Fever, Immigration and Quarantine in New South Wales, 1837–1840

Katherine Foxhall*

Summary. Between 1837 and 1841, the New South Wales colonial government quarantined fifteen British and Irish ships, all for typhus. The article argues that the voyage destabilised the medical identity of fevers in general and typhus in particular. Yet, the political significance of the disease travelled intact, and fed directly into broader contemporary political debates in the Australian colonies about poverty, immigration and their political relationship with Britain. These quarantines provided a platform for colonists and immigrants to contest the causes and significance of the disease. Historiographically, the article contributes to debates about quarantine, politics and immigration. By emphasising the importance of the voyage as a pathological event, it contributes to our understanding of the role of time and distance in the spread of disease and disease knowledge in the nineteenth century.

Keywords: Quarantine; fever; typhus; migration; Australia

On 4 November 1836, the Lady MacNaghten sailed from Cork with 412 immigrants.1 The ship’s company largely consisted of families selected by the British government’s Emigration Committee. The surgeon’s journal portrayed a constant battle with fevers, measles, dysentery and whooping cough during the three-month voyage. He lamented that so many families and young children, apparently entirely unsuitable as settlers, had been allowed to embark on such a long voyage with few spare clothes and inadequate quantities of medical comforts.2 By the time the Lady MacNaghten sailed into Sydney Harbour on 26 February 1837, ten adults and 44 children had died.3 The ship’s surgeon was dangerously ill, and the Colonial Assistant Surgeon reported that 90 persons on the Lady MacNaghten were sick; seventy ‘in a state of total helplessness’, the others ‘weakly convalescent’ with a contagious fever.4 A cabin passenger confirmed that ‘a change had taken place in the disease from the 1st January to our arrival here and that Typhus fever became prevalent’.5

The Sydney newspapers reacted immediately to the arrival of the Lady MacNaghten. On 27 February, the Sydney Morning Herald declared the arrival of a ‘fever ship’. It hoped ‘that

1I refer to emigrants as people in the process of emigrating; immigrant specifically denotes their identity at the point of arrival. However, contemporaries often refer to emigrants throughout the process; in these cases, I retain their original usage.
3Foley 1995, p. 25.
4British Parliamentary Papers (hereafter BPP) 1839, Minutes of Evidence James Stuart, p. 35.
5TNA, CO 201/269, Evidence of Henry Bingham.

*Department of History, Kings College London, Strand, London WC2R 2LS, UK. E-mail: katherine.foxhall@kcl.ac.uk Katherine Foxhall is a Postdoctoral Research Associate at the Centre for the History of Science, Medicine and Technology at the University of Manchester. Currently, she is completing a study of nineteenth-century voyages to Australia, provisionally entitled Sickness at Sea, for Manchester University Press. In 2011, she joins the History Department at King’s College London as a Wellcome Postdoctoral Fellow.
the strictest attention will be paid to the quarantine regulations to prevent so dreadful a malady spreading to Sydney. The *Sydney Monitor* was more sympathetic, but also condemned the ‘deplorable state’ of the ‘ill-fated’ passengers of the *Lady MacNaghten*.

The following day, the Colonial Secretary ordered that the ship be quarantined; immigrants who remained ‘immediately free of disease’ would land and lodge in tents and sheds on shore, ‘leaving all those who are really infected’ on the *Lady MacNaghten*, which would become a hospital ship. The Colonial Secretary employed an experienced naval surgeon at the Quarantine Station, while Dr Bowler, the Governor’s surgeon, remained with the sick, having joined the ship before it entered the harbour.

The diagnosis of typhus on immigrant ships such as the *Lady MacNaghten* was instrumental in prompting the establishment of a permanent quarantine station at the entrance to Sydney harbour. Between 1837 and 1841, a further fourteen British emigrant ships performed quarantine, all for fever, representing about one in ten ships. But, these early Australian quarantines deserve further historical analysis. The Australian colonies embraced quarantine just as European governments began to abandon it. As Alison Bashford has shown, quarantine played a key role in Australian ideas about nationhood well into the twentieth century. Secondly, compared to diseases such as cholera, smallpox and yellow fever, typhus plays a minor role in the history of modern quarantine. Why did typhus become so important at this juncture?

The medical rationale for adopting a quarantine system seems clear; diseases that were common in Britain—including typhus, and measles—remained rare or absent in the Australian colonies, and these diseases could only arrive by ship. Yet this article starts from the observation that after 1828 the New South Wales Governor ordered quarantine exclusively against immigrant, rather than convict ships, even though the 1830s was also one of the busiest decades of convict transportation. There is no striking medical difference that suggests this divergent policy: dysentery, ophthalmia, catarrh, obstipatio, erysipelas, consumption and fevers dominate emigrant and convict surgeons’ journals. The government chartered the same vessels for emigrants as for convicts. The *Lady MacNaghten*, for example, sailed to New South Wales with convicts in 1835, before repeating the voyage with emigrants in 1837. Convicts and emigrants sailed the same route, encountered the same maritime environments, and were accompanied by the same naval surgeons with comparable authority and instructions.

