

INTRODUCTION

The Australian poet, Henry Lawson, referred to Darlinghurst Gaol in his poem “One Hundred and Three” as “Starvinghurst Goal” where prisoners were kept alone in dark cells and starved. This is the stereotype of the Victorian era gaol, whereas reality was quite different after the reforms initiated by New South Wales politician, Henry Parkes. His Select Committee of 1861 found the food in New South Wales gaols to be abundant, good and wholesome by contrast. There is also a contrasting reality for death rates in these gaols.

The aim of this thesis is to show the reality of causes of death in the late Victorian era gaols by comparing the death rates and causes of death in Darlinghurst Gaol, Sydney’s main gaol from 1841 to 1914 and Auburn State Prison, the oldest existing prison in the New York State prison system, dating from 1817. Auburn Correctional Facility, as it is now known, gave its name to the “Auburn System” which included being the first institution to use separate cells for inmates, congregate work during the day, enforced silence, lockstep walking, striped uniforms and the use of the lash, or corporal punishment, as a form of punishment. It was the focus of great interest in penology and influenced the subsequent construction of many similar prisons in the USA and overseas.

There has been no previous analysis of the records on the various causes of death in Victorian era gaols or the death rates in these gaols and no comparative study of gaol

death rates to the relevant general population to see if they were better or worse (worse being the popular perception prior to the results of the research involved in this thesis). This is largely because there have been so few records enabling such a study.

The impetus for this research was the discovery of the unique ledger that listed all the deaths in Darlinghurst Gaol from 1867 to 1914 by some amateur historians working in the NSW Department of Correctional Services. They wanted to know the meaning of a lot of the old Victorian era medical terms not used today such as dropsy, phthisis pulmonalis, effusion of the brain, apoplexy, fatty degeneration, soldier's spot, asthenia, marasmus, icterus, prostration and Bright's disease so they contacted me, knowing I was a medical historian, for an explanation of these terms. They then allowed me to analyse a photocopy of this ledger – hence this thesis.

The ledger listed the deceased prisoner's name, date of death, age at death and cause of death. But the main point of interest about this ledger was that it was a complete listing of all deaths in the gaol whereas, as subsequent research revealed, the norm was only to record the deaths by legal execution that occurred in the gaol. Further research also showed that this ledger is the earliest complete list of deaths in a gaol in the English speaking world by some 21 years (the next earliest complete list of causes of death in a gaol being from 1888 in Auburn Prison in New York State). This thesis will also explain why this occurred in Sydney, a very remote outpost of the British Empire at the time and yet so advanced in corrective services medical practice.

More research showed that this ledger was unique for another reason because it presented a very full list of the types of diseases killing people in the late Victorian times. The Australian Bureau of Statistics can only give total numbers of deaths for Australia, numbers by State, numbers by sex and death rates per 1,000 population back to 1860; but it cannot give causes of death. So this ledger was showing causes of death in late Victorian times in microcosm. The USA equivalent organizations, the National Center for Health Statistics and the Centers for Disease Control and Prevention, also have Historical Statistics, but they only go back as far as 1900 and not by individual state, so death statistics for New York State alone are unavailable. They, like the Australian Bureau of Statistics do not have causes of death prior to 1900. So these eminent statistical bodies cannot tell us what people died from and at what comparative rate during the latter part of the 1800's, but this thesis can.

In Summary this thesis will: -

- (1) Present an analysis of the earliest known complete ledger of all the causes of death in gaol in Australia.
- (2) Show what people died from and at what rate in the late 1800s.
- (3) Compare the gaol death rates with the relevant general population and find out who was better off from a health point of view.

- (4) Find out why this ledger was written in the first place in remote Sydney.
- (5) Give possible reasons why the gaol death rates were as they were.
- (6) Show what the standard of gaol health care was really like in the late 1800's in Sydney – what did they do to reduce the mortality and morbidity rates.
- (7) Discuss why gaol – what were the alternatives to being sent to gaol under the Vagrancy Act – for the homeless in Sydney.

This thesis will attempt to change our perception of health standards in gaols in the late 1800's based on facts and not misconception.

LITERATURE REVIEW

The history of corrective services in the west has ignored the causes of death in Victorian era gaols other than executions. The health of prisoners has been mentioned briefly by a number of historians but there has been no in depth analysis of meaningful causes and rates of death in Australia. For example the main history of the NSW Corrective Services, John Moroney's "The More Things Change – A History of Corrections in New South Wales"(1) only mentions the Death Penalty and nothing else about death, causes of death or rates of death except the rules and reporting regulations governing a death in gaol.

Even the recent in-depth history of the Darlinghurst Gaol site, Deborah Beck's "Hope in Hell", (2) does not give any analysis of the causes of death but does have a chapter on the Male Hospital and the Female Hospital. Beck provides general background information about disease, illness and the hospitals but no overall discussion of mortality and morbidity patterns. A list of all the executions is included in the appendices but no other deaths (maybe they are not as important as a hanging). Similarly the "The Oxford History of the Prison. The practice of Punishment in Western Society" (3) does not go into any in-depth analysis of gaol deaths but again gives a detailed history and rationale of why things were done. Likewise the writings of noted contemporary corrective services historians such as Professor Mark Finnane of Griffith University, Professor Stephen Garton of the University of Sydney and Professor Sean McConville of the University of London do not cover this topic in-depth.

A search of QUESTIA, the world's largest online academic library under the heading of "Prisons and deaths 1867-1915" returned "no documents or data" found. Similar searches of the search engines Google and Yahoo found nothing and searching under the heading of "Deaths in Custody" only found information on recent deaths in gaols – nothing about the time frame in question in this thesis.

Searches of the archives of all the major English speaking countries found no similar ledger to the one being studied by this thesis except for Auburn Prison in New York State from 1888 i.e. 21 years after the start of the Darlinghurst ledger.

Thomas Forbes, from the Yale University School of Medicine, wrote a paper about the deaths in London's Coldbath Fields Prison from 1795 to 1829 (4). Unfortunately this article does not provide good statistical data for analysis, as most of the deaths were a nonsense. The paper appears in the appendix and as can be seen 123 of the 376 deaths i.e. 32.7%, from 1795 to 1829 were listed as "cause not stated", another 69 deaths i.e. 18.3% deaths were listed as "Visitation of God, while 68 deaths i.e. 18% were listed as "Decay of nature" and a further 41 deaths i.e. 10.9% were listed as "Decline, debility". So a total of 79.9% of all deaths have either no cause or a vague nonspecific cause of death listed, which makes statistical analysis meaningless and futile. This high proportion is most likely due to a combination of lack of medical knowledge and a lack of interest on behalf of the prison authorities. "Visitation of God" was commonly used by coroners when no obvious cause of death was visible.

The other causes of death listed show the usual consumption (tuberculosis) and suicides but also some diseases seen very little in the Darlington Death Register namely venereal “the disease”, putrid fever, typhus (gaol fever) and smallpox.

William Farr was the son of an agricultural labourer, yet he became known as the father of epidemiology in its modern form because he was the Chief Statistician at the General Register Office in London, which gave him a unique access to all the civil registration data. He began work as a statistician at the General Register in 1839 and worked there for the next 40 years, eventually dying in 1883. In 1885 the offices of the Sanatory Institute published a book called “Vital Statistics” which was an extensive summary of Farr’s work. The section on Prison Mortality from this book is included in the Appendix. Farr examined the death rate of 93 English prisons from 1826 to 1831 (5) and showed it to be 16.3 per 1,000 prisoners compared to a mortality rate of 10 per 1,000 for the English and Welsh general population. This is much lower than the initial death rate for Darlington Gaol as shown by the Death Register analysed in this thesis. Again no in-depth analysis of meaningful causes of death data was provided by Farr thus precluding a comparison with the Darlington Death Register. Farr also explains that the longer prisoners are kept in the prison system the higher their death rate, so that prisoners in hulks have a death rate of 39 per 1,000, which is comparable to the initial Darlington death rate.

Farr also mentioned and quoted from an article by Dr. William Baly, the physician in charge of the prisoners at Millbank Prison, London and lecturer in forensic medicine at St. Bartholomew's Hospital, London. Farr described Baly as the author of "one of the best papers which have appeared in the Transactions of this learned Society, and throws more light on the effects of imprisonment than any other publication in this or any other country" (6). High praise indeed from the Father of Modern Epidemiology but after reading Dr. Baly's paper, which appears in the Appendix of this Thesis, one would definitely concur. Dr. Baly's paper delivered in 1845, lists the death rates and causes of death for the major prisons in England, Switzerland, France and Eastern USA from 1824 to 1843 and is a landmark paper in the history of Corrective Services health as it is the first paper to present accurate and meaningful statistics, unlike the Coldbath Fields Prison paper where the causes of death were invalid in 80% of causes. By contrast Dr. Baly's paper gives proper modern day medical diagnoses for causes of death instead of "visitation of God"! His paper is a treasure trove of facts especially in the appendix and is a credit to his thoroughness.

This is a significant historic find (well worth the hunt for it) and bridges the gap between the diagnostic nonsense era of the Coldbath Fields Prison paper of 1795-1829 and earlier, and the late Victorian era from 1867 of this thesis, because it covers the years 1824 to 1843. The reason the statistics of Dr. Baly's paper ends in 1843 is because Millbank Prison, where he was the physician, ceased being a Penitentiary in June 1843 and was converted into a central depot for convicts being transported to

Australia, hence the opportunity of observing the effects of long term imprisonment on the health of prisoners had ceased for Dr. Baly.

Searches of all the Australian gaols operating during the thesis time frame came to nought. Melbourne Gaol can give a list of all executions for example, like all other gaols, but is now doing a search through the Coroner's Court records to trace any suicides or other unusual deaths in custody to expand their list of causes of death from just executions. The National Trust historian there was very jealous of the Darlinghurst ledger because they had nothing like it in Victoria.

The State Records Office of Western Australia could supply medical certificates for the causes of death of Rottnest Island prisoners from 1895 to 1899, but these were partially complete records, mainly Aboriginals, not in a proper prison and only for four years. They could also find medical certificates for deaths in Fremantle Gaol, from 1931 to 1942, well outside the time frame of this thesis.

The best the National Archives of the UK could do was deaths in Wandsworth Prison from 1914 to 1951, again outside the time frame of this thesis. Direct requests to Her Majesty's Prison Service and the National Offender Management Service of the Home Office came to nothing. The National Archives in New Zealand, Scotland, India, Singapore, South Africa and Canada were also not able to help. The National Archives of Ireland could provide such a list from 1920, again outside the time frame of this thesis.

The archives of each state in the United States of America were examined and the only similar list found was for Auburn Prison from 1888 as provided by the New York State Archives. The New Jersey State Prison at Trenton had records of Deaths and Burials, from 1941 to 1968 (outside the time frame of this thesis).

It can be seen that until I commenced my research, very little, if any, critical material had been written about the causes of death in gaols in the late 1800's and early 1900's. This thesis will address this major deficiency and analyse deaths in Darlinghurst Gaol and also provide a comparison to another prison and the relevant general population.

CHAPTER 1

1.1: A SHORT HISTORY OF GAOLS

The concept of imprisonment in a gaol as a form of punishment is relatively modern. In England in the 12th century gaols were used to house accused persons until their case could be heard in the courts. Henry II, in 1166, commanded that every county in England should build a gaol for this purpose. Gaols were also used to confine prisoners after their court appearance until their sentence (usually execution or transportation) was carried out. Courts in England became known as courts of “general goal delivery” (1) i.e. the release or delivery of prisoners from gaol to either their freedom or execution and not their continued confinement in the goal. Other forms of punishment used then were forms of corporal punishment such as stocks, whipping and branding. Gaols also held debtors who could not pay and there was little consideration given to separating prisoners by age, sex or crime committed.

Later, confinement in gaol as a form of punishment in its own right, along with fines were added to the list of possible punishments but the prevailing dogma was still that of hard labour as a form of retribution. In the last two centuries gaols as places of retribution was replaced by the ideas of gaols as places of confinement to incapacitate the criminal so they were taken out of society so they could not do any more harm to society and gaols as places of deterrence so that prisoners would not reoffend for fear

of going back to goal. More enlightened times in the last century have seen gaols transformed into places of reform and rehabilitation so that the prisoner will come out of gaol reeducated, trained and hopefully less likely to reoffend.

In the late 18th century and early 19th century there was a decline in the use of the death penalty and transportation as forms of punishment and the use of gaols as forms of punishment grew. This was largely the result of the efforts of reformers who condemned the arbitrary and cruel nature of punishment and demanded a rational, humane and more effective criminal justice system. A good example of such a reformer would be Englishman James Nield (1744-1814). Conditions in gaols were very poor, especially sanitation and diseases such as “gaol fever” or louse borne typhus killed many prisoners and gaolers. These appalling conditions in English gaols were exposed by the reformer John Howard in his book “The State of Prisons in England and Wales” published in 1777. As a result of the ensuing public reaction to the severity of the penal system of death and transportation and to the conditions within the gaols, eventually the whole prison system of England and Wales was brought together under central government control via the Prison Commission in 1877.

During this time two systems of confinement competed for recognition and adoption by governments. The first was the “separate system” in which prisoners were kept isolated from each other in solitary confinement cells where they slept, ate and worked with their own recreation yard; in the belief that solitude would give the prisoner time to think and reflect about his crime and thus become penitent and that this penitence

would result in their eventual reformation. So there was a strong religious overtone involved. Prison Reformers also believed that the complete isolation of prisoners in the “separate system” would reduce or even prevent “the spread of criminal tendencies by association and communication” (2) and so help management and prisoner reformation.

This system was first introduced in the USA in the Eastern State Penitentiary on Cherry Hill in Philadelphia, Pennsylvania in 1829.

The other system was known as the “silent system” where prisoners were allowed to work together during the daytime but silence was strictly enforced at all times. Prisoners were housed in separate cells at night. It was devised because its supporters thought that solitary confinement for long periods of time would send a prisoner mad and not lead to reform. The “silent system” was introduced into the USA in Auburn Prison in New York State after it was built in 1817 and became known as the “Auburn System”.

These two competing systems and philosophies formed the basis of the development of penitentiaries which were new purposebuilt gaols where prisoners had separate cells, unlike the former gaol’s common prison accommodation area and where sanitation and hygiene were given due importance. Jeremy Bentham was the advocate for this new type of gaol in England (Penitentiary Act of 1799). Millbank in London was the only prison built under this Act but later Pentonville Prison in London, built in 1842, became the role model for the separate system plan (Pentonville Model Prison). From 1842 to

1848 a further 54 prisons were built on the Pentonville plan providing 11,000 separate cells. Eventually the “silent system” gained favour over the “separate system”.

An increase in street violence in Britain during the early 1860’s led to the British Prisons Act of 1865 which had strict new regulations to act as deterrents of crime through fear. The House of Lords used the phrase “hard labour, hard fare and a hard bed”. (3)

In Australia though, a totally new system of imprisonment was developed. It was called the “mark system” because prisoners earned marks or credits for good behaviour, hard work and/or study. Likewise marks could be deducted for bad conduct or laziness. The “mark system” was developed by Captain Alexander Maconochie around 1840 in the penal colony of Norfolk Island off the east coast of New South Wales. It emphasized training and performance, not solitude, as the main way of reformation and led to the parole system we have today.

The director of Irish Prisons, Sir Walter Crofton, later refined the “mark system”. Irish prisoners went through three stages of confinement under his system. Firstly the Irish prisoners were confined in isolation. This was followed by mingling with other prisoners at work. Finally for the last six months prior to discharge the prisoners went to intermediate prisons where unarmed guards helped them prepare for their release which was conditional upon their good conduct continuing.

In 1867 (the same year the Death Register being examined began) the last convicts were transported to Australia and 1868 saw the end of public hangings. This then was the state of the evolution of the gaol at the time of Darlinghurst Gaol (1841-1914) and the time frame of the Death Register being examined (1867-1914).

1.2 A SHORT HISTORY OF CORRECTIVE SERVICES IN NSW

The colony of New South Wales, starting in Sydney, was established as a Penal Colony in 1788 for the transportation of British prisoners (convicts) from the overcrowded gaols and hulks in Britain. One of the causes of this overcrowding was because after the end of the American War of Independence, in 1783, Britain could no longer transport her criminals to the east coast of the North American colonies.

Initially the convicts were housed in tents on the western side of Sydney Cove and guarded by Royal Marines. Later convicts were assigned to masters as labourers and lived at their premises and eventually a convict barracks was built by Governor Lachlan Macquarie at Hyde Park in Sydney. In 1826 chain gangs were introduced to help construct roads and large buildings and other public works. Transportation to New South Wales ended in 1840 but continued in WA until 1868.

Separate to this 'transported convict from Britain' system was a corrective services system for 'home grown' criminals for punishing people of the colony for crimes they committed whilst in the colony and not in Britain. So there was a dualopoly of

punishment in Sydney. This system for 'home grown/generated' crime used hanging, corporal punishment, including stocks and pillory, and imprisonment as its forms of punishment.

The first gaol was a tent in the northern end of George Street near Circular Quay where prisoners were held by manacles and irons. In 1796 a log gaol was built "a strong double logged gaol of 80 feet in length, with separate cells for prisoners" (1). This burnt down in 1799 and was replaced in 1800 by a stone gaol, including gallows, stocks and pillories, which continued to be the main gaol in Sydney until the opening of Darlinghurst Gaol in 1841 when all the prisoners from Sydney Gaol were transferred to the new Darlinghurst Gaol. Other stocks and pillories were located at the intersection of Elizabeth and Kings Streets, in Market Street, in Druitt Street and in Bathurst Street. Parramatta Gaol was also a log building built in 1798 and like Sydney Gaol it also burnt down in 1799. It was rebuilt in 1802 like an army barrack but a new prison was constructed on the same site from 1837 to 1843. It was later used as a mental hospital and eventually closed in 1918.

Other gaols built until the Darlinghurst Death Register began in 1867 include Bathurst in 1830, Berrima in 1840, Yass in 1837, Darlinghurst in 1841, Maitland in 1844, Goulburn in 1847, Port Macquarie in 1859, Wollongong in 1860, Albury in 1861, Grafton in 1862 along with Mudgee and Braidwood, then Armidale in 1863, Deniliquin in 1864 and Cooma in 1867 when the Darlinghurst Death Register began. Due to the

high demand for confinement space, hulks were also used in Sydney Harbour, just like in Britain, such as the “Phoenix” from 1825 to 1838 and the “Harmony” in 1863.

The NSW Prisons ACT of 1840 was brought in to provide for the transition from a transportation penal colony to a normal colony with its own native born criminals and did not apply to convicts transported to the colony. The Colonial Secretary issued the first regulations under the Act on 27/9/1841. These regulations specified the procedures for the day to day running of prisoners and the responsibilities of the staff including the records to be kept such as the surgeon’s journal which was to note all the daily observations and treatment given to sick prisoners (2). The new regulations that came into effect on 19/2/1867 regulated the Prison System through to the twentieth century. Included in these new regulations were details of the duties of the prison employees and official visitors such as visiting justices, surgeons, and chaplains (3). The regulations give a reason why the Death Register being examined in this thesis, was compiled.

In 1874 a new act came into effect about the control of prisons and the appointment of a Comptroller – General of Prisons (4). This was followed in 1884 by an act concerned with prisoner’s labour including allowing prisoners to work outside gaol (5). By the end of the nineteenth century the Prison Acts of 1840 and 1874, the Prisoners’ Labour Sentence Act of 1884 and some other related Acts were consolidated into one Act (6) which by then had control over 57 public gaols, prisons and houses of correction. The

Crimes Act of 1900 allowed for the remission of the whole or part of a prisoner's sentence at the discretion of the Colonial Governor (7).

