CHAPTER 3

What is to be done with the men?

Overcrowding was the Achilles Heel of public institutions throughout the western world in the latter half of the nineteenth-century. It is a common theme which permeates the historiography of public carceral institutions, and Tasmania was not spared this phenomenon. During the third quarter of the nineteenth-century the wards of the colony’s charitable institutions endured continual demand. This is what Robert Hughes has described as ‘the refuse of the [convict] System — the broken, the unhinged, the helpless, the mad and the abandoned — clogg[ing] the institutions of Tasmania.’ This point was well exemplified by developments in Launceston, as the northern centre grappled with management issues related to ever increasing numbers of pauper invalids from the mid 1850s onwards. The attempt to solve the issue of institutional overcrowding, and the drive to find a viable permanent solution to the institutionalisation of paupers, is central to any understanding of the transformation of the invalid pauper from undeserving to deserving.

For example, see A.T. Scull, Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England (London, 1979). In this work Scull argues that in the second half of the nineteenth-century overcrowded conditions were widespread in institutions (pp. 218, and 248-50). He also identifies a pattern of initial estimate of demand, which then proves wildly wide of the mark, leading to the construction of additional facilities designed to more than meet the apparent deficit, which themselves prove grossly inadequate, leading to a repetition of the whole cycle’ (p. 249). While these generalisations were made in relation to lunatic asylums they are equally applicable to the gambit of ‘carceral’ institutions introduced in the latter half of the nineteenth-century as a means to control perceived deviant groups in society. The pressure placed upon the institutional system due to crowding was also apparent in North America. Gerald Grob in The Mad Among Us: A History of the Care of America’s Mentally Ill (New York, 1994), raised the issue of overcrowding as being characteristic of institutions, and he also noted the unremitting pressure placed upon asylums, from their very inauguration, to expand beyond their physical capabilities (pp. 51, 72 and 91).

For example, from small beginnings in 1867, the Cascades Pauper Establishment had by early August 1872 expanded to accommodate 160 males and 136 females. In December 1871, the male division contained nine wards which were able to accommodate 136 beds. In addition to this there were 27 separate cells allowing a maximum male inmate population of 163. The female division had four wards capable of accommodating 140 beds. (THAP, 22, 1871, Paper 127, p. 21.) All beds were filled at this time, meaning that the only way new cases could be admitted was if existing inmates were discharged or overcrowding was accepted. (AOT: CSD 7/52/1134, Solly to Atkins, 31.7.1872.)

poor. This chapter explores the actions of colonial authorities to increasing pauper invalid numbers and institutional overcrowding in the north of the colony. Specifically it will particularise the basis of, and details of, the north’s adoption of a generalised institutional response. Launceston opted for the development of an institution capable of meeting the requirements of a multitude of pauper categories within a single establishment. The success of this response when compared to the alternative of institutional specialisation will also assessed.

The relatively sudden arrival of beggars in Hobart Town and Launceston following the closure of Impression Bay in 1857 awakened the urban populace to the numbers of invalids which existed within their community. Before this, with the invalids hidden away at the isolated former probation station, the general public simply had not seen them, nor comprehended their numbers. The appearance of pauper invalids on the streets of Hobart Town and Launceston produced apprehension amongst the free citizens rather than responses of charity. No doubt anxieties were heightened given the convict legacy of most invalids. Respectable society shunned them as if they were lepers, infectious with a moral contagion, and as such they believed that they should be sent back from whence they came, or to some other secluded isolated place, such as Port Arthur.4 There were those who felt that invalids should be forcibly remanded ‘to the asylum provided for them by the Govt. and in cases of refusal then Police should prevent their becoming a nuisances

4 The imbuing of invalids with the taint of moral disease and the generating of societal fears of contagion are reminiscent of Foucault’s likening of the Renaissance ostracism of lunatics, on the Narrenschiff (the ‘Ship of Fools’), based upon a subconscious incarnating of the mad with the dread of contamination previously reserved for lepers. (M. Foucault, Madness and Civilisation: A History of Insanity in the Age of Reason (New York, 1988), pp. 3-37.) Just as seventeenth and eighteenth-century European lunatics were excluded from society and incarcerated in the ‘madhouse’ based on fears of their condition, so too were colonial Tasmanian invalids banished to the isolated penal colony. The concept that emancipist invalids were innately morally deficient and that this flaw was in part causal of their infirmity was well established by the mid 1850s. In early 1840, for example, a fever, most probably typhoid, struck Hobart Town. It was particularly prevalent amongst the aged and infirm institutional population. In observing the frequency of illness amongst the invalids, the Colonial Times attributed this to both ‘the weak and broken down state of the constitutions’ of these persons and to ‘moral destitution and debility, which still more extensively prevails amongst them.’ Such moral deficit was seen to not
[sic] in the town." It was judged that invalids and paupers should not be allowed to roam free. In a society which had evolved under the rigid controls of the penal system, the ability of ex-convict paupers to wander completely at will was an overt symbol of a breakdown in power relations. They contravened social conventions and middle class precepts of correct behaviour, particularly in terms of moderation, stability, thrift, employment and family life. A. L. Beier, in his analysis of sixteenth and seventeenth-century English vagrants argued that these 'masterless men' were perceived as 'dangers to the social order' as they fell outside the emerging domain of discipline. Beier describes vagrancy as 'perhaps the classic crime of status, the social crime par excellence.' This was because it was the vagrant's position in society, and not his actions, that were seen as the crime. It was their status which was criminal because 'it was at odds with the established order." In a similar vein, the mid-nineteenth-century Tasmanian invalid was likewise condemned as guilty of a 'crime of status'. The consensus amongst the ruling elite was that they needed to control the lives of pauper emancipists and imbue them with their own concepts of discipline and order. To accomplish this, they believed that invalids should be confined to a space where these values could be yet again inscribed onto the lives of men (and women) who having once been convicts had failed as emancipists. The invalid depot was in someway a re-run of the theatre of the convict station, or what Greg Denning has called the playing of a 'new-old role'.

The influx of paupers brought about by the closure of the invalid station at Impression Bay was compounded by an ever growing number of emancipists who, having worked as agricultural labourers, were no longer able to support themselves due to the infirmities of age. The dramatic increase in pauperism

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5 AOT: CSD 1/120/4292, Davis to Comptroller General, 20.6.1857.
7 Beier, Masterless Men, p. xxi.
8 ibid.
in the mid to late 1850s was also exacerbated by emancipists who, having secured employment during the labour shortage occasioned by the discovery of gold in Victoria, were displaced as able-bodied men returned from the diggings. As these workers came back to Tasmania they pushed borderline labourers back onto the streets of Hobart Town and Launceston at the very juncture that emancipist paupers were fleeing Tasman's Peninsula. The existing charitable system was also degraded, following years of imperial government neglect as the institutional apparatus of convict transportation was wound down ahead of the handing over of governance to the new independent colony. Further compounding the development of a crisis in pauper invalid accommodation was the commencement in 1858 of a major downturn in the economy. All these factors resulted in a highly visible pauper invalid presence on the streets of the colony's two major centres.

In northern Tasmania the Convict Department surrendered control over its Launceston hospital to colonial authorities at the end of 1853. This building was the sole institution for the reception of pauper invalids in Launceston and remained so until the establishment of the Launceston Invalid Depot in 1868. For the first six months following the handover the colonial government took full responsibility for the hospital, but in keeping with its *laissez-faire* ideals and pressure from local authority, responsibility for its management was transferred to a local board of trustees on 1 July 1854. This decision was

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10 J. F. Mortlock stated, in 1858, of the discovery of the goldfields that it caused 'the exodus of nearly all free to go, and of many not free to go, caused a sudden revolution in the labour market, from which evacuation a moderate supply of immigrants is now gradually recovering it.' (G.A. Wilkes and A.G. Mitchell, *Experiences of a Convict: Transported for Twenty-One Years*, by J.F. Mortlock (Sydney, 1966), p. 99, emphasis in original.) For background on impact of the discovery of gold on the colony's labour force see BPP, 12, Despatch 179, Denison to Pakington, 30.8.1852, p. 286; BPP, 11, Despatch 138, Denison to Newcastle, 18.6.1853, p. 363; and, BPP, 12, Report of the Superintendent of the Prisoners' Barracks, Hobart Town, 6.7.1852, p. 311.


12 For a discussion of this economic downturn see W.A. Townsley, 'Tasmania and the great economic depression, 1858-1872', *Tasmanian Historical Research Association, Papers and Proceedings* 4, no. 2 (July 1955), pp. 35-46.

13 See AOT: CSD 1/132/4836, Petition from the inhabitants of Launceston to Young, 20.6.1857.

14 Breen discusses this issue of local authority's advocacy of local control in respect to agricultural legislation affecting northern Tasmanian rural communities in the nineteenth-
made on the understanding that the colonial government would support the Cornwall Hospital and Infirmary to the tune of £1000 per annum provided that 20 beds were reserved for government use free of charge.¹⁶ These beds were to be applied for the reception of pauper invalids.

