CHAPTER 4

The development of the charitable institutional system in southern Tasmania

This chapter provides a background to the main innovations in the development of the charitable institutional system in southern Tasmania. As with northern Tasmania, the institutional environment of the south was marred by chronic overcrowding. The south’s response to the growth in pauper invalid numbers was, however, quite different. Unlike Launceston, the south embarked on a program of institutional specialisation whereby pauper invalids, the aged infirm and incurables were separated from the then existing general hospital population and accommodated in separate institutions. In 1856, when governance was transferred from imperial to colonial hands, there were two generalised institutions housing paupers in southern Tasmania. These were the Convict Department’s invalid depot at Impression Bay and the Hobart Town General Hospital (hereafter referred to as the HGH). The invalid depot at Impression Bay accepted both convict and emancipist invalid males. It closed in 1857 and its inmates were transferred to the Port Arthur Penal Establishment. The HGH housed both male and female, imperial and colonial pauper invalids.

From the beginning of 1859 it became apparent to both the government and medical officials that the existing system was not coping with southern invalid numbers. In June of that year, William Henty, the Colonial Secretary, wrote a lengthy memorandum on ‘the disposal of Convict and Free Hospital Patients, Male and Female, and of Invalid men and women at Hobart Town.’ The scheme outlined in this memorandum was to form one of the cornerstones of managing pauper invalids in the south for the next two

1 AOT: CSD 1/155/5061, Memorandum on the disposal of convict and free hospital patients, male and female, and of invalid men and women at Hobart Town, William Henty, 7.6.1859.
decades. It endorsed prevailing southern medical opinion that the charitable system should be based upon institutional specialisation. The plan formally advocated the centralisation of female invalids at the HGH, and that the former Brickfields female convict hiring depot and nursery should be converted into a receptacle for colonial male invalids. These proposals subsequently led to the establishment of the Hobart Town Female Infirmary and the Brickfields Invalid Depot. Male invalids, being the responsibility of imperial authorities, were to continue to be quartered at Port Arthur. The HGH would also accommodate all male and female 'medical' patients. Should the number of patients increase to the point where chronic overcrowding became acute, then excess male patients would be sent to the nearby subscription hospital, St Mary's, and excess female patients would be forwarded to the Cascades Female Factory.²

The Colonial Secretary's plan involved the multiple movements of in excess of some 311 persons between six institutions, and entailed changes to existing management practices and the physical fabric of institutions. Nevertheless, the move to establish the Brickfields as a male invalid depot took place expeditiously. During the first half of 1859, it received a total of 80 infirm men who were transferred from the HGH in order to free up ward space for acute patients.³ By the close of 1859, the Brickfields was accommodating numerous male invalids. While the total number is difficult to establish, in October and November over 50 inmates, referring to themselves as 'Poor Old Invalids', petitioned firstly the Governor and then the Lord Bishop of Tasmania to have Mr Smales, their spiritual instructor, retained.⁴

While the development of the Brickfields as a specialised institution for male invalids appears to have progressed swiftly, the same cannot be said for the management of female invalids. By February 1860 there was a clear move by

² *ibid.*
⁴ AOT: CSD 1/155/5061, Petition inmates Brickfields Invalid Depot to Governor, 17.10.1859; and, AOT: CSD 1/155/5061, Petition inmates Brickfields Invalid Depot to Bishop of Tasmania, 17.10.1859.
the government to establish a separate institution for housing 'the invalid and infirm Old Women' then accommodated in the hospital buildings. In mid February 1860, the Comptroller General's offices and those of the Sheriff's Department (adjacent to the hospital), which had previously been used as an infirmary and nursery, were inspected for their suitability as a female invalid depot. The Board of Management of the HGH found these buildings to be eminently appropriate and, in mid August 1860, the Comptroller General and the Sheriff vacated the premises. Renovations, however, enabling them to be used for housing female invalids progressed at a slow pace. It was not until late December 1860 that the first few (ten) were transferred from the HGH to the newly established infirmary. Despite initial occupation in December 1860, it was March 1861 before the female colonial invalids temporarily accommodated at the Cascades Female Factory were removed to the new Female Infirmary.