A significant turning point for the better for NSW Prisons occurred in 1895 when Captain F.W. Neitenstein was appointed Chief Administration of NSW Prisons. He was a sea captain who had formerly been in charge of two training ships for the rehabilitation of truant and delinquent boys, so he was an enlightened reformer. His main concern was unnecessary gaoling of people such as the mentally ill who should have been treated in an asylum (something that doctors repeatedly made comment about in the Death Register); drunks who should have been treated for alcoholism in a hospital; vagrants who should have been sent to hostels for the homeless; defaulters who should have been allowed to work and had money taken out of their pay to pay back their debt; first offenders (and petty offenders), who could have been fined or retrained to do work; the sick, the aged and children, all of whom should have been cared for in hostels for aged and homeless people.

Neitenstein made important changes such as grading prisons; using prisons for specialised functions such as Goulburn Gaol for the confinement of first offenders only; the reduction of the separate system and the introduction of restricted association of prisoners at work, exercise and during religious services; the construction of a separate prison for women at Long Bay in 1909; the closing of smaller gaols; ending the use of drunk cells as punishment; providing better hygiene and diet for the prisoners; establishing a training college for correctional officers, pioneering prison farms and

afforestation camps to get prisoners working outside the prison. Neitenstein was also very concerned about the need to help released prisoners fit back into society so he established the Association for Aiding Discharged Persons which eventually had branches all over NSW. The end of the Neitenstein era coincides with the end of the Darlinghurst Gaol Death Register.

1.3 A SHORT HISTORY OF DARLINGHURST GAOL

The suburb of Darlinghurst was named after Elizabeth Darling, wife of Governor Ralph Darling. It occupied the high ground to the east, overlooking Sydney. So in the 1820's when a site was needed for the new gaol to replace the crowded Sydney Gaol, in the northern end of George Street, a four acre site on the high ground of Darlinghurst was chosen so that its imposing walls would be a constant reminder to the residents of Sydney that it was a Penal Colony.

By 1820 it was apparent that this new gaol was needed because Commissioner John Thomas Bigge, who had been sent out to conduct an inquiry into the colony, was so shocked by the conditions of Sydney Gaol that he recommended that the new gaol be built. He discussed its location with Governor Macquarie. In 1822 Governor Brisbane authorized the construction of the walls, based on a design by Francis Greenway. Greenway was the famous forger and government architect from 1816 to 1822 who designed many of Sydney's buildings. The walls, 21 feet high and 2.5 feet thick, and gatehouse were finished in 1824 and used 30,000 tons of sandstone quarried from the

area later to be the intersection of William and Forbes Street. The buildings were designed by Captain George Barney of the Royal Engineers and Mortimer Lewis, the Colonial Architect, based on the new “separate system” design for the Eastern State Penitentiary in Philadelphia, Pennsylvania, USA. It was built in 1826 to radiate out like spokes of a wheel from a central circular observation wing and chapel.

Further funds were not available to complete the gaol by building the actual gaol buildings inside the massive sandstone walls, so Governor Darling used the hulk “Phoenix” as a prison from 1825 until 1838 to relieve pressure on Sydney Gaol. The Gaol site was used to house convict work gangs and was known as the Woolloomooloo Stockade until 1836 when Governor Bourke found the funds so that construction of building A wing (men’s cell block), D wing (women’s cell block) and the Governor’s quarters began. Although the walls had been designed by Francis Greenway, he was not trusted to design the actual buildings because he was a convict.

In June 1841 Darlinghurst Gaol was proclaimed “to be a Public Gaol, Prison and House of Correction” (1). The Sydney Gaol was closed and the prisoners (119 male and 50 female) were manacled and chained and marched through the streets of Sydney to the new Darlinghurst Gaol, escorted by 50 guards. The first public execution by hanging at the new gaol occurred on 29th October, 1841 at the Forbes Street gatehouse entrance. In 1844 the Darlinghurst Courthouse was completed and connected to Darlinghurst Gaol by a tunnel so prisoners could not escape when being transferred from gaol to court and court to gaol. The B wing was completed in 1849, followed by C wing in

1861 and the cookhouse in 1863 (this was later converted to the engine house in 1895). The last public hanging occurred in 1852. Between 1864 and 1866 the north wall was enclosed by a new wall and building of the “Y” shaped E wing commenced. This new E wing housed the modern gallows which was built in 1869 thus allowing private executions within the gaol walls. The morgue was completed in 1870 and in 1872 the original north wall was demolished and the chapel, E wing and the workshops were all completed; followed by the male hospital and kitchen in 1885.

In 1902 fingerprinting began in NSW gaols with a Fingerprint Bureau being established at Darlinghurst Gaol under the control of Mr. Sam McCauley, the Deputy Controller of Prisons and Inspection of Prisons in NSW. Later the Bureau was transferred to the NSW Police Department. In 1907 saw the last prisoner hanged and the women were transferred to the new Women’s Penitentiary at Long Bay in August 1909. Darlinghurst gaol was closed on 14th July, 1914 after all the prisoners had been transferred to the new Long Bay gaol.

From 1914 to 1921 the site was occupied by the Department of Defence who used it as a barracks, internment camp for enemy aliens, military detention camp and for storing military equipment. After the army quit the site it was converted to the Sydney Technical College between 1921 and 1922 and remained as such along with the National Art School until 1955 when it became the East Sydney Technical College. From 2005 the National Art School became the sole occupant of the 4 acre Darlinghurst Gaol site.

CHAPTER 2

THE DEATH REGISTER AND ITS ANALYSIS/FINDINGS

This thesis examines a recently discovered document that for the first time lists the name of deceased, date of death, age at death and cause of death in an institution (gaol). It is the earliest and most comprehensive such record for any gaol, in the Victorian era, in the English speaking world. Thus it is of great importance to medical historians, corrective services historians and scholars of the Victorian era because it is the first time a complete primary source document like this has been analysed and compared to show what were the fatal diseases in prisons at this time.

The document is listed in the State Records of New South Wales in the Concise Guide to the State Archives: Corrective Services Department, Section D – Gaol Records, Darlinghurst Gaol, Item 16 –

Death Register, 1867 – 1914, CGS 2145 (City COD 184 part) 1. Vol. (part)

The original is still held by the Department of Corrective Services (August 1978) – it was part of the Corrective Services Museum which no longer exists.

The title page of the document reads:-

“Deaths in Custody Darlinghurst Gaol 1867 -1914

State Penitentiary Long Bay 1914 – 1926

Gaol Surgeon’s Diary – recording the death of each inmate or child”

It consists of 58 hand written pages, as shown in the appendix in its original form, and has been transcribed and typed as shown here. It lists 431 deaths mainly men but including female prisoners and their unfortunate children who had to live with their mother in the gaol; besides the men.

2.1 DOCUMENT ANALYSIS

(i) Age Distribution of Deceased

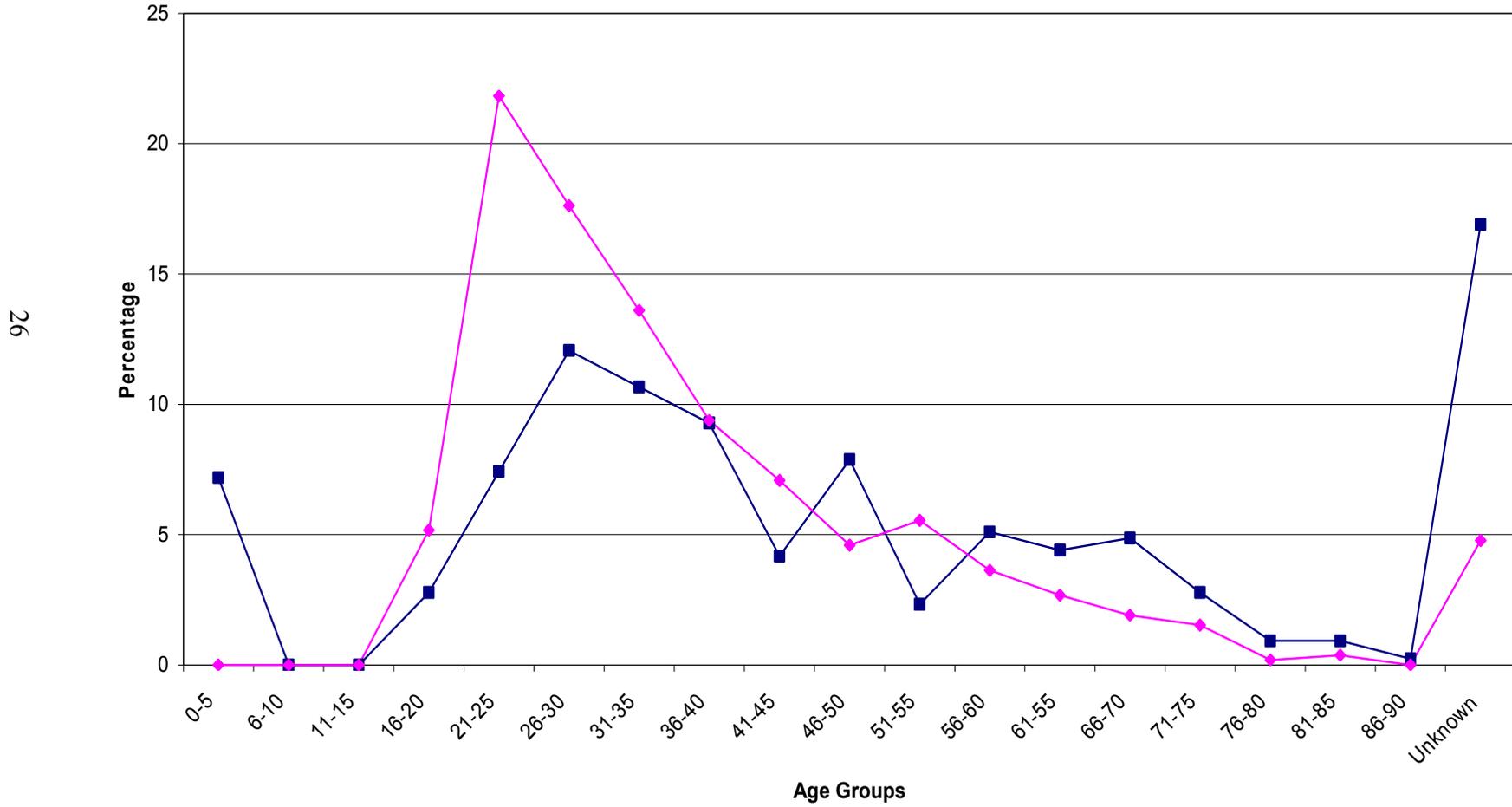
Graph No.1 shows the age distribution in cohorts of 5 years for male and female prisoners. Most of the prisoners are in the 20 to 40 year old cohorts because life expectancy for a male in Australia in 1901 was 51 years of age so there are not many prisoner deaths over the age of 51 years. The deaths of 31 infants under the age of 5 who were living with their prisoner mothers is also recorded.

| Band | Number of Deaths | Percentage of all Deaths |
|---------|------------------|--------------------------|
| 0 – 5 | 31 | 7.19% |
| 6 – 10 | 0 | 0 % |
| 11-15 | 0 | 0% |
| 16 -20 | 12 | 2.78% |
| 21 -25 | 32 | 7.42% |
| 26 -30 | 52 | 12.06% |
| 31 – 35 | 46 | 10.67% |
| 36 -40 | 40 | 9.28% |
| 41 -45 | 18 | 4.17% |
| 46 -50 | 34 | 7.88% |
| 51 -55 | 10 | 2.32% |
| 56 – 60 | 22 | 5.10% |
| 61 - 65 | 19 | 4.40% |
| 66 – 70 | 21 | 4.87% |
| 71 – 75 | 12 | 2.78% |
| 76 – 80 | 4 | 0.92% |
| 81 – 85 | 4 | 0.92% |

| Band | Number of Deaths | Percentage of all Deaths |
|----------|------------------|--------------------------|
| 86 – 901 | 1 | 0.23% |
| Unknown | 73 | 16.90% |
| | 431 | 100.00% |

Graph 1 - Prison Population Deaths

■ Darlinghurst=431 deaths ◆ Auburn=522 deaths



(ii) Causes of Death

Graph No 2 shows the causes of death. The disease groupings included all diseases pertaining to that organ i.e:

- (i) Heart would include myocardial infarction (heart attack), heart failure and any infections of the heart such as pericarditis and rheumatic fever;
- (ii) Renal would include renal failure and any infection of the kidney such as nephritis or Brights Disease;
- (iii) Respiratory would include asthma, emphysema and infections such as pneumonia and whooping cough;
- (iv) Because of its extensive nature TB or tuberculosis was given its own column and not included in respiratory
- (v) Debility included alcoholism and malnutrition.
- (vi) Dementia included all those with Alzheimers Disease, multi-infarct dementia, alcoholic dementia.
- (vii) Brain included strokes, tumours and any infections such as meningitis and encephalitis.
- (viii) GIT (Gastrointestinal Tract) included infections such as hydatid, hepatitis, dysentery and diarrhoea.

- (ix) Psychiatric included any non dementia related psychiatric problem such as melancholia (depression).
- (x) Infections included all other infections not included in other organ related headings such as typhoid, typhus, cholera, erysipilis, tetanus, syphilis, malaria, measles and puerperal fever.
- (xi) Cancer
- (xii) Suicide
- (xiii) Other included burns, murders, aneurysm, paralysis, exhaustion, premature birth, stillborn birth, asthenia, diabetes and fractured skull from a fall.
- (xiv) No causes listed
- (xv) Executions by hanging

It is obvious that many of these inmates, given their diseases (alcoholism, dementia, melancholia and so on) should have been in other institutions such as lunatic asylums, hospitals or hostels for vagrant and homeless people. The fact that they were in gaol indicates the extent to which prisons were dumping grounds for a variety of problem populations.

The incidences of these various diseases are as follows:

| Cause of Death | Number of Deaths | Percentage of all deaths |
|-----------------|------------------|--------------------------|
| Execution | 40 | 9.28% |
| Heart | 54 | 12.52% |
| Renal | 17 | 3.94% |
| Respiratory | 44 | 10.20% |
| TB | 43 | 9.97% |
| Debility | 53 | 12.29% |
| Dementia | 11 | 2.55% |
| Brain | 51 | 51 |
| GIT | 33 | 7.65% |
| Psychiatric | 6 | 1.39% |
| Infection | 16 | 3.71% |
| Cancer | 9 | 2.08% |
| Suicide | 11 | 2.55% |
| Other | 30 | 6.96% |
| No cause listed | 13 | 3.01% |
| | 431 | 100.00% |

(iii) The pattern of deaths each year are indicated in the following table:

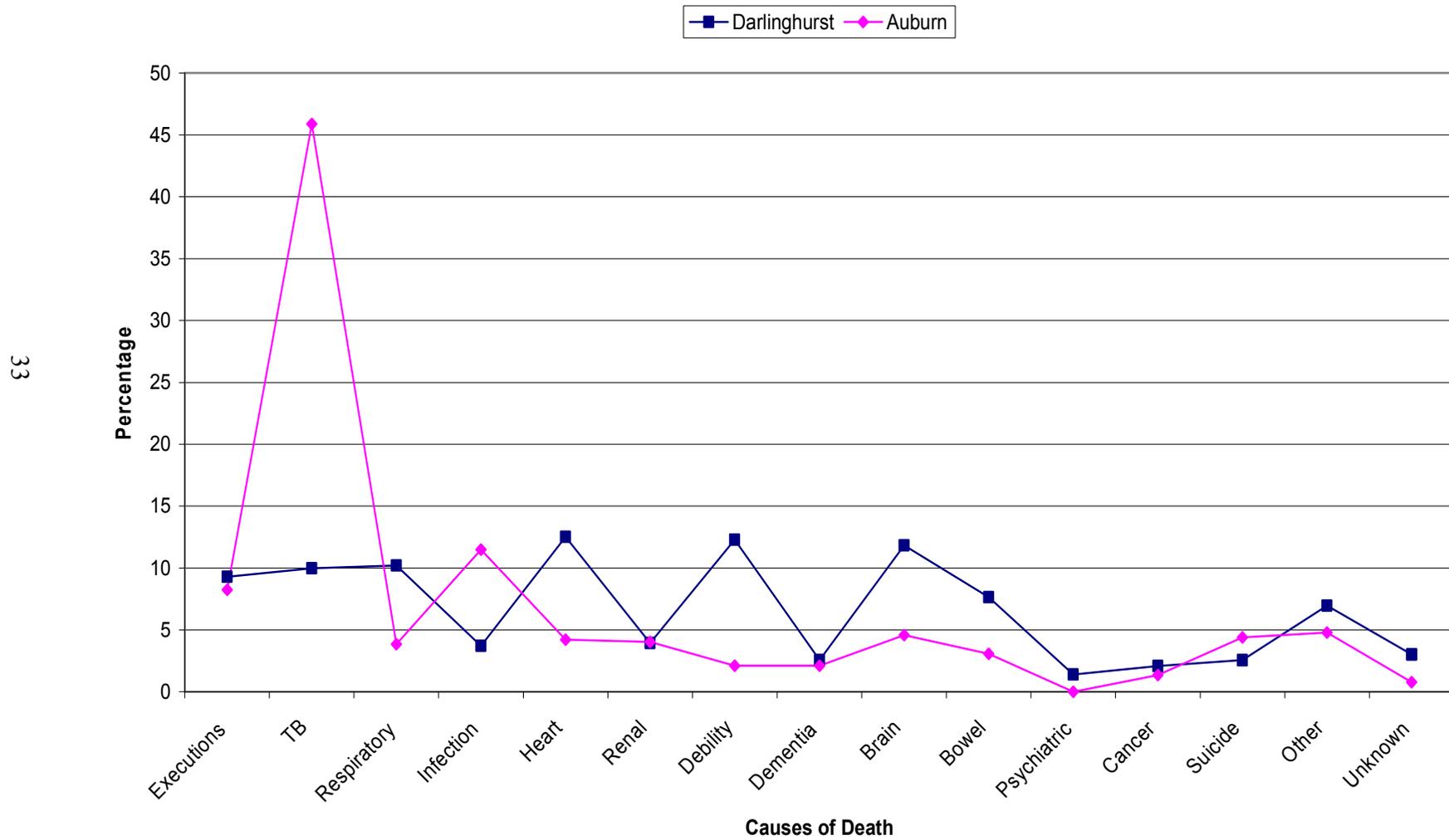
| Year | Number of Deaths |
|------|------------------|
| 1867 | 13 |
| 1868 | 15 |
| 1869 | 9 |
| 1870 | 11 |
| 1871 | 9 |
| 1872 | 17 |
| 1873 | 15 |
| 1874 | 7 |
| 1875 | 16 |
| 1876 | 9 |
| 1877 | 8 |
| 1878 | 13 |
| 1879 | 12 |
| 1880 | 14 |
| 1881 | 27 |
| 1882 | 17 |

| Year | Number of Deaths |
|------|------------------|
| 1883 | 14 |
| 1884 | 17 |
| 1885 | 25 |
| 1886 | 21 |
| 1887 | 18 |
| 1888 | 15 |
| 1889 | 10 |
| 1890 | 7 |
| 1891 | 7 |
| 1892 | 5 |
| 1893 | 7 |
| 1894 | 6 |
| 1895 | 6 |
| 1896 | 5 |
| 1897 | 3 |
| 1898 | 2 |
| 1899 | 10 |
| 1900 | 1 |

| Year | Number of Deaths |
|------|------------------|
| 1901 | 4 |
| 1902 | 2 |
| 1903 | 5 |
| 1904 | 3 |
| 1905 | 4 |
| 1906 | 3 |
| 1907 | 3 |
| 1908 | 3 |
| 1909 | 1 |
| 1910 | 3 |
| 1911 | 7 |
| 1912 | - |
| 1913 | 1 |
| 1914 | 1 |
| | 431 |