However, this was a period of intense debate in New South Wales about immigration, settler relations with indigenous people, and the transition from penal to free society. The British government had introduced the first formal schemes of government-assisted
emigration, financed by colonial land sale, in 1831. Colonial Office sub-agencies such as the London Emigration Committee superintended this recruitment and chartered ships to sail to Australia. Although colonial legislature specified the criteria for eligibility, in 1834 the Poor Law Amendment Act also enabled parishes to assist the poor to emigrate. Colonists vociferously objected to the arrival, between 1832 and 1835, of boatloads of single women taken from institutions for destitute women. Influential colonists such as John Dunmore Lang, clergyman, politician and recruiter, increasingly complained that their money funded the immigration of ineligible British paupers. They directed their ire towards the British Emigration Committees, and John Marshall, a ship-owner contractor and agent who dominated early assisted emigration. These attacks, Haines argues, expressed ‘tense colonial reactions to imperial policy in an era when the home government was resisting demands from Sydney for self-determination’. Letters frequently appeared in colonial newspapers, as well as The Times, as colonists increasingly voiced their opinions on immigration and eligibility.

From 1836, two new schemes of emigration operated. Under the government system, in which naval surgeons selected emigrants, the Colonial Office chartered ships and provided free passage for emigrants. Under the bounty system the colonists specified, and paid for, the labourers they required. In both cases, emigrants had to fulfil criteria for eligibility. However, under the bounty system, colonists gained greater control over who they assisted because the receiving immigration officer could refuse to pay the bounty for immigrants he considered unfit on their arrival. While the immigrant was not refused entry, the ship-owner (rather than the colonists) bore the cost of their passage to Australia. Between 1836 and 1840, 28,985 immigrants arrived in New South Wales from Britain, of which 22,642 (85 per cent) were assisted by these schemes. Immigration tripled transportation in 1839 and, by 1840, immigrants outnumbered convict arrivals by four to one. The colonial government’s construction of a formal quarantine system with a permanent Health Officer coincided exactly with this period. The Lady MacNaghten and its feverish company encountered a colonial society that was, as one historian has put it, decidedly ‘prickly’.

This article begins by outlining contemporary ideas about fevers and their relationship to typhus. Secondly, it analyses how surgeons constructed disease aetiologies when they identified that ships arrived in New South Wales with ‘contagious’ fever, or typhus. It argues that complex understandings of disease causation, as well as the apparent ability of fevers to change form and become typhus enabled surgeons to impose, justify or criticise quarantine, and to allocate blame. How and when surgeons diagnosed ‘contagious’ or ‘typhus’ fevers at specific points during the time and space of the voyage was significant, for the practical performance of quarantine, for their own professional positions, and for the immigrants’ reception in the colony.

Quarantine had two further consequences: it identified immigrants with a value-laden contagious disease and provided a locus for the public scrutiny of the immigrant’s moment of arrival. In the third section, I show how debates about medical

17 Haines 1997, p. 82.
18 Haines 1997, p. 12.
19 The Times, 12 July 1836, p. 3.
20 For discussions of the different emigration systems, see Haines 1997 and Richards 1993.
diagnoses and contagion extended beyond the quarantine station to inform contemporary colonial discourses about poverty, immigration and eligibility in 1830s Sydney. Engaging with Bashford’s emphasis on the spatial rigidity of quarantine as ‘an over-disciplined no-man’s land’, I suggest that newspapers instead traversed a decidedly porous rhetorical boundary. A new system of formal quarantine helped legitimise settler discourses of worth and eligibility. However, the aim of this article is not to reify colonists’ opinions, but to show how. Immigrants also corresponded with newspapers from within the quarantine station to articulate their grievances, understandings of disease and value as newly arrived settlers. These were, as Haines argues, ‘well-informed, self-selecting, literate individuals’, and they actively engaged with the colonists’ critique.

In sum, I propose that the medical diagnoses of fevers in general, and contagious typhus in particular, relied on the understanding of the voyage as a multi-faceted pathological process that could generate and modify different types of fever. On the other hand, health and morals clearly went hand in hand in this period, and I suggest that the rhetoric that made typhus a moral problem—perhaps because its meaning was often articulated so clearly in the form of newspaper commentary—proved to be a more stable traveller. Historians have emphasised the biopolitical importance of quarantine and public health to modern conceptions of nationhood, citizenship and immigration, particularly in Australia; this article extends these insights back to the early nineteenth century. Yet, in so doing, it emphasises not only the importance of quarantine as a border process, but also the importance of the voyage as a pathological event. Ships did not simply transport ‘typhus’ or ‘fever’ from Britain and Ireland to Australia, but actively contributed to a continual production and modification of non-contagious and contagious disease. I specifically respond, therefore, to recent discussions about Peter Baldwin’s argument that a state’s distance from a disease ‘fount’ acted as a geographically determining factor in shaping quarantine politics. I contend that responses to fever and quarantine in 1830s Sydney challenge both our historical understanding of how disease and disease knowledge travelled in the nineteenth century, and the relationship of quarantine to disease, distance and local politics.

