CHAPTER 7

Above all let us have cleanliness

This chapter reviews complaints made by both inmates and middle class visitors which relate to institutional cleanliness. This subject has been examined in some detail as it succinctly reveals facets of middle class prejudice towards invalids, as well as middle class disunity. This latter subject is of interest as the principal mechanism by which invalids were transformed from undeserving ex-convicts to deserving poor was the manner in which ‘reform’ was contested between ‘conservatives’ and ‘progressives’.

Inmate complaints, though rare, add a balance to the one-sided perspective generally portrayed in official documents, of life inside Tasmania’s nineteenth-century charitable institutions. They give insight into the inmate point of view and concerns regarding their confinement. They represent the hidden voices of those society chose to shun and bureaucracy tried to silence. James Lester Burke was one such voice that John Withrington, Superintendent of the Brickfields, was able to silence by having him retract his complaint. An important aspect of this complaint related to institutional cleanliness. Burke emphasised the unclean nature of the depot. If accurate, this exemplifies mismanagement because, along with order and discipline, cleanliness was part of the ‘holy trinity’ of proficient institutional administration. These were the fundamental commandments for ‘reforming’ the ‘reprobate’ character. Inmates were perceived as lacking in these all important middle class defining characteristics. They were therefore deviant and thus subject to punishment and reformation in order to instil these values, not just into their behaviour but into their very being, into their body, mind and soul. They were not so much to be modified but born again.

1 See Chapter Nine, for a full discussion of Burke’s complaint.
Order, discipline and cleanliness were the issues that social commentators of the period stressed. The opinion of those who inspected the Brickfields was recorded in the ‘Visitor’s Book’. Government bureaucrats and the charitable elite were virtually unanimous in their verdict on the Brickfields being flawless in maintaining a high degree of cleanliness. Burke’s deposition could not be more different. He described the establishment as a ‘den of filth and misery’. He detailed how the institution, and even its grounds, were infested with a plague of lice that could leave a pauper ‘Crawling alive with vermin’. The two positions are radically opposed to one another but this does not necessarily mean that one is valid and the other is not. Rather it is a case of differing perspectives, the results of viewing a situation subjectively as opposed to objectively; and as such, it is a window into the differing value systems between the dominant group and the subordinate group. If the dominant elite could be so wrong, as Burke suggests in his critique on this matter, then its records almost certainly contain other significant inaccuracies. Determining these, without a corresponding document from the subordinate group, is nigh on impossible. But where voices of opposition do exist it is possible to further our understanding of charitable institutional life by exploring the gulf between the two perspectives. In this instance the contrast is explained in terms of differing standards of hygiene. I suggest that rather than accepting lower standards as a norm, invalids had expectations equal to those of their institutional superiors. The problem they faced is that those who visited and inspected the institutions either did not see, or did not wish to see, through the veneer of institutional cleanliness; or else they had adopted a viewpoint that invalids were content with conditions lower than would be acceptable to the uninstitutionalised lower orders. Burke clearly shows that at least one inmate was not willing to accept such double standards.

Like Burke, Francis Freyerman (or Frayerman) was an inmate who Withrington would have preferred to keep quiet. Sometime in late

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3 ibid.
September, or early October 1882, Freyerman managed to smuggle a complaint out of the NTCI to the Governor. This list of grievances was handwritten in a very small and fine script on the back of a piece of scrap paper. Both direct and revealing of conditions and inmate values, it read:

- The way in which meals are supplied to the sick in the dormitories
- The coldness of the dormitories
- Visits of Medical Officer
- The crowded and filthy state of the smoking room.
- Dirty condition of clothing & bedding
- The Urine tubs at night, no covers to them
- Disorder in mess-rooms at meal times
- Improper licence given to Wardsmen
- Old and Rusty state of pots and dishes
- Sick men in dormitories not visited by medical officer or dispenser
- Men often beaten by wardsmen or otherwise ill treated

Withrington responded to this critique of his management of the New Town institution in a customary manner of denial combined with character assassination. In a report he forwarded to William Moore, the Chief Secretary, on the subject he tainted the validity of Freyerman’s accusations by questioning his motive, reliability as an honest individual and sanity. Withrington described Freyerman as:

an old Imperial prisoner schooled at Port Arthur, and thoroughly versed in all subjects calculated to impose upon the credulity of others — plausible in speech and demeanor — insolently, irritating in his language, and annoying by a put on excess of politeness — imprudent in the extreme and would if he possessed sufficient influence over his many fellow men, cause great inconvenience to the discipline of the institution.

He further went on to add that Freyerman was ‘a deceitful mis-chief maker’, ‘indolent in the extreme’, a fraudulent and dishonourable imposer, who regularly absconded from the institution in order to obtain opium. According to Withrington, Freyerman was ‘an inveterate opium eater’. 