Annual deaths in prison however is fairly meaningless unless seen in the light of the prison population and the general population

Graph 2 - Prison Deaths by Cause as Percentage of Total Deaths



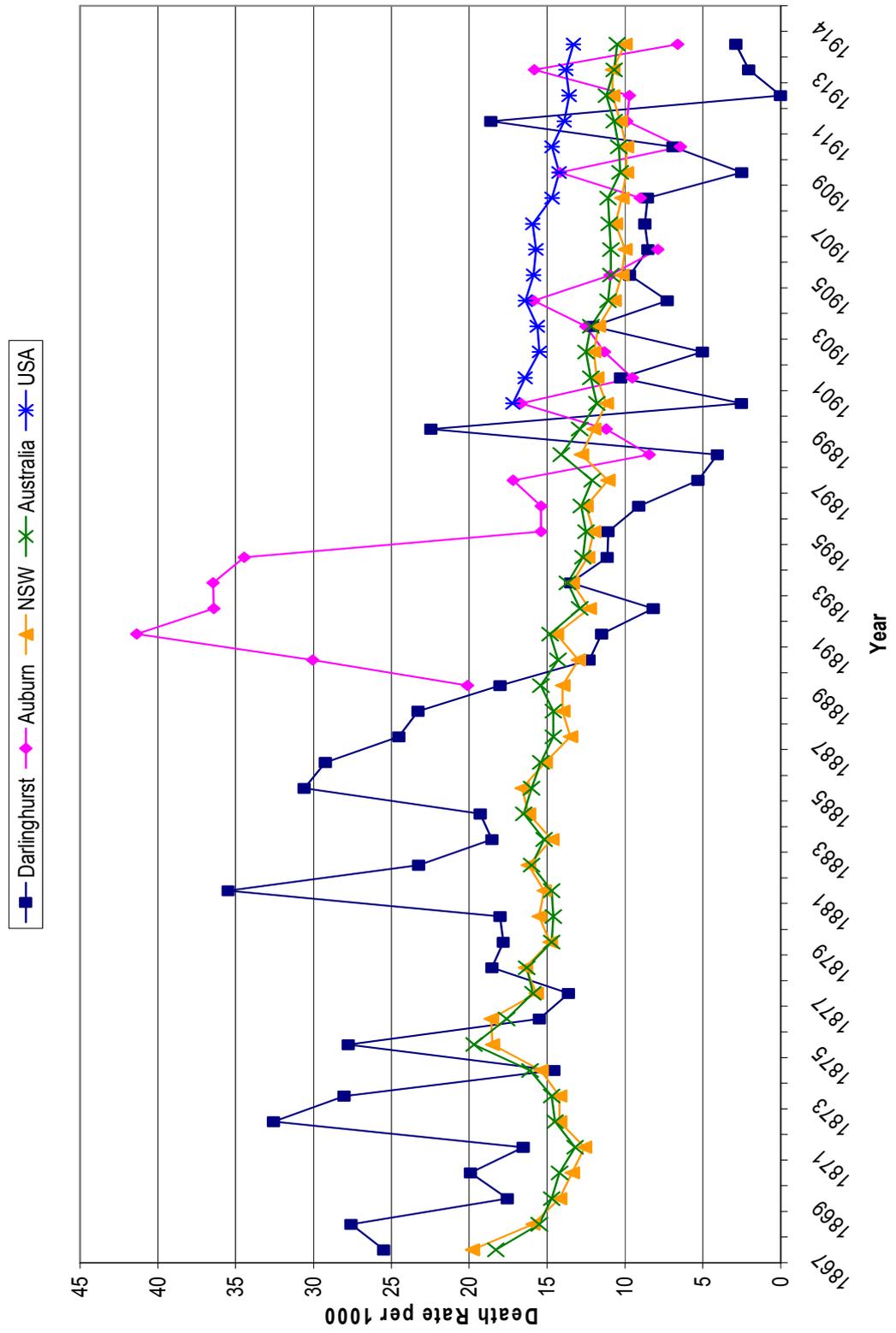
(iv) Prison Death Rates Per 1000 Population by year (refer Graph no. 3)

| Year | Prison Population | Death Rate per 1000 Prison Population |
|------|-------------------|---------------------------------------|
| 1867 | 510 | 25.49 |
| 1868 | 544 | 27.57 |
| 1869 | 513 | 17.54 |
| 1870 | 522 | 19.92 |
| 1871 | 544 | 16.54 |
| 1872 | 522 | 32.56 |
| 1873 | 535 | 28.03 |
| 1874 | 481 | 14.55 |
| 1875 | 576 | 27.77 |
| 1876 | 581 | 15.49 |
| 1877 | 587 | 13.62 |
| 1878 | 701 | 18.54 |
| 1879 | 674 | 17.80 |
| 1880 | 777 | 18.01 |
| 1881 | 761 | 35.47 |

| Year | Prison Population | Death Rate per 1000 Prison Population |
|------|-------------------|---------------------------------------|
| 1882 | 731 | 23.25 |
| 1883 | 755 | 18.54 |
| 1884 | 881 | 19.29 |
| 1885 | 817 | 30.59 |
| 1886 | 718 | 29.24 |
| 1887 | 734 | 24.52 |
| 1888 | 644 | 23.29 |
| 1889 | 555 | 18.01 |
| 1890 | 569 | 12.30 |
| 1891 | 609 | 11.49 |
| 1892 | 611 | 8.18 |
| 1893 | 519 | 13.48 |
| 1894 | 539 | 11.13 |
| 1895 | 542 | 11.07 |
| 1896 | 549 | 9.10 |
| 1897 | 565 | 5.30 |
| 1898 | 492 | 4.06 |
| 1899 | 445 | 22.47 |

| Year | Prison Population | Death Rate per 1000 Prison Population |
|------|-------------------|---------------------------------------|
| 1900 | 397 | 2.51 |
| 1901 | 389 | 10.28 |
| 1902 | 397 | 5.03 |
| 1903 | 414 | 12.07 |
| 1904 | 412 | 7.28 |
| 1905 | 412 | 9.70 |
| 1906 | 352 | 8.52 |
| 1907 | 344 | 8.72 |
| 1908 | 351 | 8.54 |
| 1909 | 401 | 2.49 |
| 1910 | 434 | 6.91 |
| 1911 | 376 | 18.61 |
| 1912 | 456 | 0.00 |
| 1913 | 488 | 2.04 |
| 1914 | 336 | 2.87 |

Graph 3 - Death Rate per 1000 Population



(v) Complete list of the causes of death

Execution

Myocardial infarction

Heart failure

Pericarditis

Rheumatic Fever

Renal failure

Nephritis

Emphysema

Asthma

Pneumonia

Whooping Cough

Influenza

TB/Tuberculosis

Alcoholism

Malnutrition

Stroke

Meningitis

Hepatitis

Gastroenteritis

Dysentery

Hydatid disease

Diarrhoea – dehydration

Peritonitis

Dementia

Depression/melancholia

Abscesses

Typhoid

Cholera

Typhus

Malaria

Erysipilis

Tetanus

Syphilis

Puerperal Fever

Septacaemia

Measles

Cancer – various – lung, brain, bowel, mouth, tongue, larynx, skin

Gangrene

Burns

Murder

Aneurysm

Paralysis

Exhaustion

Asthenia

Premature birth

Stillborn birth

Diabetes

Skull Fracture

“Suicide by hanging, jumping from heights, swallowing acid and wood alcohol poisoning from home brew”.

(vi) Findings

The key features of these patterns of prison mortality are that while ages of deaths ranged from new born to up to 90 – a wide range, nearly 40% of all deaths were between the ages of 20 and 40 with nearly 50% of all deaths in people under 40. So there were a lot of relatively young deaths in the gaol.

More intriguing is that there was only one case of typhus referred to as “gaol fever” because it was louse borne and very common in institutions where many people were housed together in close proximity such as in gaols, asylums and military barracks (army or navy). An explanation for such an unexpectedly low rate of typhus could be because of the separate cells for each prisoner originally (before Darlinghurst Gaol became overcrowded) and the emphasis on cleanliness.

There were no diphtheria deaths, again unexpected as this was a common disease then and there were many children with their mothers in the goal.

Surprisingly very little syphilis was evident, again, unexpected as this was a prevalent 19th century disease in this period.

Infections in their various forms were the commonest cause of death - from organ specific infections such as pneumonia, meningitis, nephritis, rheumatic fever, pericarditis, hepatitis, peritonitis, dysentery, gastroenteritis, diarrhea to all the ones mentioned under the infection heading. The high number of deaths due to alcohol abuse (DT's) is not surprising given the frequency with which police arrested those disturbing the peace. Such inmates however, should have been treated as patients with a disease (alcoholism) in a hospital, not in a gaol.

There were no smallpox deaths due to the vaccination of prisoners. No diabetic deaths were recorded. There were a high number of deaths due to malnutrition and marasmus. These people were usually vagrants who were sent to Darlinghurst Gaol under the Vagrant's Act. They should have been taken care of in a hostel for the homeless or hospital which would have been more appropriate treatment.

A good example of how gaol was used as a place to put a vagrant who was not a criminal was the case of Alfred Eadie (No. 14 in 1868) who died in December 1868 aged 50 of cancer of the left cheek. He was a patient of medical practitioners outside prison for about 12 months until he ran out of money for treatment. He then went to Sydney Hospital and St. Vincent's Hospital for free treatment but was discharged as

incurable. He had nowhere else to go so he gave himself up to the Police who sent him into Darlinghurst Gaol under the Vagrant's Act. Prison was a place of last resort for many, when other, more appropriate institutions could not or would not assist. George Cupitt (No. 9 in 1870) who died on 3rd April, 1870, age unknown, was noted as a "notorious vagrant" who was paralysed on the left side most likely from a head injury. Brought in comatose, he was taken to the gaol hospital where he died. The question is why he was he not treated for his head injury and taken to Sydney Hospital or St. Vincent's Hospital instead of being sent to gaol as a vagrant?

Similarly, John Tarlington (No. 3 in 1868) who died on 19th April, 1868 aged 61, had been sent from Moruya as a vagrant "brought in very lousy and dirty". The doctor, Dr. Boot, stated "that it was a case more fit for the Infirmary than a gaol".

There are a number of vagrancy related deaths in the register. The records point to their plight and the sense of helplessness of prison doctors forced to deal with hopeless and incurable cases. For example the register notes:-

1867 No. 10 "in a comatose state from neglect and want"

No. 12 "from drink and starvation"

No. 13 "Exposure and neglect"

1868 No. 3 already mentioned

No. 14 already mentioned

1869 No. 4 “Sent from Rambula for protection”

1870 No. 8 already mentioned

1873 No. 10 “sentenced for a month for vagrancy”

1875 No. 6 “exhaustion from intemperance exposure and neglect ... filthy”

No. 8 “intemperance, exposure and neglect”

No. 9 “exhaustion from intemperance, exposure and neglect”

There was a high number of deaths involving prisoners who had mental conditions, which made them fit for the asylum (Tarban Creek Asylum now Gladesville Hospital) and not gaol. Various causes of mental illness were recorded in the document such as D.T's, drink, mental exhaustion, lunacy, effusion of the brain, nervous exhaustion, acute mania, imbecile, unsound mind, exhaustion from intemperance and congestion of the brain from drink. Some of the comments of the prison surgeons indicate their awareness of the problem of treating people who should have been in an asylum. For example the register notes in -

1867 No. 2 “lunatic – effusion on the brain”.

No. 3 “this case should have been sent to the asylum”

...and the following year diagnoses such as –

No. 2 “acute mania”.

No. 5 “another casual ought to have gone to asylum or infirmary”

No. 11 “(case for Asylum)” “another case which ought to have been sent to Asylum” was common.

Similarly in -

1869 No. 5 “certified lunatic by Dr. Williamson”

...and...

1870 No. 1 “imbecile”

No. 2 “being of unsound mind” while in 1872 common diagnoses included -

No. 5 “congestion of the brain”

No.10 “congestion of the brain from drink”

In the 1870’s and 1880’s diagnoses such as senile decay, senile debility and acute mania were common.

1879 No. 3 “senile decay”

No. 12 “senile decay”

1880 No. 4 “senile decay”

1881 No. 18 “senile decay”

1882 No. 8 “senile debility”

1885 No. 17 “senile decay”

No. 23 “senile decay”

No. 24 “senile decay”

1887 No. 8 “senile debility”

1890 No. 1 “senile decay”

No. 7 “senile debility”

1893 No. 2 “acute mania”

1911 No. 3 “senile debility”

No. 7 “senile decay”

The sending of vagrants, the homeless, alcoholics and lunatics to Darlinghurst Gaol was inappropriate. These prisoners were not criminals as such and they needed proper

medical care in a hospital or asylum. Their removal from the gaol would have also reduced the overcrowding in the gaol and pressure on the small prison hospital and insane ward.

2.2 WHY WAS THE DARLINGHURST GAOL DEATH REGISTER WRITTEN

This thesis has shown that the Darlinghurst Gaol Death Register is unique amongst Victorian Era gaols in the English speaking world in that it was 21 years ahead of its time. So the question must be asked – why was this ledger written in the first place and why in a remote part of the British Empire on the other side of the world. The answer lies with a great politician who had a keen interest in Corrective Services - Henry Parkes.

2.2.1 Background

The English prison reform tradition was a rich and active one. Reformers such as John Howard (1726-1790), George Eden (1784-1849), Jeremy Bentham (1748-1832), William Blackstone (1723-1780), Elizabeth Fry (1780-1845) and Samuel Romilly (1757-1818) had been advocating since the late 18th century for prisons to be alternatives to transportation and the death penalty as the main form of punishment. The result was the construction of Millbank Prison, London built on the cellular model i.e a separate cell for each prisoner. In 1835 the House of Lord held an enquiry into the state of prisons in England and Wales. The Legislative Council of NSW, which had

been established in 1823, did the same. At the same time the 1837-1838 a committee of the House of Commons under Sir William Molesworth recommended the cessation of transportation.

In 1840 an Act of the NSW Colonial Parliament (No.29,4-Vic) for the regulations of Gaols, Prisons and Houses of correction in NSW kept transported convicts separate in Hyde Park Barracks, from “colonial prisoners” i.e. prisoners for crimes committed in the colony of NSW. So NSW was starting to adapt metropolitan ideas to the colonial situation and go its own way from Britain in penal theory and action.

In 1855 “The Colonial Secretary asked the Principal Superintendent of Convicts to report on all aspects of Prisons and make recommendations because the Governor thought there was no uniform system of discipline in the Prison System”. (1) Mr. Greenup, the Medical Superintendent of the Lunatic and Invalid Establishments at Parramatta recommended the following for gaols in the future which would have been a significant gaol health reform:

- (i) Separate females from male
- (ii) No children over 1 year old in gaols
- (iii) Hard labour ration was alright but the common gaol ration should be increased by $\frac{1}{4}$ pound of animal food per day
- (iv) A bathroom should be established in each gaol for bathing new admissions and for a weekly bath thereafter

- (v) Cotton sheets on each bed for health and cleanliness
- (vi) Constant employment was good for health and morale
- (vii) School should be introduced into each gaol
- (viii) Cells should be established in every police station for the confinement of Drunkards

2.2.2 The Henry Parkes Influence

In January 1861 a select committee headed by Henry Parkes met on 22 occasions to assess “the state and management of the Public Prisons in the City of Sydney and the County of Cumberland” (2) It presented its interim report in May 1861. The origins of the Inquiry were stated to be because of the overcrowding and its results at Cockatoo Island plus the general laxity of administration, with overtones of favouritism, at Darlinghurst Gaol. But the original allegation that set off the Inquiry was made by the surgeon at Darlinghurst Gaol concerning the treatment by the staff of an inmate called Polack. Morale, discipline and operation of Darlinghurst Gaol was so lax that as a result of the investigation the Principal Gaoler (Mr. O’Neill) and the Principal Turnkey (Mr. Harrison) were dismissed.

The Committee found “It is gratifying to be able to report, among so many causes of complaint, that the food supplied in all gaols is good and wholesome, sufficient in quantity but not in variety”.(3) This stands in contrast to Henry Lawson’s writing whilst an inmate in “Starvinhurst” Gaol as he called Darlinghurst Gaol (this will be

discussed in detail later in the thesis). So who do we believe Parkes or Lawson – two great Australian icons? The statistics from the Death Register support Parkes. The Committee also concluded that “great improvement in the whole prison system of the colony was urgently needed, and that any step short of its complete revision would be ineffectual”.(4)

Sir Henry Parkes (1815-1896) had a keen interest in prisoner’s welfare, prisons and correct services in general. After he chaired this committee he went to England in 1862 to inspect the prisons there. After the inspection he wrote to the Colonial Secretary in September 1862 with his recommendations based upon personal observation:-

- (i) Separation of prisoners at exercise and work to stop them teaching each other criminal ways
- (ii) “every precaution for the preservation of the prisoner’s health”(5) by pure air, wholesome food and sufficient bedding showed how much he was concerned about prisoner’s health and welfare
- (iii) Separate cells in gaols
- (iv) Spotless cleanliness must be maintained in gaols – again looking after prisoner’s health
- (v) employment of prisoners

In Britain the cause of prison reform was also moving apace. In 1863 a Royal Commission on Penal Servitude was conducted in Britain. As a result new regulations

concerning gaols in NSW were written in 1865 modelled on the recommendations coming out of this commission. The regulations concerning prisoner health follow, but these regulations also spelled out “what records had to be maintained including the death rate in gaols (Regulation 31). This may be why this particular Death Register had to be written and thus came into existence.

Regulations (6) and (8) concerned all aspects of sanitation including sewerage, drainage, ventilation, heating, water. The major reforms were listed as follows: -

Regulation (19) concerned the mode of treatment of imbecile and maniacal prisoners while regulation (21) concerned the powers, duties, mode of appointment and removal of the Visitors, Governors, Head and Under Warders and Medical Officers. Moreover regulation (31) concerned the death rate and causes of death, the nature of the diseases most common in gaols, the number of persons who had become insane within the gaol. If there have been any suicides, state what verdicts were returned. Related to this was regulation (32) concerned with the arrangements for mental inspections and treatment and was there a gaol hospital? Two regulations focused specifically on record keeping. Regulation (34) concerned what books one made up, and by whom, and in what custody are they commonly left while regulation (35) concerned whether periodical reports and returns are furnished to the Governor of the State of the prison and of the statistical details connected with it.

In 1867 the Houses of Parliament in Britain produced a “Digest and Summary of information respecting prisons in the colonies”(7). By this time Henry Parkes had become Colonial Secretary of NSW in 1866, so in keeping with his interest in Corrective Services the rate of Prison investigations and change accelerated culminating in the new Prisons Regulation Act gazetted on 19th February 1867 which included a comprehensive range of gaol regulations, including those of 1865. This Act is important as its regulations are the reason why the Darlinghurst Gaol Death Register was written. The relevant important sections dealing with medical officers, their duties and responsibilities, health of prisoners and prison diets are included in the Appendix in their original form and as they appear in Geoff Reynold’s book of 1993 “Gaol Regulations of 1867”. One of the new Regulations was Regulation 56 which stated that “any order made by the Surgeon, for the special dieting of any prisoner, shall be given in writing, and strictly adhered to”(8). This proves that prisoner welfare was important if special diets ordered by doctors were to be “strictly adhered to”.