The implementation of the Colonial Secretary's plan also saw the establishment of a dispensary at the HGH. Such a utility, in practice an outpatient service, was apparently already an established facility in Sydney, Melbourne and Adelaide. Certainly such an agency in Hobart Town would have helped in relieving some of the ward deficiency at the hospital and the infirmaries, by facilitating treatment for the poor in their own homes. The Colonial Secretary was clearly aware of management and treatment regimes being practiced elsewhere. In terms of overall cost, there would appear to have been no substantive difference for the government. The real outcomes of

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6 The Hobart Town Daily Mercury, 18.2.1860, p. 2 c. 6-7; AOT: CSD 1/155/5061, Kennerly, Maxwell and Crowther to Colonial Secretary, 28.2.1860; and, AOT: CSD 1/155/5061, Henty to Colonial Treasurer, 10.8.1860.
8 AOT: CSD 1/155/5061, Turnley to Colonial Secretary, 20.3.1861. It is most probable that there were 30 women in this group as a report to the Legislative Council refers to arrangements for this number of invalid women being temporarily accommodated at the Cascades Female Factory, in order to relieve overcrowding at the HGH, 'untill arrangements could be provided for them at the Hospital.' (TLCP, 6, 1861, Paper 10, p. 5.)
9 Dispensaries, providing 'gratuitous advice, treatment and medicine to the poorer classes', were an early integral component in the development of the English hospital system. See H. Richardson, English Hospitals 1660-1948: A Survey of Their Architecture and Design (Swindon, 1998), p. 23.
the proposals were to be improvements to classification, especially in terms of separating invalids from patients, and males from females, achieved through a deliberate move away from generalised towards specialised institutions in terms of the constituency of their inmate populations.

The late 1850s and early 1860s saw the execution of many aspects of the Colonial Secretary's plan. A separate infirmary for women was established, effectively keeping female patients and invalids in separate locations, and, as the Brickfields was enlarged, the prospect of relieving the hospital of invalids and confining its function to the treatment of acute medical cases became a very real likelihood. The attempt, however, to restrict Port Arthur to solely imperial invalids did not work, due to the sheer numbers of colonial invalids, but for the most part a successful effort was made to ensure that only emancipist invalids ended up at the Brickfields.

The HGH Board desired institutional specialisation, or, as they referred to it 'the system of concentration'. By the close of 1861 many of the building improvements which had been recommended to the government for the Brickfields had been undertaken. It was only through such developments that the Board were ever likely to purge the HGH wards of invalids. By the close of 1862, the Brickfields was able to accommodate 224 invalids. This was to be the institution's maximum (uncrowded) carrying capacity until some time

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10 AOT: CSD 1/155/5061, Note, Henty, 13.3.1860, appended to, Turnley to Colonial Secretary, 13.3.1860; and, TLCP, 6, 1861, Paper 10, p. 4.
11 On 31 July 1859, there were 107 paupers chargeable to colonial funds accommodated at Port Arthur. Of this number 11 had arrived free to the colony and thus non-emancipist paupers were confined at Port Arthur. They were also detained in other southern institutions. For example, out of 176 colonial paupers accommodated at the HGH on this day, 39 were free colonists, and at the Brickfields there were seven free pauper colonists confined out of 72 colonial pauper inmates. Out of the total colonial pauper population of 355 residing in the Brickfields, the HGH and Port Arthur, 57, or 16 percent were without a convict background. Thus, free colonists, for reasons of age, infirmity, illness or accident were being relieved in spaces designed for the reception of convicts under a system in which both management practices and regulations bore close resemblance to the penal system. (THAP, 4, 1859, Paper 47.)
12 TLCP, 7, 1862, Paper 6, p. 6.
13 TLCP, 9, 1863, Paper 9, p. 5.
in the early 1870s. As Table 4.1 details, in 1863 the numbers at the Brickfields rapidly increased and regularly exceeded capacity in the following year, before stabilising to manageable numbers for the remainder of the decade. It is worth noting that the institution operated either at, or exceedingly close to, full capacity throughout this period. In 1865 and 1866, for example, the daily average number of inmates was 223. There is credible evidence in annual reports from both the Brickfields and other charitable institutions that many of the invalids removed from the HGH were bedridden and suffering from chronic ulcers and terminal cancer. These individuals required a degree of care greater than that necessary for the more able-bodied pauper. Invalid depots were therefore provided with hospital wards.