When transferred to the Trustees there were only 12 patients in the Cornwall Hospital, about the daily average of free persons in the prior imperial general hospital. Over the next 18 months the number of patients grew to over 30 a day and by early 1855 additional bed space was needed. This increased requirement arose, not only from an anticipated increase in pauper emancipist cases, but also from an increased demand by poor free emigrants for hospital treatment.¹⁶ By early 1858, the Chairman of the hospital’s Board of Trustees, Isaac Sherwin, and its Medical Superintendent, John Lindsay Miller, began to express concern as to the hospital’s capacity to cope with the increasing demand placed upon it by invalided and sick paupers for accommodation, food, hospital care and medical treatment. Both Sherwin and Miller were in regular correspondence with the Colonial Secretary and, in late March 1858, both wrote expressing their concerns at what they perceived to be a serious problem which demanded urgent attention. They described the then existing method of dealing with sick and poor invalids, and between them, they put forward a number of proposals as to how the increasing influx could be addressed.¹⁷ Sherwin and Miller believed that there was a compelling necessity for government intervention in addressing the ever growing problem.¹⁸ Miller went so far as to suggest that the need of the century. He argues that 'essentially local authority reflected a deeply embedded and elitist understanding of the natural order of political legitimacy, the exercise of authority, the dangers of democracy, and the primacy of place.' (S. Breen, Contested Places: Tasmania’s Northern Districts From Ancient Times to 1900 (Hobart, 2001), p. 149.) This desire on the part of local elites to exercise local authority over the Cornwall Hospital is in keeping with their hegemony of agricultural legislation, through control of local agricultural boards of management, and as many other facets of their world as they could.

¹⁵ AOT: CSD 1/84/72, Graham to Champ, 19.2.1855.
¹⁶ AOT: CSD 1/84/72, Graham to Champ, 19.2.1855.
¹⁷ AOT: CSD 1/156/5061, Sherwin to Henty, 31.3.1858; and, AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858.
¹⁸ That the Cornwall Hospital was in fact facing an increasing pressure on accommodation by pauper inmates is borne out by the statistics on meals issued. In the year 1857, 4686 diets (meal allowances for one day) were issued to paupers admitted to the hospital. The
invalid pauper was greater than that of the 'free' community. Miller, in particular, observed first hand the human tragedy resulting from the inability of his hospital to cope with the magnitude of the crisis. He was clearly affected by what he saw and was incensed at the failure of the government to act upon his repeated calls for assistance. Government inaction meant that invalids had no alternative but to 'wander about the Town and its neighbourhood, begging, in a state of abject wretchedness, a misery to themselves, and a reproach to the community. It seems likely that it was the plight of John Walsh which spurred Miller into action. The case itself was not exceptional, but for Miller, a man already frustrated with government inaction and sensitive to the plight of invalids, it was enough to inspire him to fire off a lengthy missive in the hope that it would arouse the government into taking some responsibility for the deteriorating condition of invalids in the colony's north. The Walsh case serves to provide an insight into the wider ramifications of the increased competition for hospital beds. Aged 77, Walsh was described as 'quite infirm having been paralysed on one side of the body for years.' He had been referred to the local police magistrate who had investigated and found him to be both an ex-convict and destitute. Thus he was a legitimate invalid, and should have been forwarded to the invalid depot at Port Arthur. Walsh was taken to the hospital with a request from the police magistrate that he be accommodated until he could be sent to the Tasman’s Peninsula. He arrived on 29 March 1858, the day before Miller wrote to the Colonial Secretary. On the day of his arrival the hospital was suffering severe overcrowding, a problem it had been experiencing for some time. The male wards were so

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19 AOT: CSD 1/132/4836: Petition from the inhabitants of Launceston and its vicinity to Young.
20 AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858.
congested that at least one patient was sleeping on the floor and a number of medical cases had been refused admission. Under these circumstances Miller could not admit Walsh. He gave him a meal and had him returned to his dwelling, described as a 'miserable hovel', and, 'a room exposed through broken roof & windows to wind and rain' in which there was no bedding, no food, and no attendance. Miller used this case to prick the Colonial Secretary's conscience with the hope of shaming him into action. For, as distressing as the Walsh case was, Miller left no doubt as to how much worse the situation might have been had Walsh come from one of the surrounding country districts, as was often the case with invalids. Under such circumstances it is likely that there would not even have been the rudimentary shelter offered by the hovel.

While slow to rouse the Colonial Secretary, this case did galvanise the philanthropically inclined of Launceston. Almost certainly it gave impetus to a meeting held in the Baptist Chapel on 23 June 1858 to revive the Benevolent Society which had lapsed into inactivity. Numerous cases of destitution and wretched poverty were brought forward at this meeting, for which no means of relief, either private or public, were available. Support for the restoration of the Benevolent Society was strong, as was that for the establishment of a destitute asylum, to be operated by either the Society or government. The meeting noted that part of the Launceston Female Factory had just undergone alterations in order that it could be used to accommodate female invalids and two large rooms were now available for the reception of such persons. While there was some doubt as to whether this was an appropriate institution to use as a destitute asylum there was general agreement that the government should be approached to provide a resurrected Benevolent Society with

21 ibid.

Launceston Examiner, 24.6.1858, p. 3 c. 2-4.

22 There is a definite trend in which former female factories were re-cycled as invalid depots. In Tasmania, both the Launceston and Cascades Female Factories were put to use as invalid depots. Also, while never eventuating, Isaac Sherwin suggested that the former female factory at George Town could have been used as an invalid establishment. (AOT: CSD 1/156/5061, Sherwin to Henty, 31.3.1858.) On the mainland, the largest such institution, the Parramatta Female Factory, experienced a similar transformation in function.
accommodation, possibly within the Female Factory or Prisoners' Barracks, where emancipist invalids could be accommodated and partially supported by the government.  

Insufficient space to cater for male invalids at the Cornwall Hospital meant that such individuals were conveyed initially to Impression Bay, but after 1857 to Port Arthur. Invalids frequently resisted being transported south by either leaving, on its journey, the coach used to transport them, or by absconding from the institutions they were sent to soon after arrival. They would then return to Launceston, often only to face being sent south again. There were other problems associated with this policy of removing northern invalids south. A prime requirement for the success of this policy was the health of the invalid. Many were simply too infirm to survive such a lengthy journey and were thus not sent. Of those fit enough to travel south, the coach refused to take any who were unable to walk. It was, therefore, only the most fit invalids who were deported to Port Arthur. These were men best able and most likely to resist such treatment and most likely to return to Launceston upon gaining release, thus swelling the flood of destitute and invalided persons. The authorities were faced with two problems. They were unable to remove all invalids south, and of those removed, significant numbers returned. This was a point noted by an 1858 Joint Committee of Inquiry into charitable institutions. In particular, criticism was levelled at the practice of transporting invalids south via coach for subsequent relocation to Port Arthur. It was pointed out that 'great delay and irregularity' had always prevailed and that some of those thus sent were:

too feeble to make the journey; some dislike the removal to a distance and disappear on the road, or after arrival at Hobart Town; and many return shortly from Port Arthur, to try by begging or other means, for a subsistence among the settled parts of the Colony.  

24 Launceston Examiner, 24.6.1858, p. 3 c. 2-4.  
25 AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858.  
26 ibid.; and, AOT: CSD 1/84/72, Sherwin to Henty, 8.9.1858.  
27 AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858.  
28 TLCP, 2, 1858, Paper 37, p. 5.
Invalids did not wish to be sent south and their resistance to this was problematic for the government (if not expensive at a cost of £3 per invalid per coach trip). This was seen as a major factor effecting overcrowding in the Cornwall Hospital. It was an ill-conceived policy which appears to have accentuated a rapidly growing problem for the authorities and for which their floundering ad hoc solutions were making little headway in stemming.

Invalid resistance and bureaucratic languor impacted upon Miller’s capacity to address the crisis at the Cornwall Hospital. At this juncture the Cornwall Hospital was accommodating invalid paupers if, and when, room was available. Miller questioned the propriety of admitting such cases to his hospital as it resulted in situations where people with acute illness could not be admitted as all wards were full of those suffering from chronic complaints. Under these circumstances Miller had to make difficult decisions as to who was admitted and who was discharged.

For Miller the situation was desperate. His precious stock of beds was being taken up with paupers of the like of William Bashell, aged 88. He was described by Miller as:

> quite infirm and in his dotage. Is bedridden, and talks incessantly night and day to the great annoyance and detriment of sick people in the ward with him, who are thus robbed of the little sleep they would otherwise enjoy. May live for years.

Clearly, Bashell was suffering from dementia and was a great vexation to Miller, as were several other invalid cases.

Miller believed that the only solution to the then current unsatisfactory provision for paupers was the establishment of what he termed a ‘refuge for infirm poor’. In this Miller had the full support of the Trustees who wrote to the Colonial Secretary demanding state provision of invalid accommodation.

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29 ibid.

30 AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858.

31 ibid.
in northern Tasmania. Miller saw two means by which this provision could be made, which effectively represent the two ways in which the Tasmanian government approached the management of deviant groups in society. It could either develop separate specialist institutions or it could allow multiple function institutions. In the crisis of the late 1850s, Launceston opted for expanding its existing shared invalid and hospital facilities while Hobart Town pursued specialisation of facilities. To some extent, this divergence in approach to the invalid crisis reflected the political battle between northern advocates of local provision (and therefore local control) and southern desires for centralisation and specialisation (with the ensuing concentration of power in the south). The rationale behind the north’s decision was that, whilst it favoured specialisation and saw the need for a new building, it rightly recognised that the necessary finance was unlikely to be forthcoming from the colonial government.