An Act in 1874 introduced the position of Comptroller General of Prisons. Harold MacLean was the first to hold this position and he advocated the idea of mitigation of sentence for good conduct to encourage rehabilitation instead of mutiny within the gaol system and the Prisons Act of 1840 was updated in 1899. So it can be seen Henry Parkes was instrumental in bringing about extensive changes to the NSW Gaol System including new regulations stipulating what records had to be kept, including ones concerning death rates in gaols. He was very concerned with the health and welfare of prisoners and as we can see from Graph No. 3 the prison death rate dropped

dramatically after this time, from being well above the general population average in NSW and Australia to being under that average by the late 1800's.

Thus the register clearly demonstrates that the mid 19th century reforms in the colonial corrective services system, supported by Parkes, had a marked and significant affect on the health and mortality rates of inmates. Their health improved dramatically from 1890, to the point where their mortality rate was lower than that for the general population.

CHAPTER 3

EXPLANATION OF THE VARIOUS DISEASES MENTIONED IN THE DEATH REGISTER AND THE VICTORIAN ERA MEDICAL EXPRESSIONS USED

The Death Register was written by doctors using Victorian era medical terms and expressions such as dropsy, apoplexy, astheria, prostration, marasmus and phithiasis. These terms have no meaning today hence they need to be reinterpreted or translated into relevant 21st century medical terms as follows: -

3.1 COMMON DISEASES MENTIONED IN THE DEATH REGISTER

Abscess A collection of pus within tissue due to a bacterial infection such as Staphylococcus aureus which leads to cellulites and/or septicaemia and death. Very common in the 19th century because of poor hygiene and no antibiotics.

Cholera caused by bacterium vibrio cholerae, first isolated in Calcutta in 1883. It is a disease marked by acute severe diarrhoea and vomiting leading to rapid dehydration, salt loss and death. First described by the Portugese explorer Gaspar Correia in 1503 when many soldiers of Calicut died of a “disease, sudden-like, which struck with pain in

the belly, so that a man did not last out eight hours time”(1).

Common in the 19th century due to poor sanitation.

Diarrhoea

Sudden onset of passing large amounts of unformed stool. Can have many causes such as a virus (rota viral infantile gastroenteritis), protozoa (giardia lamblia, entamoeba histolytica) and bacteria (shigella, salmonella, vibrio cholera, Escherichia coli) Dehydration leads to death. Common in 19th century due to poor sanitation.

Dysentery

a term first used by Hippocrates. It is an inflammation of the colon (large intestine) by protozoa (amoebic dysentery) and bacteria (bacillary dysentery such as shigella) leading to passage of loose stools containing blood and mucous. Dehydration leads to death. Common in 19th century due to poor sanitation

Emphysema

a disease of the lungs characterized by shortness of breath, cyanosis, bronchitis and cough causing death by respiratory failure or pneumonia. It is due to cigarette smoking or working in mines with no masks – both common practices in 19th century and being exposed to the coal dust leading to the destruction of the lung's alveoli (gas exchange sacs). First described by Matthew Baillie in 1793 and first listed in a medical text book in Rene Laennec's Treatise on the Diseases of the Chest in 1819.

Erysipilis Greek meaning “red” and “skin”. Used from Hippocratic times to describe cellulitis or any infection of the skin. From late 19th century the term was used more specifically for infection of the skin by a Streptococcal bacterium usually Streptococcus Pyogenes. Because of the lack of antibiotics this would lead to septicaemia and death in the 19th century.

Heart failure Ischaemic heart disease leads to a lack of blood to the heart muscle so it doesn't contract properly resulting in heart failure. A lack of proper medications (digitalis and diuretics) in the 19th century would lead to death from fluid accumulation in the lungs (pulmonary oedema).

Hepatitis in the 19th century this would have been hepatitis A (hepatitis B and C came later in the 20th century), a viral infection of the liver transmitted by the oral – faecal route. Severe infection would lead to liver failure and death. Common in the 19th century due to poor sanitation..

Hydatid a tissue infection caused by larvae from the parasite Echinococcus Granulosus leading to cyst formation especially in the liver or lungs. When the cyst eventually ruptures it causes fever, urticaria or a

serious anaphylactic reaction leading to death. Seen in infected sheep and sheep dogs hence common in 19th century Australia

Influenza

also known as “la grippe” or “grip”, it is an acute respiratory disease caused by a virus which can lead to secondary bacterial infection such as pneumonia and death. First described in Europe in the Middle Ages, it was common in 19th century, as it is today. Responsible to killing of large indigenous populations in the New World and the Pacific.

Malaria

an acute and chronic infection caused by the protozoa Plasmodium (P.vivax, P.falciparum, P.malariae and P.ovale) transmitted by the bite of the anopheles mosquito. It is characterized by high fever and lethargy and complications such as acute cerebral oedema (swelling of the brain) lead to death. Malaria comes from the Italian “mala” for sick and “aria” for bad air and was used to describe intermittent fevers thought to be from breathing marsh air. Common in the 19th century and still today.

Measles

as called rubeola and morbilli, is a common infection of children caused by a virus. The famous Persian Physician Rhazes was the first to differentiate it from smallpox in his writings of 910, prior to this measles and smallpox were confused in ancient writings and

descriptions of epidemics. In medieval times it was called morbilli from the Latin “little disease” to distinguish it from smallpox. Responsible for killing off a lot of indigenous peoples in the New World and Pacific who had no immunity. Death due to complications such as febrile fits and pneumonia occurred. Common in 19th century and no antibiotics meant most died from pneumonia.

Meningitis

infection of the meninges or lining of the brain and spinal cord resulting in swelling of the brain; leading to fever, vomiting and death. Can be caused by a virus, fungus, protozoa but more commonly bacteria such as meningococcal meningitis due to neisseria meningitidis. First described in Geneva in 1805, it was common in the 19th century and no antibiotics meant certain death.

Nephritis

inflammation of the kidneys which can lead to renal failure and death. The commonest cause in 19th century would have been bacterial infections such as Escherichia coli, klebsiella species, proteus mirabilis, staphylococci and streptococci. No antibiotics meant the infection could spread rapidly leading to death.

Peritonitis

an inflammation of the peritoneum or lining of the abdominal cavity usually due to infection by fungus or bacteria from perforated ulcers,

appendix, intestine, diverticulitis and gall bladder. Common causes in the 19th century would have also been tuberculosis of the intestine, pancreatitis due to alcohol abuse and pelvic inflammatory disease in women infected with a sexually transmitted disease. No antibiotics meant certain death.

Pneumonia is an acute inflammation of the lung parenchyma (lung tissue but not the bronchi). The commonest cause in the 19th century would have been bacterial infection such as by streptococcus pneumoniae which could have also been secondary to other diseases such as influenza, measles and tuberculosis. No antibiotics meant a very high death rate.

Rheumatic Fever is a febrile inflammation of heart tissue, especially the heart valves and joint tissue caused by a streptococcal infection of the throat. Death was due to heart failure secondary to valvular disease such as mitral stenosis and aortic stenosis. Without penicillin to stop it, it was allowed to cause a lot of cardiac morbidity and mortality.

Septicaemia is a severe infection of the blood system by a bacterium such as staphylococcus or streptococcus from bowel, lungs or skin leading to death by septic shock where the vascular system collapses (circulatory failure with hypotension) causing multiple organ failure.

This condition was common in the 19th century due to poor hygiene leading to infections and no antibiotics to combat the infection.

Syphilis

caused by the spirochete *treponema pallidum*, syphilis was the most feared of the sexually transmitted diseases and the scourge of Europe from the Middle Ages. The final manifestations of the disease (tertiary Syphilis) can be varied as any system in the body can be infected by then; but without penicillin to stop it in its earlier stages death was inevitable in the 19th century.

Tetanus

is an acute severe infection caused by the bacterium *clostridium tetani* which produces a neurotoxin that paralyses its victim hence death occurs due to anoxia from not being able to breathe,. Described by Hippocrates, it was common in the 19th century and lack of anti-tetanus serum and antibiotics meant certain death.

Tooth Infection

poor dental care and oral hygiene in the 19th century resulted in a lot of tooth infections, abscesses and gingivitis which could lead to septicaemia and death because of no antibiotics to combat the infection.

Tuberculosis

is an infection, mainly of the lung, by *mycobacterium tuberculosis*; but other organs such as the bowel, brain and skin can also be

infected. It is one of man's oldest diseases dating from the Neolithic period and has killed millions of humans over the centuries placing it in the same league as the other major epidemic diseases such as plague, malaria, smallpox and cholera. It was rampant during the 19th century where close housing/living conditions and poor hygiene provided fertile ground for the tubercule to grow. A slow wasting death from "consumption" followed without appropriate antibiotics.

Typhoid

is a systemic (whole body) infection due to the bacterium Salmonella Typhi which develops into a fever, headache, cough, bowel upset and generalized weakness leading to death without antibiotics. The poor hygienic conditions of the 19th century along with the poor sanitation and close living conditions favoured the spread of the salmonella. Like TB, typhoid fever dates from prehistory and was described by Hippocrates.

Typhus

is an infection caused by rickettsia and transmitted to humans by lice so it is common where large numbers of people are living together in poor hygienic conditions such as in gaols, asylums on ships and in military barracks so it was very common in these institutions in the 19th century. Hence it is also known as "gaol fever", "jail distemper", "ship fever", "damp fever" and "famine fever". It is a common cause of death aboard convict transport ships out to

Australia. The characteristic rash and fever gave it the other name “spotted fever”. Death followed without antibiotics.

Whooping Cough is due to the bacterium *bordetella pertussis* and would have killed infants in the gaol. Again close living conditions and poor hygiene favoured its spread in close living communities such as in gaol or 19th century city slums.

3.2 VICTORIAN ERA MEDICAL EXPRESSIONS

| | |
|-------------------------------|--|
| Apoplexy | paralytic stroke that can also lead to fitting |
| Asthenia | lack of strength secondary to a bad infection such as pneumonia |
| Atrophy | wasting secondary to a chronic disease |
| Bright’s Disease | nephritis or infection of kidneys |
| Cardiac Syncope | sudden arrest of the action of the heart i.e. cardiac arrest or heart attack |
| Colliquative Diarrhoea | fluid like diarrhea |
| Congenstion/Effusion of Brain | it was thought that with increased blood pressure less arterial blood flowed to the brain due to increased pressure in the brain – this concept is wrong |
| Dentition | teeth, usually infected leading to septicaemia |

| | |
|------------------------------|--|
| Dropsy | abnormal accumulation of fluid due to heart failure, liver failure, renal failure and malnutrition |
| Dropsy of Pericardium | oedema or fluid in the sac around the heart |
| Fatty Degenerations | of organs such as liver, heart, kidneys secondary to toxins from infections such as diphtheria |
| General Dropsy | oedema due to heart failure, kidney failure or ascites (fluid in abdomen) |
| Icterus | jaundice secondary to liver disease such as hepatitis |
| Livid | dark inflamed colour of skin |
| Marasmus | progressive wasting and emaciation, sometimes with no obvious cause but usually due TB, cancer, syphilis |
| Marbus Cordis | heart disease |
| Mortification of Foot or Leg | peripheral vascular disease or arterial blockage leading to gangrene |
| Nervous Exhaustion | nervous breakdown |
| Phthiasis Pulmonalis | TB |
| Pneumonia Gangrene | gangrene of lung due to infection by Clostridia bacteria |
| Priapism | chronic erection of penis – can be due to lymphoma in pelvis |
| Prostation | completely overcome with illness usually due to disease of kidneys |

| | |
|------------------------|--|
| Puerperal Fever | infection with childbirth |
| Sanguinous Apoplexy | fit due to brain containing blood i.e. haemorrhage in brain |
| Scrofula | a form of cutaneous tuberculosis with abscess formation usually in the cervical lymph nodes |
| Senile Decay | dementia, aging of the body |
| Softening of the Brain | dementia |
| Soldier's Spots | rheumatic fever |
| Syncope | fainting usually due to reduced blood pressure |
| Tabes Mesenterica | TB of the peritoneal cavity and mesenteric lymph glands – disease of marked wasting and weakness |
| Vicarious | experienced in the imagination i.e. psychosomatic |
| Vide P.M. | direct the person to a specific place i.e. to the post martum |

CHAPTER 4

A COMPARISON OF THE DARLINGHURST GAOL DEATH REGISTER WITH AUBURN PRISON, NEW YORK STATE, USA DEATH REGISTER AND THE DEATH RATES OF THE GENERAL POPULATION OF NEW SOUTH WALES, AUSTRALIA AND USA

In order to see how Darlinghurst Gaol rated from a health point of view, it is necessary to compare it to other similar gaols both in Australia and internationally. As stated in the Literature Review no gaols in Australia could provide a similar Death Register for the time frame being studied in this thesis and similarly the only gaol overseas that had a Death Register within the time frame in question was Auburn Prison in New York State, USA having such a complete list from 1888, 21 years after the commencement of the Darlinghurst Gaol ledger.

Before comparing Darlinghurst Gaol with Auburn Prison and the relevant general population it is necessary to comment on Dr. Baly's paper. A direct comparison of the statistics presented in Dr. Baly's paper and those of Darlinghurst Gaol and Auburn Prison is not possible because they span different time frames of 1824 to 1843, 1867 to 1914 and 1881 to 1914 respectively, but some general comments are warranted.

Dr. Baly begins his paper with the following statement which supports the thrust of this thesis – that conditions in gaols in the mid 1800’s were improving.

“The amelioration of public health, which has been effected by the diffusion and practical application of scientific truths, is one of the most remarkable features in the history of society during the last sixty or seventy years. This happy result of the advance of civilization is manifested in the improved condition of all classes of the community, but is seen nowhere more conspicuously than in the gaols and houses of correction in this country.

In Howard’s time, the prisons of England, like those of the rest of Europe, were so filthy, crowded, and ill ventilated, that the air which the unfortunate inmates were compelled to breathe had an insupportable odour, and was almost constantly laden with the infection of putrid air”(1)

Dr. Baly stated that “the rate of mortality is much higher amongst the prisoners confined in them (gaols) than amongst persons of the same age in society at large” (2) and that “the increased mortality was chiefly due to the prevalence of the one and the same disease, namely, tubercular scrofula” (3). This may be true of the prisons examined in Dr. Baly’s paper because they were all located in high northern hemisphere latitudes; but this did not apply to Darlinghurst Gaol where only 10% of all deaths was due to tuberculosis.

Death rates in Dr. Baly's gaol statistics varied from a low 15.767 deaths per 1,000 prisoners in the English Devizes House of Correction to a very high 61.3 in the French Nismes (Maison Centrale) which is a lot higher than in Darlinghurst Gaol.

The diseases listed by Dr. Baly show besides tuberculosis, more smallpox, typhus fever and syphilis in the northern hemisphere gaols with no childhood diseases because, unlike Darlinghurst Gaol, no children were in these gaols.

The following lists from Dr. Baly's paper show the various death rates in the prisons from England, France, Switzerland and USA, as well as in the relevant general population plus the various causes of death. These unique statistics were well worth the hunt to find! Note that the USA statistics are also divided into those for "white" prisoners and those for "coloured" prisoners, who died at a higher rate than "white" prisoners. At the end of his paper Dr. Baly reinforces the importance of tuberculosis as the greatest cause of death by stating "the length to which this communication has already extended (no less than 159 pages), obliges me to refrain from further recapitulation of the facts which I have sought to establish. For the same reason I must reserve the investigation of the causes on which the great mortality from tubercular diseases in prisons has depended, for the subject of a second paper, and will here merely state that the most influential of these causes appear to have been – 1st, deficient ventilation; 2nd, cold; 3rd, want of active bodily exercise and sedentary occupations; 4th, a listless, if not dejected state of mind; and 5th, poorness of the diet"(4). He goes on to say "In several prisons newly built, the inmates are protected against all, or almost all,

those influences which have the greatest tendency to injure the bodily health, and in many others very important improvements have been effected. These changes cannot fail to produce a good result, and, if the statistics of penal establishments should be again collected and analysed at the end of the ensuing 10 years (as in this thesis), it will, we cannot doubt, be found that the mortality of the prisoners has been considerably lowered, and the ravages amongst them, of tubercular scrofula especially, in a great measure mitigated”(5). This thesis shows that this became true in Darlinghurst Gaol where death rates became much lower and tuberculosis rates were also much lower but only half true in Auburn Prison where death rates slowly became lower but unfortunately tuberculosis rates still remained very high. It must also be remembered that many thousands of people came from Great Britain to Australia during the Victorian era to access Australia’s warmer climate to help cure their tuberculosis.

DR BALY CHARTS

The Auburn Prison records are found in the Department of Correctional Services Records, Institutional Records, Auburn Correctional Facility, Auburn Prison, under Inmate Records and Inmate Health Records. In the Inmate Records section reference B0062 gives Daily Reports of Male Population 1879-1952 hence a yearly average prison population was obtainable to help work out death rates per 1,000 population per year. In the Inmate Health Records section reference B0056 gives Register of Deaths 1888-1937 giving a complete record of every death (not just executions) with inmate name, place of birth, age at death, time of death, crime, term of sentence, race, disease and any remarks such as when sentenced, where served time prior to Auburn prison, when received into Auburn Prison and habits. These certificates were then signed by the Physician to the Prison.

An example of this Auburn Prison Death Register is shown in the appendix – it contains two certificates per page. The New York State Archives allowed release of the 273 pages of the Death Register on the understanding that due to Privacy Restrictions the names of the deceased were not shown; but this page was chosen as the example because it contains the death certificates of two men executed for murder hence their names were already in the Public Domain because their legal electrocutions would have been reported in the newspapers at the time. The first one was for the execution of the assassin of President McKinley on Tuesday 29th October, 1901 and the second was for the execution of a First Degree Murderer on Wednesday 20th November, 1901. It is noteworthy that the assassin's body was buried in sulphuric acid

and lime at the State prison cemetery, while the other murderer's body was delivered to friends. Also noteworthy is the fact that there is no mention of race of the inmate and no signature for the Physician to the Prison – why? A large number of the death certificates for those executed showed no age or race, while many were for young male Italians, born in Italy who were executed for murder in the First Degree.

Auburn Prison – a brief history

Auburn Correctional Facility is located in Auburn, Cayuga County, New York State, USA. It is the oldest existing New York State correctional facility having been built in 1817 to relieve the over crowding of Newgate Prison in New York City. It is famous for being the prototype of the “Auburn System”, used in many other prisons in USA and overseas, which included the “silent system” of strictly enforced silence throughout the day, separate confinement in cells, congregate work during the day, lockstep walking, striped uniforms and the use of the lash for minor punishment.

In 1893 the State Prison for Women (the first prison for female prisoners in New York State) opened at Auburn using the facility that had been the asylum for insane male convicts from 1859 to 1893. Women had been at Auburn prison from 1817 to 1838 when they were transferred to Sing Sing Prison until 1893. On 6th August, 1890 the first legal electrocution in New York State was performed at Auburn Prison according to the Corrective Services Archives history although the Death Register lists the first execution as occurring on Tuesday 14th November, 1893. No execution or death is

recorded on the 6/8/1890 according to the Death Register suggesting an error in the official history. Executions continued at Auburn until 1914, thereafter all took place at Sing Sing Prison.