The works proposed by the HGH Board in the early 1860s, for the establishments under its control, were comprehensive and lavish, given the context of the depression and the subsequent dearth in capital spending on charitable institutions. These works were viewed as essential if a classificatory demarcation was to be maintained between patients suffering from active disease and those suffering from chronic conditions. This was an important medical requirement but one severely compromised by the numbers of invalids, particularly male invalids, taking up space in the male wards to the exclusion of patients suffering from acute illness. The Board resolved that no invalids were to be received into the hospital. In order to enact this resolution the Board had to have somewhere to accommodate those invalids currently resident. While it had been allocated the Female Infirmary and the Brickfields, these two institutions were not sufficient in themselves, without substantive modifications, improvements and additions, to relieve the hospital of its invalid population. The response of the government to the Board’s repeated requests for aid in this developmental period of institutional

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14 By early 1871 the institution could accommodate 234 invalids. (TLCP, 17, 1871, Paper 47, p. 87, paragraph 462.)
15 By 1871 all chronic ulcer cases were forwarded from the HGH to the invalid depots. According to the HGH annual report for this year such sufferers had formerly represented ‘a large number of cases’. (TLCP, 18, 1872, Paper 3, p. 3.)
16 AOT: CSD 1/156/5061, Report on status of HGH and Brickfields Invalid Depot, 17.8.1860; and, AOT: CSD 1/142/5143, Brickfields Committee minutes, 4.4.1861.
specialisation was to set the tone for virtually all future budget allocations. Requests were only ever to be partially met. As such the Board was only ever able to partially achieve the patient classification it desired. Indeed, so slow and inadequate were government responses that, at least for 1861, there was a complete breakdown of classification between invalids and patients. The Board bitterly complained that 'during this year the invalids and patients were so mixed together in the buildings that it was not practicable to make separate returns.'

**TABLE 4.1:** Average daily number of inmates at the Brickfields Invalid Depot, 1861-82.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Average Nos</th>
<th>Reference</th>
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<td>1861</td>
<td>150</td>
<td>TLCP, 7, 1862, Paper 6, p. 6.</td>
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<td>1862</td>
<td>205</td>
<td>TLCP, 9, 1863, Paper 9, p. 5.</td>
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<td>1863</td>
<td>222</td>
<td>TLCP, 10, 1864, Paper 24, p. 3.</td>
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<td>227</td>
<td>TLCP, 11, 1865, Paper 9, p. 3.</td>
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<td>1865</td>
<td>223</td>
<td>TLCP, 12, 1866-7, Paper 3, p. 3.</td>
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<td>1866</td>
<td>223</td>
<td>TLCP, 13, 1867, Paper 4, p. 3.</td>
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<td>1867</td>
<td>219</td>
<td>TLCP, 14, 1868, Paper 4, p. 3.</td>
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<td>TLCP, 15, 1869, Paper 4, p. 3.</td>
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<tr>
<td>1869</td>
<td>220</td>
<td>TLCP, 16, 1870, Paper 4, p. 3.</td>
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<td>1870</td>
<td>224</td>
<td>TLCP, 17, 1871, Paper 4, p. 3.</td>
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<td>1871</td>
<td>232</td>
<td>TLCP, 18, 1872, Paper 7, p. 3.</td>
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<td>1872</td>
<td>247</td>
<td>TLCP, 19, 1873, Paper 7, p. 3.</td>
</tr>
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<td>248</td>
<td>TLCP, 20, 1874, Paper 6, p. 3.</td>
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<td>1874</td>
<td>245</td>
<td>TLCP, 21, 1875, Paper 7, p. 3.</td>
</tr>
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<td>TLCP, 23, 1876, Paper 7, p. 3.</td>
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<td>1876</td>
<td>265</td>
<td>TLCP, 24, 1877, Paper 6, p. 3.</td>
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<td>TLCP, 26, 1878-9, Paper 8, pp. 3-4.</td>
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<td>TLCP, 28, 1879-80, Paper 7, pp. 3-4.</td>
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<td>TLCP, 29, 1880, Paper 8, p. 3.</td>
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<td>1881</td>
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<td>TLCP, 32, 1882, Paper 8, p. 5.</td>
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<td>1882</td>
<td>89</td>
<td>TLCP, 34, 1883, Paper 10, p. 5.</td>
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17 AOT: CSD 1/156/5061, Minutes HGH Board of Management, 19.10.1860.
18 *ibid.*, 26.7.1861.
19 *ibid.*, 15.11.1861.
The reason Port Arthur was unable to restrict itself to solely imperial male invalids was a shortage of institutional space for colonial invalids in Hobart Town, in part resulting from government failure to enact institutional building recommendations. In August 1860 this problem was compounded by an influenza outbreak, which saw both male and female wards at the HGH bursting with victims. There was an urgent need to find temporary accommodation for about 30 invalids. The colonial government wrote to the Comptroller General seeking his assistance in facilitating the transfer of excess colonial male invalids to Port Arthur. The proposal was for Port Arthur to be a release valve for overcrowding pressure at the HGH and Brickfields. Only emancipists were to be sent to Port Arthur, under the arrangement reached, reinforcing a classificatory distinction between poor ex-convicts and the ‘free’ poor. The invalid population at Port Arthur was to be formed ‘almost exclusively [of] expirees.’