**Typhus and Other Fevers**

The first decades of the nineteenth century were a period of intense literary and practical interest in fevers in medical, penal, social and military situations. These writings display an astonishingly idiosyncratic variety of classifications and theories. The subject of fever, Dr Clutterbuck wrote in 1827, was ‘altogether obscure and difficult’, and historians have continued to grapple with the complexity of early nineteenth-century understandings of fever and contagion. In brief, the general category of ‘fever’ encompassed a myriad terms, including typhus, typhoid, intermittent, relapsing, puerperal, agues, yellow and simple continued fevers. Fever was also a common symptom of other diseases

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23Bashford 1998a, p. 393.
such as smallpox, erysipelas, even scurvy.\textsuperscript{28} A spectrum of febrile disease stretched from highly infectious smallpox at one end, to agues—diseases of locality and environment—at the other; typhus was a ‘doubtful disease’, lying somewhere in between.\textsuperscript{29} Significantly, because these fevers were modifiable by circumstances into one another, they could move up and down this spectrum of contagion. Thus, while Ackerknecht’s article about anti-contagion has inspired a great deal of debate, particularly in relation to quarantine politics, recent studies, by Hamlin and Pelling in particular, have shown that most contemporary surgeons and physicians understood most fevers, including typhus, to be contingently contagious.\textsuperscript{30} When, where and in whom a contagious fever, or typhus, developed depended on the environmental and personal circumstances of the individual sufferer. Fevers might arise from an epidemic constitution of the atmosphere, or spontaneously from predisposing factors affecting the individual’s health. Overwork, poor diet, exposure to cold or wet, intemperance, and especially inadequate ventilation all created the potential to produce and modify fever.\textsuperscript{31} In addition, many theories of fever emphasised the role of the nervous system; thus fear, exhaustion and despair also acted as potential causes of fever.\textsuperscript{32}

William Cullen, Professor of Physic at the University of Edinburgh from 1773 to 1790, provided perhaps the closest thing to a general classification for fever. In the category Pyrexiae, Cullen included inflammations, eruptions, haemorrhages and fluxes, and designated three types of fever. Synocha was a brief, normally non-contagious inflammatory fever.\textsuperscript{33} Typhus was a ‘nervous’ fever accompanied by delirium, and often characterised by spots (petechiae) on the skin, and a foul-smelling breath; it was also contagious. A third fever, apparently a combination of synocha and typhus, Cullen named synochus.\textsuperscript{34} British physicians did not universally accept Cullen’s nosology; John Armstrong, for example, described Cullen’s definition as ‘exceedingly vague…a system founded on words, not things’.\textsuperscript{35} However, the surgeons of the British navy adhered to Cullen’s classification of disease throughout the first half of the nineteenth century, summarising the diseases that they encountered during voyages in a standard Cullenian nosological table. In 1830s Sydney, these itinerant maritime surgeons were vital to the functioning of medical establishments and quarantine. The crucial point for this study is that Cullen’s work reinforced the idea that fever was a general disease that could assume many forms, and that it could change, and become more contagious, according to environmental, social or physiological conditions.\textsuperscript{36}

A second, more political, understanding of fever is also important to outline at this point. Adjectives such as camp, ship, nervous, malignant and putrid fever had long described the malignancy, and social conditions of disease that thrived in gaols,
prisons and hospitals.37 During the eighteenth century, observers such as John Pringle began to talk in terms of a single contagious disease. This fever—typhus—was ‘proper to every place that is the receptacle of crowded men, ill aired or kept dirty, or … wherever there is a collection of putrid animal steams’.38 John Pickstone argues that understandings of fever shifted after 1780, so that the poor ‘massed in new settlements, were seen as the insensate, de-moralized, rotting tissue of the social body’.39 Because typhus seemed to correspond with institutionalisation, urbanisation and dislocation, it became, Hardy suggests, ‘the indigenous fever of London’ in the first decades of the nineteenth century, where the poverty of the ‘fever nest’ produced contagious disease.40 Thomas Southwood Smith and Edwin Chadwick placed typhus at the heart of their debates about the sanitary condition of England, and the workings of the Poor Law.41 By 1846, David McConnell Reed described typhus as the disease of ‘filthy, ill-fed, intemperate subjects’.42 Nineteenth-century writers, although explicit about typhus’ contagious nature, often used the term interchangeably with ‘fever’, as have historians; thus nineteenth-century typhus became the ‘indigenous fever’ of ‘fever nests’. In short, by the 1830s, typhus had become a particularly powerful signifier within a broad category of febrile disease; typhus was a politically loaded disease of the weak, redundant and undeserving poor. In a manner analogous to the ‘double helix’, the term ‘fever’ also became implicitly loaded, depending on the context in which it was used.

Surgeons and the Quarantining of Immigrant Ships

Because fevers were the product of confinement, dislocation, climate, poor diet, overcrowding and anxiety, the sailing ship was a pathologically feverish space par excellence. Fevers had long been a staple part of Australia’s relationship with Britain. In 1814, William Redfern compared the Black Hole of Calcutta (1756) and Old Bailey Fever (1750) to the state of convicts arriving in ships from Britain and Ireland with what he called ‘infectious fevers’.43 Although Redfern’s report was the catalyst for the British government’s insistence that a surgeon accompany every convict or emigrant ship sailing to Australia after 1816. The problem of fevers on long voyages did not go away.44 In 1837 and 1838, the Colonial Assistant Surgeon, James Stuart, explained to a Parliamentary Committee that he had ‘frequently received instructions to attend professionally on the passengers and crew of emigrant ships having contagious diseases onboard’.45

