statim adhibend.</i> 4 PM. Bowels opened – no relief – very restless.</p> <p><i>Detrahantur sanguinis ℥xvj</i> Great relief obtained from the Bleeding – headache nearly removed.</p> <p><i>Sumat [Aqu?] Aquæ Ammon. Acet. ℥i sumenda q.q. hora</i> – Yeast water acidulated with Supertartrate of Potass for drink. Body washed from head to foot with soap and water – to be afterwards sponged with Vinegar and water and the head kept cool with the same.</p> <p>18th November – Much better – Pulse 92 soft – headache removed – tongue cleaner – skin temperate. Feels altogether so much better that she desired to sit upright. Bowels free. Continue the Draught every four hours. No food to be given but Tea and barley water.</p> <p>19th Convalescent – considerable weakness remaining. Sago & Rice allowed with a very small portion of wine.</p> <p>20th Removed from Hospital – continued progressively to gain strength afterwards.</p>

<p>Scorbutus commencing with symptoms of Pleuritis</p> <p>PA 290387</p>	<p>8</p>	<p>Elizabeth Ellis Ætatis 19 Convict Dec^r 11th 1837 at Sea Lat. 37.41 Long. 9.52 Discharged 21st January 1838</p>	<p>Patient of a pale sickly aspect although generally enjoying good health. Complains of severe pain from under the left mamma which affects her respiration. Pulse accelerated but soft – skin temperate – tongue clean – bowels regular.</p> <p><i>App. Emp. Lyttæ parti dolente</i> <i>Capiat Aqu Antim Tart. g^r fs quarta q.q. hora</i> Vespere – Three doses of Tartar Emetic have been taken – the two first completely emptied the Primæ Viæ – the last produced no nausea or purging Blister risen well – Patient feels much easier – has less pain in the Chest and the Breathing is more free – Diet sago or Gruel and Tea. 12th Continues better - pulse 100 weak – pain in the Chest not felt unless when attempting to fill it. Blister discharging freely. 14th Pain in the Chest removed. Patient feel excessively weak – pulse 110 feeble and increased on any exertion – countenance very pallid – breath foetid – bowels opened daily – stools dark coloured – appetite gone.</p> <p><i>Rx. Quinæ Sulphatis g^r ij</i> <i>Acid. Sulphur. D. g^r ij</i> <i>Aquæ ℥i – fiat Haustus bis in die capiendus.</i> <i>Rx. Ipecacuanhæ Pulv. g^r xii</i> <i>Rhei Rad. Pulveris g^r xviii ℥ fiat pil No vj – cujus sumat egui 1 omni nocte.</i> – Same diet with a little wine daily.</p> <p>19th Patient has continued since last report without improvement. Today there are marked symptoms of Scorbutus which there is little doubt has been the nature of the complaint from the commencement. The Gums are slightly red, swollen and tender and bleed on being pressed gently and the legs below the knees are marked with several irregular pink coloured blotches. Patient is free from pain but feels excessively weak and has lost flesh considerably, the pulse is about 100 & feeble and becomes very rapid on making any exertion or even sitting up-right – her countenance is very pallid and her breath peculiarly foetid – Bowels are still opened daily and the evacuations of the same character – dark coloured and foetid. – Omit the Pills & Quinine.</p> <p><i>Rx. Nitratis Potassæ ℥i</i> <i>Aceti ℥viij</i> <i>Ol. Pip. Menthe g^r iij</i> <i>Sacchari q.s. ℥ Capiat [qu?] ℥fs ter in die.</i> Diet to consist of Preserved Meat with vegetables gradually increased as the Stomach will bear it – a little Port Wine daily, and lemonade for drink to be used <u>ad libitum</u>.</p> <p>21st December – Improved – Pulse 84 and stronger – Spots on the Legs have assumed the usual blue or livid appearance of those occurring of Scorbutus, resembling so many slight contusions with blood extravasated under the skin and raising it above the level of the general surface. Patient was taken on the Poop for the benefit of the air and sat there for two hours – expressed herself much better for it. Same treatment to be continued.</p> <p>25th Very little change – Has every evening a sense of chilliness which lasts for about an hour and is succeeded by heat and perspiration. Her strength is however improved- she is able to walk on deck daily when the weather is fine and remains there two or three hours.</p>
<p>PA 290388</p>			