It was envisaged that the Cornwall Hospital should undergo renovations in order that it could function as both a medical hospital and a pauper infirmary. It was proposed that the portion of the hospital occupied by Miller as his quarters should be converted into invalid wards, for both males and females, and that a new cottage should be built for him at the rear of the hospital grounds. Miller believed that the necessary alterations and works could be achieved for a sum of about £600, but there would have to be an ongoing recurrent expenditure by the government for the maintenance of the paupers. Six months later, Sherwin estimated the cost of these alterations to be between £1200 and £1500. This would provide accommodation for about 40 additional invalids. The hospital’s grant-in-aid would also have to be increased by £1000 per annum in order to maintain this doubling of accommodation. At that time the hospital had an operating budget of about £2000 per annum from the annual government grant-in-aid, donations,

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32 ibid.
33 AOT: CSD 1/84/72, Sherwin to Henty, 8.9.1858.
34 AOT: CSD 1/156/5061, Miller to Henty, 30.3.1858; AOT: CSD 1/84/72, Sherwin to Henty, 8.9.1858; and, AOT: CSD 1/84/72, Memorial of the Trustees, Visiting Committee and medical officers of the Cornwall Hospital to Young, 8.9.1858.
annual subscriptions and hospital fees. The capacity for the Trustees to realise further private sources of funding was negligible and therefore the north's capacity to maintain responsibility for its own invalids was very much reliant upon a proposal acceptable to the government and bureaucrats located in the south. Renovations to existing facilities, as opposed to the development of a new site, were perceived by the northern medical fraternity as being ultimately far more palatable to the government. Thus, it was this proposal which was presented for consideration.

In September 1858, Sherwin forwarded to the Colonial Secretary a Memorial from the Trustees, Visiting Committee and medical officers of the Cornwall Hospital to Governor Young, which outlined the problems besetting invalid management in the north and set forth 'the simplest & least expensive mode of providing for the wants of our sick & incapables.' From the Memorialist's perspective, the problems plaguing invalid management and the Cornwall Hospital (and for that matter all charitable institutions of the period) could be summarised as an inability to cope with the numbers of paupers presenting themselves, or being referred to, the hospital because of overcrowding, poor classification, ill-suited architecture, poorly maintained buildings and insufficient financial support from the government. The Trustees were faced with ever increasing numbers of people with valid claims seeking admittance who had to be rejected 'partly on the ground of insufficiency of accommodation, but chiefly because the applicants [were] simply invalids and destitutes.' The Trustees were also constrained by the fact that, whilst the hospital's grounds were spacious, the building itself, originally built as a public house, had extremely poor ventilation and was not arranged in a manner to facilitate the separation of patients or the classification of diseases. For these reasons the Memorialists endorsed the proposed alterations and

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35 AOT: CSD 1/84/72, Sherwin to Henty, 8.9.1858.
36 AOT: CSD 1/84/72, Memorial of the Trustees, Visiting Committee and medical officers of the Cornwall Hospital to Young, 8.9.1858.
37 AOT: CSD 1/84/72, Sherwin to Henty, 8.9.1858.
38 AOT: CSD 1/84/72, Memorial of the Trustees, Visiting Committee and medical officers of the Cornwall Hospital to Young, 8.9.1858.
sought urgent financial support to enable a start on the works as early as possible.37

In 1858 the Cornwall Hospital was under pressure from two sides. On the one hand it was simply unable to cope with the sheer numbers of invalids requiring admittance. On the other hand it is highly questionable whether or not it could have afforded the expense of maintaining an increase in inmate numbers. The situation was considerably exacerbated by the economic downturn which lasted till the early 1870s. This was accompanied by a corresponding fall in public subscriptions and donations to the Cornwall Hospital. Such was the extent of the financial crisis that the Trustees threatened to close the institution in early 1859, unless the government significantly increased its financial support. Bowing to pressure an additional £1000, over and above the fixed annual support of £1000, was made available should it be required. In accepting extra assistance the Trustees also agreed to a substantial alteration in their contract with the government. The arrangement regarding the reservation of 20 beds ceased and the Cornwall Hospital agreed to accept all colonial pauper patients without any restriction on numbers.40 Such an agreement made it imperative that the want of ward accommodation be addressed.

While extra space was clearly needed, it would appear that by mid 1859 nothing had been undertaken to remedy the problems complained of by Sherwin and Miller in the previous year. As a result, overcrowding, increasing demand for ward space, the poor condition of the buildings and the potential for disease to spread through the hospital, worsened. Miller stated that there were more inmates within the walls of the institution than at any other time. Despite four extra beds in the male wards, two to three more patients were sleeping on the floor. He was very concerned about the proximity of patient beds and was pessimistic about the impact this was

37 ibid.; and, TLCP, 2, 1858, Paper 37, p. 8.
40 AOT: CSD 1/84/72, File note on Cornwall Hospital.
having on recovery rates. The invalids were cramped into small rooms with the seriously ill and dying, who should have been, even by the standards of the 1850s, accommodated in separate rooms. The Cornwall Hospital suffered from all the defects of a poorly maintained, unhygienic, overcrowded hospital.

In August 1859, Alex McCracken, the Launceston Foreman of Works, reported to the Director of Public Works on the state of the hospital. This report provides a snapshot of the condition of the Cornwall Hospital’s buildings and the resultant picture is not very flattering. It portrays dilapidation and neglect. The interior and exterior of the hospital presenting a very dull, dismal and dirty appearance. The internal limewashing of the walls had been poorly executed and, on inspection this coating was all broken and throughout the hospital hanging in flakes gathering dust. McCracken concluded that: the outside of the buildings was dirty; the plaster of the soffit had drooped and needed replacing; there was a near absence of guttering and spouting which no doubt made for a dank interior; half the paint used to ‘black out’ the windows, adding to the gloom of the interior, was missing; a lean-to was on the verge of collapse and required re-shingling; and, parts of the boundary fence needed to be taken down and re-erected. The need for other repairs was also noted, such as improvements to safety around the privies’ cesspool and the need to ‘keep down [its] offensive smell.’

The Trustees of the Cornwall Hospital had already expressed doubts about the wisdom of building a new institution, with its implication for attendant staffing and administrative costs. In 1859 they re-affirmed their position that an increase in accommodation for both invalids and medical patients at the existing Cornwall Hospital ‘would afford the simplest, cheapest, and most effective arrangement’. They continued to lobby the Colonial Secretary and, by early August 1859, they seem to have finally persuaded him that their

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41 AOT: CSD 1/84/72, Miller to Trustees Cornwall Hospital, 7.7.1859.
42 AOT: CSD 1/84/72, McCracken to Director Public Works, 13.8.1859.
43 AOT: CSD 1/84/72, Sherwin to Henty, 27.7.1859.
proposal had merit. Instructions were issued that the Clerk of Works should prepare a plan and costing of the proposed alterations. Despite their reticence at tackling the issue of invalid overcrowding, the government eventually relented and approved the works. At the annual meeting of the subscribers to the Cornwall Hospital in October 1860, it was reported that:

> accommodation within the building has be [sic] much increased, the apartments formerly occupied by the Surgeon having been converted into wards, and a residence provided for that gentleman elsewhere.

With the exception of one, which was reserved for use by self-supporting patients, these new wards were used to accommodate invalids. They were to prove vital in the winter of 1860 when Launceston was faced with an influenza epidemic which compounded the usual influx of invalids and patients at this time of year. This resulted in every bed being occupied, every part of the hospital being crowded, and several applicants for admission being refused, despite the increase of 25 beds. Thus, although Launceston had effectively established its first invalid asylum, the continued inadequacy of the arrangement was all too apparent.

Miller was also concerned that once it became known that new ward space was available for invalids, police offices would be swamped with applicants. He reasoned that, since some police magistrates employed little care in assessing individual cases, the hard fought for new wards could be filled in as short a period as a fortnight. Motivated by this concern, he pleaded with William Henty, the Colonial Secretary, that police magistrates be instructed to exercise as much prudence as possible and only recommend the most urgent and necessitous cases for admission. Miller's fears arose from his experience of the system of admitting invalids that did not always operate smoothly, particularly with admissions from rural districts. Due to the limited accommodation it was essential that rural authority received approval from

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44 AOT: CSD 1/84/72, Henty to Colonial Treasurer, 4.8.1859.
45 Launceston Examiner, 25.10.1860, p. 2 c. 2-3.
46 ibid.
47 AOT: CSD 1/84/72, Miller to Henty, 29.11.1859.
the Colonial Secretary’s Office (hereafter referred to as the CSO) before forwarding paupers to the Cornwall Hospital. A circular was sent to all stipendiary magistrates in the northern districts instructing them that aged and infirm paupers were not to be forwarded to the Cornwall Hospital until the sanction of the Governor, through the auspices of the CSO, had been obtained. Despite this instruction, rural invalids continued to arrive at the Cornwall Hospital before receiving official approval.