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6 Ibid.
7 Ibid.
Along with Withrington's detailed rebuttal of Freyerman's claims, Moore also attached Freyerman's conduct record when forwarding the file of this case to the Governor. From this we learn that Freyerman did indeed have a long association with the convict system. He arrived in Van Diemen's Land on 20 August 1843, aged 32 and was released from the first stage of probation exactly three years later. However, offences for drunkenness and larceny delayed his progression towards a conditional pardon. He eventually received his ticket-of-leave in mid 1848 and a free certificate in early 1850. However, subsequent offences for forgery in late 1852 and early 1858 were to see him remain incarcerated within the penal system until he was granted a free pardon early in 1868. All in all, Freyerman spent some 21 years confined in penal institutions. While both Withrington and Moore used this information to tarnish the efficacy of his complaints, there is another way to view Freyerman's record. His experience of life was not atypical of the invalid pauper population as a whole. Freyerman was not a respectable immigrant who had fallen on bad times in his later years, but rather a recidivist ex-convict who unable, or unwilling, to make an honest attempt at supporting himself had to be provided for in his old age by the public purse.

If we are to believe the mantra of the bureaucrats, administrators and visitors to public institutions, then cleanliness, order and discipline were major objectives that the middle class intended to impose upon the emancipist class which generally made up the population of charitable institutions. These were the performance standards by which administrators sought to be measured by their peers. And yet, these were the very issues of contention that Freyerman raised against the New Town authorities. Not that he and his fellow inmates were subjected to too much cleanliness, order and discipline but rather that there was insufficient attention paid to these aspects of their management.

Freyerman's complaints can be broken down into four main points. First there was the concern for the manner in which his fellow inmates were treated, particularly those who were sick. This may have been a means to
ingratiate himself with his fellow inmates, but the emphasis on medical treatment is in keeping with earlier complaints made by other invalids and represents a genuine issue within the aged pauper community. Freyerman also voiced a general recognition by the invalids that they had particular age-related medical problems and needs which required specialised care and architectural solutions. They recognised that they needed regular visits and access to medical practitioners and that they needed increased warmth. In this context, Freyerman’s complaints can be seen as those of a more literate invalid, pro-actively lobbying for improved conditions based upon a direct experience of the problems faced and the inadequacy of the solutions then currently on offer.

The three remaining significant areas of complaint related to the ‘holy trinity’ of institutional management — cleanliness, order and discipline. Of these three cleanliness, or rather the lack of cleanliness, is most prominent in Freyerman’s criticisms. It is worth noting that these complaints regarding a lack of cleanliness mirror similar protestations made in the preceding decade. In the mid 1870s invalids at Port Arthur were reported to have complained about the infrequency of issues of clean clothes and bedding, leading to a state of uncleanliness. There is corroborating evidence that this was indeed the situation. A report in The Mercury related a first hand inspection of Port Arthur in which the correspondent revealed that the only complaint heard from the inmates of the invalid depot was that ‘the bedding and clothing were not changed often enough for purposes of cleanliness’. As the reporter had no time to verify this, he could not state categorically that this was the case, but he also viewed the hospital and was critical of its lax supervision, the use of helpless invalids as wardsmen, and the condition of the interior which he described as ‘the reverse of cleanly’. He also noted that both lice and bed bugs were present.

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8 Brand Papers, 3, p. 404.
9 The Mercury, 26.2.1877, p. 2 c. 7. p. 3 c. 1.
10 ibid.
In an editorial entitled 'Our Aged Poor: An Appeal', *The Church News* related a similar case of dissent regarding the cleanliness, order and discipline in charitable institutions, which had been relayed to it by an ex-inmate. The editor was critical of the then existing system of administering charitable relief to aged paupers, stating that it 'must to a large extent be written down as a failure.' Indeed, the editor went further stating that 'the system is in some respects a blot upon our Christianity, and an evil crying to our Father in Heaven.' While recognising the need for discipline in invalid depots the problem, as expressed by the editor, was not so much that there was too much discipline but that '[i]n some respects it is apt to be too slack.' In his opinion, it was this want of discipline that was the source of suffering for many inmates. The case of one old man, who refused to enter a depot was relayed. This old man apparently preferred death in the bush rather than life in an invalid depot 'because he had been there, [and] found the cursing and swearing and abundance of vermin made life intolerable.'

What is significant about these protests against the lack of cleanliness and filthy conditions is that they were diametrically counter to those repeatedly expressed by the vast majority of middle class persons who visited, inspected and reported upon the conditions they observed within the institutions. How can this be? How is it that one group of individuals, exclusively middle and upper class, could state that the institutions exuded cleanliness, while another, predominantly the pauper/emancipist class, protested that they were housed within space noteworthy for its filth? There are really only three possible explanations for this state of affairs. The first is that one and/or both sides of the disputation were either lying or exaggerating about the actual conditions present. The second, and possibly more plausible explanation, is that each of the two groups involved had different standards of cleanliness. What one group saw as cleanliness, the other saw as filth. The problem with this interpretation is that we know that cleanliness and issues of sanitation

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11 *The Church News*, 1.7.1891, p. 488.
12 *ibid*.
13 *ibid*.
were very much to the forefront of late Victorian middle class thinking. If this account is accurate, then one must accept the likelihood that the poorer classes, or at least those with first hand experience of penal institutions, set higher standards of cleanliness than those who controlled and supervised them. The third possibility is that the dominant class exercised a double standard in respect to pauper invalids. While setting a high standard of cleanliness for themselves and the spaces in which they lived, they permitted a prejudiced perspective of the morals and values of paupers to allow them to accept a lower standard for the spaces in which this class was accommodated. The dispute over institutional cleanliness, therefore, can be perceived as the chasm between the middle class perspective of paupers and the paupers' perspective of themselves. In a sense this debate reflects how little the dominant class understood the value systems of those they sought to control and in some respects how much greater the unity between the two were in regard to certain standards.