			<p><i>Rep' Haust Quinae Sulph. ut antea hor. meridian. Cont' alia</i></p> <p>30th Complaint seems stationary no increase in the size or number of the swellings on the legs or diminution of strength. Potatoes and other vegetables ordered for food with the preserved meats and four glasses of wine daily. Omit the Nitri and Vinegar.</p> <p>January 1st 1838 – Improved in all respects – a palpable increase of strength and appetite and a decrease of foetor in the breath and of the swellings on the extremities. Continue the Quinine Draught at Noon – the Fresh Meat & Vegetables Diet with Wine and Lemonade for drink.</p> <p>6th Progressively improving – Scorbutic tumors disappearing. <i>Pergat</i> –</p> <p>10th Nearly convalescent but still weak – Omit the Quinine. Continue the same diet with an occasional Laxative of Rhubarb, Magnesia and Ginger.</p> <p>From this period she continued rapidly to improve and was discharged on the 21st every bad symptom being removed and her strength restored.</p>
PA 290389 Paracysis of Dr.Mason Good — Premature labor	9	Frances Shepherd Ætatis 24 Convict 24 th Dec ^r 1837 at Sea Discharged 31 st December	<p>Patient in the 2nd week of the eight month of Pregnancy. Had a fall down the Water Closet ladder about twelve days ago and has not felt well since. Was seized with pains of Labor about midnight and at 4:30 AM was delivered of a stillborn Female Child in a putrid state – the body livid and the cuticle separated very generally throughout its surface. Presentation and progress of the Labor 1st December – Discharged.</p>
Graviditas Natural Labor	10	Sarah Ferguson Ætatis 26 Convict 27 th December 1837 at Sea Discharged 6 th January 1838	<p>Full period of Pregnancy. Seized with Labor pains at midnight and was delivered of a healthy Female Child at 2:30 AM. Presentation & progress of the Labor natural.</p> <p>29th After pains rather severe – small clots coming away with each pain – relieved by opiate Frictions to the abdomen and warm fomentations, milk secretion tolerably copious. Child doing well – Applied to the Breast during the past night.</p> <p>30th After pains removed. Mother & child doing well.</p> <p>6th January – Discharged.</p>
Rheumatismus	11	Elizabeth Davidson Ætatis 233 Convict 21 st January 1838 at Sea Sent to Hospital At Hobart Town 25 th January 1838	<p>Has been for some time subject to Rheumatic attacks in the lower extremities. Is of delicate habit and enfeebled constitution. At present the attack is confined to the muscular fascia of the right thigh which is a little swollen accompanied with pain chiefly during the night. – Ordered the <i>Mistura Guaiaci</i> twice a day with the <i>Puly. Ipecac. Comp</i> at bed time. The Limb to be rubbed briskly with warm Vinegar night and morning and afterwards rolled in Flannel.</p> <p>23rd Improved materially.</p> <p><i>Pergat in usu medicamentorum</i></p> <p>25th Almost convalescent – but being unassignable was discharged to Hospital at Hobart Town this day.</p>

P. Leonard Surgeon Superintendent

A Nosological Synopsis of the Sick Book kept during the Period of this Journal, in conformity with the 30th Article of the Surgeons' Instructions.

