

# Convict artefacts from the Civil Hospital privy on Norfolk Island

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*The archaeology of the penal settlement of Norfolk Island is a substantially untapped source of information about convict life, as revealed by the assemblage of artefacts excavated in 1987 from the Civil (convict) Hospital privy (in use c.1845–1855). Artefacts such as syringes, medicine cups, cupping glasses, medicine and alcohol bottles, clay tobacco pipes, buttons, toothbrushes and hair combs; and documentary reports of life in the Hospital, reveal aspects of the material circumstances, daily activities and medical care of the convicts. They allude to the convict experiences of life, health, disease, pain and death in the Civil Hospital. They represent aspects of official control and the disciplining of the convict lifestyle and body, the types of rudimentary treatments to which convicts were exposed and the forms of convict resistance and reactions to the discipline imposed upon their lives. Such themes are presented as important for expanding our understanding of the convict experience in Australia.*

## INTRODUCTION

A young male convict is escorted into the 'lock up' of the Civil Hospital on Norfolk Island. His simple, meagre diet and endless weeks of cutting stone in the scorching sun have rendered him an easy victim to the dysentery epidemic that is sweeping the convict population on the island. The surgeon enters and examines the patient, then summons him through to the first ward, overcrowded with men suffering from the same condition. The stench from the privy across the yard dominates the atmosphere, as the surgeon begins to treat the newly arrived patient with doses of medicine administered in a small white ceramic cup and with cupping glasses applied to the skin on the convict's back.

Such medicine cups and cupping glasses used for treatment of this fictional convict in the Civil Hospital during the Second Settlement on Norfolk Island, were discarded in the Hospital privy pit. They were accompanied by glass syringes, medicine vials and bottles, medical storage vessels, dark-olive wine and beer bottles, case gin bottles, clay-tobacco pipe fragments, spoons and forks, tableware sherds, fragments of cooking vessels, buttons, buckles, shoes, hair-comb fragments and toothbrushes. These objects of medical care and convict cleanliness were excavated from the Civil

Hospital privy pit by Robert Varman in 1987 as part of the rescue excavation programme conducted on Norfolk Island in the 1980s by the Kingston and Arthur's Vale Historic Area Authority (Bairstow & McLaren 1993). The artefacts are stored by the Norfolk Island Archaeological Museum, and were photographed and studied in 1997 to form the basis of a material-culture study for an honours thesis at the University of Sydney (Starr 1997).

Norfolk Island is a small island in the South Pacific, 1 670 kilometres north-east of Sydney. It was settled and then abandoned during prehistory by Polynesians (Anderson 2001) and rediscovered by Captain Cook on 10 October 1774. The British first settled on the island on 6 March 1788, primarily as an agricultural outpost to produce flax and to cut the local pine trees for ships' masts (Hoare 1978). The settlement was a mix of convicts and free settlers, but eventually the settlement proved too costly and was abandoned in 1814. By 1825 a new settlement had been established, this time specifically for the punishment of secondarily-offending convicts. This 'Second Settlement', which became one of the most notorious institutions of the British Empire, had a reputation for extreme cruelty and harsh punishment. The principal area of settlement was Kingston, on the southern foreshore of the island, where the administrative buildings and



Figure 1. Kingston, Norfolk Island, c.1900, showing the partially roofed Civil Hospital between the pentagonal gaol complex in the background and the roofed building in the foreground (Government Printing Office collection, State Library of New South Wales).

pentagonal gaol were built (Figure 1). Lieutenant-Colonel J. T. Morriset, commandant on the island from 1829 to 1834, is infamous for the harshness of his punishments and the unrest during his term because of the terror he caused among the convicts (Hazzard 1984). From 1840, Commandant Alexander Maconochie practised humane reform of the convicts but was considered too lenient and was removed from office in 1844 (Maconochie 1847). Major Joseph Childs took over and renewed the harsh punishment system, but in 1846 the convicts mutinied against his measures. By 1847 the British Government gave Governor Fitzroy the order to shut down the settlement, which was eventually closed in 1855. In 1856 the island was settled by the Pitcairn Islanders, descendants of the Bounty mutineers and their Tahitian wives (Hoare 1979).

During the Second Settlement on Norfolk Island, convicts were employed in heavy labour such as building, brick-making, stonecutting, woodcutting, excavation, lime-burning and grinding corn at the crankmill. Well behaved convicts were clerks, messengers, tailors, hospital staff, shoemakers, school masters, fruit gatherers, barbers and cooks (Gipps to Stanley, HRA series 1, v. 22: 639). The physical and psychological health of the convicts was undoubtedly affected by hard work, isolation from society, poor diet, overcrowding of the gaols and harsh physical punishments.