Using Cullen’s term gravior to denote a violent or malignant typhus, Stuart described how a common sickness on the Lady MacNaghten, Amelia Thompson, John Barry and Minerva, resulted in the ships’ quarantine. During their voyages, these ships had also displayed ‘all the forms of continued inflammatory fever, and wherever there were children, hooping-cough and scarlatina, with diarrhoea, dysentery and measles’. Stuart unhesitatingly attributed all these ailments to the same cause: ‘the over-crowding of the ships, and want of due ventilation and cleanliness, which must dispose the constitution to

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38Pringle 1750, p. 8.
40Hardy 1993, pp. 191–3.
42Reed 1846, p. 220.
43Historical Records of Australia (hereafter HRA), vol. ix, Series 1, ‘Surgeon Redfern to Governor Macquarie’, 30 September 1814, p. 288.
44Humphery 1990.
45BPP 1839, Stuart, Minutes of Evidence, p. 36.
inflammatory disease’. Stuart observed that any spaces in the *Lady MacNaghten* and *Minerva* between the luggage and bulkheads, or below the decks, were ‘filled with every sort of filth, broken biscuit, bones, rags and refuse of every description, putrifying [sic] and filled with maggots’. In addition, the water closets confined between decks created an ‘impure, heavy and almost insufferable’ atmosphere.46 While Stuart could only generalise, surgeons who had superintended whole voyages made their explanations of disease much more specific. In 1839, the *North Britain* spent 41 days in quarantine in Sydney. Surgeon Miller did not use the word contagion, but he described typhus as ‘the most formidable and fatal’ of the fevers he encountered during the voyage. Typhus caused twenty deaths on board, and a further six in quarantine. Miller himself suffered a ‘very severe attack’, which prevented him from assisting the sick for the final seventeen days of the voyage.

The first case of typhus, Miller thought, was ‘imported from the shore’. The impossibility of ventilating the ship properly allowed a second case to develop in Laurence Rice who was a ploughman of ‘indolent and dirty habits’. The third patient’s ‘broken constitution’ had predisposed him to disease; John Loyd had embarked in ‘a nervous and debilitated frame of body and mind, from intemperance and drinking’. Two weeks after Loyd died of typhus, so did his wife. After the death of John, Elizabeth Loyd had been ‘in great lowness of spirits’.47 Another typhus case should have recovered, ‘but he got up and went on deck in wet cold weather’ and suffered a relapse. Another man who relapsed then ‘abandoned all hopes of recovery’ and died. Like Elizabeth Loyd it seems, William Fuller’s death was as much a consequence of a broken spirit as disease. The material circumstances of the voyage compounded individuals’ constitutional problems, and made treatment or recovery impossible. Miller described the ship’s hospital as ‘very dark and confined, there being no scuttles or ports for admitting light and air, excepting the small one … only twelve inches square in the stern [of each deck], which might let a little impure air to escape’. The port holes ‘seldom admitted any fresh air, as there was generally a strong current of hot impure air from the lower deck rushing aft to find exit wherever it could’ and the bad weather necessitated keeping the people below ‘when it would have been very desirable to have them on deck’.48

Miller’s detailed descriptions are much more environmentally and constitutionally nuanced explanations of such widespread typhus than Stuart’s blanket assertion that ships such as the *North Britain* were ‘one great exciting cause of disease’. Nonetheless, both surgeons portrayed the voyage as a pathological process.49 Their descriptions denote the fluidity of febrile identity; ailments evolved as conditions changed. Fevers held the potential to become intractable and contagious in ill-ventilated, crowded conditions. Miller believed that his ‘unsparing’ use of bloodletting had subdued the cases of inflammatory and rheumatic fevers, and thus prevented more cases of typhus occurring.50

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46 BPP 1839, Stuart, Minutes of Evidence, p. 36.
47 TNA, ADM 101 78/5, Miller on *North Britain*, case 14, William Fuller; case 7, John Loyd; case 10, Elizabeth Loyd.
48 TNA, ADM 101 78/5, Miller on *North Britain*, ‘General Remarks’.
49 BPP 1839, Stuart, Minutes of Evidence, p. 36.
50 TNA, ADM 101 78/5, Miller on *North Britain*, Cases 8, 9, 10, 13.
When the *John Barry* arrived in Port Jackson in 1837, fifty cases of fever and nine deaths had occurred during the voyage. Alexander Neill, a naval surgeon who had only recently arrived in Sydney on a convict ship, took medical charge of the Quarantine Station, the *John Barry* and its immigrants. Neill described how eight of the passengers:

were labouring under typhus, in its most severe form ... the disease became highly contagious attacking indiscriminately members of families of all ages but being most fatal in the robust. ... I was unfortunately seized with the disease, and had a very narrow escape. ... That the disease originates in the filthy habits of the people there cannot be a doubt, and from the state I found the 'between decks' of the *John Barry* I am only astonished that the fever did not sooner show itself.

Slipping between the terms ‘fever’ and ‘typhus’, but clearly indicating that the disease had *become* contagious, Neill pinpointed the disease’s origin to the people’s ‘filthy habits’. This made a double judgement on the immigrants, and on the authority of the surgeon who failed to ensure cleanliness. As Governor Gipps would later observe as he pondered the problem of immigrant ships and fever, ‘a talent for managing men...is no less necessary in a surgeon selected to bring out emigrants than medical skill’.