Diseases Nosologically arranged	Numbers						Nos. of such Cases as are detailed in the Journal
	Total	Discharged to Duty	Sent to the Hospital	Died on board	Invalided	Remaining	
Pyrexiae							
Ord. I. Febres.							
Intermittentes Quotidiana Tertiana Febris Ephemora Simplex	1	1					
Continua Synochus	1	1					1
Typhus							
Ord. II. Phlegmasiae.							
Phlogosis							
Pneumonia	1	1					
Rheumatismus	2	1	1				2
Ophthalmia	3	2	1				
Phlegemon	1	1					
Cynanche	2	2					
Ord. III. Exanthemata.							
Variola							
Rubeola							
Erysipelas							
Vaccina Urticana	1	1					
Ord. IV. Haemorrhagiae							
Haemoptysis							
Phthisis incipiens							
Phthisis confirmata Menorrhagia	1	1					
Ord. V. Profluvia.							
Catarrhus							
Dysenteria							
Neuroses.							
Ord. I. Comata.							
Apoplexia	1			1			1
Ord. II. Adynamiae.							
Dyspepsia	11						
Ord. III. Spasmi.							
Asthma	2	2					
Diarrhoea	1	1					
Colica	5	5					
<i>Hysteria</i>	5	5					
<i>Cholera</i>	2	2					
<i>Epilepsia</i>	1	1					
Ord. Iv. Vesaniae.							
Amentia							
Mania							

Cachexiae.							
Ord. I. Marcores.							
Tabes							
Ord. II. Intumescenciae.							
Anasarca							
Ascites							
Hydrothorax							
Ord. III. Impetigines.							
Syphilis							
Scrophula							
Icterus							
Scorbutus	1	1					1
Locales.							
Ord. I. Dysaethesiae.							
Amaurosis							
Ord. II. Dysorexiae.							
Ord. III. Dyscinesiae.							
Ord. IV. Apocenosos.							
Gonorrhoea							
Ord. V. Epischeses							
Ischuria							
Obstipatio	1	1					
Dysuria	1	1					
Ord. VI. Tumores.							
Aneurisma							
Ord. VII. Ectopiae.							
Hernia							
Prolapsus							
Paracyesis	1	1					1
Graviditas	1	1					1
Ord. VIII. Dialyses.							
Fractura	1	1					1
Vulnus	2	2					
Ulcus Ambustis	1	1					1
Psora	1	1					
GENERAL TOTAL	41	38	2	1			11
NOTE.—Medical Officers are desired particularly to Notice that the Numbers in each Disease and the general Total must not only correspond with the Sick Book, but also with the particulars contained in the several Nosological Returns for the period.							

GENERAL REMARKS

The following numbers of Convicts, Free Women and Children were embarked on board the "Atwick" at Woolwich in parties from different localities in the Country and at various time between the 13th and 28th September 1837 – viz

Convicts –	151
Free Women –	5
Convicts Children –	18
Free W. Children –	9
Total	183

One death occurred during the Voyage and one Birth making the total landed at Hobart Town on the 25th and 30th January 1838 the same, in point of number, as embarked at Woolwich – viz 183.

The General condition of the Convicts and others when received on board was favourable, and their General health tolerably good; but there were some whose Persons were in a most filthy condition and others whose strength had been seriously impaired by dissipation and previous Disease. Care was taken to have the former thoroughly cleaned; and some attention was required during the Voyage in supporting the enfeebled constitutions of the latter. The only person who died was a Case of this description – of intemperate habits and irregular mode of life she (Case 2) had for a long period suffered from the effects of her irregularities when on shore, and, after repeated attacks of Intermittent Fever ultimately fell a victim to that species of apoplexy – dependent upon nervous and vascular debility which occur in Individuals where Constitutions have been weakened by intemperance.

The means used for the Preservation of Health were such, I believe, as are generally adopted – viz- attention to cleanliness and dryness in the Prison – free ventilation there – bodily exercise and constant mental employment on Deck if the weather would at all permit & personal cleanliness with a constant attention to muster below immediately there was a probability of a shower or of sprays coming on board; so that the person and the clothing should, like everything else below, be kept thoroughly dry. The Prison was opened up sunrise – the Bedding brought up on deck, shaken, and stowed in the Nettings – each Prisoner was then mustered to wash her person and during the warm weather to bathe - a screen being thrown round the Bathing Tub placed on the Quarter Deck for that purpose – The prison Deck was at the same time cleaned with stones and sand. After this Breakfast was served at 8 o'clock. During the Forenoon such of the Convicts as could not read or write were engaged at School under some of the best educated amongst themselves who were appointed as Schoolmistresses. The others were employed at Needlework. Dinner was served at Noon. The Convicts were mustered to Wine a short time before Dinner and to Limejuice immediately after it. One glass of Wine was issued to each and the allowance of Limejuice and sugar for each was mixed with water so as to form half a Pint of Sherbet. To prevent a possibility of Drunkenness by disposing of, or giving away the Wine, each individual was compelled to drink it in passing muster; and in the like manner, they were compelled to drink the Sherbet that it might not be wasted, or misapplied, but that each might experience its full benefit in the prevention of Scurvy.