Table 4.2 summarises a mass of numerical information on invalid and pauper numbers accommodated at Port Arthur between the years 1857 to 1868 (inclusive), and the funds to which these men were chargeable. This Table reveals that, following an initial transfer of invalids from Impression Bay to Port Arthur in 1857, there was at first a rapid and then a more steady reduction in the numbers of colonial paupers maintained at this settlement. This, in part, is reflective of the colonial government’s attempt to solve the mid 1850s to early 1860s invalid crisis through the establishment of its own invalid depots. The slight rise in the colonial figures in the mid 1860s epitomises the inability of establishments such as the Brickfields and the HGH to cope with the number of male invalids either seeking, or being detained for, admission into a charitable institution. In 1868 there were a number of changes implemented in the management of invalids and paupers. As part of these developments a new depot for both male and female paupers.

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20 AOT: CSD 1/156/5061, Turnley to Colonial Secretary, 14.8.1860.
21 AOT: CSD 1/156/5061, Henty to Comptroller General, 8.9.1860.
22 ibid.
was established at the Cascades specifically for the retention of invalids who were the responsibility of the colonial government. The plan was that Port Arthur would be solely responsible for imperial invalids. The June 1868 figure of one colonial invalid maintained at Port Arthur is the result of the transfer of colonial paupers from that place to the Cascades, during the later half of 1867.²³

It was hoped that the new depot at the Cascades would improve classification and specialisation in the system by segregating colonial paupers from imperial paupers. This was to be achieved by transferring the colonial paupers then at Port Arthur, the male invalids accommodated at both the Male House of Correction and the HGH, as well as the female invalids from the Female Infirmary and HGH, to this new establishment.²⁴ It was also lauded as an effective cost reduction measure, one which resulted in improved classification and further centralisation of administrative power in relation to invalids and paupers.²⁵ The rationale behind a development such as this is never simple. This rearrangement in the housing of invalids was enacted not because it could potentially deliver on some philosophical penchant for increased classification and the centralisation of power, but because it was seen as being an advantageous response to a number of separate and distinct issues. The establishment of the Cascades Invalid Depot represented a reallocation of space which was mutually beneficial for a number of differing imperial and colonial needs. By mid 1867, for example,

²³ AOT: CSD 1/155/5061, Memorandum on the disposal of convict and free hospital patients, male and female, and of invalid men and women at Hobart Town, William Henty, 7.6.1859.

²⁴ BPP, 16, Despatch 8, Browne to Buckingham and Chandos, 27.2.1868, p. 422.

²⁵ The desire on the part of both imperial and colonial administrations to physically separate those inmates that each was responsible for into distinct establishments was also reflected in the management of other institutionalised groups. In mid 1869, for example, measures were enacted to see that six emancipist males suffering from dementia were relocated from the Hospital for the Insane at Port Arthur to that at New Norfolk. The principal reason for this transfer was that the Port Arthur men were chargeable to colonial funds. As Port Arthur was an imperial establishment and New Norfolk a colonial establishment, it was deemed proper that they should be relocated to the establishment run by the body responsible for their maintenance. (AOT: CSD 7/30/361, Chapman to Acting Comptroller General, 20.7.1869; AOT: CSD 7/30/361, Report Senior Medical Officer Port Arthur, 28.7.1869; and, AOT: CSD 7/30/361, Wilson to Surgeon Superintendent New Norfolk Hospital for the Insane, 17.8.1869.)
the Public Works Department was experiencing a shortage in skilled labour amongst the prisoner gangs it used in the construction of public buildings. In particular, there were inadequate numbers of carpenters, quarrymen, masons, bricklayers and painters. There were, however, amongst the short-sentenced men at Port Arthur, potential candidates to meet this shortfall. The problem was insufficient suitable accommodation for such prisoners in Hobart Town, but by transferring those pauper invalids then accommodated at the Male House of Correction to the Cascades, space became available. Two separate and unrelated issues were thus resolved.