The *John Barry*’s surgeon, David Thomson, apparently conceded that a lack of cleanliness might have caused sickness to develop during the voyage, but emphasised that the ship’s diet was responsible for the children’s illness. He also argued that disease had originated *before* the beginning of the voyage, identifying four cases of scarlet fever that occurred about the time of leaving Dundee. Although Neill implicitly criticised his fellow surgeon, his report seemed to suggest that it was only *after* the *John Barry* had landed at Spring Cove that the fever had become ‘highly contagious, attacking indiscriminately’. Surgeons could employ a wide variety of factors to construct disease aetiologies. Most importantly, however, these aetiologies employed different timeframes. In the *John Barry*, three separate, but equally plausible timeframes for disease are apparent: cases of scarlet fever before embarkation; general fever during the voyage; contagious fever in quarantine. By emphasising disease in terms of different times and places during the emigration process, surgeons such as Neill and Thomson could place and displace the blame for the cause of contagion. The when, where and why of contagion, and who had the authority to decide was crucial, both for the performance of quarantine and the professional position of the surgeon.

The *William Roger*, which arrived on 26 September 1838, was the first ship to undergo quarantine after the colonial government had appointed a Health Officer and constructed permanent buildings on the quarantine site to house the sick as well as the healthy. Yet, the Governor reported the Medical Board’s belief that the disease on the *William Roger*

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52 TNA, ADM 105/36, Neill to the Physician General, 28 October 1837.

53 HRA 1916, 1:19, George Gipps to Lord Glenelg, 22 November 1838, p. 684.


55 TNA, ADM 105/36, Neill to the Physician General, 28 October 1837.

‘does not appear to exhibit any peculiar malignancy’. As such, the memo continued, ‘it has not been thought necessary to land the Emigrants’. Another immigrant ship, the *Palmyra*, had arrived the same day, and reported that forty cases of scarlet fever had occurred during the voyage. While the *Palmyra*’s immigrants landed at the quarantine station, those of the *William Roger* stayed on board the ship.\(^{57}\) The Governor soon released both ships from quarantine. However, two days later, as the *William Roger* was anchored in Darling Harbour ready to disembark its immigrants, fever broke out ‘with renewed violence’. A steamer towed the ship back to the quarantine station where, this time, the passengers occupied the site. Over the following six weeks, fever became typhus ‘of the most malignant kind’. It attacked 140 persons, with 25 deaths.\(^{58}\)

In his report (entitled a *Correct Statement of Deaths*), the *William Roger*’s surgeon, John Reid, angrily declared that the fever had only become contagious after entering quarantine, and proposed a range of causes at specific points in the voyage’s timeframe. First, more attention should have been paid in Britain to the selection of the emigrants; several of those who died ‘had their constitutions entirely destroyed by intemperance previous to their embarkation’.\(^{59}\) Second, the sudden transition from hot to cold climate after crossing the equator had caused the initial cases of fever. Third, if the Sydney physicians had removed the emigrants from the unhealthy ship immediately, this fever would not have become contagious and endangered the whole ship’s company. Writing his report during the quarantine, Reid believed that the emigrants’ spirits ‘are getting depressed after the long voyage and the thought of being detained any time on board with those that are sick’. He had ‘no doubt the sooner they are set at liberty the better’.\(^{60}\) James Lawrence, another naval surgeon, supported Reid; ‘if the emigrants had been landed immediately on their arrival, instead of being kept as they were a fortnight on board the ship, few cases of fever would have occurred’.\(^{61}\)

Reid’s complaints about the delays respecting the *William Roger* echoed well-known contemporary denunciations of quarantines by writers such as Charles MacLean and Thomas Southwood Smith.\(^{62}\) Reid believed that the continued confinement of the immigrants on the ship had created a situation in which a contagious disease developed during quarantine. Yet Reid’s attempts to pinpoint contagion to the shipboard quarantine had professional as well as medical purpose. Although Governor Gipps acknowledged that ‘it will be scarcely ever possible to prove misconduct or inefficiency against a surgeon’, he withheld the pay of the captain, crew and surgeon of the *William Roger*.\(^{63}\) Reid’s loss was considerable; surgeons received £200 for their superintendence of a voyage.\(^{64}\)

Even as the immigrants of the *William Roger* remained in quarantine, the *Maitland* arrived in Sydney in November 1838. In his journal of the *Maitland*’s voyage, Smith described his ambiguity about his diagnosis of two cases of illness. He thought that

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\(^{57}\) HRA 1:19, George Gipps to Lord Glenelg, 29 September 1838, pp. 598–9.

\(^{58}\) Gazette, 11 October 1838, p. 2; HRA 1:19, George Gipps to Lord Glenelg, 22 November, p. 683.

\(^{59}\) AONSW, 4/4836, Report of Surgeon John Reid re Immigrants on *William Roger* (1838).

\(^{60}\) Ibid.


\(^{63}\) HRA 1916, 1:19, George Gipps to Lord Glenelg, 20 January 1839, p. 767.