During these daily musters a scrutiny of their Persons and Clothing took place to ascertain their state of Health and their attention to personal cleanliness and to keeping their clothes in good repair. During the afternoon the Convicts were employed at School or at Needlework as in the earlier part of the day. Tea was served at 4PM – after which the Bedding was taken below. Two hours in the evening were then devoted to dancing and various innocent amusements for the sake of exercise. Immediately after Sunset all were mustered below and locked up for the night. Such is an outline of the daily arrangements and methods adopted for the preservation of health and order. These were never varied excepting during bad weather when it was

sometimes impossible to have the whole of the Prisoners on Deck or to have the meals cooked exactly at the usual hours. The Prison Deck, Water Closets, & Hospital were sprinkled with Chloride of Lime three times a week – generally at night after the Prisoners had retired to bed – as a means of fumigation. Every facility was afforded the Convicts by numerous washing days to have their inner clothing kept at all times thoroughly clean. They were compelled to wear the Clothing supplied by Government while every article of Private clothing which they possessed was packed up and stowed away in the Hold so that the Prison might be kept clear and the circulation of air unimpeded – Windsails were directed down the Hatchways during the night; and Swing Stoves containing Coke were frequently kept burning in the Prison and Hospital during the day when the weather was damp.

The Case of Scorbutus (8) detailed in this Journal is worthy of notice as an instance of the singular simulation of other Diseases which Scorbutus not uncommonly exhibits – more particularly in the earlier stages. The Case shows how cautious it is necessary to be in the Treatment of Diseases occurring in crowded Ships during long voyages. There is little doubt in my mind that on board Prison Ships the greater part of the Cases of Disease which happen whatever their form may be – whether as Ophthalmia, Dysentery, Phthisis or Fever etc are more or less dependent on or connected with a Scorbutic tendency, and in many instances are, in fact, Scorbutus itself assuming the form of one or other of these. In the present instance the thoracic pain was severe, and the respiration considerably affected, but the pale countenance and soft Pulse fortunately prevented the abstraction of Blood. Counterirritation by means of Tarter Emetic internally and a Blister over the seat of Pain – was preferred, and certainly relieved the Patient of the assumed Pleuritic Symptoms – chiefly by the former clearing the Alimentary Canal of its contents. Had the Patient been bled the chances of her recovery would, in my opinion, have been of greatly lessened – if not altogether prevented. It was not until the eighth day after she was placed on the Sick List that the strongly marked symptoms peculiar to Scorbutus made their appearance -viz- the tender Gums and discoloured patches on the extremities. For some days previous to the occurrence of these more decided symptoms of Scorbutus, and subsequent to the disappearance of those which simulated Pleuritis, a person well conversant with Sea Scurvy might have suspected the real nature of the Disease from the excessive sense of weakness – the pallid countenance – foetid breath and dark coloured dejections – but no one else unacquainted with the freaks of this singular malady could have done so. It is remarkable that this was the only case of the Disease which made its appearance during the Voyage, and that there was not found a tendency to it or the slightest symptoms of it on any other Individual on board. Indeed the occurrence of illness of any kind amongst the Persons embarked was very infrequent. With the exception of the two Individuals- affected with slight Rheumatism and Ophthalmia – who were sent to Hospital at Hobart Town, all were landed in excellent health.

P.Leonard
Surgeon Superintendent.