By early July 1867, conversion of the Cascades had progressed sufficiently for it to be able to receive female invalids from the Female Infirmary. The principal female invalid institution was now positioned within the boundaries of the principal female penal institution. Poverty, age, infirmity and crime were inextricably linked. By the end of July 1867, the Governor, through the CSO, had issued a directive that all male pauper invalids then accommodated at the HGH and Hobart Town’s Male House of Correction were to be removed to the Cascades. By mid August 1867, the Cascades was maintaining some 72 male invalids as well as all the female invalids previously lodged at the HGH. At this juncture alterations had progressed to the point that the Cascades was now able to receive the colonial invalids from Port Arthur. Formal instruction for the removal of the colonial Port Arthur invalids to the Cascades was sent at the end of August 1867.

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26 AOT: CSD 25/18/1524, Dry to Colonial Auditor, January 1868.
27 AOT: CSD 25/16/1348, Director of Public Works to Treasurer, 22.8.1867.
28 TLCP, 14, 1868, Paper 2, p. 3 and AOT: CSD 25/16/1348, Dry to Resident Surgeon HGH, 9.7.1867.
29 AOT: CSD 25/16/1348, Solly to Resident Medical Officer HGH, 31.7.1867 and AOT: CSD 25/16/1348, Solly to Superintendent Hobart Town Male House of Correction, 31.7.1867.
30 There is some discrepancy in the record as to when exactly the transfer of male and female invalids from the HGH and Female Infirmary to the Cascades took place. File CSD 25/16/1348 states that this occurred sometime in July and August 1867, whereas CSD 25/16/1372 points to the transfers not commencing until mid-September 1867 at the earliest. CSD 4/56/950 supports the earlier date stating that the transfer of female invalids from the HGH had been completed by the end of August 1867.
In *Convict Women*, Kay Daniels argued that the Cascades was an inappropriately sited and constructed institution for female convicts.\(^2\) It was even less appropriate for housing geriatric and invalided paupers. By 1867 it had served a purpose, in that it had presented a solution to the government for a number of pressing issues. By 1874 it was an institutional answer that had seen its day, and the government began to seek alternatives. It was

\(^2\) AOT: CSD 25/16/1348, Dry to Nairn, 27.8.1864. The men were transferred in draughts of ten to 15 using the Schooner *Harriet*. (AOT: CSD 25/16/1348, Dry to Nairn, 27.8.1864, and appended notes.)

superseded by an institution at New Town, established within the Queens’ Orphanage. These buildings formed the initial heart of what was to become the New Town Charitable Institution (hereafter referred to as the NTCI). The NTCI was to prove to be a more enduring institution, in terms of location and longevity, than the Cascades, becoming a cornerstone of Tasmania’s charitable system. Indeed, the site to this very day is engaged in institutional geriatric care.

The NTCI had its genesis in late May and early June 1874 when female invalids from the Cascades were transferred to New Town. However, the catalyst for the closure of the Cascades as a pauper and invalid establishment predates this by at least four months. For many years there had been a strong push amongst members of both the government and the business community for the opening up of the Tasman’s Peninsula for exploitation by private citizens. For such a development to occur, the penal establishment at Port Arthur had to be closed. In early 1874, the government made the decision that it would commence the abandonment of Port Arthur with the transfer of about 200 convicts to Hobart Town. This necessitated the finding of a suitable

For an overview of the history of the New Town institutional site (and its many uses: orphan schools, charitable institutions, boys’ training school and reformatory, lying-in hospital, consumptive sanatorium, home for war veterans, home for crippled children, male mental defectives institution, mental defectives’ home for girls, geriatric hospital, etc.) and in particular an excellent review of the orphan schools which operated from 1833 until 1879 see K. Pearce, ‘The Queen’s Orphan Asylum — New Town’ in I. Terry and K. Evans (eds), Hobart’s History: The First Two Hundred Years. Papers and Proceedings of the Conference Held by the Professional Historians Association of Tasmania on 4 October, 1997 (Hobart, 1998), pp. 19-34.