\(^{64}\) BPP 1840, p. 45.
they might in fact have been hydrocephalus (‘water in the head’), as typhus did not usually occur in children. Yet the cases displayed prominent ‘typhoid symptoms’, and Smith knew that his ship arrived just after a ‘typhoid fever’ had made ‘great ravages’ on the *William Roger*. He described the ‘dreadful apprehensions’ that ‘existed in the mind of the Health Officer’ when the *Maitland* arrived. John Dobie had volunteered his services earlier the same year to become the first Health Officer for Port Jackson, and Smith described him as a ‘strong advocate for contagion’. Whereas the surgeon of the *William Roger* had openly criticised Dobie and the Medical Board, Smith ‘determined to err on the right side … and not afford an opportunity for my moral character to be impeached’. Smith confirmed the cases as typhus, and the *Maitland* remained in quarantine for 56 days.

Considering the origins of disease, Smith argued that early cases of scarlatina ‘must have been brought onto the ship’.65 Seasickness, anxiety and fatigue early in the voyage had predisposed other emigrants to disease. In addition, Smith described the aggravated form of disease in the warm latitudes, the great number of emigrants in the ship, and the failures of the parents to feed their children properly.66 Smith’s multifaceted, temporal explanations of disease were little different from other surgeons’. Yet despite (perhaps because of) his considered diagnosis of fever, Smith’s conduct came under intense scrutiny.

By consciously choosing to use the term typhus, Smith attempted to divert attention away from his own ‘moral character’ and towards that of the immigrants. Under the provisions of the Poor Law Amendment Act, the *Maitland* brought parish-assisted immigrants to New South Wales. Disease, Smith said, ‘prevailed nearly in all those families which were in the greatest destitution and who were parochial paupers … these latter, both in health and disease were a very intractable and dissatisfied description of persons’.67 The language of pauperism blurred the boundaries between the medical events of the voyage and a contemporary discourse of eligibility, worth and respectability that linked social and political debate in Britain and its colonies. The newly incumbent Governor Gipps confessed that he did not know whether the filthy and diseased state of the *Maitland*’s emigrants was the result of Smith’s failure to assert control, their poor state of health when they embarked, or that they came from a poorer class of society.68 As he had done for the *William Roger*, Gipps declared that he would not pay the surgeon. The governor’s power to withhold the surgeons’ pay helps explain why Smith so carefully considered his diagnosis, and why Reid angrily asserted that the quarantine itself was to blame for the contagion. Gipps’ actions reflect his frustration at the continued prominence of fevers on government ships throughout 1838. From 1837, surgeons had been made responsible for the selection of government emigrants before embarkation, and yet a Board set up to discover why ships with government emigrants still seemed to suffer more disease than those with bounty emigrants, reported that neither of the surgeons of the *Maitland* or *William Roger* had seen their emigrants until the day of

65TNA, ADM 101/78/1, Journal of Surgeon Smith on *Maitland* Emigrant Ship; TNA, ADM 105/36, Report from John Smith re Illness on Board the *Maitland*, September 1838.
66TNA, ADM 105/36, John Smith re the *Maitland*.
67TNA, ADM 101/78/1, Smith on *Maitland*, ‘General Remarks’.
embarkation. Colonial accounts suggest that Smith did receive his money, although the more confrontational Reid did not.

Historians have emphasised the explicit nineteenth-century association between health and morality, in both Britain and the Empire. On ships too, naval surgeons had long attributed contagious disease to ill-discipline and moral failure, and verdicts such as Smith’s united these themes. On the John Barry, for example, the immigrants had apparently ‘wished for spades to clean the deck, refusing to use scrapers’. The sickness of immigrants on arrival, therefore, implied a series of problems revealed by the voyage: their poverty on embarkation, and their subversion of maritime discipline, forewarned of their potential to fail as settlers. The immigration agent reports extend these frames of reference further, to describe the ships themselves in similar value-laden terms; the agent considered that the North Britain, for example, was ‘not by any means an eligible’ ship, and the Heber was ‘discreditable’. The Garrow, too, was ‘unhealthy’. The leaking, green timber of the ship produced a dangerous ‘species of miasma’ that caused measles and whooping cough, as well as fever of ‘a typhus type’.

This discourse worked both ways. The arrival of ‘healthy’ ships also directly informed judgements about immigrants’ potential contribution to colonial society. When the Florist arrived in Sydney in October 1839, the Agent for Immigration noted that she was ‘in the most extraordinary state of cleanliness and health’. The passengers were of ‘a good class’ and the colonists engaged them all in employment within two days of landing. The Agent commended the surgeon for fostering a ‘spirit of healthy competition’ in cleaning the berths and deck of the ship. The Florist’s company was apparently healthier than when they left Gravesend in June. Colonists’ advertisements for labourers emphasised these qualities: immigrants ‘must be of good health and character’; those of ‘industrious and steady character, are certain of immediate and constant employment’, one notice said. The James Pattison likewise arrived from England ‘in a particularly healthy state, and brought a very fine class of immigrants who were rapidly engaged’. The voyage provided evidence, and colonists were quick to engage immigrants who had displayed qualities of resourcefulness, competition and pride in improving their maritime environment and arriving free of disease. Ships such as the Florist and James Pattison demonstrated immigrants’ mental and moral suitability for the colony, by explicitly reinforcing the pervasive association with physical cleanliness and health.