In relation to the issues Freyerman raised, it is worth here considering the reliability of evidence presented by administrators and official visitors on the management of charitable institutions. There was a marked degree of difference between what these individuals had to say about the institutions

14 ibid.
15 While predating the flowering of British reformist thought of the early 1830s the importance of sanitation and hygiene in relation to public health issues, and the adoption of cleanliness as a virtue by the middle class, were undoubtedly given impetus as a result of Edwin Chadwick's, Report on the Sanitary Condition of the Labouring Population of Great Britain (London, 1842). Chadwick's message was quickly picked up and preached by growing numbers of sanitarians throughout the Atlantic world. One of the strongest proponents of this gospel, in Tasmania, was Dr Edward Swarbreck Hall, long time health officer for Hobart Town and Chairman of the Executive Committee of the HBS in the early 1870s. Extensive outbreaks of epidemic disease throughout the nineteenth-century ensured that sanitary reform, particularly within the urban context, remained at the forefront of middle class consciousness. By the last quarter of the nineteenth-century grossly substandard sanitary conditions, extant in all the major cities of the Australian colonies, saw local governments commence substantive sanitary improvement schemes. Municipal authorities were supported and encouraged in their reform programs by the rise and expansion of middle class advocacy committees in the form of 'sanitation improvement societies'. These organisations were puissant hygiene educators, seeking to get their message into the community. A discussion of this topic in relation to Melbourne can be found in D. Dunstan, 'Dirt and disease' in G. Davison, D. Dunstan and C. McConville (eds), The Outcasts of Melbourne: Essays in Social History (Sydney, 1985), pp.
compared to those comments we can reliably attribute to inmates, and there was also a considerable degree of variation and conflict in the testimony given by members of the middle class. This discrepancy in opinion is well exemplified by a confrontation which developed between Dr Edward L. Crowther and the administrators, principally Dr George Turnley of the HGH, over issues concerning the cleanliness of the institution and aspects of medical management in mid 1875. In August of that year, aware that management issues related to the hospital were to be discussed by the Legislative Council, Crowther commenced a campaign to pressure the government into upgrading medical practices, in keeping with those in English hospitals. He also wanted the government to adhere to earlier decisions, especially in regard to the use of the old female hospital building at the rear of the HGH, which in the previous year a select committee had recommended be pulled down.\textsuperscript{16} The \textit{Mercury} concurred, describing the building as being in 'a very dilapidated condition'.\textsuperscript{17} This structure, despite renovations in 1860 to permit reuse by female invalids, was subsequently condemned in the early 1860s and closed.\textsuperscript{18} Having laid vacant for some 12 years, the hospital authorities had recently recommenced using it as both accommodation for hospital staff and infectious patients (suffering primarily from diphtheria and erysipelas, but also typhoid and scarlatina). This action, and an impression that the hospital was not following contemporary best practice, particularly in regard to cleanliness, hygiene and sanitation, resulted in Crowther rather surreptitiously carrying out an inspection of the hospital in the company of Charles Meredith, a Member of the Legislative Council, on

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\textsuperscript{140-71; and, the Tasmanian case is explored in S. Petrow, \textit{Sanatorium of the South?: Public Health and Politics in Hobart and Launceston 1875-1914} (Hobart, 1995).}
\textsuperscript{15} THAP, 27, 1874, Votes and Proceedings, 19.9.1874, p. 115. The actual report of the Select Committee was scathing of the management and conditions it encountered at the HGH. They stated that 'in many important essentials the General Hospital, as compared with Institutions of a similar character, is in a most defective state' and they concluded that the HGH could not 'claim for itself the character of a first-class Establishment'. On the contrary it was seen as not only being defective, but greatly behind the age, requiring numerous alterations and improvements. (TLCP, 20, 1874, Paper 66, p. 3.) Given that the government was already in receipt of this report it is difficult to imagine how they, and in particular the Colonial Secretary, could have so vigorously defended the hospital against Crowther's accusations.
\textsuperscript{17} The \textit{Mercury}, 12.6.1874, p. 2 c. 7.
\textsuperscript{18} TLCP, 1875, Paper 81, p. 9.
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20 August 1875. What they found induced the Governor, the Colonial Secretary and Meredith to carry out an official review a few days later. The results of Crowther's original visit were subsequently exposed to a wider audience when they were reported in The Mercury. On the same day Crowther had his father William L. Crowther, another Legislative Councillor, hand the Colonial Secretary a memorandum outlining his concerns.