The Auburn Prison Death Register – sample page in the appendix

4.1 DOCUMENT ANALYSIS

The Auburn Death Register indicates a number of patterns in inmate mortality, some quite distinctive in comparison to Darlinghurst Gaol.

(i) Age Distribution of Deceased

Graph No. 1 shows the age distribution in bands of 5 years. Like Darlinghurst Gaol most of the prisoners were between age 20 and 40, but Auburn Prison had many more in the 20 to 30 year brackets ie a much younger population. Unlike Darlinghurst Gaol though there were no female deaths except for one – the legal execution of Mary Farmer from Ireland on 29th March, 1909 for “Murder in the First Degree”. The New Women’s Prison’s had opened in 1893 but she obviously, had been taken from there to the Men’s Prison at Auburn to be executed. Because there were no female prisoners, no infant or child deaths were recorded in the Auburn Prison Death Register.

| Band | Number of Deaths | Percentage of all Deaths |
|---------|------------------|--------------------------|
| 0 – 5 | 0 | 0.00% |
| 6 – 10 | 0 | 0.00% |
| 11 – 15 | 0 | 0.00% |
| 16 – 20 | 27 | 5.17% |
| 21 – 25 | 114 | 21.83% |
| 26 – 30 | 92 | 17.62% |
| 31 – 35 | 71 | 13.60% |
| 36 – 40 | 49 | 9.38% |
| 41 – 45 | 37 | 7.08% |
| 46 – 50 | 24 | 4.59% |
| 51 – 55 | 29 | 5.55% |
| 56 – 60 | 19 | 3.63% |
| 61 – 65 | 14 | 2.68% |
| 66 – 70 | 10 | 1.91% |
| 71 -75 | 8 | 1.53% |
| 76 – 80 | 1 | 0.19% |
| 81 – 85 | 2 | 0.38% |
| 86 – 90 | 0 | 0.00% |
| Unknown | 25 | 4.78% |
| | 522 | 100.00% |

(ii) Causes of Death

Graph no. 2 shows the causes of death. In terms of causes of death the disease groupings are the same as for Darlinghurst Gaol.

| Cause of Death | Numbers of Deaths | Percentage of all Deaths |
|-----------------|-------------------|--------------------------|
| Execution | 43 | 8.23% |
| Heart | 22 | 4.21% |
| Renal | 21 | 4.02% |
| Respiratory | 20 | 3.83% |
| TB | 235 | 45.90% |
| Debility | 11 | 2.10% |
| Dementia | 11 | 2.10% |
| Brain | 24 | 4.59% |
| GIT | 16 | 3.06% |
| Psychiatric | 0 | 0.00% |
| Infection | 60 | 11.49% |
| Cancer | 7 | 1.34% |
| Suicide | 23 | 4.40% |
| Other | 25 | 4.78% |
| No cause listed | 4 | 0.76% |
| | 522 | 100.00% |

(iii) The number of Deaths by Year are as follows

| Year | Number of Deaths |
|------|------------------|
| 1889 | 26 |
| 1890 | 37 |
| 1891 | 52 |
| 1892 | 50 |
| 1893 | 46 |
| 1894 | 44 |
| 1895 | 19 |
| 1896 | 17 |
| 1897 | 18 |
| 1898 | 9 |
| 1899 | 12 |
| 1900 | 19 |
| 1901 | 10 |
| 1902 | 12 |
| 1903 | 14 |
| 1904 | 18 |
| 1905 | 13 |
| 1906 | 9 |
| 1907 | 9 |
| 1908 | 11 |

| Year | Number of Deaths |
|------|------------------|
| 1909 | 19 |
| 1910 | 9 |
| 1911 | 14 |
| 1912 | 13 |
| 1913 | 21 |
| 1914 | 9 |
| | 522 |

(iv) The Death Rates per 1,000 Population by year (refer Graph No. 3) are noteworthy

| Year | Average Prison Population | Death Rate per 1,000 Population |
|------|---------------------------|---------------------------------|
| 1889 | 1,292.5 | 20.11 |
| 1890 | 1,231 | 30.05 |
| 1891 | 1,257.5 | 41.35 |
| 1892 | 1,373.5 | 36.40 |
| 1893 | 1,261.5 | 36.46 |
| 1894 | 1,277.5 | 34.44 |
| 1895 | 1,234.5 | 15.39 |
| 1896 | 1,104.5 | 15.39 |
| 1897 | 1,047.5 | 17.18 |
| 1898 | 1,065 | 8.45 |
| 1899 | 1,071 | 11.20 |
| 1900 | 1,139.5 | 16.67 |
| 1901 | 1,050 | 9.52 |
| 1902 | 1,059.5 | 11.32 |
| 1903 | 1,119.5 | 12.50 |
| 1904 | 1,134.5 | 15.86 |
| 1905 | 1,186.5 | 10.95 |
| 1906 | 1,140 | 7.89 |
| 1907 | No records available | No records available |

| Year | Average Prison Population | Death Rate per 1,000 Population |
|------|---------------------------|---------------------------------|
| 1908 | 1,218.5 | 9.02 |
| 1909 | 1,339 | 14.18 |
| 1910 | 1,397 | 6.44 |
| 1911 | 1,417 | 9.88 |
| 1912 | 1,336.5 | 9.72 |
| 1913 | 1,326.5 | 15.82 |
| 1914 | 1,360.5 | 6.61 |

(v) Findings for Auburn Prison

Like in Darlinghurst Gaol, most deaths occurred in prisoners younger than 40 but prisoners died at a younger age at Auburn Prison with 60% of all deaths occurring by this age compared to 50% at Darlinghurst Gaol and 50% by age 35, mainly in the 21 to 30 band which accounted for 30% of all deaths. Unlike Darlinghurst Gaol there were no female deaths except for one execution in 1909 despite female prisoners being at Auburn Prison until 1893 when they were transferred to the new State Prison for Women at Auburn. Again unlike Darlinghurst Gaol there were no infant deaths

The infection list for Auburn Prison included tuberculosis, septicaemia, syphilis, nephritis, typhoid, malaria, abscesses, meningitis, periocarditis, peritonitis, rheumatic fever, influenza and pneumonia and there were no childhood diseases such as measles or diphtheria. There was no hydatid disease as in Darlinghurst Goal because NSW had a large sheep and sheep dog population which were sources of the disease parasite.

It is noteworthy that there was no typhus or “gaol fever” which was unusual because it occurred in close communities such as prisons. Perhaps the separate cell system reduced close contact with fellow prisoners. Inmates not sleeping together may have stopped this louse borne disease?

Unlike Darlinghurst Gaol there was no mention of asylums or any mental illness and there were no comments by the doctors such as occurred in the Darlinghurst Gaol Death Register saying that this prisoner should have been in an asylum. Also there was no mention of vagrants nor any comments about how this prisoner should have been in a hostel for the homeless.

Auburn Prison had a huge number of deaths due to tuberculosis accounting for nearly half of all deaths (45.9%) compared to Darlinghurst Gaol’s 9.97%. Was this due to the location of the Auburn Prison in the higher colder latitudes of the Northern Hemisphere being 44 degrees north compared to Darlinghurst Gaol’s 34 degrees south? The location of Auburn Prison is equivalent of being to the south of Tasmania.

It must be remembered that many people actually came out to the warmer climate of Australia during these times upon the advice of doctors in England, as a cure for their tuberculosis. So the actual location of Auburn Prison may have had a significant disadvantage when it came to tuberculosis. Today better food, better housing conditions, routine screening with chest x-rays and proper antibiotic therapy have

markedly reduced the tuberculosis rate in New York State, making its high latitude much less relevant – but not in the late 1800's and early 1900's.

There were a lot of executions of young males from Italy for first degree murder – the beginnings of the Mafia? Darlinghurst Gaol's prison population was mainly from NSW, the United Kingdom and Ireland whereas the Auburn Prison population was from USA, Italy, Ireland mainly and then Europe in general.

The infection rate was double that of Darlinghurst Gaol, but the rest of the causes of death were either the same or much less than that of Darlinghurst Gaol. And there were some strange causes of death in the Auburn Prison Death Register such as: -

- 8/12/1890 - “Self abuse” does this mean masturbation or suicide?
- 30/07/1891 - “TB caused by masturbation” – a new cause for TB!?
- 1/10/1892 - “Haemorrhage of the lungs” - ? TB or bad chest infection
- 14/08/1896 - “catarrh of the stomach” – what does this mean?
- 8/10/1908 - “Syphilitic TB” - TB caused by syphilis or syphilis caused by TB – new causes all around!?

Wood alcohol poisoning, self administered, from home brews was a common cause of death and there was more death from tertiary syphilis in Auburn Prison than in Darlinghurst Gaol, while hanging was the commonest form of suicide in Auburn Prison.

(vi) Overall Findings Comparing Darlinghurst Gaol Death Rates to those of Auburn Prison and the General Populations of NSW, Australia and USA

It is not possible to compare causes of death between the two gaols and the relevant general population because such statistics do not exist for the general population - that is why this Darlinghurst Gaol Death Register is so interesting historically, because it is a unique listing of actual causes of death for any aspect of colonial life, such as prisoners and general population.

The first edition of the current International Classification of Diseases was called the International List of Causes of Death and instigated by the International Statistical Institute in 1893 using a classification devised by Jacques Bertilla Bertillon (1851-1922), Chief of Statistical Services for the City of Paris. It has now become the international standard, under World Health Organisation patronage since 1948, to be used for epidemiological studies and health management purposes. But during the time frame of this thesis it was still in its beginnings and not readily recognized or adopted internationally. Consequently causes of death statistics for the general population do not exist prior to 1900.

The Australian Bureau of Statistics can give death rates by sex, individual states and the whole of Australia back to 1824 while the USA equivalent, the National Center for Health Statistics, can only give death rates by age groups and sex back to 1900. No

continuous statistics are available for New York State or USA prior to 1900 and no statistics are available for causes of death in both countries prior to 1900.

So this thesis will be able to compare causes of death between the two gaols, as has been done and only the death rates between the two gaols and their relevant general populations, due to a lack of statistical data for the causes of death in the relevant general populations.

Graph No. 3 compares the death rates per 1,000 population and shows that the death rates of NSW and Australia match each other well and halve from about 20 in 1867 to about 10 in 1914, while the death rate from the USA is set higher starting at about 17 in 1900 compared to just under 12 in NSW and Australia and ending at 13 by 1914 compared to 10 in NSW and Australia. William Farr in his “Vital Statistics” book showed that the death rate for all ages in England from 1861 to 1870 was 23.61 for males and 21.28 for females i.e. slightly higher than in Australia.

At the same time the relevant gaol eventually showed a lower death rate after 1889. The only exceptions to this were for the years 1899 and 1911 in Darlinghurst Gaol and 1913 in Auburn Prison. In 1899 10 deaths occurred in a prison population of 445 giving a high rate of 22.47 per 1,000 population. The unusual thing that year was the high suicide rate of four (hanging, jumping off a balcony, acid burning and phosphorous poisoning) while the rest of the deaths were a mixed lot of pneumonia, an execution, a neonatal death, alcoholism, brain abscess and kidney disease – so no

specific epidemic or disease trend evident. In 1900 7 deaths occurred in a reduced prison population of 376 thus resulting in a high death rate of 18.61 per 1,000 population. Again there was no specific disease trend or epidemic evident but another mixed lot of diseases being the cause with TB, asthma, senility by two, stroke by two and heart disease. The 21 deaths in Auburn Prison in 1913, in a prison population of 1,326.5 average, gave a high death rate of 15.82. This high death rate was due mainly to two outbreaks of pneumonia (five deaths in late February and March and four deaths in September), four executions and three suicides. The remaining five deaths were a mixture of TB, kidney disease by two, gangrene and bowel obstruction. In other words one was less likely to die in gaol than in the relevant general population despite the fact that the gaol population death rate included an execution rate of about 8% or 9%.

Farr also quotes Dr. Baly in the Prison Mortality section of "Vital Statistics". He stated that the true mortality rate at Millbank Penitentiary, from 1825 to 1842, was in the order of 31 per 1,000 per year compared to the mortality in the general population of London at the same time, between the ages of 15 and 70, of about 15 per 1,000 i.e. half. He also stated that mortality in gaols increased with length of confinement, more than quadrupling over the first four years from 13 per 1,000 for prisoners in their first year of confinement to 57 per 1,000 for prisoners in their fourth year of confinement (well above the general population's average), taken from a sample of 36 of the largest county gaols in England from 1838 to 1841. This population gave a true mortality rate of 23 per 1,000 i.e. more than the 16.3 per 1,000 death rate for 93 gaols from 1826 to 1831 quoted in the Literature Review. By comparison the death rate in gaols in Bengal

and Agra in 1833 was 66 per 1,000 per year mainly due to enteritis, dysentery, diarrhea, cholera and fevers while the native troop mortality at the same time was 10.6 per 1,000 annually. In twelve of the leading prisons of France the mortality rate for men was 37.6 per 1,000 annually for the first year of confinement, 57 in the second year, 59 in the third year, 55 in the fourth year, 41 in the fifth, sixth and seventh years, 39 in the eighth year, 31 in the ninth and 36 in the tenth year of confinement. In the Eastern Penitentiary in Philadelphia, USA the mortality rate was 22 per 1,000 in the first year of confinement, 48 in the second year, 39 in the third year and 25 in the fourth year – all well above the average for the general population.

Dr. Baly stated that the commonest causes of death in gaols during this period was fevers, bowel complaints and consumption (tuberculosis). For example the death rate from fevers and bowel complaints in London was 1.2 per 1,000 population annually compared to 3.4 in 32 county gaols, 5.9 in Millbank Penitentiary and 8.9 in Wakefield House of Correction. Consumption killed 4.4 per 1,000 population annually in London and about 13.2 in Millbank Penitentiary.

Dr. Baly thought the fevers and bowel complaints were “promoted by bad drainage, dirt, crowding, poor unvaried diet”(6). Once these problems had been addressed by Henry Parkes’ strict new health regulations in the 1867 Prisons Act, the mortality pattern changed markedly for the better as shown in Graph 3.

There were a number of reasons why gaols in the late Victorian era had a lower death rate than the relevant general population and why Darlinghurst Gaol had the lowest death rate of all. First there were no children in Auburn Prison so no child mortality death rates due to childhood diseases such as measles or diphtheria as occurred in the general population but Darlinghurst Gaol had children and their deaths accounted for 7.19% of all death recorded.

Secondly for many prisoners especially vagrants or working class people it was the first time they had proper clothing and shoes, 3 meals a day, a bed to themselves, shelter from the elements, proper medical treatment, vaccination against smallpox and a weekly bath. All of these things helped increase one's life expectancy and would have been unavailable to large sections of the general population at the time.

Gaols offered a number of other health advantages. They were isolated from outside epidemics such as the outbreak of plague that occurred in the slums of Sydney (The Rocks for example) in 1901. Gaols had better cleanliness and proper sanitation and sewerage due to the new rules and regulations governing such matters introduced in the NSW Prisons Act of 1867 and they provided clean water and proper food to all prisoners, denied to many in the general population.

Gaols also provided properly supervised exercise periods which poor people in the general population would not have done as well as provided work, hence mental and physical stimulation, denied many in the general population. The gaol population was

also skewed to mainly 20 to 30 years olds who would have been fitter and stronger than the general population.

Another advantage of confinement is that it would have been harder to access alcohol in goal, despite several deaths due to wood alcohol poisoning and D.T.'s. For most vagrants and alcoholics prison time would have been a time to sober up and become healthier. Separate cells in the new model gaols meant that there was a reduced risk of communicable diseases. Separate accommodation was not available to the general population. Vagrants and the poor would have slept together in groups to keep warm and for mutual protection.

The morale at Darlinghurst Gaol could have been better than at Auburn Prison due to having female prisoners and their children who would have provided a calming, moderating, normal family feeling to the prison. NSW also had a better and healthier climate than Auburn Prison and in 1901 Australia had the highest standard of living and life expectancy in the world.

CHAPTER 5

THE MEDICAL STAFF AT DARLINGHURST GAOL AND THE STEPS THEY TOOK TO REDUCE THE DEATH RATE

To get a better understanding of the health of the inmates of Darlinghurst Gaol it is necessary to see how they were treated whilst in the gaol. What hospital facilities, if any, were available, what were the medical staff like and what rations did the inmates consume? This chapter will answer these questions and also show that sick inmates were well looked after and given extra rations of port wine and brandy by the doctor.

5.1 STAFF AND FACILITIES

The Male Hospital

The inmates at Darlinghurst Gaol were usually vagrants or from the working class so they were unhealthy, malnourished and prone to disease before they even arrived at the gaol. Initially separate cells were used as primitive hospital wards then in 1849 a temporary hospital was established in the building destined to become the engine house for the gaol. Then in the early 1880's the hard labour prisoners built the Male Hospital designed by James Barret, the Colonial Architect from 1865 to 1890. When completed in 1885 it was two storeys high and had two large wards with ambulatory arcades on

three sides, secured with iron grilles which allowed for walking in the fresh air but still being secured. There were padded cells at the southern end of the building, a dispensary, a scullery and a staff area. Later a weatherboard isolation ward for infectious disease patients was built next to E wing and a morgue was also build near E wing. The male hospital accommodated up to 36 patients at a time who were attended by one doctor and one dispenser daily.

The Female Hospital

The Female Hospital was built before the Male Hospital because of the need to have somewhere for women to give birth. It was built near where the Male Hospital was to be located and construction commenced in 1872. It had a central passage with wards on both sides and a verandah at the front. Many babies were born in the Female Hospital but many of them died later of childhood diseases. In 1898 the building was converted into the female warder's living quarters by partitioning off the interior.

Doctors

Doctors visited the gaol, they did not come from the nearby St. Vincent's Hospital nor Sydney Hospital, so they must have been privately contracted doctors who attended the hospitals daily to see the patients and to examine all new incoming prisoners. They also attended each execution and pronounced the death of those executed.

Dr. Maurice John O'Connor LRCSI was an Honorary Surgeon at Sydney Hospital from 1887-1893 (1) and one such gaol doctor. The Australian Medical Directory of 1883 states that he was a visiting surgeon to the gaol in the early 1880's and a NSW Legislative Assembly report from 1881 to the Comptroller of Goals includes a vaccination against smallpox report by Dr. O'Connor. So prisoners were vaccinated against smallpox – something that would not have happened to them in the outside world because they could not have afforded it or they would not have known it was available or in their best interests to have it done. Dr. O'Connor and a Dr. Brownless attended the hanging of the four “Mount Rennie Boys”, for rape, on 7th January, 1887.

The first Australian Medical Directory and Handbook was published by L. Buck in 1883. This first edition has Dr. O'Connor listed as:

O'Connor, Maurice John, 26 College Street, Hyde Park, Sydney, NSW

LRCS Irel., 1876; L and L Med KQCP Irel., 1877;

Dist. Surg. Sydney. Infirm, Vis. Surg. Darlinghurst Gaol and Recept.

House for the Insane, also to Shaftesbury Reformat. South Head

The second edition in 1886 was similar and the third edition in 1892 had his only medical appointment listed as “Vis.Surg. Darlinghurst Gaol” so he must have been the fulltime doctor by then. The fifth edition, in 1900, had his obituary saying he died on 9th March 1899 at Parramatta at the early age of 42.

Dr. Brownless is listed in the Medical Directory as:

Brownless, Anthony Colling, 257 Elizabeth Street, Hyde Park, Sydney, NSW

MB et ChB Melb 1881; Actg. Hon. Cons. Phys. Syd. Lying-in Hosp and Benev. Asyl;
Hon. Phys. Goodlet Home for Consumptives, Picton; Pub.Vacc; late Res.Med.Off.
Melb Hosp.