### THE CIVIL HOSPITAL

Ill convicts were treated at the Civil (convict) Hospital (Figure 2), which was built on the remains of the convict hospital from the First Settlement, situated at the foot of Flagstaff Hill in the Kingston settlement. The construction of the Second Settlement Hospital was begun in 1829, as documented in a return of public buildings of 28 February 1829. The return lists a 'temporary General Hospital', 47 by 11.5 feet (14.3 by 3.5 m) 'raised on an old foundation and having a thatched roof' (CSNSW 4/1171: 247).

The original building consisted of three wards, a dispensary, a 'lock-up', a courtyard, a kitchen, a post-mortem room and a mortuary or dead house. Letters written by Commandant Morriset between 1831 and 1832 indicate that during these years the building was used to provide accommodation for the Superintendent of Agriculture (CSNSW 4/2104.1; CSNSW 4/2200; CO 201.348 MLPRO). Upon completion of the Superintendent's quarters at Longridge, the building was re-roofed and repaired; a kitchen, wards, dead house and privy were added; and the whole building was reconverted for use as a hospital. The privy added at this date, however, was not the privy evident today along the north wall of the Hospital.

The earliest existing plan of the building dates to 1834, drawn up as part of the official report on the convict mutiny of



Figure 2. Ruins of the Civil Hospital, 1997 (F. Starr).

1834. During the siege the Hospital was used by the convicts as the front attack post, with other convicts attacking from the old Gaol. The soldiers were taken by surprise, but eventually most of the mutineers were re-captured and thirty men were hanged (CSNSW 2/8292).

Major Anderson, who replaced Morriset in 1834, regarded the Hospital as too small and in 1839 plans were prepared for a new two-storey hospital but it was never built. Although designed for 50 patients, the existing hospital accommodated only 29 beds, so as a temporary measure, a lean-to verandah was constructed along the south side of the hospital yard for an extra ward (CO 201.348 ML PRO).

The building was always considered to be inadequate as a hospital. After visiting the settlement in 1846, Reverend Naylor reported upon the:

...wretched hospital accommodations for the prisoners... The building used for them is altogether disgraceful. Other buildings have been erected...but the convict hospital had been, in spite of remonstrances, allowed to remain literally 'a whited sepulchre'. (Stuart & Naylor 1979 [1846]: 24)

One convict, Thomas Cook, described the building as:

...a filthy and suffocating hole, and yet the greater number would prefer it on bread and water, to performing the labor which at that time was exacted from them. It was the last recourse of a debilitated man worn down by hunger and fatigue. (Cook 1978: 62).

### THE PRIVY AND ITS EXCAVATION

While the privy along the north wall of the Hospital is not represented on the 1834 plan, it had been constructed by 1846, when it was described in the writing of Robert Pringle Stuart, a visiting magistrate to the Island:

...a low stone building containing three wards, two of them accommodating 5 beds each, the other 10; but they are too confined for this number. The mode of ventilation is objectionable, as a thorough draught cannot be avoided; the wards are exceedingly hot in summer and cold and damp in winter. They open under a narrow verandah into an enclosed yard of about 80 feet by 20: this is the only place in which patients can take exercise. Opposite the verandah is a wall with a privy mid-way, the smell from which is very offensive, in consequence of the want of a proper sewer; but during the hot season, when the wind prevails from the north-ward, the stench is excessive. There are a dispensary, office, and attendant's sleeping room at one end of the yard and kitchen; store room and dead house at the other. The dispensary and office show symptoms of damp, from which I believe the medicines and instruments become injured. The contiguity of this building to the beach, on which a heavy surf is constantly rolling is the cause of the dampness, the air being charged with saline particles.

This building affords quite insufficient hospital accommodation for the settlement only, and the deficiency will appear much greater when it is remembered that there is no other accommodation for the patients from Longridge and Cascade stations containing 1000 men in addition; in short, twenty beds, and a detached, cold, convalescent ward wherein, during summer attacks of dysentery of epidemic character, occasionally assuming a malignant type, are common. (Stuart & Naylor 1979 [1846]: 39-40)

The privy is 2.4 m wide by 3.5 m long (Guymer 1994) and extends down the side of the north wall of the Hospital (Figure 3). The room originally had floorboards and a roof and

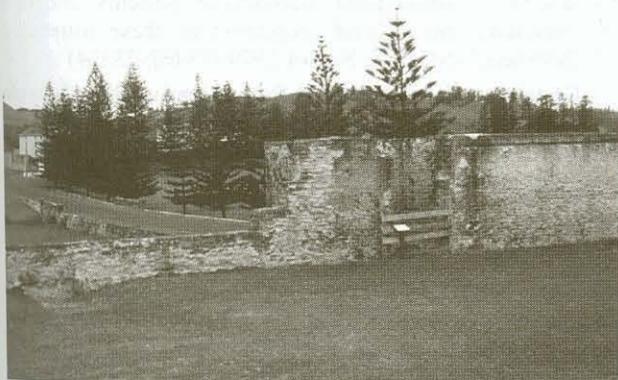


Figure 3. The courtyard of the Civil Hospital, showing entrance to the privy, 1997 (F. Starr).

the excavated deposit extended for about 3 m beneath the original floor level. Robert Varman's excavation of the privy in 1987 was not recorded in a commissioned report, but his excavation notes and a subsequent report by Bairstow and McLaren (1993) have contributed to the present study. Supported by small platforms inside the privy, the excavators began with a test square that was later expanded to excavate the entire pit. The excavation was conducted in arbitrary 100 mm spits, and each spit was quartered (e.g. SE, NW) for purposes of distribution. Artefacts recovered from the highest levels were labelled 'Dump Layer' and 'Dump Lower Level'. Spit numbering began at 1000–1240 mm (representing 1240 mm below the original floor level), and 3100–3200 mm was the lowest layer of excavated deposit.