69 Herald, 3 July 1839, p. 2.
70 HRA 1:19, George Gipps to Lord Glenelg, 20 January 1839, p. 767.
71 Lawrence in Miller and Reill (eds) 1996; Bashford 1998 b; Poovey 1995.
72 TNA, ADM 105/36, Neill to the Physician General, 28 October 1837.
73 AONSW 4/4821.
75 AONSW 4/4821, Florist from Gravesend.
78 AONSW 4/4821, James Pattison.
Typhus, Immigration and Colonial Newspapers

These medical decisions and judgements reverberated beyond the quarantine station. In the politicised and factious atmosphere of late 1830s Sydney, quarantine provided a fine opportunity to extend debate. As Alan Lester has shown, Sydney newspapers in the late 1830s acted as a vitriolic political forum contributing to a trans-colonial circuit of information and settler discourse. As journalists and correspondents used typhus to judge those immigrants who were useful to colonial society, and those who were not, newspapers played a vital role in some very public performances of quarantine.

Let us return to the Lady MacNaghten. When the ship arrived in Sydney, the Monitor quickly condemned the British Whig government and the ‘weak imbecile head’ of the Emigration Committee who had selected the emigrants in Ireland. The Lady MacNaghten arrived soon after the end of the female emigration scheme to which colonists had objected so violently. The Monitor continued this theme. It accused John Marshall, the committee’s agent as well as the ship’s owner and contractor, of being a ‘murderer of the poor Girls’, and condemned his ‘avaricious packing’ of the emigrants. Throughout March, the idea of contagious fever played a central role in the commentary about the Lady MacNaghten’s quarantine. While the Monitor retained some sympathy for the immigrants, and suggested that the sickness was ‘not of that virulent character which has been represented’, the Sydney Morning Herald cried contagion, and descriptions of the ‘fever ship’ were integral to their critique. The Herald repeatedly articulated its hope that the fatal and contagious effects of overcrowding on the Lady MacNaghten would be the ‘death-blow’ to the ‘abominable system’ of British government-assisted emigration. These were immigrants selected from ‘the lowest of the low’, and embarked in a filthy state, the Herald argued. On 17 April, as most of the passengers from the Lady MacNaghten finally left quarantine, the Herald scoffed that the colonists would be plundered to the ‘delightful tune’ of £8,000 to fund the quarantine. Two weeks later, the Herald printed a ‘ridiculous puff’ from the Lady MacNaghten’s immigrants who wished to thank the Colonial Secretary for the care they had received in quarantine. The newspaper objected to thanking ‘officials’ for expending colonists’ money; ‘the Colonists must not continue to be robbed, in order to import useless persons and deadly diseases’.

As Krista Maglen has argued, the voices of the quarantined are rarely heard in historical studies. Newspapers are important, because they were more than the colonists’ mouthpiece; they also enabled immigrants to vigorously defend their respectability and use their own understanding of disease to counteract the effect of the quarantine debates on their future prospects. The steerage passengers of the Lady MacNaghten contradicted the aspersions that the colonial settlers and officials had ‘thrown upon’ them. On 20 March 1837, the Monitor reprinted in full a letter from the Lady MacNaghten immigrants covering nearly two columns of a broadsheet page. The letter objected to the Herald’s ‘lies’. The passengers described themselves principally as mechanics who had left their

79 Lester 2002.
80 Monitor, 6 March 1837, p. 2.
81 Monitor, 1 March 1837, p. 2.
82 Herald, 6 March 1837, p. 2.
83 Herald, 9 March 1837, p. 2.
84 Herald, 30 April 1837, p. 2.
85 Maglen 2006.
86 Monitor, 20 March 1837, p. 3.
homes ‘to better our condition’, and pointed out that ‘men of rank and property’ daily undertook these actions. The fault for disease, they asserted, lay with the crew:

in a tropical climate they drove the women down between decks at the early hour of five in the afternoon; they suffered much from suffocation, so much so that some of the women frequently fainted. ... We often heard the women frequently cry out to admit them up from the suffocation—all was useless.87

The crew had thrown boxes of belongings overboard, and broken their valuables ‘to atoms’. Regarding sickness, the letter stated that the first two children had died through ‘want of proper sustenance’, and men and women pined away. The immigrants denied as ‘a direct falsehood’ the Herald’s accusation that they were ‘the lowest of the low’.88 In part, the official Medical Board of Enquiry into the circumstances of the voyage responded directly to this letter’s allegations of ill-treatment from the moment of embarkation, and the report contains further evidence from steerage and cabin passengers. Unfortunately, the report found little evidence to support the immigrants’ claims of ill-treatment, and six months after the ship had initially arrived, the Herald selectively published extracts from the enquiry to renew their condemnation both of the immigrants and the Emigration Committee.89 In so doing, the Herald seized upon the words of the deceased surgeon, who, a month into the voyage, had written that the emigrants displayed ‘habitual indolence and carelessness, with the disregard for anything save animal enjoyment, they will be found a useless burden instead of a benefit to the colony’.90

By contrast, the Gazette and Herald both ventured favourable opinions of the immigrants of the John Barry, quarantined in July 1837. Although the surgeon who superintended the quarantine had branded these immigrants ‘filthy’, the Herald decided that, as mechanics or agriculturalists who had arrived on the bounty rather than government system, they were ‘not only likely to be of great benefit to the colony, but also, to do credit to the country they have left’. The immigrants also demonstrated their worth by constructing a beacon at the quarantine station.92