There is no mention of Darlinghurst Gaol so he must have been a temporary visiting surgeon for this large execution of the four “Mount Rennie Boys” and Dr. O’Connor must have been the regular visiting surgeon.

No other doctor was found in the Medical Directory who was listed as a visiting surgeon for Darlinghurst Gaol.

Nurses

Nurses did not visit from the nearby St. Vincent’s Hospital or Sydney Hospital; instead wardsmen, prisoners or trustees were used. Such was Henry Bertrand. He was a dentist who shot his lover’s husband and was condemned to death but later had his death sentence commuted to life imprisonment. He was known as the “Demon Dentist of Wynyard Square” (2) and eventually was released in 1894 aged 53. Thus ill inmates received nursing care which they would not have received outside the gaol, except if they were rich.

The Sisters of Charity, from St. Vincent's Hospital, visited the prisoners at Darlinghurst Gaol three times a week, but only for pastoral care; not for medical or nursing care. The Sisters of Charity order was founded by Mary Aikenhead in Ireland in 1815 to serve the poor. The Sisters of Charity of Australia arrived in Sydney in December, 1838 and began work in January 1839 working with the female convicts at the Female Factory in Parramatta. They later visited other gaols including Darlinghurst Gaol and continue their Prison Ministry today at Long Bay Gaol for example. So prisoners also received ongoing spiritual guidance, which many would not have availed themselves outside of gaol. This pastoral care would have been good for the inmate's morale and spiritual wellbeing.

Chemist

The gaol had a resident chemist named Tommy Stapleton. Two of the medicines he was allowed to let doctors give ill prisoners were port wine and brandy. Ill inmates were given special rations, again not available to many outside the gaol.

5.2 HOW DID THEY TRY TO REDUCE THE DEATH RATE

Doctors and others helped reduce the death rate of prisoners at Darlinghurst Gaol by ensuring that prisoners had proper clothing and shoes, proper bedding in separate cells to avoid cross infection, proper medical care in a hospital, isolation of prisoners with

infectious diseases in a separate isolation ward, extra rations, referred to as “medical comforts” were given to sick prisoners. These special comforts included port wine, brandy, rice, oatmeal, sago and tobacco(3), while prisoners also had supervised proper exercise daily, proper sewerage and sanitation and a weekly bath to ensure proper hygiene, with clean water. Three proper meals per day were given to the inmates, more than most would have had outside the gaol. “Soup and hominy (a maize porridge) were prepared in the large copper boilers by prisoners assigned to work in the kitchens. Other staple foods included bread (baked in the kitchen for the whole gaol), meat, potatoes, vegetables and water. There were also small sugar, salt (and soap) rations. Milk was delivered from the nearby dairy and some vegetables were grown in the garden next to the kitchen”. (4)

A comparison of the gaol rations of 1867 and 1905 compared to the Sydney Hospital rations of 1870 shows that the prisoners were well fed, in fact better fed than the patients. By comparing an 1867 Ration No. 4 and a 1905 “Hand Labour” ration from Darlinghurst (the equivalent rations for hard working prisoners) to a “Full” ration from Sydney Hospital and a “Idle Prisoner” ration from Darlinghurst to a “Low” ration from Sydney Hospital i.e. comparing similar rations from both institutions at the top and bottom end of the “ration ladder”, shows that the inmates at Darlinghurst were better fed than the patients at Sydney Hospital.

In 1905 new regulations brought in a new schedule of rations for prisoners based on work done by the prisoner as the Darlinghurst Gaol Governor Arthur H. Collis noted.

“The introduction of new dietary regulations, and readjustment of tasks in relation to labour schedules, has had a marked effect on the industry of prisoners. Now that the ration is regulated by amount of work done, instead of time served, even the loafer finds that he must work”. (5)

| DARLINGHURST GAOL RATIONS(6) | | | | SYDNEY HOSPITAL RATIONS (7) | |
|---------------------------------|-------|-------------------|------------|-----------------------------|--|
| 1905 Hard Labour – Ration No. 4 | | 1867 Ration No. 4 | | 1870 Full – Ration 1 | |
| Bread | 24 oz | 24 oz | Bread | 20 oz | |
| Maize meal | 6 oz | 8 oz | Meat | 12 oz | |
| Meat | 16 oz | 16 oz | Vegetables | 8 oz | |
| Vegetables | 16 oz | 8 oz | Tea | 32 oz | |
| Salt | ½ oz | ½ oz | Butter | ½ oz | |
| Sugar | 1 oz | 1 oz | | | |
| Soap | ½ oz | ½ oz | | | |
| Rice or Barley | ¼ oz | ¼ oz | | | |

| 1905 Ill conducted or Idle Prisoners – Ration No. 9 | | 1870 Low – Ration No. 4 | |
|---|-------|-------------------------|-------|
| Bread | 16 oz | Bread | 12 oz |
| Soap | ½ oz | Tea | 24 oz |

All Rations for Darlinghurst Gaol from 1867 are listed in Appendix (V).

CHAPTER 6

EXECUTIONS

6.1 EXECUTIONS

The Gallows at Darlinghurst Gaol

Legal executions in NSW and Australia followed the British tradition of hanging by dropping through a trapdoor in a gallows which fractured the odontoid process of the second cervical vertebrae (the peg around which the first cervical vertebrae swivels) thus allowing the first cervical vertebrae to move across the second cervical vertebrae hence transecting the spinal cord at such a high level that the prisoner would go unconscious and stop breathing instantly. Prior to the drop in a gallows, prisoners were kicked off the end of a cart whilst attached to a rope around their neck and had to be choked or strangled to death. This would have taken several minutes to complete and in the meantime the prisoner would have jerked around and convulsed or “danced”, which provided great entertainment for the onlookers.

A gallows was located inside the original Sydney Gaol at the northern end of George Street. Once Darlinghurst Gaol was occupied executions occurred initially outdoors so the general public could watch, using a gallows set up near the Forbes Street Gate entrance. The first to be hanged at Darlinghurst Gaol were murderers Robert Hudson

and George Stroud, who were hanged together on 29th October, 1841. Later a platform was built on top of the gates for hangings. During the lifetime of Darlinghurst Gaol (1841-1914) 254 death sentences were handed down but only 76 prisoners were actually hanged, the rest had their sentences commuted to life imprisonment. The most famous public hanging at the goal was that of aristocrat John Knatchbull at 7 a.m. on Tuesday 13th February, 1844. He was executed for murdering Ellen Jamieson and a crowd of over 10,000 witnessed his death. The last public hanging occurred on 21st September, 1852, when murderer, Thomas Green, was dispatched.

By now the authorities thought executions should be private affairs, so the gallows were erected inside the walls of the prison initially. The famous bushrangers, the Clarke brothers, Thomas and John, and Henry O'Farrell the Irishman who tried to kill Queen Victoria's son Prince Alfred by shooting him, were all hanged using this gallows. Then in 1869 new "modern" gallows were erected outdoors at the junction of the Y in the E wing cell block so they faced the rising morning sun in the east. They were first used on 2nd January, 1872. Other hangings using this gallows included the famous bushranger Andrew George Scott age 37, alias Captain Moonlite, and his accomplice Thomas Rogan, age 21, who were hanged together on 20th January, 1880.

Indoor gallows were built inside the Y of E wing cell block especially for the 7th January, 1887 hanging of the four Mt. Rennie rapists – George Duffy age 17, Joseph Martin age 17, William Bryce age 19 and Robert George Read age 19. This was the

first indoor hanging in NSW and the last execution for rape in NSW. The last hanging at Darlinghurst Gaol was on 29th October, 1907 for murderer Nicholas Baxter.

The Hangman at Darlinghurst Gaol

Alexander Green was the first hangman at Darlinghurst Gaol and nearby Green Park was named after him. He had been the official flogger when a flogging for corporal punishments was required. In 1828 he became the assistant hangman and was the hangman at Darlinghurst Gaol from July 1841. He seemed to be a caricature of evil because “he was described as very ugly, with pockmarked skin and stumps for teeth, of simple mind, with a large scar (from an axe attack by a prisoner) down the side of his face”. (1)

Green was frequently drunk and botched many hangings. He misjudged the length of the rope needed several times and nearly decapitated those being executed. He had been known to pull the lever whilst the condemned was still saying his final prayers and once fell off the scaffold himself. He eventually executed 490 people in NSW but by 1855 he was declared insane and was dismissed eventually dying in Tarban Creek Lunatic Asylum, Gladesville.

Robert Elliott was the second hangman at Darlinghurst Gaol but no facts could be found about him. He was followed by the hangman named “Bull” who was noted for his botched hanging of the bushranger Harry Manns on 26/3/1863. Manns was 23 and

one of the gang that included famous bushrangers Frank Gardiner and Ben Hall. Manns had to be hanged twice due to the Bull's incompetence. On the first attempt the rope was incorrectly adjusted so that it did not fracture the odontoid process. Instead it choked him and left him jerking so he was lifted down. The rope was then readjusted and he was hanged correctly the second time. Needless to say "Bull" was replaced.

Robert Rice Howard "Nosey Bob" – became the fourth hangman at Darlinghurst Gaol in 1872 and was the State Executioner until 1903. During that time he hanged 64 people around NSW. He was known as "Nosey Bob" because he had no nose visible after a horse kicked him in the face. Howard took his job seriously (unlike the other hangmen) and was known as the "gentleman hangman" (2) because he wore a black frockcoat and white necktie to all his executions.

He executed bushrangers Andrew George Scott (Captain Moonlite) and Thomas Rogan in 1880 and Jimmy Governor (Chant of Jimmy Blacksmith) in 1901. He also hanged the four Mt. Rennie rapists in 1887, murderer Louisa Collins (the last woman hanged in NSW) in 1889, multiple baby murderer John Makin of the "Burra Street Farming Case" in 1893 and Frank Butler "The Blue Mountain Murderer" in 1897.

6.2 WHERE THE DARLINGHURST GAOL DEAD WERE BURIED

Early Cemeteries in Sydney

The first burial ground in Sydney was “on the ridge west of lower George Street, near the spot where the Maritime Services Building (new Museum of Contemporary Art) now stands” (1). The second burial ground in Sydney, which was used up to 1792, “was situated in the present Clarence Street, to the rear of the land on which the military barracks were erected in 1793”. (2). From 1793 the land now occupied by the Sydney Town Hall and St. Andrews Cathedral, later known as Cathedral Close, became Sydney’s third cemetery and was known as “The Old Burial Ground”. This cemetery closed in 1820 and the fourth cemetery site land “was consecrated on 27/1/1820 and occupied the site on which the Central Railway Station now stands. It was known as “The Landhills” or Devonshire Street cemetery” (3). The Reverend Samuel Marsden consecrated this cemetery’s ground. It was in use as the main cemetery for inner Sydney until its land was needed for extensions to the railway into the city which opened in 1907. The NSW Department of Public Works transferred all 21,695 internments from the Devonshire Street cemetery to a new cemetery at Bunnerong Road, Botany and some to the new necropolis at Rookwood.

The fifth cemetery commonly known today as Rookwood Cemetery began its life in 1862 when the NSW Government bought 200 acres of land from Edwin Cohen “situated at Liberty Plains and about 11 miles from Sydneythrough which the

railway runs” (4) and in 1867 it passed the Necropolis Act so the Necropolis at Haslam’s Creek, as the area was known, was established. The railway station at Haslam’s Creek was established on April Fools’ Day 1867 the same year as the start of this Death Register and so the cemetery became known as Haslam’s Creek Cemetery. By 1876 local residents didn’t like their district being associated with a cemetery so they asked the NSW Government to change the name to Rookwood. This was the suggestion of a local resident, Mr. Slee, who thought the many crows in the area made it look like the English rook. By 1878 Rookwood was the accepted name for the station and the cemetery. But by 1913 local residents were again unhappy that their district was so closely associated with the name of the cemetery and again they petitioned the NSW Government to change it. The names of two former mayors, Lidbury and Larcombe, were used in combination so the railway station became known as Lidcombe and the cemetery retained its name of Rookwood.

Where Darlinghurst Gaol dead were buried

It is thought that initially the Darlinghurst Gaol dead “were buried in unconsecrated ground within the prison walls. It is likely that before E wing was built they were buried in the triangular walled section on the northern side of the gaol” (5).

Relatives were also allowed to recover the body of their loved one for private burials. The next place used for burying the Darlinghurst Gaol dead was Devonshire Street cemetery. An example of this is John Dunn, a nineteen year old jockey who joined Ben

Hall and Johnny Gilbert's bushranger gang. While holding up Kimberley's Inn in the township of Collector, Dunn shot dead Constable Nelson and was hanged on 19/3/1866 (a year before the start of this Death Register). "John Dunn was buried in the Roman Catholic section of the Devonshire Street Cemetery" (6).

The final resting place of the Darlinghurst Gaol dead was Rookwood Cemetery or Necropolis. Mr. Pople was "the Government Contractor for pauper and gaol funeralswas contracted to take the bodies to the Mortuary Station and thence to Rookwood Cemetery"(7). There they were buried in the Pauper's Grave section of their religion as Rookwood Cemetery was divided into various religious areas – Church of England, Catholic, Presbyterian, Wesley or Methodist, Lutheran, Jewish and Independent. Each religion had its own Pauper's Grave section.

Examples of those executed and buried at Rookwood Cemetery include (i) the famous bushrangers, the Clarke Brothers, Thomas and John in 1867 who were buried in the Catholic section, (ii) the "Parramatta River Murders" murderers George Nichols and Alfred Lester in 1872 and (iii) the infamous bushranger Andrew George Scott, alias "Captain Moonlite" and his fellow gang member Thomas Rogan in 1880. Scott was buried in the Church of England section and his grave was paid for privately.

6.3 FAMOUS PRISONERS AND DEATHS AT DARLINGHURST GAOL

The Darlinghurst Gaol Death Register lists 40 of the 76 executions that occurred during the lifetime of the gaol. These included assorted murderers, rapists, bushrangers, those charged with assault with intent, wounding with intent, robbery and wounding and one for carnally knowing a girl under age of 10 years.

In the Appendix is the list of the 76 prisoners hanged at Darlinghurst Gaol as stated in the Capital Convictions records for Darlinghurst Gaol 1841-1914 that are held at the Department of Corrective Services (1). It is interesting to note that the executions of Thomas Kelly on 2/1/1872, George Nichols on 18/6/1872 and Alfred Lester also on 18./6/1872 for some reason are not listed in the Death Register

6.3.1 Bushrangers

The most famous prisoners executed were the bushrangers. These were individuals, (such as Dan Morgan or Fred Ware alias “Thunderbolt”), or gangs (such as the Kellys or Frank Gardiner and Ben Hall) who operated in country areas stealing stock, house breaking, robbing banks, tollmen at Tollgates or coaches (as romantically portrayed in Tom Robert’s famous painting “Bailed Up” hanging in the NSW Art Gallery) and committing murder, who used the bush as their base and hideout. Quite often murders were committed. For such operators they used the bush as their base and hideout.

The first bushrangers were mainly convicts who had escaped in the early days of the colony and robbed free settlers. The first of these was a First Fleet convict named John Caesar but known as “Black Caesar”. He first escaped in June 1789 then was caught and punished. He escaped again in July 1789 and again was caught and punished. He then escaped for the third and last time and was eventually shot dead at Liberty Plains (today’s Strathfield) in 1796.

Because Van Dieman’s Land (Tasmania) was where twice convicted or refractory prisoners were sent it became home to the most violent of the early bushrangers. These convicts were referred to as “Bolters” and Michael Howe (killed in 1818), John Whitehead (disappeared prior to 1818), Matthew Brady (captured in 1826) and Martin Cash are good examples.

Bushranging continued in NSW so much so that in 1824 Campbelltown was called “Bushranger’s Scrub” (2). The Hawkesbury – Nepean River area, Bathurst and the Hunter River area were also favourite bushranging territories. By 1830 it had become such an enormous problem that the NSW Legislative Council passed a special Act with very severe penalties and great powers to the police, to deal with it.

By 1840 bushrangers were active in all settled parts of NSW with names such as John Lynch (hanged in 1841, aged 29), William Westwood (hanged in 1846 aged 25) and Edward Davis alias “The Jew-boy” (hanged in 1841 together with all his gang) are well known examples. By the 1850’s though settlement was more continuous, the police

protection was much better and the spoils were not worth the risk – until the discovery of gold.

The discovery of gold in 1851 ushered in a new era of bushranging. Now the rewards of robbing a Cobb and Co coach carrying a gold shipment or a bank holding gold, prior to shipment to Sydney, were often worth the risk.

The police force now had to patrol the gold fields and could not cope with that and the numerous bushrangers. These bushrangers were also different in another way. They were usually free born colonials, not convicts transported from England and because they were born and bred in the bush they were excellent horsemen and bushmen who knew how to survive in the bush. These men were known as the “Wild Colonial Boys”.

The Lambing Flats (now Young) Riots of 1861, where gold diggers rioted against the authorities and expelled the Chinese from the gold fields. In addition to racial motivations they were suspected of wasting precious water in their mining techniques. Individuals who were to become bushrangers in the future such as Frank Gardiner, Ben Hall and John Gilbert, present at the time, showed that lawlessness can prevail and how powerless the police were. Men such as these were sons of poor settlers who took the easiest path to earning money – stealing it in the form of gold or horses (their instruments of attack and escape). The police were their natural enemies and they were warned of police movements by their well organized “bush telegraph” of informers. These Wild Colonial Boys were daring romantic figures made popular in the press.

The police force now had to patrol the goldfields and could not cope with the numerous bushrangers.

The last era of bushrangers occurred in the late 1870's and is associated with the Republican movement in Australia where free settlers of Irish and Scottish descent wanted freedom from the colonies from Britain. A good example of this Republican movement was Irishman Henry James O'Farrell who shot Queen Victoria's second son Prince Alfred in a failed assassination attempt. He was hanged in Darlinghurst Gaol in 1868 and his execution is listed in the Death Register. Other examples of this last era are Andrew George Scott alias "Captain Moonlite or Moonlight" and Ned Kelly. Both were of Irish descent and both led gangs that rebelled against the British authorities; Scott in NSW and Kelly in Victoria. Both also were hanged in 1880 - Scott in Darlinghurst Gaol and Kelly in Melbourne Gaol, after the destruction of their gangs by police.

Jack Bradshaw who called himself the last of the bushrangers (3) died of old age in the 1930's. Most bushrangers though died violently either by being shot by police or eventually executed, usually by the age of 30.

6.3.2 Bushrangers associated with Darlinghurst Gaol

- (i) William Westwood alias "Jackey Jackey" was an inmate of Darlinghurst Gaol in 1841 with a sentence of life imprisonment. Born in England in 1821 he

became a clerk until age 16 when he was transported to Australia in 1837 for forgery and stealing a coat. He had previously been sentenced to 12 months gaol for highway robbery.

He was assigned to be a labourer on Mr. Phillip Gidley King's property in Goulburn. There he worked for three years before coming under the influence of a vulgar rogue, Paddy Curran, who was eventually hanged in Berrima Gaol in September 1841 for murder and rape. They robbed Mr. King's property and became bushrangers together but after Curran assaulted and raped the wife of the farmer that they had just robbed Westwood threatened to shoot him and abandon him forever.