Miller became increasingly frustrated at the continual breaches of this regulation. In July 1860, he singled out the police authorities at Longford for their failure to comply with the circular. Four ‘unmistakable invalids’ had arrived without obtaining the Colonial Secretary’s approval. Miller asked that the instructions given the previous year be reiterated to the police authorities at Longford. Benjamin Travers Solly, the Assistant Colonial Secretary, duly wrote to the Longford authorities restating the requirement that all applications for invalid admission into the Cornwall Hospital had to first ascertain the permission of the Colonial Secretary. This did not rectify the problem, as he was again forced to write in July 1861 to Longford’s Police Magistrate urging that he comply with the 1859 instruction. Given that the entire system had been streamlined through the printing of standard application forms, the failure of rural authorities to adhere to these instructions points to an unwillingness on the part of local rural elites to accede to state regulation where it did not directly benefit them. Wherever possible, they sought the immediate removal of invalids out of their districts in order to relieve themselves of the resultant financial burden.

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49 AOT: CSD 25/1/7581, Miller to Solly, 6.7.1860.
50 AOT: CSD 25/1/7581, Solly to Visiting Magistrate Longford, 9.7.1860.
51 AOT: CSD 25/5/7962, Solly to Police Magistrate Longford, 23.7.1861.
52 There is also evidence pointing to basic incompetence and sluggish bureaucratic practices amongst local administrators in regard to procedures relating to invalid management. For example, in August 1865, the Colonial Secretary had to send out a circular to all the wardens and police magistrates north of Oatlands requesting that they forward invalids and paupers to the LGH immediately upon receipt of the authority of the Colonial Secretary’s Office, as delay was likely to result in the allotted vacant space being taken up by another person. (AOT: CSD 25/11/393, 7.8.1865.)
Amidst increasing frustrations the colonial government empowered a Joint Committee of Inquiry to look into the state and sufficiency of institutions for charitable purposes. This Committee was unimpressed with the Cornwall Hospital and recommended the construction of a new hospital at Mulgrave Square.\textsuperscript{53} The House of Assembly resolved that a new hospital should be constructed in Launceston.\textsuperscript{54} However, it was not until 31 August 1859 that it resolved to request from the Governor the necessary funding to build a combined hospital and infirmary in Launceston.\textsuperscript{55} Tenders to erect the new hospital were called in June 1860, however, the vote by the parliament was inadequate, 'the tender of the lowest contractor exceeding the grant by £2334.'\textsuperscript{56} It was not until October 1860 that \textit{The Launceston Examiner} was able to report that the building of the new hospital and infirmary had commenced.\textsuperscript{57} A month later \textit{The Cornwall Chronicle} informed its readership that the foundations had been laid and construction work was progressing rapidly to such an extent that it was possible to evidence 'the extensive proportions of the edifice.'\textsuperscript{58}

Overcrowding at the Cornwall Hospital continued unabated throughout the construction of the new institution. In response to this, the Trustees again pressed the Colonial Secretary for action. As a result an agreement was reached whereby the Cornwall Hospital would accept responsibility for the treatment of Launceston's pauper sick and, in return, the government would expedite the completion of the new hospital. In July 1861 the Colonial Secretary wrote to Miller instructing him that the best interim solution to the problem was to procure board and lodgings for the excess of institutionalised invalid paupers, 'subject to the supervision of the hospital authorities'.\textsuperscript{59} Miller did not think highly of this proposal, believing that such a scheme would allow too many opportunities for invalids to subvert his authority. He

\textsuperscript{53} \textit{TLCP}, 2, 1858, Paper 37, p. 4.
\textsuperscript{54} \textit{THAP}, 3, 1858, Votes and Proceedings, 2.11.1858, p. 190.
\textsuperscript{55} \textit{THAP}, 4, 1859, Votes and Proceedings, 31.8.1859, p. 121.
\textsuperscript{56} AOT: CSD 1/84/72, Henty to Miller, 1.8.1860; \textit{Hobart Town Advertiser}, 11.7.1860, p. 2 c. 1; and, \textit{The Hobart Town Daily Mercury}, 20.7.1860, p. 2 c. 6.
\textsuperscript{57} \textit{The Launceston Examiner}, 25.10.1860, p. 3 c. 2-3.
\textsuperscript{58} \textit{Cornwall Chronicle}, 27.11.1860, p. 3 c. 4.
held that they would spend their days in the town begging alms. His power to supervise, control and confine the invalids in fixed institutional space would be dramatically undermined should this proposal proceed. 

While the Colonial Secretary's plan was flawed, Miller and the Trustees realised that some scheme to accommodate invalids, at least until the new hospital and infirmary was completed, had to be enacted. Two alternative solutions to this predicament were mooted. One suggestion, preferred by Miller, was that a house should be hired as a temporary depot for invalids. Significantly, he proposed that his own official residence be located within the same building, thus solving the problem of supervision. Alternatively, it was proposed that a timber building be constructed on vacant ground attached to the existing hospital. The advantage of this plan was that the proximity of the proposed structure to the present buildings would permit a far more effective and convenient surveillance of inmates than the scheme put forward by Henty. Its disadvantage was that it would only accommodate, at most, 22 inmates. Miller feared that as soon as it was constructed such a building would be filled. He was also concerned about the time it would take to erect the additional facility. Such was the urgency of the situation that he did not believe that he could wait even one month for additional accommodation. To bring the problem into focus, in three years of 'responsible' government only 25 additional spaces had been made available for invalids in the northern half of the colony. In the same period the Cornwall Hospital was faced with a 1250 percent rise in the number of invalid patients.

Despite a flurry of correspondence, and the ever worsening situation, the matter never advanced further. With invalids now literally overflowing from

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59 AOT: CSD 1/84/72, Miller to Colonial Secretary, 13.7.1861.
60 ibid.
61 ibid.
62 ibid.
63 AOT: CSD 1/84/72, Numerical Returns Cornwall Hospital, 2.8.1861. In 1858, the Cornwall Hospital accommodated an average of two invalid patients per day. During the first half of 1861 it was averaging 25.
the Cornwall Hospital, Miller was instructed to enact Henty's earlier proposition of securing *ad hoc* accommodation within private lodging houses. The battle lines now shifted to the design of the new institution. This was conceived, in accordance with the prevailing pavilion design of hospital construction, as a double storey main building consisting of a central block with perpendicular wings at each end and a number of detached structures behind for the accommodation of females, kitchens, stores and other requisite facilities. The construction of hospitals in accordance with the precepts of pavilion planning coincided with an improvement in mortality rates. According to Harriet Richardson, this meant:

> demand for admission increased, and the pressure on space forced the so-called general hospitals to become more exclusive, refusing admission to patients who were considered obnoxious, whose presence was not deemed suitable, or whose stay was likely to be protracted, such as chronic or incurable cases.

The introduction of pavilion planning in hospital design was coupled with the exclusion of invalids from general hospitals.

While the government had approved the design of the new hospital, it had only sanctioned the construction of the centre and north wing, permitting the accommodation of:

63 male and female hospital patients, 49 male and female invalids, 5 lunatics who may be either under medical observation or waiting for transit to New Norfolk, and some children as temporary occupants, either waiting for transit, or whose parents are in gaol for short terms of imprisonment.

Miller proposed that the room available in the new buildings could be better utilised. It was intended that the space would be divided in such a manner that there would be room for 46 male and 17 female medical patients, and 32

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64 AOT: CSD 1/84/72, Miller to Colonial Secretary, 22.7.1861 and AOT: CSD 1/84/72, Miller, Green, Dowling, Gunn, and Sherwin to Colonial Secretary, August 1861. Evidently the new hospital was attempting classification in the first instance based upon sex, rather than if one was a medical or infirmary patient, and it intended to do this through a very structured separation of space.

male and 17 female invalids. The proposed male section had 46 beds in its upper floor and 32 in the lower. Male medical patients were to be accommodated upstairs while the male invalids would be located downstairs. Miller pointed out that by reversing this, male invalid accommodation would effectively be increased by 14 beds. Such an amendment would have other repercussions. For example, by placing invalids on the upper floor, the ability of the hospital authorities to control their access to the outside world and to confine them to a specific space was greatly enhanced.

Foucault has argued that modern contemporary society’s genesis lies in the implementation of a number of control procedures — surveillance, classification and inspection. Collectively, these tools help frame the middle class mentalité and led to what has been referred to as the ‘eye of power’, finding their ultimate expression in the panopticon. Miller’s need to maintain close supervise over invalids within an enclosed, and preferably institutional setting, is in keeping with the pivotal role Foucault bestows upon the medical profession in the development of the ‘surveillance society’ and the manipulation of space as a control agency. According to Foucault, doctors were, along with the military, ‘the first managers of collective space.’ They played a crucial role in the ‘insidious extension’ of a ‘hierarchized, continuous and functional surveillance’ by which ‘disciplinary power became an integrated system’ in the normalising of behaviour to middle class virtues.

It was not until 26 January 1863, that Miller and the Trustees were able to occupy the new hospital, incorporating all the requirements they believed to be essential. The move to new premises was viewed as a sea-change by its

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66 AOT: CSD 1/84/72, Miller, Green, Dowling, Gunn, and Sherwin to Colonial Secretary, August 1861.
67 AOT: CSD 1/84/72, Miller to Colonial Secretary, 22.7.1861.
70 Foucault et al., Power/Knowledge, p. 151.
71 Foucault, Discipline and Punish, p. 176. (Emphasis in orginal.)
72 TLCP, 9, 1863, Paper 12, p. 3.
administrators. They saw it as an opportunity to leave behind many of the evils which had plagued the old institution, such as the infestation of lice, and to embrace many new and modern medical accoutrements. This was symbolised by the desire for an institutional name change. In its official report for 1862 the Board formerly requested that the new institution be called the Launceston General Hospital (hereafter referred to as the LGH). The new name was gazetted on 5 May 1863.