Crowther listed 11 shortcomings:

1. A delirious was keeping a whole ward awake, and had done so through the night.

2. In wards crowded with patients there were some bad cases of erysipelas, thus not only endangering the lives of those near them, but poisoning the wards for months.

3. The private patients' ward is nothing but a dirty empty room, and as such would not be tolerated in an English Union Workhouse, much less in a Hospital, in the United Kingdom.

4. Nothing can be more disgusting than the condition of the cells. A statement of their contents will show this: a mattress on the floor; a leather bucket for a urinal; a human being.

5. Hot water is not laid on to the bath-room, thus nullifying important treatment, and in urgent cases risking human life.

6. The nurse's quarters is one small room, which has to do for sitting and sleeping room.

7. The walls are bare. There are no pictures nor texts, such as cover the walls of the smallest hospitals in England.

8. The foul [those suffering from venereal diseases] and clean patients are mixed together. This peculiar to this Hospital.

9. There are no means of separating the dying from the living.

10. The general condition of the old building is disgraceful. Condemned as unfit for human habitation, it contains numerous patients and helpers in the establishment. Some of the unused rooms are full of straw, filth, and sundries.

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19 *ibid.* The conditions which Crowther exposed demonstrated a lack of adherence, in particular, to accepted sanitary standards. There can be little doubt that the administrators of the HGH were aware of these norms as outlined in documents such as the *Report on the Sanitary Condition of the Army*, published in 1858. Indeed, this particular report had been used extensively in 1859 to improve sanitary conditions at the Orphan Schools. (*TLCP*, 5, 1860, Paper 26, p. 5.)

11. The condition of the surroundings of the old building is in several instances disgusting.\(^{21}\)

In addition to this Crowther alleged that considerable effort was expended in cleaning and improving the condition of the hospital between his and the Governor's visit. In the parliament the Colonial Secretary gave a blanket denial of all Crowther's and The Mercury's allegations stating that 'they were untrue, and wilfully and intentionally written to mislead.'\(^{22}\) Whether to exonerate the HGH or test the accuracy or otherwise of the allegations, parliament ordered that an official inquiry be made into the matter and established a Select Committee for this purpose. The evidence presented to this committee exposed wide chasms in middle class perceptions of institutional hygiene, provided insights into facets of inmate life in other eleemosynary institutions and seriously questioned the reliability of official visitor interpretations of institutional management.

Turnley denied the allegation that the hospital had been spruced up for the Governor's visit stating that 'no unusual cleaning was effected.'\(^{23}\) However, witnesses examined by the Committee leave little doubt that Turnley was dishonest with regard to this matter. Sarah Jeffery, who was visiting her brother-in-law, then a patient housed in the old hospital building, stated before the Committee that the building was given a more than ordinary clean following Crowther's visit.\(^{24}\) David Champ, who had also being visiting the building at this time said following the Governor's inspection that 'I think during the week a strenuous effort had been made to clean the place up.'\(^{25}\) Prior to this he had found the diphtheria ward to be filthy dirty, stating that the floors, night stools, chamber vessels, and bedding were all 'covered with saliva and blood spit (*sic*) up by the patients.'\(^{26}\) However, following Crowther's visit he found it 'was very clean; more than ordinarily so.'\(^{27}\) John

\(^{21}\) TLCP, 1875, Paper 74.
\(^{22}\) TLCP, 1875, Paper 81, p. 10.
\(^{23}\) TLCP, 1875, Paper 74.
\(^{24}\) TLCP, 1875, Paper 81, p. 18.
\(^{25}\) ibid.
\(^{26}\) ibid.
\(^{27}\) ibid.
McKendrick, then a patient of No. 5 Ward, stated to the inquiry that following Crowther's visit he 'saw the wardsman cleaning out the ward from end to end' in a manner not previously undertaken and that he was requested to assist in this labour. William Foote, an invalid 'helper' at the HGH, who resided in the old hospital building, told the inquiry that he removed the equivalent of two to three barrowfuls of duck and turkey dung from the yard of the old hospital after Crowther had seen it. He also informed the committee that a closet, used by the hospital's servants, at the rear of the old building had been closed following Crowther and Meredith's visit by having an old ventilator placed in front of it. Joseph Hardy, another helper described this closet prior to the initial inspection as consisting of 'tubs, and a sort of sham seat' which was at the time of this visit 'in a dirty state.'

While we can reasonably assume that special and infrequent visitors to charitable institutions, such as the Governor, could be fooled in regard to their usual operating practices and cleanliness, as demonstrated above, this does not explain the difference in opinion viewed by those who had either inmate knowledge of institutions, or else visited them regularly. Continuing with the case at hand it is worth noting the great degree of variation in relation to cleanliness, hygiene and sanitation at the HGH. With the exception of Crowther, medical personnel expressed satisfaction with the standard of cleanliness at this institution. Turnley stated that while some of the wards were 'old and dingy-looking', he denied that any wards housing patients were dirty. In fact he went much further stating:

I don't believe there is a better, more efficient, or cleaner hospital in the Australian Colonies. In fact I don't think it would be possible to have better wards for the treatment of patients.