Westwood was known as the "gentleman bushranger" (4) and personified "the myth of the chivalrous and gallant knight of the road" (5). He stole the finest racehorses and robbed travelers, stores, coaches and tollmen at tollgates until he was captured at or in an inn in Berrima. He then began a career as a prison escapist. Firstly he tried to escape from Darlinghurst Gaol so he was transferred to Cockatoo Island where he tried to swim to Balmain so he was sent to Port Arthur where he escaped and resumed his bushranging activities. After being captured he was sent back to Port Arthur where he escaped again and became a bushranger again. Upon recapture he was sentenced to death but this was commuted to life imprisonment on Norfolk Island. On 2nd July, 1846 he was a

ringleader in a convict mutiny and murdered three men for which he was executed on 13th October, aged 26.

- (ii) John Dunn was hanged at Darlinghurst Gaol on 19th March, 1866 aged 19. Born in Murrumburrah on 14th December, 1846 to convict parents he was an excellent horseman and worked as a groom-stableboy and jockey. He joined the gang of Ben Hall and John Gilbert in about October 1864 and became proficient at stealing good racehorses.

In January 1865 whilst robbing Kimberley's Inn at Collector, Dunn shot dead the only constable in the town, Samuel Nelson, father of eight children. Later after Ben Hall was shot dead on 6th May, 1865 and John Gilbert met the same fate on 13th May, 1865 the gang broke up and Dunn was captured by police on 26th December, 1865. On 19th January, 1866 he was tried, found guilty and sentenced to death.

- (iii) The Clarke Brothers – Thomas and John were executed together at Darlinghurst Gaol on 25th June, 1867. Their execution is one of the earliest deaths listed in the Death Registers (death numbers 8 and 9).

There were originally three Clarke brothers – Thomas, James and John. They lived in the Braidwood-Monaro District with their convicted criminal father John, who later died in gaol whilst awaiting trial for murder. Their mother

Mary and her two brothers Tom and Pat Connell who were also members of the gang – a tight family affair! They were cattle and horse duffers. James was sentenced to seven years gaol on Cockatoo Island for receiving stolen property from the Ben Hall gang's robbery of the Cowra Mail on 12th January, 1865, which kept him from taking part in his brother's exploits and thus from the gallows.

Thomas Clarke with his uncles was a notorious highwayman robbing travellers of their gold from their diggings or money won at the races. They also robbed stores and coaches. Whilst robbing one store Constable Miles O'Grady was shot and killed. Later the youngest brother John joined the gang as they continued their career of robbing. They also killed four bounty hunters sent to capture them on 9th January, 1867. After this incident the NSW Government offered a 500 pound reward for the gang and sent the famous blacktracker, Sir Watkin Wyne, with a police search party to capture them in April 1867. On 26th April, 1867 after an armed siege Thomas and John Clarke surrendered and were tried by Sir Alfred Stephen, found guilty and hanged aged 27 and 21 respectively.

- (iv) Andrew George Scott alias "Captain Moonlight or Moonlite" and his partner Thomas Rogan were aged 37 and 21 respectively when they were hanged at Darlinghurst Gaol on 20th October, 1880.

Scott was born in County Down, Ireland in 1842, the son of a clergyman. He was well educated and trained as a civil engineer. He served in the Maori Wars in New Zealand and arrived in Melbourne in 1868 wounded in the leg, where he served as a lay preacher at Bacchus Marsh.

In 1869 he robbed the local branch of the London Chartered Bank and left a note signed "Captain Moonlite". He also committed fraud in Sydney by issuing worthless cheques. He was released from gaol in 1879. He alleged at his final trial that misery and hunger due to the local severe drought, forced him to form a gang and become a bushranger.

On Saturday 16th November, 1879 they bailed up the Wantabadgery Homestead near Wagga Wagga. He also took hostage all visitors to the property who called over the weekend and the patrons of the nearby Australian Arms Hotel. By Monday 52 hostages were under their control, but one had escaped the day before and raised the alarm. There was a shoot out later at a nearby selector's hut where two members of the gang were killed. Scott shot dead Constable Bowen before he and the remaining gang members surrendered.

At his trial in Sydney on 8th December, 1879 he pleaded for the lives of his three companions "If the law has been so broken that it must be averaged by human life let me be the victim and spare these youths. God created them for something better than the gallows". Eventually the sentences of Bennett and

Williams were committed to life imprisonment but Scott and Rogan were executed.

- (v) Jimmy Governor was hanged at Darlinghurst Gaol on 18th January, 1901 aged 33. He was born a half-caste Aborigine in Talbragar, NSW in 1867 (the same year the Death Register began) and became a horsebreaker, woodsplitter and station hand.

He sustained a head injury during a brawl in a hotel in Singleton which may have contributed to his moods of depression. In 1900 he married a 16 year old white girl, Ethel Mary Jane Page at Gulgong. There was a lot of strain on the marriage because it was a “mixed race” marriage in a white society, Ethel had loose morals and “slept around”. Jimmy’s family thought he had married beneath himself. They also wanted handouts from him as he had a regular job and income.

Jimmy and his brother Joe decided to become bushrangers. They started their new career along with Jacky Underwood by murdering the wife and the two children of Jimmy’s boss Mr. Mawbey and the local school teacher, Helen Kerz, for abusing Ethel. The victims were clubbed to death with axes. After this a killing and robbing spree occurred. Eventually nine people were murdered and three seriously wounded. Jimmy’s bush skills kept the gang one step ahead of the police. Eventually though Jacky Underwood was captured

and hanged at Dubbo on 14th January, 1900. On 13th October, 1900 Jimmy and Joe Governor were shot at by two civilians and Jimmy was wounded. He was caught on 27th October, 1900 tried and sentenced to death. Joe Governor was shot dead by two graziers on 31st October, 1900. So ended the lives of the last of the bushrangers.

- (vi) Frank Gardiner was an inmate of Darlinghurst Gaol for 10 years. Born in 1830 at Boro Creek (near what is today the ACT) he was called “the organizer of outlaws” (6). By 1850 he had been sentenced to 5 years gaol for horse stealing in the Port Philip district but he escaped after 5 weeks. In 1854 he was sent to Cockatoo Island again for horse stealing in the Goulburn district. He was released on a ticket-of-leave and became a butcher. By 1861 Gardiner and another “Cockatoo Bird”, John Piesley, were bushranging around Lambing Flat (Young), Yass and Gundagai. Piesley was later caught and hanged on 25th March, 1862 so Gardiner formed a new gang with Canadian John Gilbert. This gang committed the biggest gold escort robbery in NSW on 15th June, 1862 when they stole 12,000 pounds from the gold-escort at Eugowra Rocks. He was arrested near Rockhampton in Queensland after a tip-off to the police and eventually sentenced to 32 years hard labour in Sydney on 8th July, 1864. In Darlinghurst Gaol he was a model prisoner and even invented a new way of making better mats made in gaol. After the Premier was petitioned by his respectable sisters he was granted a pardon on 27th July, 1874 and sailed for San Francisco via China the same day. He died in the USA about 1895.

(vii) Frank Pearson alias “Captain Starlight” was an inmate of Darlinghurst Gaol. He was born in England in 1837 and arrived in Australia in 1866. By 1868 he was a bushranger in northern NSW with Queenslander Charles Rutherford. They bailed up an inn at Eringonia on 6th October, 1868 and after a shoot out with two constables fled after having mortally wounded Constable McCabe. Pearson was hit twice. At the end of the police hunt that followed Pearson was trapped in a cave near Bourke and forced to surrender.

He was tried at Bathurst on 3th May, 1869 and sentenced to death by hanging. This was commuted to life imprisonment with the first three years to be served in irons. He served his time at Darlinghurst Gaol where he was visited regularly by the Sisters of Charity from St. Vincent’s Hospital. Upon his release in 1884 he presented to two of the sisters an album of paintings and drawings he had produced whilst in gaol, as a thank you. This album now resides in the Sisters of Charity Archives in Potts Point, Sydney.

On 11th December, 1891 he was convicted of forgery in Brisbane under the alias of Walter Gordon. After his release in 1893 he continued a life of petty crime until he accidentally killed himself on 22nd December, 1899 when he was drunk and instead of taking a prescribed medicine he drank potassium cyanide.

6.3.3 Other Famous Darlinghurst Prisoners

- (i) Henry James O'Farrell hanged at Darlinghurst Gaol on 21st April, 1868. Australia's first royal visitor was Prince Alfred Ernest Albert, Duke of Edinburgh and Queen Victoria's second son. He had visited the various capitals of Adelaide, Melbourne and Hobart as Captain in HMS Galatea prior to his arrival in Sydney on 22nd January, 1868. He made a visit to Queensland then returned to Sydney where he attended a charity picnic at Clontarf, on Sydney's Middle Harbour, on 12th March, 1868, which was a fund raiser for the fledgling Sydney Sailor's Home. Along with "the cream of Sydney Society", the Irishman called Henry James O'Farrell also attended carrying a pistol in each pocket. Whilst the Prince was handing over his own cheque to the organizers for the Sailor's Home O'Farrell approached him from behind and shot him in the back. Fortunately the brass and Indian rubber of his braces absorbed the main impact of the shot from the first pistol and the second pistol misfired. Only slightly wounded, the Prince made a swift recovery.

O'Farrell was quickly tried and condemned to death by hanging despite Prince Alfred's personal intercession. The Prince sailed out of Sydney on board HMS Galatea and O'Farrell also "sailed" out of Sydney 15 days later.

It is interesting to note the public sentiment at the time. This is shown well by the comments written in the Death Register at the time of his hanging.

“This wretch who attempted the life of HRH the Duke of Edinburgh a Clontarf on March 12th was executed this day...”. To celebrate the recovery of the Prince a public subscription fund was started to build a new hospital and the Prince authorized his coat of arms to be used as the new hospital’s crest. So Prince Alfred Hospital opened in 1882 as a 146 bed hospital next to the University of Sydney. A great good came out of the affair.

- (ii) John Knatchbull – the aristocrat who was hanged at Darlinghurst Gaol for murder on 13th February, 1844 before a crowd of 10,000 – the largest ever seen for a public execution in Sydney.

- (iii) Louisa Collins – the only woman to be executed at Darlinghurst Gaol in 8th January, 1889 for murdering two husbands with arsenic.

- (iv) The Mount Rennie Rapists where George Duffy age 17, Joseph Martin age 17, William Boyce age 19 and Robert George age 19 were hanged together for the rape of Mary Hicks. The new gallows in E Wing was used for this purpose on 7th January, 1887. Boyce and Read were condemned on circumstantial evidence only and pleaded their innocence to the very end. Read made a written statement the night before being hanged declaring “The girl could have proved my innocence if she had chosen to”.

Unfortunately Nosey Bob the executioner made a mess of the execution and only George Duffy died instantly having had his neck broken. The other three had to slowly strangle to death. Their bodies were collected up by their relatives the next day. This crime and punishment stirred public opinion. People realised juvenile crime was best treated by prevention, so new reforms to the education system were instigated. These were the last executions for rape in NSW.

- (v) John Makin hanged at Darlinghurst Gaol on 15th August, 1893 for murdering 15 babies and burning them in his backyard. He had adopted them for a fee. It became famous as the Barren Street Baby Farming Case because of the burials – like farming.
- (vi) Frank Butler hanged at Darlinghurst Gaol on 16th July, 1897 for being the “Blue Mountains Murderer”.
- (vii) Henry Lawson, the famous Australian poet, served two sentences in the debtor’s quarters of Darlinghurst Gaol. The first was in 1905 for failing to pay alimony to his wife Bertha. The second was in 1908 for child desertion because he had not funded his two children. During his second stay he wrote seven poems about his experience as a prisoner: -

“One-Hundred- and- Three (his prison number) in 1908

“Stickin’ to Bill” in 1909

“The Song of the Prison” 1909

“Deprived of Liberty” in 1909

“For Being Alive” in 1909

“The Female Ward” in 1909

“Bound Over” in 1909

In 1907 he also wrote the poem “The Rising of the Court” where he describes his experience and humiliation of being sentenced for alcoholism at the nearby Darlinghurst Courthouse.

Lawson spent some time in the Darlinghurst Gaol hospital for his “unbalanced mental condition” (8). After his final release he convalesced in the country. He died aged 55 on 2nd September, 1922 and was given a State Funeral at St. Andrew’s Cathedral.

Lawson, during his time a Darlinghurst Gaol, was in a period of decline which began after his return from London in 1902 and continued until his death 20 years later. He was suffering from manic depression which he managed by being drunk, becoming a sad figure wandering around Sydney. Lawson had numerous visits to the Darlinghurst Mental Hospital (the first voluntary mental health clinic in NSW) between 1908 and 1910 for depression and alcoholism.

He also suffered a cerebral haemorrhage in 1921 and was hospitalized at the Coast Hospital (later Prince Henry Hospital).

These factors must be taken into consideration when reading Lawson's poems written during his stays at Darlinghurst Gaol. Were they a correct reflection or portrayal of actual gaol conditions at the time or were they the manifestations of a depressed and bitter alcoholic, down on his luck and humiliated by society by being sent to a debtor's prison?

In his poem 103 he vents his anger: -

"He is silenced and starved" – second stanza

"They shut a man in the four-by-eight, with a six- inch slit of air,
twenty-three hours of the twenty-four, to brood on his virtues there".

- third stanza – but this is describing solitary confinement – not normal prison life

"Bread and water and hominy, and a scag of meat and a spud" - fourth stanza –
this does not reflect the rations implemented in 1905 for hard labour or the No. 4 Ration of 1867

“He shall be punished, and he shall be starved, and he shall in darkness rot” –
15th stanza

“Then feed him up in the hospital to give him the strength to starve” - 16th stanza.
Is this a cynical view of the new hospital?

“We crave for sunlight, we crave for meat, we crave for the Might-have-Been” -
18th stanza. This shows the frustration of a man who has fallen on hard times and
wonders what “might have been” if circumstances were different

“But One-Hundred-and-Three is near the end when the clonking gaol-bell sounds
– He cannot swallow the milk they send when the doctor has gone his rounds” -
23rd stanza. Obviously milk was given out in the hospital

“But it’s little that doctor or nurses can do for the patient from
Starvinghurst Gaol” – 24th and last stanza. Here he refers to Darlinghurst Gaol as
“Starvinghurst”. The new rations introduced in 1905 and the lower death rate in
Darlinghurst Gaol compared with the general population, don’t back up this
statement. Perhaps compared to Henry Lawson’s normal well fed and patronized
celebrity lifestyle he was used to he was starving; but compared to the normal
people maybe not. Sir Henry Parkes’ Committee in 1861 had stated that the
rations were good and wholesome.

This poem and the ballad “The Song of a Prison” were written on scraps of paper with a stump of a stolen pencil. They were smuggled out of Darlinghurst Gaol by his visitors and published upon his release in the Bulletin.

- (viii) George Dibbs spent a year from May 1880 to April 1881 in Darlinghurst Gaol debtor’s quarters rather than pay a lawsuit. He later became treasurer and premier of NSW and in 1892 was knighted by Queen Victoria.

- (ix) John Haynes and Jules Francois Archibald were the editors of The Bulletin, Australia’s leading news magazine. In March 1882 they were gaoled at Darlinghurst Gaol for not paying the costs in the Clontarf libel case. They occupied George Dibbs’ recently vacated and comfortable cell and were released after serving six weeks after George Dibbs started a collection and paid their debts.

CHAPTER 7

ALTERNATIVE FATES FOR THE POOR AND HOMELESS OF SYDNEY RATHER THAN GOAL

Was there an alternative to going to Darlinghurst Gaol for those convicted of theft, prostitution or vagrancy? Today's safety-net of various pensions and social security helps the poor and homeless; but what existed in the 19th Century to help prevent the poor and homeless ending up in Darlinghurst Gaol?

Britain had a system of parish based levies and assistance which paid for asylums and workhouses to feed, house and employ the poor and homeless. This system was called the Poor Law. It was an adjunct to the established system of church and charity based relief for the poor. The British Poor Law was adopted by the United States of America but not by NSW. It was avoided in NSW, because there was no established Parish System, and under the Act of Settlement of 1662 "the poor could only receive help in their designated parish of settlement, usually their birthplace"(1) As nearly everyone came from Britain and very few were actually born in NSW so it made the system unworkable. It was also feared that the Poor Laws would make a dependent class within NSW society because it promoted "vagrancy, dependency and dissoluteness" according to Poor Law critics such as Sir Frederick Eden in his 1797 pamphlet "The State of the Poor" (2). Instead NSW adopted a relief system based on private charities (usually subsidized by the Government), philanthropists and government institutions.

Victorian Era View of Poor

Every society and large city has its poor and homeless but in the 19th century there was a distinction made between what were thought to be “deserving poor” and the “idle or lazy poor”. “The poor will always be with us” (3) The charities, benefactors and philanthropists of the day wanted to help the “deserving poor” but not the “idle poor” because they were thought to be lazy imposters who did not want to work but wanted a free handout, whilst the deserving poor were genuinely in need. These were mainly women and children, because the moralists of the day wanted to aid the children by helping them directly and their mothers, so that they did not become the next generation of thieves and prostitutes.

“The Deserving Poor” included deserted and widowed mothers, children, newly arrived migrant families, elderly people and families of men who were genuinely sick, injured or in gaol. By the 1860’s, deserted and widowed mothers accounted for up to 75% of all aid given out by relief agencies. This emphasis on women and children manifested itself in organizations such as the Ladies Benevolent Society and other maternal welfare societies, lying in homes for pregnant women, refuges for “fallen” women, homes for neglected children and homes for single women and children. Of the over 160,000 convicts sent to Australia 25,000 were female so by 1820 there was a notable sex imbalance with 9 men to every woman. That is why so many men had to resort to a life of crime to survive and eventually ended up in goal.

Unfortunately religious based charities were thought of as “an instrument of moral reform” (4), so their help was often refused by the poor who did not want their help if it came with religious/moral strings attached.

Running charities was a way for middle class women to have some power and authority to do something in the male dominated 19th century society. It was also seen as a way to be benevolent and get your reward in heaven, as well as an extension of women’s domestic role and religious fervour. So it has been seen, by many as a forerunner to the women’s suffragette movement. Most of the resources were being utilized on meeting the needs of women and children. There was unfortunately, not much scope left for help for the poor or homeless men.

The poor and homeless in Sydney centred around The Rocks area and extended into Darling Harbour and around to Woolloomooloo. So how could the poor and homeless in Sydney in the 19th century get any income? Several options were available both legal and illegal. Illegal options included stealing, prostitution, making or selling illegal spirits (bathtub gin), minding stolen goods for a fence, rowing boats out to ships in the harbour at night for thieves or going all the way and becoming a bushranger. Legal options included begging, collecting and selling oysters from the harbour foreshores, gambling, running errands, selling matches, selling cheap flowers and rowing boats to transport people around the harbour.

Chronology of Relief for the Poor and Homeless in Sydney

There were avenues of relief for the deserving poor (mainly for women and children though). The following is a chronology of such relief available in Sydney. Government initiatives will be marked (G), private (P) and religious (R) Population estimates are for Caucasians in Australia from “Collins Milestones in Australian History 1788 to Present” Compiled by Robin Brown.

1788 – Population 1,024

British Government (G) was responsible for providing everything from food, clothing; shelter to work, education and medical treatment. Stores came from Government Commissariat. Sydney Hospital was established at Dawes Point and later transferred to the new permanent hospital site in Macquarie Street. As the colony developed more free settlers and convicts who had served their time meant non government relief, both private and religious based aid became necessary and available.

October 1801 – Population 5,515

Government Female Orphan School (G) opened by Governor King in Parramatta. It housed 50 girls and it was hoped it would prevent them becoming prostitutes and so undermine the morality of the colony.