Varman recognised three main phases of deposition amongst the recovered artefacts. At the top of the deposit was a 1940s-period beer-bottle dump and immediately below was material from the 1880s–1920s occupation of the nearby Surgeon's Quarters by a Pitcairn Islander family. Below these deposits was a distinct change to material relating to the use of the privy during the convict occupation of the Hospital (c.1845–1855). The artefacts from the lower deposit (1400–1500 mm and lower) were excavated from a lime-rich matrix, suggesting the periodical dumping of lime into the privy to kill organic matter and to disguise odours. The presence of this lime confirms the use of the pit as a toilet and confirms that the enclosed artefacts relate to the use of the pit as a privy during the Second Settlement.

The artefacts from the upper deposits suggest rapid filling of the pit such as during a dumping episode by the Pitcairn Islander occupants of the settlement. In contrast, the convict-period material is more likely to have accumulated throughout the continuous convict occupation of the Hospital, due to breakage, refuse disposal, consumption of the contents of jars and bottles, and accidental loss. Although the convict-period material was deposited between about 1846 and 1855, many of the items may well have been in use in the Hospital prior to the construction of the privy in about 1846.

Varman reported that the layers of lime appeared to remain intact and did not show movement to upper layers. The only disturbance of the privy deposit had been by bottle hunters of the 1970s and 1980s, which had caused some damage to the Second Settlement material in the upper layers (Varman, pers. comm.). While many nineteenth-century privies and cesspits were periodically emptied (Geismar 1993), Varman did not observe any evidence that the Civil Hospital privy had ever been emptied, which might have been evident in colour changes or texture throughout the stratigraphy.

The analysis conducted in 1997 intended to provide information to illustrate a discussion of the material

circumstances, daily activities and medical care of convicts in the Civil Hospital. No catalogue or inventory of the artefacts had been created, but 640 artefacts were sampled for the study. After research into the stratigraphy and preliminary artefact analysis, 479 artefacts from the sample were considered to be probable convict-period artefacts (from 1400 mm and below; see Appendix 1). The artefacts chosen were considered to be representative examples from the assemblage, as many were complete or near-complete examples, or had been reconstructed from fragments by staff at the Museum. It is estimated that the sample of 640 represents about two-thirds of the entire assemblage.

The artefacts excavated from 1400 mm and lower must have been deposited during the use of the pit as a privy, during the Second Settlement, due to the presence of lime in those layers. It is conclusive therefore to interpret these artefacts as relating to the lifestyles of the inhabitants of the Hospital: the convict patients, the surgeons and the overseers. While it is not clear who owned or used the objects, it seems likely that a privy with such an odour would only have been used by those who had no alternative: the convict patients.

## CONTROLLING CONVICTS

The magistrate Robert Pringle Stuart and the Reverend Thomas Beagley Naylor (chaplain to Norfolk Island 1841–1845) conducted investigations into the Norfolk Island settlement, which resulted in reports to the Secretary of State for the Colonies. Naylor commented upon the control over the convicts and the extreme measures of discipline implemented in the settlement:

...not a letter can the prisoner write; not a complaint can he utter, not a single step can he take towards his extrication, without the consent of the authorities about him. (Stuart & Naylor 1979 [1846]: 16)

Certain groups of artefacts from the privy reflect aspects of this official control, which was achieved by control over the convict body and personal realm through uniforms, cleanliness and enforced hygiene standards. For example, sew-through bone buttons with two or four holes, recovered from all levels of the privy, were those often used as closures for shirts and trousers (Lindbergh 1999: 51). Such buttons were found attached to the striped convict shirt recovered from the Hyde Park Barracks in Sydney (Maynard 1994: 21) and were also supplied on the ready-made and mass-produced convict 'slop clothing' made from coarse 'Parramatta cloth', which was provided for convicts throughout the colony (Scandrett 1978: 18). Various authors (e.g. Maynard 1994; Young 1988) have recognised the effect of clothing in ordering the social hierarchy and the relationship between dress and maintaining discipline among convicts.