In its first year of operation 331 patients were admitted, of which 45 (or 13.6 percent) were invalids. All Miller’s hopes for the new hospital were soon shattered. By early April 1863 he was pleading with the Colonial Secretary for some means to alleviate overcrowding. As with the old building, he was faced with the difficult task of discharging invalids in order to accept medical cases. In desperation he asked ‘What is to be done with the men?’ and recommended that no more approvals should be given to invalid cases coming in from rural districts ‘there being no accommodation for them’. The experiment in a generalised hospital and infirmary was failing. Consideration was now given to specialisation through the forming of a separate establishment for invalids administered by either the LGH or the Launceston Benevolent Society (hereafter referred to as the LBS). The new LGH rapidly became a refuge for the destitute aged and infirm poor, cases which Miller pointed out would not have been received into the hospitals of the mother

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73 AOT: CSD 4/1/13, Miller to Colonial Secretary, 19.11.1862.
74 ibid., 7.7.1862.
75 TLCP, 9, 1863, Paper 12, p. 3.
76 AOT: CSD 4/1/13, Miller to Colonial Secretary, 17.4.1863; and, TLCP, 10, 1864, Paper 23, p. 3.
77 TLCP, 10, 1864, Paper 22, p. 4. For the year 1864 the number of invalids admitted was 41 or 13.6 percent (TLCP, 11, 1865, Paper 8, p. 4); for 1865 the number of invalids admitted was 66 or 18.1 percent (TLCP, 12, 1866-7, Paper 2, p. 4); for 1866 the number of invalids admitted was 47 or 12.0 percent (TLCP, 13, 1867, Paper 2, p. 4); for 1867 the number of invalids admitted was 48 or 12.1 percent (TLCP, 14, 1868, Paper 3, p. 4.). With the establishment of the Launceston Invalid Depot in June 1868, the numbers of invalids admitted to the LGH should have technically ended. This was not exactly the case but invalid numbers, particularly male invalid numbers, ceased to have any meaningful impact upon the operations of the LGH.
78 AOT: CSD 4/60/13, Note, Miller, 9.5.1863, appended to Miller to Colonial Secretary, 6.4.1863.
79 ibid.
80 AOT: CSD 4/60/13, Solly to Miller, 10.4.1863.
country. Chronic overcrowding was to be the norm until 1868 when a separate institution for invalids was established in Launceston, and, even then, the LGH retained numerous invalid cases in its wards.

It was not until near the middle of June 1868, after much bureaucratic bungling, that the new Launceston Invalid Depot (hereafter referred to as the LID) was opened by drafting invalids from the LGH. The first contingent of 39 males was transferred from the LGH to the new depot on 8 June 1868, and by August that year accommodation was provided for an additional 39 men. By the end of 1868 there were 89 inmates in the institution and it was intended to increase this to 100 in 1869. The majority of these men were described as being healthy but ‘incapacitated from labour through old age or some debilitating infirmity’. There were also a number who were bedridden with chronic disease.

The Board of the LGH was formally asked to undertake the administration of the new invalid depot in late April 1868. They accepted this role but failed in their bid to appoint the officer to be charged with the day to day management of the institution. The government, ever in pursuit of strict economy in regard to the new institution, vested this with John Cox, the then Superintendent of the Launceston Penal Establishment. With his residence in

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81 TLCP, 10, 1864, Paper 3, p. 4.
82 In its annual reports the LGH regularly noted that in the order of ten to 12 percent of its patient population were candidates for a benevolent asylum as opposed to a hospital. It would seem that an ongoing shortage of invalid accommodation in the north of the colony meant that it was never able to entirely free its wards of invalids and that in some years it faced large influxes of invalids. Such was the case in 1884. (TPP, 5, 1885, Paper 3, p. 4.) Its annual reports, especially those for the 1890s, also regularly complained of chronic invalid cases from country districts being sent directly to the LGH instead of the LID.
83 AOT: CSD 4/102/1226, Sherwin to Colonial Secretary, 25.6.1868; and, AOT: CSD 4/99/1121, Hale to Bishop of Tasmania, 18.6.1868. The LID was officially proclaimed an invalid depot under the Charitable Institutions Act (26 Victoria No. 3), by the Governor in July 1867. (AOT: CSD 25/19/1697, Proclamation of Governor Gore Browne, 14.7.1868.)
84 TLCP, 15, 1869, Paper 5, p. 3.
85 ibid.
86 AOT: CSD 4/102/1226, Dry to Sherwin, 29.4.1868.
87 ibid., 8.5.1868.
the immediate proximity of the depot, he would be able to ‘exercise all the necessary supervision’.

As the 1860s came to an end, the colonial government began to accept more direct responsibility for the management of invalids. One of the issues that it was forced to address was the demand for ward space. The requirement for additional accommodation, particularly for pauper invalids, was unrelenting, even at the newly established LID. The depot was perpetually overcrowded, and at times, such as in early 1869, such overcrowding nearly caused the system of aged poor institutionalisation in the north to fail. In evidence before an 1871 Royal Commission, Miller stated that it was his experience that:

> the greater the accommodation provided the greater will be the number of applicants. If a poor-house were opened tomorrow it would very soon be filled.

In early 1869 the CSO pressured Cox to admit invalids from the country districts surrounding Launceston. By 1871 this had been extended to ‘all districts north of Campbell Town, and from all parts of the coast.’ In mid March 1869, Cox wrote to Richard Dry complaining:

> There are now ninety eight inmates in this establishment, every bed being occupied, and in addition to twelve approved orders from Governor awaiting admission, applications are daily made from others, and I may venture to say, that could accommodation be provided for nearly double the number now in the Depot, the place would soon be filled.

The chronic shortage of institutional space for northern invalids, first brought to the government’s attention some 15 years previously, had not been resolved, and it had not been alleviated by the establishment of the LID. This institution had lessened some of the burden of invalids on the town, and in particular it had freed up accommodation for medical cases at the LGH, but it

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88 AOT: CSD 4/102/1226, Dry to Sherwin, 29.4.1868; AOT: CSD 4/102/1226, Dry to Sherwin, 8.5.1868; and, AOT: CSD 4/99/1121, Hale to Bishop of Tasmania, 18.6.1868.
89 TLCP, 17, 1871, Paper 47, p. 48, paragraph 178.
90 AOT: CSD 7/26/219, Dry to Cox, 15.4.1869.
91 TLCP, 17, 1871, Paper 47, p. 55, paragraph 66.
92 AOT: CSD 7/26/219, Cox to Colonial Secretary, 16.4.1869.
had not been able to relieve this pressure on the major towns in the surrounding country districts, such as Longford. Continuing overcrowding at the LID attested that the means adopted for managing pauper invalids, in both the urban and rural north of the colony, was inadequate. This eventuated because invalids residing in country districts represented a pauper reservoir. They were individuals who were likely to eventually end up on Launceston streets, destitute and in need of charitable relief. Until the issue of country invalids could be addressed there could be no resolution to invalid overcrowding in the major population centres of both Launceston and Hobart Town.

When the government did act to remedy this situation it was in an ad hoc manner which both reflected and perpetuated prejudice towards the invalid poor. The government's solution to the shortage of space for accommodating invalids was to convert part of the Launceston Gaol into an invalid ward. In May 1870, it was decided that two rooms, each 25 foot square and described as being 'lofty and well ventilated', which had previously been part of the debtors ward, would be adapted for accommodating 20 invalids.\(^9\) Again in 1871, further accommodation in the form of a ward adjoining the chapel of the Male House of Correction was made available to the LID.\(^*\) These wards were used for sleeping purposes only, with the inmates crossing over to the depot every morning for breakfast, and returning in the evening following their supper.\(^*\) In 1879 Cox's successor, Alfred Jones, was forced to further increase accommodation at the gaol by making available two dormitories formerly used by prisoners under sentence. Additional male invalid accommodation was also provided in 1881.\(^*\) The 1883 Royal Commission on the state of penal discipline in Tasmania records that in April of 1883, 40 male invalids were still using the gaol as a sleeping dormitory.

\(^9\) AOT: CSD 7/38/603, Butler to Wilson, 29.3.1870; and, AOT: CSD 7/38/603, Solly to Minister Lands and Works, 30.3.1870.
\(^*\) TLCP, 18, 1872, Paper 8, p. 3.
\(^*\) TLCP, 17, 1871, Paper 5, p. 3.
\(^*\) TLCP, 32, 1882, Paper 12, p. 3.
These solutions, while offering limited relief, were very much too little, too late. The LID's annual reports for 1870 and 1871 clearly state that, despite the increased accommodation, the institution was still forced to reject numerous applicants due to want of space. Cox had stated 12 months earlier that additional wards for 100 invalids would quickly be filled. While it is likely he exaggerated the accommodation needed, an additional 20 beds fell grossly short of that required. Failure to respond promptly and effectively to continuing increases in the numbers of individuals needing institutional care meant that the government was always in a state of crisis management. In the early 1870s, the growth in the number of invalids seeking admission began to impact financially upon the colony. The lack of room at the LID meant the government was forced to support invalids on outdoor relief until a vacancy could be found. In 1871 this amounted to a daily charge of 2s.6d. per day per inmate. This was close to four times the cost of maintaining an invalid within the depot.