The New Town Charitable Institution was formed with the relocation of the female invalids from the Cascades Invalid Depot to New Town, in 1874. It was bolstered in 1879 by the relocation of the male invalids from the Cascades with the closure of that institution. The New Town Charitable Institution functioned between 1874 and 1912. In 1912 it was retitled the New Town Infirmary, a title it retained until 1934 when it was again renamed the New Town Rest Home. This later institution ceased operation in 1937. However, on the same site as this later institution a new establishment dedicated to geriatric medical care had been established in 1936. This was the St John’s Park Hospital, which continues to function to this day. Thus, at New Town, there has been an institution devoted to aged care, in one form or another, from 1874 until the present. According to Pearce, the original building occupied by the male invalids in 1879 was in continuous use as a charitable institution for males until 1954. In this year a new building for men, named after the then superintendent, L. R. Woodhouse, was opened. (K. Pearce, ‘The Queen’s Orphan Asylum’, pp. 19-34.)
place in which to confine these prisoners. The Cascades was seen as offering the most fitting space for their custody. In much the same way as the Cascades had resulted from a need to reallocate space to meet a prevailing exigency so too was the NTCI. To facilitate the closure of Port Arthur, female invalids accommodated at the Cascades were relocated to New Town on 18 and 19 June 1874.

Problems associated with chronic overcrowding of male invalids, especially in southern institutions, came to a head in mid 1876. One difficulty was the breakdown in strict classification between chronic cases and those amenable to treatment. Principally, because of overcrowding at the Cascades Depot and a lack of room at the Brickfields, the HGH was forced to admit what it saw as cases 'fit only for an invalid depot'. Its medical staff became worried that its wards would again become filled with invalid cases, simply because there was nowhere else to house them. Two concerns were emphasised by George Turnley, the then Medical Superintendent of the HGH. These were the lack of space at both the Cascades and Brickfields establishments and the medical consequences of this. The situation at this juncture was so dire that it is accurate to speak of a second invalid crisis. At the Cascades, for example, the Superintendent reported that while there was proper accommodation for 250 men, the strength of the establishment on 29 June 1876 was 338, and no

35 AOT: CSD7/49/998. One hundred and eighteen women were ‘removed in June to the building formerly occupied by the Infant Children of the Queen’s Asylum.’ (TLCP, 21, 1875, Paper 9, p. 3.)
36 AOT: CSD 7/21/98, Chapman to Atkins, 25.3.1874.
37 AOT: CSD 7/60/1463, Scott to Solly, 18.6.1874; AOT: CSD 7/60/1463, Scott to Solly, 19.6.1874; and, AOT: CSD 7/60/1463, Boyd to Colonial Secretary, 20.6.1874.
38 AOT: CSD 10/41/795, Turnley to Colonial Secretary, 3.7.1876.
39 Invalid overcrowding did not have to be occurring at the HGH for it to impact upon that institution. Overcrowding in one institution had a flow-on effect to others, as all charitable institutions were closely inter-linked. The HGH recognised, as early as 1874, that increasing numbers of invalids being admitted to depots was causing additional demands upon its medical staff, who serviced these institutions, such that they were unable to satisfactorily perform their duties at the hospital. (TLCP, 21, 1875, Paper 3, p. 3.)
40 In his report for the year 1880, the Government Statistician alluded to an ageing 'convict' population as one of the factors contributing to increasing numbers of invalids in the latter half of the 1870s. He stated: 'One, if not the sole cause of this diminution of the number of criminals and increase of paupers and insane, is no doubt the gradual passing away of a class which formerly constituted a large proportion of the population; the remains of which have a tendency, with increasing age, to migrate from the gaol into the poor-house or lunatic asylum.' (TLCP, 30, 1881, Paper 2, p. xxvi.)
less than 75 men were sleeping on ward, messroom and dayroom floors. At this same time the Brickfields could accommodate 279 invalids. Given that four beds were always kept ready for the arrival of country cases, its strength of 274 inmates meant that there was effectively only a single vacancy. Turnley recommended the immediate establishment of another depot and the transfer of a large number of paupers from the Cascades and Brickfields to this proposed institution.