Maynard argues that the discipline and order that might have been achieved in providing uniforms for convicts was not possible due to the irregularity of clothing supplies in the early colony. She argues that convicts, free settlers and military in undress uniform, all wore very similar clothes. However, among convicts confined to barracks and isolated settlements such as Norfolk Island, uniforms were worn. Convict uniforms were intended to strip men of their individuality, making them immediately recognisable as members of the lowest class of society, and allowed the military to monitor the location of convicts. As Young (1988) has argued, the parti-coloured black and yellow wool uniforms, which were worn by convicts performing hard-labour, were intended to be humiliating in their reference to the medieval fool.

Leather shoe fragments and various other leather and wool fragments were excavated from the privy (levels 1600–1700 mm; 1700–1800 mm; 1800–1900 mm; 2000–2100 mm;

2100–2200 mm; 2200–2300 mm; 2400–2500 mm; 2600–2700 mm). These may represent other components of standard-issue convict uniforms, such as the leather caps and shoes depicted in Sophia Campbell's 1817 watercolour, 'The Costume of the Australians' (private collection; in Maynard 1994: 16). While varying due to the supply of cloth and labour, the convicts on Norfolk Island received two frocks or jackets, three shirts, two pairs of trousers, three pairs of shoes and one hat or cap each year (Stuart & Naylor 1979 [1846]: 40). Despite this limited supply of clothing, the artefactual evidence suggests that some convicts lost parts of their clothing in the Hospital privy. Losing a button from a hand-sewn garment is easily done, yet under the rule of some commandants on Norfolk Island, it was a punishable offence. One convict named Rouse paid the penalty of three days solitary confinement for losing a button from his uniform (Smith 1996).

A group of artefacts commonly associated with the maintenance of personal hygiene were recovered from the privy and are inconsistent with the general lack of hygiene in the Hospital as described in contemporary reports. Three bone toothbrushes with machine-drilled holes and narrow necks were excavated from the lower levels of the privy deposit (2400–2500 mm and 2900–3000 mm). Tooth-brushing was a common daily practice among the middle classes of the nineteenth century (Shackel 1993), suggesting that the brushes were in fact an official attempt to improve hygiene standards of the convict class and to gain control over convict lives by enforced cleanliness.

A few fragments of a fine-toothed, double-edged, ivory comb were excavated from the 2900–3000 mm level of the privy. Such combs were most commonly used by people of low socioeconomic groups in the nineteenth century and their fine teeth made them effective for removing lice (Noel-Hume 1982). Twenty boxes of these combs were listed in a register of approved requisitions for Norfolk Island of 1835 (Register of Approved Requisitions 1833–1835: 447), and as may be argued for the toothbrushes, their use may be seen as the infiltration of the increasing hygiene standards of the upper classes of the time, into a society that was considered to be the lowest in terms of discipline and social values. While the actual hygiene standards in the Hospital rooms was less than perfect, it seems that personal hygiene methods were required of the patients through the use of such objects.

## TREATING THE CONVICTS

The daily hard labour and insufficient, monotonous rations provided for convicts on Norfolk Island must certainly have affected their health. One convict named Mortlock wrote of the rations during his term on the Island, complaining that:

...our fare was excessively meagre; at breakfast and supper we ate insipid hominy (made of unsifted Indian corn flour, boiled into the consistency of baked rice-pudding, which it resembled only in appearance), nominally sweetened with an ounce of sugar per diem — really with about half that quantity. A morsel of salt-junk was served out for dinner, and nauseous, coarse, maize bread, tasting as if it were composed of sawdust...the debility brought on by this diet caused many deaths...for many months I never had anything like a full meal, and gradually began to live without eating. (Mortlock 1965 [1864–1865]: 65–66)

The report of Reverend Naylor suggests that many convicts received treatment in the Civil Hospital for diseases such as dysentery, which was a result of their poor diet:

...scantiness of diet, aided by the constant use of salt meat...yearly carries off numbers by dysentery — a disease from which I have not known one free person

to die during my residence on the island... There are always a considerable number of patients under treatment, and a large proportion of these usually dysenteric. (Stuart & Naylor 1979 [1846]: 23–24)

Certain artefacts excavated from the privy directly relate to the treatment provided in the Hospital for the convict patients. The tube and plunger fragments of at least five glass pre-hypodermic syringes were excavated from the privy (levels 1400–1500 mm, 1700–1800 mm, 2000–2100 mm, 2700–2800 mm; see Figure 4). These are of the type commonly used in the nineteenth century for measuring ointments to be rubbed into the skin, but also for injections such as enemas, urethral and ear injections, lachrymal (eye swab) injections, to drain excess fluids from the body, and for wound irrigation (Duke 1991). The enema in the nineteenth century was used for physical cleansing, for both the healthy and the ill, and to treat a variety of complaints.



Figure 4. Glass syringe similar to those recovered from the privy, manufactured by Arnold and Sons, London (Arnold & Sons 1895: 622).

Privy levels 2000–2100 mm and 2800–2900 mm contained two cupping glasses (Figure 5). 'Cupping' was the generally acceptable nineteenth-century treatment for a wide variety of ailments including inflammation, pain, spasm, bruising, fevers, gout; to remove congestion and pain, in calming respiration, improving appetite, preventing nausea and prolonging life (Pfeiffer 1985).