Doctors Smart, Bright and Agnew supported Turnley in this. They all gave evidence as to the cleanliness of the hospital. Likewise there were numerous

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28 ibid., p. 3.
29 ibid., p. 2.
30 ibid., p. 1.
31 TLCP, 1875, Paper 74, p. 5.
visitors prepared to state that they had encountered nothing but the utmost of cleanliness. *The Mercury*, in a detailed review of the hospital in 1874 had given the institution an enthusiastic endorsement. It had stated that it had ‘found everything in good order, the patients supplied with all necessary comforts, and an air of cleanliness and good management which is creditable to the officers.’

The Reverend C. P. Woods, who had been in the habit of visiting the hospital since the early 1860s, stated that the general condition of the old building was clean and that he ‘could see nothing objectionable in it, except it was too hot in summer.’

Robert Andrew Mather, a weekly visitor to the hospital and a former chairman of the Board of Management, with a 15 year association with the hospital, expressed confidence in the then current management, denied the existence of complaints regarding poor medical treatment, and vouched for cleanliness of the establishment and comfort shown to patients.

Another weekly visitor to the hospital was the merchant Charles Dowdell. He told the committee that he had always found the hospital to be clean, and further, that he had never noticed anything disgusting in the yard of the old building. This, despite the evidence presented to the committee that barrow loads of fowl dung were removed following Crowther’s visit.

Dr Henry Perkins told the committee that he thought the HGH a clean and well ventilated hospital which compared well to similar institutions in provincial Britain. Likewise, Dr Henry Butler stated of the main hospital building that he thought ‘it clean and well ventilated, and as good a hospital as you would find in a provincial town of similar size to Hobart Town in England.’ With regard to the old hospital buildings his comments were not quite so enthusiastic, stating that they were ‘not so good as the front building,

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32 TLCP, 1875, Paper 81, p. 7.
33 TLCP, 1875, Paper 81.
34 *The Mercury*, 12.6.1874, p. 2 c. 6.
36 *ibid.*, p. 13.
37 *ibid.*, p. 6.
38 *ibid.*, p. 21.
39 *ibid.*, p. 19.
but the wards [were] kept clean.\textsuperscript{40} He said he had seen no filth at the rear and that he did not consider the condition of the old hospital a disgrace. Indeed, quite the opposite, maintaining:

\begin{quote}
The female diphtheria ward is cheerful, clean, and in a much better condition than the habitations which nine people out of ten are placed in. The male ward is clean, but not so cheerful: rather inferior, but adequate for the purpose. The private ward is always clean: and both the patient occupying it and his friends express themselves perfectly satisfied.\textsuperscript{41}
\end{quote}

Sarah Jeffery was one diphtheria patient's friend with who Butler could not have communicated. She told the committee that it was her opinion that this ward was not 'fit to put a pig or a dog in.'\textsuperscript{42} She also said that she had found this ward and the passages to it in 'a most filthy state.'\textsuperscript{43} Indeed, she was so disgusted that she paid the attendant a gratuity to 'have spoons cleaned, saliva wiped from the floor, and chamber vessels emptied.'\textsuperscript{44} Likewise, the wife of George Bantick, a diphtheria patient, in a written statement to the committee stated that 'the place was dirty.'\textsuperscript{45}

Butler's comment that the wards were in much better condition than the average residence of the poor, exposed a prejudice and bias on the part of the medical fraternity which possibly blinded them to some extent to the realities of conditions to which patients were subjected. At the very least his statements suggest that doctors applied a different standard in relation to members of the poorer classes than they applied to themselves and their own class. Charles Seager, the House Steward at the HGH, told the inquiry that in the trained eyes of 'those used to Government establishments it is not disgusting.'\textsuperscript{46}

\begin{footnotes}
\item[40] ibid.
\item[41] ibid.
\item[42] ibid., p. 18.
\item[43] ibid., p. 17.
\item[44] ibid., p. 18.
\item[45] ibid., p. 21.
\item[46] ibid., p. 5.
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Crowther’s memorandum had stated that nothing could ‘be more disgusting than the condition of the cells.’ These spaces were used to house patients suffering from delirium tremens and violent individuals under observation for insanity. Again, the medical community refuted Crowther’s allegation. Turnley’s comment on the cells was representative of their views. He argued that beyond ‘being gloomy there is nothing disgusting about them; they afford a fair area of breathing space, and are well ventilated.’ Yet Meredith, who had accompanied Crowther on a visit to one of the cells, reported to the committee that ‘there was such a horrid smell I was glad to get out of it.’ The patient that was confined to this cell at this time was almost certainly one James Chamberlain, who was suffering the effects of delirium tremens. His sister-in-law, Alice Chamberlain, visited him once, sometimes twice a day, and her testimony concurs with that of Crowther and Meredith. She stated that when he left the hospital he was in a most filthy state, with his body, clothes, and change of dress infested with lice. She felt perfectly satisfied that he contracted them whilst in the hospital, as when she visited him in the cells she also got them on herself. She further stated that during the seven days James was confined in the cells, they were not cleaned out nor the bedding changed.