The government reacted surprisingly promptly to the calls to alleviate this overcrowding and reopened, at least in the short term, the Port Arthur Invalid Depot. Government bureaucrats may no longer have feared the presence of invalids as so many white ants eating away at the State's fiscal foundations but they still strongly favoured close supervision, discipline and order in their management. On Monday, 24 July 1876, the S. S. Southern Cross conveyed 125 invalids from Hobart Town to Port Arthur. Of these, 100 were from the extremely overcrowded Cascades Depot while the remaining 25 had been sent from the Brickfields. The relocation of invalids to Port Arthur effectively allowed the HGH to transfer men suffering chronic conditions to the Cascades. In reopening the Port Arthur depot the government effectively freed up space at the Brickfields, relieved overcrowding at the Cascades, and removed invalids from HGH wards, permitting that institution to once again enforce strict classification. While the government possessed under-utilised institutional space, such as had been present at Port Arthur, it had some

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41 AOT: CSD 10/41/795, Note, Boyd to Solly, 29.6.1876, appended to, Solly to Superintendent Cascades, 29.6.1876.
42 AOT: CSD 10/41/795, Turnley to Colonial Secretary, 3.7.1876.
43 AOT: CSD 10/41/795, Gilmore to Civil Commandant Port Arthur, 14.7.1876.
46 AOT: CSD 10/41/795, Gilmore to Surgeon Superintendent HGH, 19.7.1876.
47 The removal of invalids from the HGH and the introduction of strict classification did not entirely relieve its wards of invalids. Consistently, its annual reports recorded that one-thirtieth of the patients it received during a year 'would have been more suited for a
degree of flexibility in how and where it housed deviant elements. Port
Arthur was, however, only able to offer the government a very temporary
solution to the rapidly developing crisis in invalid accommodation. As the
government had every intention of closing the entire Port Arthur complex in
the immediate future a more permanent solution to the institutionalisation of
destitute aged and infirm men had to be found.

During this period the government developed a far more robust and flexible
charitable system with the establishment of the New Town Charitable
Institution for males and females in mid 1879. On 1 July 1879, the New Town
establishment was officially opened following the transfer of 109 men from
the Cascades on 30 June 1879. The remaining invalids at the Cascades were
forwarded by the end of July 1879. By 31 July 1879, 335 men had been
transferred from the Cascades and a further 116 men were received from the
Brickfields. While this development did result in a considerable lessening of
systemic institutional overcrowding it did not eliminate it entirely. It did
result, however, in this problem ceasing to be a significant issue in southern
institutions.

The south’s pursuit of institutional specialisation from the commencement of
the invalid crisis in the late 1850s ultimately led to the development of the
New Town establishment. Given the pivotal role this institution was to play
in the coming decades of invalid management it is clear that the direction
developments took in the south were more successful than those favoured in
the north. This was exemplified, as discussed in the preceding chapter, by the

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Benevolent Asylum’. *(TLCP, 28, 1879-80, Paper 2; p. 6.)* Numerically, this represented an
invalid patient population in the low to mid thirties.

48 *(TLCP, 29, 1880, Paper 1, p. 139; AOT: CSD 10/71/1765, Coverdale to Colonial Secretary,
23.6.1879; AOT: CSD 10/71/1765, Crowther to Administrator Charitable Grants,
25.6.1879; and, AOT: CSD 10/71/1765, Reibey to Scott, 25.6.1879. According to the Head
Warder of the Cascades 109 men were transferred to New Town on 30 June, 1879, with a
further 100 sent on 4 July, and another batch of 74 on 8 July, leaving 41 paupers at the
Cascades at this juncture. (AOT: AA 492/1.)*

49 *(TLCP, 29, 1880, Paper 9, p. 3 and TLCP, 29, 1880, Paper 8, p. 3.)*

50 Initially, in 1879, there were 403 beds but this increased to 450 in 1880. *(TLCP, 29, 1880,
Paper 1, p. 134 and TLCP, 30, 1881, Paper 2, p. 138.)* The correspondence presenting the
formation of a specialised invalid establishment in the north after the failure of the LGH to adequately manage both invalids and medical patients. In terms of systems of invalid management, this chapter has shown that the measures adopted in the south differed to those initially preferred in the north. It has also demonstrated that the institutional specialisation that the south pursued was ultimately to be favoured over institutions which maintained a heterogeneous inmate population.

exact detailed process of the transfer of invalids from the Cascades to New Town and relating to formation of the NTCI can be found in AOT: CSD 10/70/1717.