1811 – Population 11,679

First Lunatic Asylum (G) established at Castle Hill

8/5/1813 – Population 13,827

Benevolent Society of NSW (P) established – first originally called the “NSW Society for Promoting Christian Knowledge and Benevolence”. It was the first voluntary charitable organization in the colony and was to become the dominant society with close links to and support of the government. It was established “to relieve the poor, the distressed, the aged and infirm.... to encourage industrious habits amongst the poor” (5) i.e. to provide for the spiritual and material needs of the poor and disabled and to provide an asylum for homeless pregnant single women.

During Governor Macquarie's term (1810-1824) – a hut located on the outskirts of Sydney was used to house 40 homeless old aged people. Governor Macquarie granted land to committees of clergy (R) and landholders (P) in Richmond, Windsor and Parramatta “for the purpose of forming a permanent and increasing fund for the relief of the distressed and indigent poor” because he wanted to avoid a society of “rogues and villains from Britain's poor” (6).

1817 – Population 20,379

The Build Society (R) established “to promote the interests of religion and morals amongst the lower classes of the inhabitants” (7). It received assistance from British missionary societies.

4/6/1818 – Population 20,822

Benevolent Society of NSW (P) officially named as such.

| | |
|-------------------------------------|--|
| <u>30/6/1818</u> | New Female Orphan School (G) at Parramatta established and girls transferred to it. |
| <u>1/1/1819 – Population 30,296</u> | First Male Orphan School (G) opens in Sydney promoted by Governor Macquarie |
| <u>1820's</u> | Female Factory (G) (similar to a gaol for women) established in Parramatta |
| <u>1821 - Population 36,968</u> | Benevolent Asylum (P) (hospital) established by the Benevolent Society with Dr. William Bland and Dr. A.M. a'Beckett, honorary, surgeon and Dr. Charles Nicholson (later Chancellor of University of Sydney) honorary physician and obstetrician. Initially beds for 50 patients which increased to 144 by 1834. |
| <u>31/12/1825 Population 45,528</u> | Liverpool Asylum (G) established |
| <u>1826 Population 46,328</u> | Female School of Industry (G) opened |

1827 Population 48,149

Sydney Dispensary (G) opened to provide medical care for ambulant patients and some domiciliary care

25/8/1835 - Population 113,545

First Vagrancy Act (G). The opening statement for this Vagrancy Act sets the tone of how people thought of vagrants at the time “An Act for the prevention of Vagrancy and for the punishment of idle and disorderly Persons, Rogues and Vagabonds and incorrigible Rogues in the Colony of NSW”.

31/12/1838 - Population 155,197

Sisters of Charity (R) arrive in Sydney to start their ongoing service to the poor, sick and those in gaol.

1839 - Population 176,473

Tarban Creek Lunatic Asylum (G) opened

28/5/1839

Sailor’s Home (P) established in Sydney

1840 - Population 202,195

Transportation to NSW stopped which meant the end of British Government

support for the colony of NSW. Without this backing there was an increased risk of failure and destitution in NSW.

1841 - Population 220,415

Slump in price of wool revealed how vulnerable NSW economy was.

British Government wanted to stimulate migration to populate NSW to help it develop and to increase the supply of labourers, thus reduce wages. It also thought it was a way to empty Britain's crowded cities and workhouses of its poor, who then became a burden to NSW instead! These were unsuitable migrants because they were unskilled, hence unable to find work; therefore they became poor and dependents. These migrants also found food, rent and clothing expensive in Sydney, due to lack of supply, so that made things worse for them. Up to 20 to 25% of Sydney's labouring population was unemployed now.

| | |
|--|---|
| <u>1841</u> | Tents (G) were erected in the Domain to house 2,000 immigrant families and 172 single women. |
| <u>1845 - Population 303,134</u> | Sydney Dispensary (G) and Sydney General Hospital (G) merged to become Sydney Infirmary (G) and later just Sydney Hospital (G). |
| <u>Late 1847 - Population 353,115</u> | Female Factory Parramatta (G) closed |
| <u>1/4/1848 - Population 389,893</u> | The Convict, Lunatic and Invalid Establishment (G) replaced the Female Factory at Parramatta |
| <u>12/10/1849 - Population 418,961</u> | Vagrancy Act (G) updated |
| <u>28/12/1849</u> | Parramatta Lunatic Asylum (G) established within the Convict, Lunatic and Invalid Establishment |
| <u>1840's</u> | Sydney Strangers Friend Society (P) established to help new immigrants |

1850's

Gold rush caused a huge influx of people which put pressure on housing, food etc. hence increased prices to make life worse for the poor.

1851 - Population 437,665

The NSW Society for the Relief of Destitute Children (P) established in Sydney to look after children deserted by their parents who had gone to the gold digging.

The Liverpool Asylum (P) was established as a branch of the Sydney Benevolent Society and provided refuge for sick and destitute men. One of only a few such institutions available to men unfortunately. In 1862 the Colonial Government took over control of the Asylum.

1852 - Population 513,796

4/6/1852 The Society for the Relief of Destitute Children (P) opened Ormond House in Oxford Street, Paddington to care for abandoned and needy children.

| | |
|--|---|
| <u>1854 - Population 694,917</u> | New lying in wing at Sydney Benevolent Asylum (P) opened – first obstetrics unit in Sydney |
| <u>1856 - Population 876,729</u> | The Convict, Lunatic and Invalid Establishment at Parramatta closed |
| <u>1857 - Population 970,287</u> | Benedictine Institute of the Good Samaritan (R) founded in Sydney to help the poor |
| <u>28th March 1858 - Population 1,050,828</u> | Asylum for Destitute Children (G) opens in Randwick as a branch of Ormond House |
| | Good Samaritan Sisters (R) Catholic teaching order established to help educate the poor in Sydney |
| <u>1860 - Population 1,145,585</u> | First Ragged School (P) for deprived children opens in Sydney |
| <u>1861 - Population 1,168,149</u> | NSW Lunacy Act (G) |

1862 - Population 1,206,918

Sydney City Mission (P) established to assist the poor. The Government Asylums for the Infirm and Destitute Branch (G) under the control of the Colonial Secretary's Department established to run asylums at Liverpool, Hyde Park Barracks and Parramatta that were formally administered by the Benevolent Society after it was found that the Society's provision of care was inadequate.

1865 - Population 1,390,043

Sailor's Home (P) opens in Sydney.
Sydney City Night Refuge (P) and soup kitchens open.

1860's

Nautical Training Ships (G) for both religious and industrial education plus discipline took poor and destitute children away from the bad influences of the street.
"Vernon" and later "Sobraon".

1866 -Population 1,443,955

Asylum for Criminal Lunatics (G) erected in Parramatta Prison

Government gangs (G) to do public works at low wages.

Recession in Sydney which led to increased unemployment with 3,000 unemployed in Sydney with dependents making a total of 10,000 affected.

1868 - Population 1,483,548

Dangerous Lunatics Act (G) passed which was concerned with the custody and care of criminal lunatics.

24/7/1868

Darlinghurst Reception House (G) opened, which “allowed justices to commit persons direct to a reception house instead of the usual practice of committing them first to gaol” (8). It is evident from the Death Register that this option was not often used!

1878 - Population 2,092,164

NSW Lunacy Act (G)

1900 - Population 3,760,482

Sydney Medical Mission (P) opened. It was staffed by female medical graduates who

offered their free medical and pharmaceutical services for the poor women and children of Surry Hills.

1901 - Population 3,773,801

Vagrancy Act (G) updated

1917 - Population 4,982,063

Sydney Medical Mission (P) closed

The vast majority of the above relief is for women and children, which did not help you if you were a young adult single male and as the age distribution statistics in Graph (1) show these are the main ones who were in gaol! They were outside the relief agencies help so they often resorted to criminal activities to survive.

CONCLUSION

“I CONSIDER IT WOULD BE ALMOST IMPOSSIBLE TO SELECT A MORE
HEALTHY SPOT
TO RESIDE THAN GOULBURN GAOL”. DR. ROBERT MCKILLOP

This thesis has shown that the Darlinghurst Gaol Death Register was begun in remote Sydney to comply with new Regulations in the NSW Prisons Act gazetted on 19th February, 1867. This Act was the result of the influence of Henry Parkes who was a keen supporter of Corrective Services reforms.

The Death Register showed that death rates initially were higher than that of the relevant general population, but dropped dramatically to become lower than the relevant general population by the end of the 1800's. This was due to the instigation of reforms which led to better prisoner welfare and health, so that gaols were no longer death houses. The many medical reasons for this dramatic death rate improvement were also discussed. This Death Register has for the first time allowed historians to see what diseases were prominent in the later 1800's as no other equivalent document has been seen before. It represents a microcosm of causes of death in the Victorian era and the first in a gaol. It must be remembered also that many deaths recorded in the Death Register occurred soon after that prisoner was admitted to the prison from the courthouse. This would skew these statistics unfavourably against the gaol i.e. many vagrants and alcoholics died soon after admission which was not as a result of any

cruelty or adverse treatment by the goal, but because of the harsh circumstances outside the gaol which had made them become a malnourished vagrant or alcoholic.

So hopefully our perception of Victorian Era gaols in general and especially in Sydney will be changed by the findings of this thesis. Perhaps the conditions in the gaols were actually better than be expected, under the circumstances. Even Auburn Prison eventually had a better death rate than the general population of USA.

Dr. Robert McKillop, the visiting surgeon to Goulburn Gaol, had this to say about the health standards in that gaol as part of the Comptroller General's Annual Report to Parliament in 1900. There is no equivalent medical officer's report for Darlinghurst Gaol in any of the Comptroller General's Annual Reports to Parliament because the Darlinghurst Gaol component was written by the librarian, not by the Governor or anyone else of importance or authority – such was the lowly importance writing such reports must have been given by the Governor!

“Everything from a sanitary point of view is in a most satisfactory state.

“The atmosphere in the cells is pure and sweet, and the wings generally well ventilated. The openings in the roof made some time ago for ventilation purposes have had a most beneficial effect, and there are no unpleasant odours anywhere”.

“I know of no better or more practical way of disposing of faecal matter here than the plan at present adopted. I consider it is almost perfect. As tending to prove this, I may state that during the nine or ten years I have been Visiting Surgeon, we had never had a case of typhoid here except one, and this, although every year all round the gaol outside, cases have been very numerous. We have had very little sickness and no epidemic; in fact, I consider it would be almost impossible to select a more healthy spot to reside in than Goulburn Gaol, and, to my mind, the whole place is a model of cleanliness and neatness”. (1)

This statement “flies in the face” of what most historians thought was the case when comparing gaols to the outside world. The late Victorian era in NSW was supposed to be a working man’s paradise with abundant land available for those who wanted to work, resulting in good fortune for them. But reality was different. A health officer in Sydney, named Henry Graham, described in 1860 the condition of the working class areas of the city as “worse than in any part of the world” (2). This reality needs to be contrasted with that of being a prisoner in gaol where one had proper food, clothing, shelter and medical care.

The Comptroller General’s Annual Report of 1901 gives a summary of the many improvements for prisoner’s welfare that had helped to reduce the death rates in gaols markedly and also improve prisoner morale, intellect and mental health.

“21. It may not be out of place to invite attention to some of the more important changes that have taken place during the past few years, and which have now been established as part of the prison system: -

(2) The lighting of the cells every night, and the allotment of a separate cell to each prisoner – association in cells now only takes place for medical reasons

(3) Physical Drill - this has been attended by success from every point of view, and has largely taken the place of the old circumambulatory walk with chain

(7) Improvements in sanitary matters as regards –

(a) The clothing and treatment of female prisoners

(b) Privacy at bathing

(c) Additional bathing accommodation

(d) More frequent bathing

(e) Separate baths for diseased cases

(f) Abolition of the vermin pest which troubled Darlinghurst for so many years

(g) Removal of prostitute class from Darlinghurst

(h) Improved routine as regards laundry work, the night-tub system, and in minor matters

- (i) Varied diet; minced-meat for old prisoners and for those with defective teeth
-
- (8) Abolition of dark cells
 - (9) Increased facilities for prisoners communicating with, or being visited by, their friends during the latter stages, in order to prepare for discharge
 - (10) Reorganisation of the Trades and Labour Branch, and introduction of new Industries
 - (11) Library improvements as follows: -
 - (a) Admission of the works of Dickens, Thackeray, Scott, and other standard authors, formerly disallowed
 - (b) Increase in the yearly supplies of books
 - (c) Extension of library privileges to minor offenders. Formerly those serving three months and under were not allowed books
 - (d) More frequent issues. If a prisoner desires an educational work, not of an unreasonable character, and not in the general library, it is purchased for him

(12) (g) New ward on modern lines at Darlinghurst for the observation of prisoners mentally afflicted". (3)

The improvements in sanitary matters listed in 7 are significant and show how well off prisoners were in health matters, compared with the general population. It is also worth noting that numbers 2 and 8 are contrary to what Henry Lawson stated in the 15th stanza of his poem 103 "and he shall in darkness rot". Again one must question whether what he wrote was the truth or his vented anger.

Many people slipped through the cracks in the Justice System and instead of being sent to a hostel or asylum, if they were vagrants, alcoholics or mentally ill and not true criminals, ended up in Darlinghurst Gaol. But even if they had gone to Sydney Hospital or Tarban Creek Asylum their health prospects would not have been any better than if they were in Darlinghurst Gaol and usually worse as the following quote shows using reports by the NSW Committee into the Benevolent Asylum 1861-62 and the NSW Public Charities Royal Commission 1873-74 as sources.

"Hospital and benevolent asylums provided an important service for the sick, injured and dying but conditions in these institutions were sometimes less than ideal. Time and again government inquiries found charity institutions overcrowded, dilapidated and filthy. The 1861 Inquiry into the Sydney Benevolent Asylum found that the wards were badly overcrowded and poorly ventilated. There were burial grounds at the back of the asylum and during heavy rains burial refuse drained into the wards.

Conditions at Sydney Hospital were worse. In 1873 Public Charities commissioners found the buildings in a bad state of repair, the wards poorly ventilated and the water-closets broken and infrequently cleaned. Each day the water supply to the hospital was cut off between 3 and 6 p.m. Outpatients had to leave without getting blood washed off and instruments and bandages could not be cleaned. The food was poor. Meat was found boiled black, potatoes mouldy and tea 'sloppy'. The wards swarmed with cockroaches. They crawled over the walls and beds, over patients forced by overcrowding to sleep on mattresses on the floor. Some got into bandages. Patients frequently contracted skin diseases, eye infections, pneumonia and bronchitis after admission. Even after death their corpses suffered disfigurement. The mortuary was infested with rats which mutilated the bodies.

Similar conditions existed in colonial lunatic asylums. In the 1860s the New South Wales Colonial Architect, James Barnet, often visited the Tarban Creek Asylum, near Gladesville, and found blocked water-closets, overflowing drains and rats crawling over the patients".(4)

This thesis has also shown that help for the homeless and disadvantaged favoured women and children mainly, with few avenues available to help men to survive, other than crime. Thus many more men ended up in gaol, than women.

Hopefully this thesis has changed our perception of health standards in gaols in the later 1800's and shown that they were as good as could be expected under the circumstances, that reformers such as Henry Parkes cared and that they were in fact better than in the general population..

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2. General Information site for NSW
www.angelfire.com

3. NSW Department of Corrective Services

www.csi.nsw.gov.au

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www.policensw.com

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1. Adelaide Gaol

www.adelaidegaol.org.au

2. Australian Heritage Database

www.deh.gov.au

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www.amol.org.au

4. Boggo Road Gaol Museum

www.boggoroadgaol.com.au

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www.fremantleprison.com.au

6. General information Website
www.answers.com.
7. Royal Historical Society of Victoria
www.historyvictoria.org.au
8. South Australian Archives
www.archives.sa.gov.au
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www.sro.wa.gov.au

(iii) Archives and Museums of other Countries

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www.easternstate.org
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archives@dac.gov.za

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18. New Jersey Archives

www.njarchives.org

19. New Zealand Archives

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(Australian Death Statistics)

3105.0.65.001 Australian Historical Population Statistics – 5. Deaths

Table 43 Deaths registered by sex, states and territories, 1824 onwards

Table 47 Crude death rates by sex, states and territories, 1860 onwards

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www.sistersofcharity.org.au

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Centers for Disease Control and Prevention
Historical Vital Statistics of the United States
www.cdc.gov

6. WHO
www.who.int

7. World's largest online academic library
www.questia.com

APPENDICES

APPENDIX (I)

**DARLINGHURST GAOL DEATH REGISTER –
ORIGINAL FORMAT**

APPENDIX (II)
DARLINGHURSG GAOL DEATH REGISTER –
TYPED FORMAT AS PER ORIGINAL

APPENDIX (III)
DARLINGHURST GAOL DEATH REGISTER –
TYPED FORMAT ALPHABETICAL ORDER

APPENDIX (IV)

LIST OF EXECUTIONS AT DARLINGHURST GAOL

The following is the list of the 76 prisoners hanged at Darlinghurst Gaol as stated in the Capital Convictions records for Darlinghurst Gaol 1841-1914 that are held at the Department of Corrective Services. It is interesting to note that the executions of Thomas Kelly on 2nd January 1872, George Nichols on 18 June 1872 and Alfred Lester also on 18 June 1872, for some reason, are not listed in the Death Register.

APPENDIX (V)

PRISONS REGULATION ACT 1867

APPENDIX (VI)

AUBURN PRISON DEATH REGISTER SAMPLE PAGE

APPENDIX (VII)

HENRY LAWSON'S POEM "ONE HUNDRED AND THREE"

APPENDIX (VIII)

CHRONOLOGY OF DISEASE EPIDEMICS IN NEW SOUTH WALES

1788-1900

Chronology of Disease Epidemics in NSW 1788-1900

- 1789 Smallpox epidemic in Aborigines in Sydney
- 1820 Influenza epidemic (July/August) especially Aborigines and young
Australian born Caucasians
- 1826 Influenza (November) Sydney
- 1828 Whooping Cough – Governor Darling’s son died
- 1829-32 Smallpox in Wellington, Bathurst, Goulburn spread to Murray
especially Aborigines. Death rate 20-35%
- 1832 Quarantine Act – smallpox/cholera and other infectious diseases
- 1834 Measles
- 1836-37 Influenza Goulburn
- 1841 Scarlatina epidemic
- 1846 Influenza Goulburn – especially Aborigines

| | |
|-------------------|--|
| 1847 | Diphtheria Cooma |
| 1853 | Measles |
| 1860 | Measles |
| 1867 | Measles |
| 1880's | T.B. |
| 1881-82 | Smallpox Sydney |
| 1885 | Female T.B. mortality peaked at 156 per 100,000 |
| 1886 | Male T.B. mortality peaked at 182 per 100,000 Typhoid Sydney from contaminated milk |
| 1900 | Bubonic Plague |
| Death Rate N.S.W. | 1860 20 per 1,000 1900 11 per 1,000 |

APPENDIX (IX)
COMPTROLLER GENERAL REPORTS 1900 AND 1901
SANITARY SECTIONS

APPENDIX X
A MORTALITY RECORD FOR COLDBATH FIELDS PRISON,
LONDON 1795-1829

APPENDIX (XI)
PRISON MORTALITY SECTION FROM WILLIAM FARR'S
"VITAL STATISTICS" BOOK

APPENDIX (XII)
MORTALITY IN PRISONS AND THE DISEASES MOST
FREQUENTLY FATAL TO PRISONERS
BY DR. W. BALY