During the mid 1870s, the government developed a far more robust and flexible charitable system with the formation of a substantial charitable institution in southern Tasmania. The establishment of the New Town Charitable Institution (hereafter referred to as the NTCI) resulted in a considerable lessening of systemic institutional overcrowding in southern institutions. It did not, however, resolve this issue for northern Tasmania, but it was able to offer assistance. An 1888 Royal Commission was told that when space was not available at the LID to accommodate men requiring temporary relief that they were sent south. The transferral of northern male invalids south, on account of insufficient institutional accommodation, had been

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97 It is a little unclear from the official documentation as to the length of time that Launceston's Male House of Correction was used to accommodate male invalids. It is know, however, that there were 30 invalids present within its spaces in late August/early September 1874. (THAP, 27, 1874, Paper 79, p. 3.)
98 TLCP, 17, 1871, Paper 5, p. 3; and, TLCP, 18, 1872, Paper 8, p. 3.
99 AOT: CSD 7/26/219, Cox to Colonial Secretary, 16.4.1869.
100 TLCP, 18, 1872, Paper 8, p. 3. On 2 February 1871, there were, according to Cox, 18 or 20 authorities for admission into the depot issued for men who could not be received because of a 'want of accommodation.' (TLCP, 17, 1871, Paper 47, p. 47, paragraph 57.)
101 TPP, 15, 1888, Paper 50, p. 56.
practised since the mid 1850s, but the number of men forwarded grew significantly from the mid 1870s onwards. Part of the reason for this was not an increase in the numbers seeking admission, but a decline in the numbers of inmates requesting a discharge. Invalids being admitted to the LID were as a group becoming 'very feeble' and found it increasingly more difficult to support themselves outside of institutional space.\textsuperscript{102} In 1880, Jones complained of the deplorable condition of many of the invalids on admission. The previous year, six were in such a state that they died within days of admittance.\textsuperscript{103} Emancipist aversion to returning to institutional life was such that many invalids left their admission until the very last moments of life.

The annual reports for the LID record the numbers of inmates being discharged to southern institutions due to overcrowding at the LID. This information has been summarised and is presented in Table 3.1. From this table, it is clear that, while there were variations from year to year in the numbers forwarded south, the annual figures were nevertheless substantial. These numbers only refer to those invalids actually transferred from the LID south and, as such, do not represent a comprehensive picture of the severity of the deficiency in invalid accommodation in the north. What these figures do not tell us is the numbers of invalids forwarded directly to southern institutions without ever being admitted into the LID. Unfortunately, this information was only recorded for the years 1881 to 1893. The practice of forwarding applicants, especially those from northern country districts, directly to New Town and the Brickfields without passing through the LID first, commenced in 1880 as a means to reduce the number of admissions to the LID.\textsuperscript{104} The effect of this is observable in Table 3.1 where the number of inmates transferred from the LID itself dropped from a high of 42 in 1879 to 13 for 1880. For the years 1881 to 1893, the numbers forwarded, without passing through the LID, can be seen in Table 3.2.

\textsuperscript{102} TLCP, 28, 1879-80, Paper 10, p. 3.
\textsuperscript{103} TLCP, 29, 1880, Paper 12, p. 3.
\textsuperscript{104} TLCP, 30, 1881, Paper 13.
TABLE 3.1: Number of LID inmates discharged to other institutions, in particular southern charitable institutions due to overcrowding, numbers absconding, and numbers committing serious breaches of regulations, 1874-93.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Nos. Discharged</th>
<th>To Cascades</th>
<th>To Brickfields</th>
<th>To N.T.C.I.</th>
<th>Total</th>
<th>To L.G.H.</th>
<th>To New Norfolk</th>
<th>Discharged with approval of A.C.G.</th>
<th>Discharged at own request</th>
<th>Let out on pass</th>
<th>Absconded</th>
<th>To Police Office for breach of regulations</th>
<th>REFERENCE*</th>
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<tr>
<td>1874</td>
<td>115</td>
<td>42</td>
<td></td>
<td>42</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>TLCP 21/8/3.</td>
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<tr>
<td>1875</td>
<td>95</td>
<td></td>
<td>33</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>TLCP 23/8/3.</td>
</tr>
<tr>
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<td>88</td>
<td></td>
<td>26</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>TLCP 24/7/3.</td>
</tr>
<tr>
<td>1877</td>
<td>108</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
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</tr>
<tr>
<td>1878</td>
<td>110</td>
<td>21</td>
<td>22</td>
<td>4</td>
<td>2</td>
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<td>134</td>
<td>33</td>
<td>4</td>
<td>5</td>
<td>42</td>
<td>8</td>
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<td></td>
<td>13</td>
<td>4</td>
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<td>7</td>
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<td>1881</td>
<td>118</td>
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<td>53</td>
<td>13</td>
<td>8</td>
<td>6</td>
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<td>69</td>
<td>74</td>
<td>7</td>
<td>11</td>
<td>9</td>
<td>TPP 15/15/3.</td>
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<td>L.G.H. &amp; other institutions</td>
<td>12</td>
<td>17</td>
<td>102</td>
<td>29</td>
<td>17</td>
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<td>L.G.H. &amp; other institutions</td>
<td>35</td>
<td>65</td>
<td>103</td>
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<td>1891</td>
<td>182</td>
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<td>L.G.H. &amp; other institutions</td>
<td>28</td>
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<td>TPP 31/6/3.</td>
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* The first number refers to the volume number, the second refers to the paper number, and the third refers to the page number.
* A ‘violent lunatic’.
* This removal took place in consequence of the space occupied by the inmates being required for a contagious diseases hospital.
* NB: From 1888 the figures refer to combined male and female inmates. The years prior to this represent only male invalids.
* Also note that there was a numerical error in the data for 1888 at the source document.
TABLE 3.2: Number of paupers transported to New Town from northern Tasmania due to insufficient accommodation at the Launceston Invalid Depot, 1881-93.

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<tr>
<th>YEAR</th>
<th>Launceston</th>
<th>Campbell Town</th>
<th>Deloraine</th>
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* The first number refers to the volume number, the second refers to the paper number, and the third refers to the page number.
* First six months of the year only.
* Low numbers of paupers were also forwarded to New Town from Ross, Portland, Beaconsfield, Torquay, Emu Bay, Westbury, Fingal, Port Sorell, Scottsdale, Ulverstone, George Town, Waratah, Hamilton-on-Forth, East Devonport, Ellesmere, and Penguin.
The issue of relocation was one that recurred periodically and caused a great deal of angst between northern and southern power brokers. It was a subject upon which both the elite and general citizenry of Launceston were unanimous in their condemnation. For example, a petition was presented to both houses of the parliament in May 1878, opposing a mooted break up of the LID and the removal of the inmates to New Town. In his opposition to sending inmates south, Jones had the support of the men themselves. According to Robert Venus, the Resident Overseer at the LID, the male invalids were prepared to accept overcrowded conditions at the gaol as preferable, rather than be sent to the NTCI. The reason Venus gave was that ‘[m]ost of them have never been there, and those who have do not like the Hobart depot.’

In the midst of the 1890s depression, the government of Edward Braddon sought to reduce its expenditure. It believed a saving could be achieved by consolidating the colony’s public charitable institutions into one establishment located at New Town. Partially influencing the government on this matter was the issue of chronic overcrowding which still plagued the LID. By early 1894, the number of male invalids had increased such that there were something in the order of 50 accommodated in old dormitories at the gaol. They were quartered in rooms that were anything but suited to this purpose. Eighteen of the men were housed in an upstairs room which had no fireplace or any other conveniences, such as water closets or washing facilities. There were also two other smaller rooms on the ground floor which were in use. One of these housed ten men and the other six. Both these rooms were ill-lit and cold. The smaller room was a former condemned cell, which in 1891 had been described as being so ‘unfit for habitation’ that it was

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105 TLCP, 26, 1878-9, Abstract of Petitions presented to the Legislative Council; and, THAP, 34, 1878-9, Votes and Proceedings, 87, 27.5.1878, p. 245. The parliament had this particular petition published and it can be seen in TLCP, 27, 1878, Paper 123.
106 TPP, 15, 1888, Paper 50, p. 60.
107 AOT: CSD 19/3/9, Collins to Chief Secretary, 2.7.1894.
108 AOT: CSD 19/3/9, Daniels to Chief Secretary, 23.2.1894.
109 AOT: CSD 19/3/9, Armstrong to Stops, 14.7.1894.
110 ibid.
beyond conversion into a receiving ward. Sometime between this date and mid 1894 the demand for ward space become so great that this previously rejected option had to be reconsidered and implemented.

Overcrowding at the LID and, more particularly, the lack and inadequacy of space in the gaol to accommodate the overflow, led the government to believe that the LID should be closed. This would stem the ongoing criticism resulting from overcrowding and other management issues, as well as the expense of rectifying them. There was also a belief that the transfer would result in improved conditions for inmates. It was, however, economic considerations that were driving the reappraisal of transferring the functions of the LID to New Town. Braddon made it clear that he believed such a move would result in 'the most economical management' of the colony's invalids. The government proposed the removal of 130 inmates from Launceston to New Town, leaving in Launceston 20 to 30 bedridden invalids who could not be transported.