By placing the cup over a flame, the oxygen inside was used up, and when placed on the skin, the vacuum would draw the blood to the surface, creating bruises and blisters. Cupping was also used during bloodletting, where the skin would be cut and then the cup applied, allowing the 'bad' blood to drain from the patient. Cupping glasses would probably have been used regularly on convict patients for achieving a healthier complexion, for bloodletting and perhaps in other treatments.

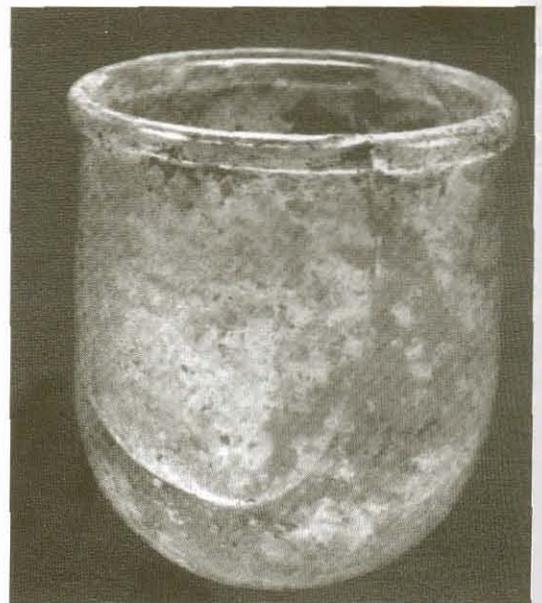


Figure 5. Cupping glass from the privy (Patrick Baker; WA Maritime Museum and Australian Bicentennial Authority).

such as blistering of the temples and neck to treat ophthalmia, which was a common convict ailment on Norfolk Island (Annual Returns of Diseases, ML A/1220: 894–899; ML A/1228: 923–925).

Three sizes of white, salt-glazed stoneware medicine cups ranging from 45 mm to 90 mm in diameter, were excavated from various levels of the privy (levels 1600–1700 mm; 2000–2100 mm; 2200–2300 mm; 2300–2400 mm; 2500–2600 mm; 2600–2700 mm; 2900–3000 mm; Figure 6). These were used for dispensing measured amounts of medicine, in the form of pills, ointments and liquids, but may also have been used as collecting vessels for bloodletting. Some of the cups bear the mark of ‘Copeland and Garrett’ of Stoke-on-Trent, England, who manufactured such ceramics between 1833 and 1847 (Godden 1968: 56).

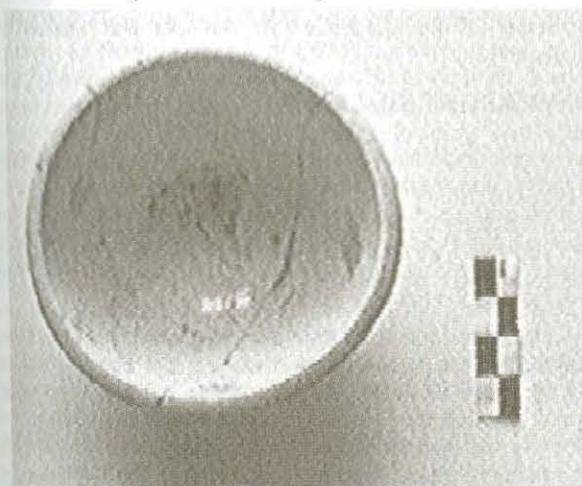


Figure 6. Top view of a reconstructed salt-glazed stoneware medicine cup (levels 1800–1900 mm, 2200–2300 mm, 2300–2400 mm, 2400–2500 mm).

The drugs that would have been dispensed in such cups were primarily emetics for the stomach or purgatives for the bowel, or had merely palliative or placebo affects. As Wilbur (1987: 16) notes, nineteenth century diagnosis was largely ‘a cookbook approach that would match symptoms with treatment’. Chinchona (quinine), antimony tartrate and Epsom salts (magnesium sulphate) treated fever, and castor oil, calomel (mercury), jalap, colocynth and linum were all used at the time to treat dysentery, diarrhoea and constipation (Williams 1996).