The Reverend F. B. Sharland, who was a regular visitor to the hospital, told the inquiry that while he found the wards to be generally clean it was his opinion that the hospital did ‘not compare at all favourably with the Sydney Hospital. Everything seemed to be cleaner and more comfortable there.’ Of the old building he stated that it was ‘dirty, and the floor not fit to kneel down on’ and that he held service in it on Sundays, and could scarcely find a clean place to put his hat down. Sharland also told the committee that he had heard patients complaining ‘that their cases had not been attended to, sometimes for a week’, and of accusations of cruelty by wardsmen towards

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47 TLCP, 1875, Paper 74.
48 ibid.
49 TLCP, 1875, Paper 81, p. 12.
50 TLCP, 1875, Paper 81, pp. 8-9.
51 ibid., p. 13.
bedridden patients. Sharland's evidence thus supported Crowther's position. Even Dr Bright, who came out in support of Turnley and the hospital, was not prepared to state that the criticisms levelled by Crowther were inaccurate, rather, that they were 'exaggerated and unfair.' This sentiment is common amongst those witnesses who gave testimony in support of the administrators. They were prepared to accept that there needed to be improvements but were not able to admit that their perspective of the hospital was mistaken. The evidence points to Crowther being wrong on some points of fact, of embellishing the severity of some issues, of understating the seriousness of others, but overall being close to the mark, even by the standards of the day.

As the inquiry demonstrated, by the mid 1870s considerable divisions had appeared in middle class attitudes to the treatment of pauper invalids. This reflected a change in what constituted acceptable standards of treatment for both hospital patients and invalid depot inmates. Those individuals prepared to accept the status quo, such as Turnley, were characteristic of an old guard, while Crowther and his supporters represented a new thinking — an outlook which had already started to impact favourably upon the lives of persons within public charitable institutions.

While the inquiry upheld the existing system this time, similar criticisms of the HGH’s administration and medical management made a year later by its nursing staff elicited a Royal Commission of Inquiry into the general condition and management of the hospital. The complaints which initiated this Royal Commission were made by hospital nurses recently arrived from

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52 ibid.
53 ibid.
54 ibid., p. 16.
55 For example, as regards to the second of Crowther’s complaints concerning the non-segregation of patients suffering from erysipelas it is clear that the procedures for handling such cases at the HGH were woefully inadequate and out of date. Despite local medical support of Turnley not always separating these patients, Dr Aitken’s Science and Practice of Medicine, vol. 1 (4th edition), the then standard work on the subject, completely supported the position taken by Crowther.
56 TLCP, 1877, Paper 4.
Sydney, and trained in the 'Nightingale system'. While their arrival may not have been welcomed by those male doctors and administrators who had defended the status quo at the HGH the year before, there was a great deal of expectation on the part of those seeking to reform the internal management of this and other charitable institutions. They had 'long-looked-for' their arrival, trusting that they could 'reasonably look for a very great improvement in the details of management at the Hospital.' The reformers, however, were not naive, especially given their loss the previous year. They recognised that they could not 'expect all to be pleased with so radical a change in the system of nursing at a large public institution', but they felt sure that their opponents would be persuaded by the benefits that such change would bring and would eventually support the reforms they advocated. The Royal Commission reported major failings in both medical treatment and general administration of the hospital, and unanimously agreed that all complaints made in respect of the hospital's management were well founded. In a significant blow to the old order the nurses were wholly vindicated. While it took this commission to force change on the old guard at the HGH it is fair to say that the arrival of the Nightingale nurses paved the way for a new regime. In many respects the fight over reforming the HGH represented the first substantive win in the transformation of Tasmania's nineteenth-century charitable institutions.

Freyerman was not the only inmate to allege unhygienic conditions at New Town. In October 1885 the Reverend G. W. Shoobridge intervened on the behalf of one Roger Harvey, an inmate of the New Town establishment, who

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57 The 'Nightingale system' was based upon the teachings of Florence Nightingale who had a major impact upon the professionalisation of nurses, improvements in the designs of hospital wards (as expressed in the pavilion design) and in measures to make hospitals more sanitary environments. For details on the system of nursing she ushered in and its impact upon hospital and medical culture, see L.C. Selanders, Florence Nightingale: An Environmental Adaptation Theory (Newbury Park, 1993) and M.E. Baly, Florence Nightingale and the Nursing Legacy (London, 1986). For an analysis of its introduction into the Australian context, see J. Godden, 'A lamentable failure?': the founding of Nightingale nursing in Australia, 1868-1884', Australian Historical Studies 117 (October, 2001), pp. 276-91.