This proposition met with the ire of nearly the entire northern elite and Robert H. Price, the Mayor of Launceston, called a meeting of prominent northern citizens to discuss the matter. This took place on 18 June 1894 in the Launceston Town Hall and was apparently well attended by northern politicians, Municipal Council Aldermen, members of the LBS, and several other 'gentlemen' with an interest in the welfare of invalids. The meeting passed two important resolutions. The first was:

That this meeting strongly disapproves of the proposal to remove the inmates of the Invalid Depot to Hobart, believing that no real economy will be effected

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111 AOT: CSD 16/10/27, Quodling to Chief Secretary, 8.10.1891.
112 AOT: CSD 19/3/9, Braddon to Hales, 4.10.1894.
113 AOT: CSD 19/17/266, Minute, Braddon, 26.10.1894.
114 AOT: CSD 19/17/266, Price to Braddon, 19.6.1894. It is most probable that this meeting gave impetus to a petition calling on the government not to remove the male paupers in the LID to Hobart, signed by 26 inhabitants of Launceston, which was presented to the House of Assembly on 5 July, 1894. (TPP, 30, 1894, Abstract of Petitions presented to the House of Assembly, 26; and, TPP, 30, 1894, Votes and Proceedings of the House of Assembly, 51, 5.7.1894, p. 223.)
but hardship and cruelty imposed upon the inmates, many of whom will become a burden to the City.\textsuperscript{115}

The second resolution, and arguably the more significant in regard to its long term ramifications, was that ‘the management of the Launceston Invalid Depot [should] be placed in the hands of a Committee’.\textsuperscript{116} Two days later, the Executive Committee of the LBS passed a similar resolution in which they expressed doubts as to the:

expediency of removing the male invalids from the Launceston Depot to New Town, feeling assured that such a step would greatly increase the demands upon the Society, as they feel certain that many of the inmates of the local institution would remain in the city.\textsuperscript{117}

Braddon responded by arguing that he did not believe that the proposed transfers and closure would have deleterious effects, stating that inmates who declined to be provided for at New Town would have no claim upon the LBS.\textsuperscript{118} He espoused the position that invalids had no right to choose the form in which their relief was granted.\textsuperscript{119} The economic situation left little room for invalids to manoeuvre and Braddon was prepared to exert control over which space they would occupy. Essentially, invalids were economically dependent upon the state and were at the mercy of its policy. This gave the government considerable power, and Braddon was prepared to exercise this authority in order to achieve the closure of the LID and the transfer of invalids to New Town.

Launceston’s benevolent community argued that mooted savings, which were the basis of Braddon’s argument, were illusionary.\textsuperscript{120} They supported their case with a lengthy report which evidently proved that the proposed plan would result in a net increase in government expenditure, and as well, alluded to the potentially pernicious effect that such a removal would have

\textsuperscript{115} AOT: CSD 19/17/266, Price to Braddon, 19.6.1894.
\textsuperscript{116} ibid.
\textsuperscript{117} AOT: CSD 19/17/266, Cameron to Chief Secretary, 19.6.1894.
\textsuperscript{118} AOT: CSD 19/17/266, Braddon to Cameron, 19.6.1894.
\textsuperscript{119} ibid.
\textsuperscript{120} AOT: CSD 19/3/9, Hales to Moore, 9.8.1896.
on the commercial interests of the town. Braddon did not accept this argument. By October 1894, the government had given a great deal of thought to the closing of the LID. It had been debated in the parliament and funds had been allocated for increasing ward space at New Town. The transfer was by this time a well planned exercise and one which the government seemed committed to implementing. However, Braddon left the door ajar by suggesting that if a responsible northern body was willing to take over the management of the LID, within specific fiscal limitations, then the government would allow the retention of northern invalids in Launceston.

The Launceston Municipal Council declined to undertake management of the LID. However, the LBS, when approached, resolved that it was prepared to enter into negotiations with the government over the matter. The government was also willing to enter into correspondence with the LBS. This was a logical move as the administration had already commenced discussions to enlist the LBS's services in the supervision of the colony's outdoor relief scheme in Launceston. It made sense to secure the LBS's cooperation in both institutional relief as well as outdoor relief, thereby handing it control of the gambit of public charity in Launceston. Reinforcing the role that the economy had played in initiating the proposed closure and transfer, the government stressed that the LBS would have to maintain inmates for no greater cost than invalids were kept for at New Town. The LBS believed that it could undertake the management of the LID provided that they were paid at the same rate per head as the New Town institution, and on the basis that a minimum of 200 invalids would be maintained. By December 1894, an

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122 AOT: CSD 19/3/9, Braddon to Hales, 4.10.1894.
123 ibid.
124 ibid.
125 AOT: CSD 19/17/266, Resolution, Rocher[?] to Marshall, 9.10.1894 quoted in Hales to Braddon, 10.10.1894.
126 AOT: CSD 19/17/266, Hales to Braddon, 10.10.1894; and, AOT: CSD 19/17/266, Stephenson to Braddon, 10.10.1894.
127 AOT: CSD 19/17/266, Chief Secretary to Stephenson, 19.10.1894.
arrangement was reached between the LBS and the government and the LBS took control of the LID on, and from, 1 January 1895. With the permission of the government the LBS changed the name of the institution to the Launceston Benevolent Asylum (hereafter referred to as the LBA).

The LBS took pride in their management of the LBA, stating that their administration of the establishment ‘initiated the first attempt in Tasmania of the local management of a Government charity, and which so far has proved a decided success in every way.’ In keeping with a power struggle between local and state authority, the emphasis in this matter was placed upon local control subsuming direct state control, and doing so successfully. The government was also pleased that the LBS had taken on the responsibility for the LBA and, in early 1896, Braddon praised them on their ‘excellent and remodelled management’. This was quite a different response and result when compared to other contemporaneous battles in regard to local authorities’ opposition to the centralisation of power by the state. Shayne Breen has documented similar antagonism between local and state authorities in relation to the eradication of agricultural pests and disease, such as rabbits, California thistle and scab in sheep. As was so often the case, it was disadvantaged elements within society — in Breen’s examples, poor and tenant farmers, and in the case of the LID, invalids — who were effectively, though unwillingly, pawns in a much larger political and social struggle.

The transfer of the daily administration of the LID to the LBS at the end of 1894 did not resolve ongoing agitation by southern bureaucrats to realise the formation of a single charitable institution at New Town. In early 1897, Braddon wrote to the LBS requesting their response to a proposal to reduce the number of inmates at the LBA to a maximum of 100. Inmates beyond

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129 TPP, 35, 1896, Paper 15, p. 3; and, AOT: CSD 19/17/266, Moore to Treasurer, 25.1.1895.
130 TPP, 35, 1896, Paper 15, p. 3.
131 Ibid.
132 AOT: CSD 19/17/266, Braddon to Stephenson, 13.1.1895.
133 Breen, Contested Places, pp. 132-50.
134 AOT: CSD 22/6/137, Unsigned but almost certainly Braddon to the Chairman, LBS, 27.2.1897.
this number were to be forwarded to the NTCI. Braddon no longer believed that the arrangement the government had with the LBS was financially advantageous. During 1896 the LBA had only accommodated a daily average of 188 inmates and the cost per head at the LID was £1.9.5 more than at the NTCI. Further, if the cost of administration at the NTCI were removed (as was the case in the LID calculation) then it was possible to maintain an inmate at the NTCI for a mere £6.14.0 per head. At this time there was space available at the NTCI which would have easily enabled the accommodation of an extra 100 inmates without increasing costs related to supervision or buildings. Braddon predicted that, if enacted, his plan would result in a saving to the government of some £400 per annum. The LBS vigorously defended its management of the LBA and questioned the soundness of the figures used by Braddon.

Removal of northern invalids south, they argued, would simply make permanent paupers out of temporary cases. The LBS contended that the individual impost on the government would effectively be doubled. They did not, however, restrict their rebuttal to trite arguments. They challenged its objectivity, pointing out a number of factors which biased the image of the LBA’s financial credentials when contrasted to the NTCI. They argued that it was unfair to compare the LBA’s 1896 performance against that of the NTCI, as there were a number of significant factors skewing the comparison in favour of New Town. The dilapidated state of many of the buildings in the Launceston asylum had necessitated the expenditure of a large amount of money. The establishment had also experienced a higher than usual death rate which had further increased outlay in terms of the costs related to burial. The Hobart Benevolent Society (hereafter referred to as the HBS) also accused the government of having expended much of the institution’s stores before being handed over. There was, therefore, the additional capital cost of

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135 AOT: CSD 22/6/137, Braddon to the Chairman, LBS, 10.2.1897.
136 AOT: CSD 22/6/137, Unsigned but almost certainly Braddon to the Chairman, LBS, 27.2.1897.
137 AOT: CSD 22/6/137, Barwood to Braddon, 10.3.1897.
138 ibid.
replacing these stores. The HBS respectfully submitted that Braddon’s figures ‘concerning the future [were] very speculative’ and questioned the validity of basing an argument on a single year’s figures. This was particularly in light of the fact that the LBA had a lesser gross cost per head, for 1895, than the NTCI. Feeling confident that the higher running costs at the LBA for 1896 were exceptional, reflecting capital costs and not recurrent expenditure, they expressed a belief that the figures for 1897 would bear a favourable comparison to those of New Town. It was also pointed out that one of the reasons that the number of inmates being accommodated at the LBA were lower than the anticipated average 200 was that the LBS was supporting increased numbers of paupers on outdoor relief. The implication was that should the government withdraw its support of the LBA the LBS might be inclined to reduce its contribution to outdoor relief. Finally, there were the issues of what was to be done with those invalids who simply refused to be transferred, and new cases as they arose.