These drugs were among those supplied to the Civil Hospital (Register of Approved Requisitions, 1833–1835: 449; Abstract No. 2 of Medical Stores 1842–1843) and many were ready to dispense to patients. Some medicines, however,

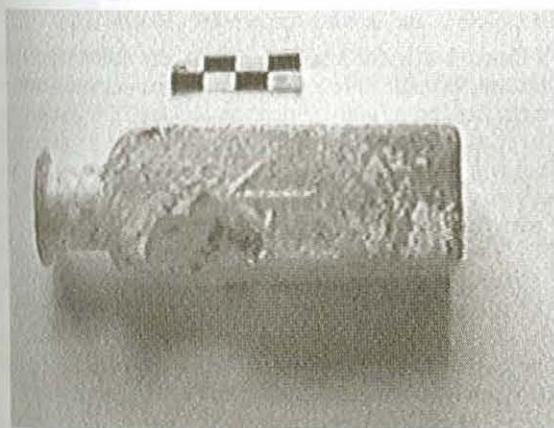


Figure 7. Medicine bottle excavated from the privy, with embossed broad arrow (level 2300–2400 mm).

would have been prepared in the dispensary and stored in bottles such as those excavated from the privy, which display embossed broad arrows indicating their issue by the government (Figure 7). Two large, light-green, round-sectioned bottles from the privy (2500–2600 mm; 2900–3000 mm) have hand-engraved ratios on the shoulder of each bottle (for example ‘1 = 9 fi’) suggesting the preparation and storage of various mixtures.

In 1830 the Deputy Inspector of Military Hospitals in New South Wales wrote that:

Dysentery [sic] is the most prevalent and most fatal disease to which the Colonists are subject...it carries off about one Half of the Convicts who die in the Civil Hospitals. (Hagger 1979: 102)

Indeed repeated dysentery epidemics afflicted the convict population of Norfolk Island in 1838, 1839, 1840, from November 1841 to June 1842 and from September 1842 to January 1843 (Gandevia 1977).

In treating dysentery, the early colonial surgeon D’Arcy Wentworth noted that ‘Spontaneous Hemorrhage [sic]’ is ‘always of service even if it be considerable...bleed first by leeches or from the arm, then open the bowels by Castor Oil, after this give large doses of opium and calomel...’ (Watson 1911: 63).

A common colonial treatment at the time was an enema of ipecacuanha and water (Gorringer 1850), and Mortlock (1965: 66) reported that on Norfolk Island, dysentery was treated with a decoction made from the bark of a tree. This was possibly Green Wattle (*Acacia decurrens*), Willow bark (*Mimosa longifolia*) or Eucalypt gum that was later included in the British Pharmacopeia as ‘Kino’ (Haines 1976). Such local remedies were developed out of the need for colonial doctors to be self-sufficient, due to delays in supplies from England.

It seems, however, that the medicines supplied to the Civil Hospital were not always administered to convicts. Mortlock acted as the dispenser in the Hospital, and in his memoirs (1965: 66) he protested that common medicines were often regarded as too good for convicts. Whenever they could, the surgeons would substitute medicines with cheaper alternatives. Sea water was substituted for Epsom salts, and tetanus and infected burns were treated by packing fresh cow manure around the wound. An infected boil was brought to the surface with the neck of a hot bottle, and chest complaints such as ‘consumption’ were treated with a mustard plaster (Park and Emanuel 1982).

The medicine bottles and medical items from the privy therefore remind us of the experience of ill convicts in the Civil Hospital, and the types of rudimentary medicines and treatment techniques to which they were exposed. Through these objects, we can also gain an understanding of the human needs of the convicts and their generally poor state of health. While many convicts must have died in the Civil Hospital during the Second Settlement, the cemetery at the eastern end of Kingston holds only 42 marked convict graves, with only five headstones revealing illness as the cause of death. Most of the convicts who ended their miserable lives on Norfolk Island are remembered only by small lumps of stone, or by wooden crosses that have since deteriorated, or by no marker at all.

## CARING FOR CONVICTS

Dark-olive alcohol bottle and case-gin bottles were excavated in abundance from various levels of the privy (Figure 8). Prior to the use of anaesthetics such as ether in surgery, alcohol was the most common substance used for the reduction of pain and muscular relaxation in surgical procedures (Margotta 1968: 254). Historical accounts of Norfolk Island confirm that wine,

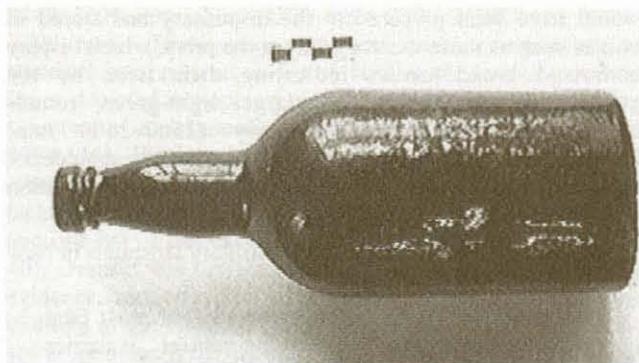


Figure 8. Dark-olive alcohol bottle from the privy (2500–2600 mm).

gin and other spirits were dispensed to sick convicts in the Civil Hospital, and it was not until 1845 that official instructions forbade alcohol from all convict hospitals (Robertson 1845).

Contemporary tales and reports about the Civil Hospital surgeons suggest that they indulged in the alcohol provided for the Hospital patients and therefore that some of the bottles found in the privy may represent alcohol provided for ill convicts, but also the drinking habits of the surgeons. Dr Adolphus Ross, the resident surgeon during 1829, was accused of failing to provide adequate medical assistance due to his state of inebriation (Harrison 1996), and Dr James Stuart was described as an alcoholic, Major Bunbury noting that the 'stench from his studio was intolerable' (Bunbury 1861: 324).