58 Church News, 1.2.1876, p. 401 c. 2-3.

59 ibid.
had complained of the want of cleanliness in the NTCI.\textsuperscript{60} In compliance with rule 40 of the \textit{Regulations for the New Town Charitable Institution} inmates were not permitted to wear their own private clothing but instead were required to wear government issued clothing.\textsuperscript{61} Harvey complained that the clothing given him to wear was infested with lice.\textsuperscript{62} If correct, this would have been in violation of rules 38 and 39 of the regulations which required the head warder of the male division to ensure a supply of clean clothing be maintained and that clean items were regularly supplied to inmates.\textsuperscript{63} Shoobridge, by his own admission, did not readily accept the word of inmates, stating:

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I am well aware from more than ten years experience of the inmates of Charitable Institutions, that their complaints and statements should be listened to with caution.\textsuperscript{64}
\end{quote}

He was, however, prepared 'to place more reliance upon Harvey's statements than on those made by most persons of his class'.\textsuperscript{65} The conspicuous absence in the file of any negative assertions regarding Harvey's character is indicative of this man having a free migrant, as opposed to convict, background. Further, Shoobridge found Harvey's allegations to accord with his own observations of the presence of lice at the Brickfields.

The weight of evidence about the problems of lice within this, and other, charitable institutions suggests that lice were an endemic problem within these spaces and that inmates found this unacceptable. In reality it was one that Ayde Douglas, the Chief Secretary, and other members of parliament, would have known existed. Less than two years prior to Harvey's complaint a select committee of the Legislative Council, inquiring into internal and general management of the New Norfolk Hospital for the Insane, had exposed an attempt by Dr Macfarlane, the Superintendent, to hide the

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\item AOT: CSD 13/86/1871, Shoobridge to Chief Secretary, 8.10.1885.
\item The Hobart Gazette, 19.8.1885, p. 1192 c. 2.
\item AOT: CSD 13/86/1871, Shoobridge to Chief Secretary, 8.10.1885.
\item The Hobart Gazette, 19.8.1885, p. 1192 c. 2.
\item AOT: CSD 13/86/1871, Shoobridge to Chief Secretary, 8.10.1885.
\item \textit{ibid.}
\end{enumerate}
\end{footnotesize}
circumstances surrounding the case of a patient named Rae. In late November 1883, Mrs Rae had written to Macfarlane begging him to ‘get rid of the vermin’ that her husband, a patient, was ‘smothered with.’ At no time did Macfarlane deny that Rae and other patients were subject to an infestation of lice. That such unhygienic conditions were almost certainly the reality of institutional space has consequences in regard to the spread of diseases, such as typhus.

The new 1885 NTCI regulations make it clear that cleanliness was perceived as a very important component of institutional life. Rule 8, for example, the second in relation to the assistant superintendent and storekeeper stated ‘[h]e will use his utmost exertions to secure the strictest cleanliness.’ In like manner the matron was responsible for ensuring ‘that the whole division is clean and tidy for the inspection of the Superintendent at 11 o’clock A.M. each day.’ The issue of cleanliness, especially personal hygiene, for which there were several rules, was intimately linked to controlling the introduction, spread and infestation of the institution with lice. From the moment of their arrival in the institution, inmates were subjected to measures designed to assist in the prevention of the introduction of lice. They were not permitted to wear their own clothing, which along with their swags and other personal belongings were placed into storage. This measure not only symbolically signified the nature of the institution, but it was also intended to prevent the introduction of lice. But, as seen in Harvey’s evidence, the inmate was more than likely to become infested at this stage with lice from the government supplied clothing. In having regard to checking the introduction of lice, admission saw enforced cleansing of new arrivals and, if deemed necessary, the cutting of their hair. Under rule 76 men were not permitted to have hair ‘of such a length as to interfere with cleanliness.’ Overall, the presence of these rules relating to personal cleanliness are indicative of the institution’s

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66 See file CSD 13/70/1265.
67 AOT: CSD 13/70/1266, Rae to Macfarlane, 28.11.1883.
68 Regulations for the NTCI see The Hobart Gazette, 19.8.1885, p. 1191 c. 2.
69 ibid., p. 1192 c. 1.
70 ibid., p. 1194 c. 2.
experience with lice infestations and the need to put in place measures which enabled at least an attempt to control the severity of this problem. Given these rules, the statements of inmates and external observers who record the presence of lice within the NTCI should be accepted.71

While debate within the middle class and amongst paupers over hygiene and cleanliness inside charitable institutions was evident in the proceedings of the 1888 Royal Commission, this inquiry did not resolve the issue. In an 1889 inspection of the NTCI, Young and Dooley found the male quarters to be ‘as clean as can be expected considering the habits of the inmates’ and on the female side order and cleanliness were remarkable with beds, bedding, clothing and inmates as clean as soap and water could make them.72 They noted but a single exception to this portrayal of cleanliness and that was one of the male hospital wards in which were accommodated ‘some people whose infirmities make it impossible to keep their bodies and bedding always quite clean.’ There is considerable evidence that New Town was nowhere near as clean or hygienic as Young and Dooley would have us believe. At virtually the same time as they were carrying out their inspection, the institution was criticised in the columns of The Mercury for the presence of vermin. Responding to these accusations in a private report to Philip Fysh, the Chief Secretary, George Richardson, Superintendent of the NTCI, admitted the existence of chronic problems with both lice and bed bugs.74 But it was not only cleanliness which was suspect at New Town. There were also