The government wavered in its commitment to close and transfer the Launceston depot to Hobart, and no more is heard on the topic until the end of the year. This time the LBS was more than a little annoyed with persistent moves by southern bureaucrats to undermine their management of the LBA and to see the relocation of its inmates to New Town. The Chief Secretary was sent a terse letter in which the LBS restated that they did not believe transferral would effect a saving and asserted their opposition to any alteration to the status quo. They expressed their astonishment at the persistent pushing of this scheme despite widespread public opposition and condemnation. They also argued that the inmates themselves were likely to resist such a proposal, stating that men sent from Launceston to New Town almost inevitably found their way back (just as they had 40 years earlier). This point was emphasised by noting that, out of 30 men currently in the LBA

139 ibid.
140 ibid.
141 ibid.
142 ibid.
143 AOT: CSD 22/17/163, Barwood to Chief Secretary, 15.3.1898.
who had been sent to New Town in the past, only three were willing to return. In fact at this juncture they reckoned only twelve LBA inmates would be amenable to being transfer to New Town. The expense of managing the LBA compared to the NTCI was greater, reflecting the difference in scales of economy. The LBA was, at any one time, responsible for between about 180 to 200 inmates while the NTCI could be housing anything between 500 and 600 inmates. The higher numbers at New Town assisted it in having a lower average inmate cost per head. This was not lost on the LBS who pointed out that in the overall scheme of things it mattered little if the LBA had 150 or 200 inmates, the management costs would vary little. The only saving was to be had in terms of food and this was apparently slight. The actual cost of staff and supervision did not vary and therefore the arguments put that the LBS was in some way deceiving the government because it was maintaining less than a daily average of 200 inmates were fallacious.

While southern administrators failed to gain support at this time to transfer Launceston’s invalids to New Town, the issue did not go away. It was still on the government’s agenda in 1900 and 1901. Indeed, it would appear that the southern protagonists for the removal were eventually successful. In October 1902, parliament resolved, in a vote of 19 members to ten, that:

the inmates of the Launceston Benevolent Asylum, with the exception of those unable to travel, should be transferred to the New Town Charitable Institution, accommodation being retained at the Launceston Asylum for permanent invalids and casuals.

As on prior occasions, such a position evoked a great deal of protest from the north. Petitions, comprising 2820 signatures, were presented the following month to the Legislative Council. The petitioners begged that the Legislative Council would ‘withhold its sanction to the removal of the inmates of the

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144 AOT: CSD 22/17/163, Stephenson Report.
145 *ibid.*
146 AOT: CSD 22/40/314, LBS to Chief Secretary, 13.12.1900; AOT: CSD 22/41/14, Sorett to Seager, 8.7.1901; and, AOT: CSD 22/41/14, Note, Seager to Sorett, 10.7.1901, attached to Sorett to Administrator Charitable Grants, 8.7.1901.
Launceston Benevolent Asylum to New Town, and that the institution may be maintained in its present form.' A further petition was also presented to the Councillors from 131 of the inmates themselves, in which they requested that 'they may not be so removed.'

Why was there such a profound effort directed at transferring the northern depot south from the late 1880s onwards, and in particular from 1894? It would seem that in spite of the colony reeling under the impact of depression, the number of persons seeking admittance into charitable institutions was declining. Southern officials were correct when they pointed out that the LBA was not maintaining the numbers to justify its level of funding. Monthly inmate figures are available for the LBA for the period between January 1897 and January 1902. These are presented in Table 3.3. This table clearly shows that during this time the LBA only maintained 200 or more inmates for the months of June to August 1897 and for May 1898. This table portrays a trend of ever decreasing numbers of inmates, from a high in the 180 to 200 range in 1897 to that of only 140 to 150 for 1901. Southern bureaucrats used this decline to justify their efforts to close the institution and forward its inmates to New Town. What these bureaucrats did not voice was that New Town was experiencing a similar, if not more severe, trend in its inmate numbers. Monthly figures for the NTCI for the period between January 1896 and January 1902 are presented in Table 3.4. This table clearly shows that the NTCI experienced something close to a 33 percent drop in numbers. From a high of 545 inmates in August 1896 numbers dropped to only 318 on 1 January 1902. This was why the NTCI was able to offer accommodation for northern invalids without incurring additional costs. The

140 TPP, 46, 1902, Votes and Proceedings of the Legislative Council, 8, 26.11.1902, p. 117.
141 Table 3.3 is based upon information contained in AOT: CSD 22/2/30, monthly numerical returns for the LBA for 1897; AOT: CSD 22/25/135, monthly numerical returns for the LBA for 1898; AOT: CSD 22/30/24, monthly numerical returns for the LBA for 1899; and, AOT: CSD 22/41/5, monthly numerical returns for the LBA for 1900 and 1901.
150 Table 3.4 is based upon information contained in AOT: CSD 22/1/11, monthly numerical returns for the NTCI for 1896 and 1897; AOT: CSD 22/11/32, monthly numerical returns for the NTCI for 1898; AOT: CSD 22/29/9, monthly numerical returns for the NTCI for 1899; and, AOT: CSD 22/41/15, monthly numerical returns for the NTCI for 1900 and 1901.
infrastructure was already in place and it was becoming increasingly under-utilised as paupers and invalids found alternative means of survival outside of institutional spaces. Declining inmate numbers at the NTCI was the motive behind the persistent pressure brought to bear on the LBS to close the LBA. As numbers continued to drop at the NTCI, it would only have been a matter of time before questions were asked of the justification behind its funding levels.

In the 1890s there was a degree of self-preservation, by southern charitable administrators, in their attempts to have Launceston inmates transferred to New Town. Figure 3.1 views the decline in inmate numbers graphically. This figure clearly demonstrates two facets of institutional life. Firstly, it demonstrates the cyclical seasonality to life inside the invalid depot. The peaks and troughs reflecting the increasing and decreasing numbers securing accommodation in the institutions as the seasons turned from winter to summer. Secondly, this graph shows that inmate numbers were consistently decreasing and that, at least initially during the mid and late 1890s, the rate of decline was far more pronounced for the NTCI than for the LBA. To some extent, and more so for the larger NTCI, charitable institutions in Tasmania at the end of the nineteenth-century were once again in crisis but a very different crisis than that of the 1850s and 1870s. This time it was not an influx of invalids causing concern but the exact opposite. Declining inmate populations would eventually bring into question the rationale behind any continued government support for these institutions in their current form and result in a loss of power for those bureaucrats who administrated them.
TABLE 3.3: Number of Launceston Benevolent Asylum inmates as of the 1st of each month, 1897 to 1902.

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TABLE 3.4: Number of New Town Charitable Institution inmates as of the 1st of each month, 1896 to 1902.

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<th>OCTOBER</th>
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<th>Total</th>
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FIGURE 3.1: Decline in NTCI and LID inmate numbers, 1896-1902.
Attempts by the colonial government to address issues of pauper invalid management were marred by incompetence, as demonstrated by its flawed *ad hoc* responses to increasing numbers of destitute invalids in Launceston, and ensuing institutional overcrowding. This was a perennial concern for the LID. Throughout the latter half of the nineteenth-century the issue of overcrowding was a much more substantial problem in northern Tasmania than in the south. There was an initial and ongoing deficiency in resources dedicated to the relief of northern invalids, and thus an incapacity to develop anything near the amount of accommodation required to adequately resolve this issue. Particularly in the 1850s and 1860s, incompetence in the provision invalid accommodation stifled the colony’s capacity to objectively perceive effective, viable and progressive management of the aged poor. As time passed, problems associated with overcrowding in charitable institutions, particularly in regard to order and discipline, combined with other issues, such as escalating institutional costs, forcing major changes upon the colonial government as to the manner in which it managed invalids. As administrators learned from early mistakes and better understood the scale of the problem confronting them, new measures were implemented and undervalued reformist ideals came to be valorised in the management of the aged poor.

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151 *With the establishment of ‘responsible’ governance there was initial floundering by the elite in the administration of the colony, which led to a degree of uncertainty and a loss of confidence. As Wilfred Townsley put it: ‘The novel experience of self-government raised its own difficulties. There was ministerial instability with no less than six ministries between 1856 and 1861. Colonial inexperience in the conduct of parliamentary institutions, was compounded by intense personal jealousies and factionalism.’* (W.A. Townsley, *Tasmania: From Colony to Statehood 1803-1945* (Hobart, 1991), p. 99.)

152 *TPP, 15, 1888, Paper 50, pp. 56 and 59.

153 Improvements and changes in administration from initial incompetence to efficient management are reflective of what Peter Wood has termed the progression ‘from bumbledom to bureaucracy’. (P. Wood, *Poverty and the Workhouse in Victorian Britain* (Stroud, 1991), p. 76.)