In 1840 alcohol was the subject of an official enquiry, when Lowrie, the Hospital overseer, and Dr James Stuart, the surgeon, had been accused of lending wine from the Hospital stores to other officers and drinking wine in the Hospital dispensary. The enquiry found that Lowrie was guilty of improper use of the facilities and stores, and used false scales in weighing out medicines, wine and rations for patients, diverting the excess to his house for his own use (CSNSW Copies of letters to Medical Staff).

Despite accounts of drunken surgeons and dubious medical practices, one surgeon who worked in the convict service for thirty years noted that 'the charge which devolves upon the medical officer, even under the most favourable of conditions possible, is sufficiently onerous' (Campbell 1984 [1884]: 9). There were indeed favourable reports of the care provided by some Norfolk Island surgeons. The convict Thomas Cook noted the care Dr Alexander Gamack took to treat a convict who had been shot during the 1834 mutiny, against military orders (Cook 1978: 52). Likewise Thomas Cook noted the comments of a fellow prisoner about the surgeon in the Hospital:

My frame was much reduced and greatly debilitated by the weight of labor [sic] imposed upon me and but for the care and attention of that Gentleman I must have sunk quickly into the grave... I never met a man more attentive of his duties, or one possessing a larger sense of humanity'. (Cook 1978: 64)

However, Dr G. Everett, an old military doctor, was apparently brutal and unemotional and known as 'Old Bluestone' for his treatment of the backs of flogged convicts by rubbing with bluestone (Dalkin 1995: 33). Martin Cash (1976 [1870]: 158) wrote that Everett was a strict disciplinarian and 'much dreaded by the prisoners', yet in his official report the Reverend Naylor (Stuart & Naylor 1979 [1846]: 23) commented that 'the medical officers in charge [Everett and Graham] have been zealous and skilful men, indefatigable in the discharge of their duties'.

After 30 years of medical service on convict ships and gaol hospitals, Campbell wrote in defence of his colleagues:

The public are sometimes inclined to sympathise with criminals, and to consider that those in charge treat them with want of proper humanity, I think it right that they should be disabused of any such notion, for it is most unjust. (Campbell 1984 [1884]: 60)

Campbell emphasises that when an officer was found guilty of harsh treatment of a prisoner, he was duly punished, suggesting that there was an attempt to maintain the general standard of medical treatment on Norfolk Island. The diverse range of bottles, jars and medical equipment from the privy certainly indicate that the Civil Hospital was supplied with a satisfactory range of medicines and supplies for the treatment of convicts. However, historical accounts suggest that the dispensing of the medicines to convicts was not always satisfactory.

## CONVICT RESISTANCE

The sample included 68 fragments of clay tobacco pipes from the privy, and many of the bowl fragments have carbonated tobacco residues, indicating their use. While it is possible that some of these were used by the Hospital staff, the large quantity suggests their use by the convict patients, who must have formed the majority of privy users.

The pipes are predominantly undecorated, but some display the embossed makers' marks of the Scottish makers Murray, and Thomas White, whose pipes were made specifically for the Australian market and imported to the colony in vast quantities (Gojak and Stuart 1999: 43). Murray manufactured pipes between 1826 and 1861 (Humphrey 1969) and Thomas White manufactured pipes between 1833 and 1854 (Oswald 1975).

At other convict settlements, tobacco was periodically a ration item in lieu of wages (Walker 1984). However, it seems unlikely that the secondary offenders on Norfolk Island would have been allowed this privilege. Documentary records indicate that the possession of tobacco or 'having a pipe' was punishable by flogging and other punishments. In his memoirs of Norfolk Island between 1843 and 1844, the convicted bushranger Martin Cash noted that a fellow convict named Rocky Whelan was tied to a lamp post and left to be exposed to the sun and flies for eight hours for possession of tobacco (Cash 1976 [1870]: 161), while another source reported that convicts suffered weeks of solitary confinement for tobacco possession or for 'having a pipe' (Rogers n.d.).

Reverend Rogers suggested that convict possession of tobacco was widespread in his description of the regular process of searching convicts for tobacco, which occurred at any time of the day or night: 'They harass them everywhere', 'search them at the privies', 'and leaving the privies' (Rogers n.d.).

Tobacco was made available to convicts during the Second Settlement through illicit trade among convicts and between convicts and the military (Stuart & Naylor 1979 [1846]: 56). Martin Cash reported that convicts worked at night to make clothes and shoes that served as trade items for tea, sugar and other items, presumably pipes and tobacco: 'a system of traffic had been carried out to a very great extent on the Island' (1976 [1870]: 146). In 1839 Commandant Bunbury had a group of huts demolished, suspecting that they were the location for the illicit transaction of garden produce and stolen property. It seems likely that clay pipes were among other items such as tea, sugar and liquor, which were illegally traded by convicts at such places in the settlement (Nobbs 1991).