71 There is considerable evidence that lice was present in other invalid depots. For example, the Head Warder of the Cascades Invalid Depot reported their presence on the increase in May and June, 1879. But in a complete lack of understanding of the process of transmission authorities at this institution punished individual inmates for their presence, such as George Sizman who had his tobacco stopped for a week, because lice were found in his bedding. (AOT: AA 492/1, Cascades Invalid Depot Head Warder’s report book, 11.7.1877 to 9.7.1879.) Rather than incoming invalids, or dirty inmates, being the culprits for continuing re-infestations there is strong evidence that lice moved between various government institutions amongst bedding and clothing which had either been sent out to be washed or was being supplied from a central supply. Thus, it was not necessarily poor personal hygiene on the part of inmates who were to blame for the presence of lice but rather substandard hygiene protocols on the part of administrators.


73 ibid.

74 AOT: CSD 16/13/57, Richardson to Chief Secretary, 4.10.1889.
question marks over hygiene and sanitation. As late as mid 1893 there were 'no water closets throughout the entire establishment; earth pans only being used.' These primitive sanitary arrangements maintained an environment allowing contagious diseases, such as typhoid, to flourish. By this time the linkage between poor sanitation and drainage, and disease was well established. Fysh and the government had to look no further than the asylum at New Norfolk to be reminded of this relationship, there having been outbreaks of typhoid linked to inadequate drainage in 1887, 1888 and 1890.

In an 1891 review of the LID, Richardson, in his position as Administrator of Charitable Grants, was highly critical of the state of cleanliness of both the institutionalised and the institution. He reported that there was 'a very untidy and dirty appearance about the majority of the inmates'. This he attributed to a number of causes. He said that while baths had recently been installed, the men seldom voluntarily resorted to their use and that there appeared to him to be no system enforcing their application. He believed that the wearing of their own clothes, as opposed to an institutional uniform, and 'the want of a better attention in haircutting, shaving and boot cleaning' all attributed to the inmates appearing shabby. As was the case at the NTCI, the Launceston depot was also infested with lice. Richardson suggested the

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75 AOT: CSD 16/13/57, Douglas to Secretary New Town Local Board of Health, 18.5.1893.
76 Prior to 1886 the municipal councils of Hobart and Launceston had to be aroused into responding to sanitary problems, usually the provocation being public outcry following an epidemic. Stefan Petrow has argued that from 1886 onwards sanitation became an important issue in local politics. The impetus for this appears to have been an increase in the frequency of epidemics of infectious diseases, particularly typhoid fever, and a recognition by the community that these were largely preventable through improved sanitary conditions. See Petrow, Sanatorium of the South; and, S. Petrow, 'The politics of sanitary improvement in Hobart in the 1880s and 1890s' Tasmanian Historical Research Association, Papers and Proceedings 31: 1 (1984), pp. 7-19.
77 CSD 16/16/97 & CSD 16/9/16. The institution's annual report for 1889 recorded that: 'The yearly occurrence of typhoid fever in the Female Department of the Institution must be due to some insanitary condition connected either with the drainage of the Institution or with the streets bounding it on the west and north sides. Mr Mault, the Sanitary Engineer to Central Board of Health, has twice reported upon the drainage of the institution, and has made a number of recommendations with regard to its improvement, but none of these have been carried out.' (TPP, 20, 1890, Paper 7, p. 3.) Typhoid also struck other institutions and represented a threat not only to inmates but also staff. For example, two nurses, Frances Briant and Isobel James, died of typhoid at the LGH in 1886. (TPP, 11, 1887, Paper 4, p. 3.)
78 AOT: CSD 16/10/27, Richardson to Chief Secretary, 17.8.1891.
prime source of this 'vermin' was new arrivals. Fumigation of the depot was unlikely to be effective if tighter controls were not introduced to ensure lice were not reintroduced with new inmates. He indicated that the forming of a receiving ward at New Town had gone some way to controlling this problem and, he recommended the immediate establishment of such a ward at the LID. Not only was criticism levelled at the condition of the inmates but also at the state of the institution's grounds. This Richardson found to 'present an untidy and neglected appearance.'

Richardson's critique adds weight to the argument that the institutions were not the bastions of cleanliness that official reports and visitors made them out to be. It gives substance to the complaints made by invalids that charitable institutions were dirty, unhygienic and insanitary places which fell well below the standards acceptable to invalids, a group painted by bureaucrats, such as Fysh, as having 'inbred dirty habits'. Increasingly, issues related to the management of Tasmania's aged poor, such as institutional cleanliness were to be points of contention, not only between invalids and their administrators, but also within the middle class. These altercations drove the change which was to see the aged and infirm poor accepted as deserving members of society.

79 ibid.
80 ibid.
81 AOT: CSD 16/10/27, Fysh to Superintendent LID, 2.9.1891.