The artefactual evidence certainly suggests that the Civil Hospital privy was one convenient, communal place for contraband to exchange hands and for the convicts to smoke.

and resist the rules and regulations imposed on their lives. It could have been a suitable place for the convicts to smoke without being discovered, and the evidence suggests that the smokers were forced to discard their pipes in the privy for fear of being discovered by an overseer when leaving.

## CONCLUSION

The Civil Hospital privy has preserved invaluable material evidence about the human needs of the convicts on Norfolk Island and their generally poor state of health. Control over the convict body is represented in the artefacts that imposed hygiene standards, reflecting an official desire for standardisation of behaviour that was characteristic of the Convict System. The medical artefacts represent the types of treatments available for sick convicts and suggest that satisfactory supplies and treatments were provided for the convicts on Norfolk Island, despite the varied reports of the care provided by the surgeons and the inadequate hospital accommodation. As a result of the discipline imposed on their lives, the convicts resisted through trading and illicit behaviour such as smoking.

The artefacts and the accompanying historical accounts have provided a picture of the experiences of the ill convict in a nineteenth-century hospital in a colonial outpost. The official or popular identity of convicts as future-less, uneducated and recalcitrant but ordered by punishment, is well known through popular and sensational accounts of Australia's penal history, yet it is artefacts such as those from the privy, which reveal the real experiences of convictism.

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## ABBREVIATIONS

- ML Mitchell Library, State Library of New South Wales  
CO Colonial Office  
PRO Public Record Office  
CSNSW Colonial Secretary New South Wales  
SRNSW State Records of New South Wales

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**Appendix 1 Artefacts recovered from Civil Hospital privy from Second Settlement deposits (1400–3200 mm)**

Artefact type	Fragment count	Range of depths (mm) from which recovered
bed end/door knob?	1	2500–2600
bolt	1	1700–1800
bone	13	1600–1800, 1900–2000, 2300–2400
bottle (food)	25	1600–2900
bottle (gin)	16	1400–1500, 1700–2100, 2400–2500, 2600–2700
bottle (ink)	1	2000–2100
bottle (medical)	69	1400–3200
bottle (other)	17	1800–2600
bottle (wine/beer)	34	1400–1500, 1600–1700, 1800–2700, 2800–3000
bottle seal	3	2000–2100, 2300–2400, 2600–2700
bottle stopper	12	1400–1500, 1600–1700, 1900–2000, 2500–2600, 2700–2800
box	3	1700–1800, 1900–2000, 2000–2100
brace	1	2400–2500
brush	1	1700–1800
buckle	3	1600–1700, 2100–2200, 2600–2700
button (bone)	27	1600–2400, 2500–2900
button (ceramic)	2	2300–2400, 2600–2700
button (metal)	1	1800–1900
candlestick handle	1	2400–2500
clay tobacco pipe	68	1600–3000
comb	3	2900–3000
cooking pot	2	2500–2600
cupping glass	2	2000–2100, 2800–2900
decorative metal	2	2500–2600
denture	1	1700–1800
fabric	5	1600–1900, 2500–2900
fork	2	1700–1800, 2300–2400
funnel	1	2800–2900
hoop iron	2	1800–1900, 2500–2600
horse shoe	1	2000–2100
implement handle	4	2300–2400, 2500–2600
jar	15	1600–2300, 2500–2700, 2800–2900
kettle	2	2300–2400
key	4	2500–2600, 2700–2800
lamp	2	1700–1800, 2400–2500
measuring glass	2	2100–2200, 3100–3200
medicine cup	13	1600–1700, 1800–1900, 2000–2100, 2200–2400, 2500–2700, 2900–3000
mortar	1	2600–2700
nail	15	1600–1700, 2100–2300, 2600–2700
ornament	1	1600–1700
pencil	2	2500–2600, 2800–2900
ring	1	2500–2600
sea urchin	2	2600–2700
shell	1	2800–2900
shoe	20	1600–1900, 2000–2500, 2600–2700
spoon	4	2200–2300, 2500–2600
staple	1	2400–2500
syringe	7	1400–1500, 1700–1800, 2000–2100
syringe plunger	2	2700–2800
tableware	17	1700–1800, 1900–2100, 2300–2400, 2500–2600, 2900–3000
tableware (plate)	12	1700–2100, 2200–2300, 2400–2600
tea cup	1	2000–2100
tin	2	1600–1700, 2400–2500
toothbrush	3	2400–2500, 2900–3000
unidentified	14	1800–2100, 2100–2900
vase	3	1700–1800, 2000–2100
vial	3	1600–1700, 2000–2100, 2800–2900
washer	2	2500–2600, 2800–2900
window glass	1	2500–2600
wine glass	1	2000–2100
wire	1	2500–2600
<b>Total:</b>	<b>479</b>	