The passengers of the John Barry also used the newspapers as a public forum; this correspondence reveals the deep divisions on the ship. On 14 August 1837, the Herald published a letter from the steerage passengers. The letter argued that the fever in their ship had first appeared, not in the steerage quarters, but among the wealthier passengers in the ship’s cabin. It emphasised the ship’s poor ventilation and crowded state, adding that the hospital was partly taken up by baggage belonging to the cabin passengers. Highlighting the importance of the words used to describe disease, the authors had been ‘astonished when the surgeon reported typhus fever’ when disease had been ‘trifling at the time we reached the shore’.93 However the following day the Gazette described the letter as ‘the sole production of an individual who rendered himself conspicuous by his grumbling, discontented spirit on the voyage’.94 Over the following weeks, a series

87 Monitor, 20 March 1837, p. 2.
88 Ibid.
89 CO 201/269, Report re Lady MacNaghten.
90 Herald, 14 August 1837, p. 3.
91 Herald, 25 August 1838, p. 3.
92 Gazette, 20 July 1837, p. 2.
93 Herald, 14 August 1837, p. 3.
94 Gazette, 15 August 1837, p. 2.
of exchanges revealed other opinions. Letters in the *Herald* explained that ‘the surgeon had treated them more like an indulgent parent than one in authority over us’, that the hospital had been ‘the best ventilated part of the vessel’, and that the disease first appeared ‘in a family that had never set foot’ in the first-class quarters.\(^9^5\) One letter, signed ‘a steerage passenger’, explained that ‘we did not expect to engage in contributing to the columns of a newspaper. … We have been reluctantly dragged before the public, while many of us are placed in sorrowful circumstances, and all in a disagreeable situation, but we think it our bounden duty to reply, when the most malicious falsehoods are palmed upon us’.\(^9^6\) The surgeon, David Thomson, closed the argument in a letter dated 31 August. He wrote:

> I was constantly urging the necessity of greater cleanliness, and often predicted that fever or even the plague would certainly break out. … Painful as it is to me to hurt the feelings of many respectable men among the emigrants, I must declare that Typhus Fever on board the *John Barry* was the legitimate offspring of DIRT; and that had my advice been attended to, that disease would never have appeared.\(^9^7\)

The colonial newspapers also used instances of quarantine to attack their own government. When the *Minerva* sailed into Sydney Harbour in January 1838, the *Sydney Gazette* found little wrong with the immigrants; these were bounty rather than government emigrants, selected personally by the Reverend Lang in Britain. Instead, the *Gazette* took the opportunity to criticise the colonial government, which ‘as was usual under Richard Bourke’s reign’ kept the state of the hospital at the Quarantine Ground ‘a profound secret.’\(^9^8\) Continuing this theme two days later, the *Gazette* found it ‘difficult to conceive why the Government should wish to conceal the actual state of the disease in vessels under quarantine, as they have invariably done in the cases of the *Canton*, the *Lady McNaughten*, the *John Barry* and the *Minerva*.\(^9^9\) Here, the *Gazette* used quarantine as a lens on colonial administration. This was a time of political uncertainty, only a month after the departure of Governor Bourke, and before the arrival of his successor, George Gipps.

Despite the absence of official information about the *Minerva*, the *Gazette* appears to have received almost daily reports from an anonymous correspondent within the quarantine station, and again, the opinions of the ship’s passengers appear. As a staunch supporter of quarantine regulations, much of the *Gazette’s* correspondence focused on the conduct of the Sydney physician who had gone to superintend the *Minerva’s* healthy passengers. On 13 February, three weeks after the ship’s arrival, the *Gazette* reported that:

> the emigrants, we understand, complain loudly (and with much reason, if the statement be true) of the conduct of Drs Browning and Stuart … an almost daily intercourse is openly tolerated or tacitly suffered between the healthy and such of the convalescents as are able to walk about.\(^1^0^0\)

\(^9^5\) *Herald*, 25 August 1838, p. 3.  
\(^9^6\) *Gazette*, 24 August 1837, p. 3.  
\(^9^7\) *Gazette*, 9 September 1837, p. 3  
\(^9^8\) *Gazette*, 30 January 1838, p. 2.  
\(^9^9\) *Gazette*, 1 February 1838, p. 2.  
\(^1^0^0\) *Gazette*, 13 February 1838, p. 2.
Dr Browning replied immediately to the paper describing the complaints as ‘grossly false and malicious … a piece of spleen’. The Gazette published a further exchange between their ‘informant’ and Dr Browning; by this time the debate had descended into accusations of ungentlemanly conduct, and a challenge from Browning that the correspondent reveal his identity. The Gazette repeated its complaints about the lack of information during the quarantine of the William Roger. It described a ‘strict veil of secrecy’, and warned the government of the evil that ‘must ensue’ from the circulation of rumours. The Gazette used information gleaned ‘from letters received in town’. Fifty-four of the Minerva immigrants sent a memorial to James Stuart, published in the pages of the Gazette. ‘Day and night you have always been at your post’, they said, ‘and nothing was wanting on your part to promote our health or increase our happiness’. In reply, Stuart beseeched them to continue ‘in those principles of conduct which will obtain respect for yourselves and honour for the country whence you came’. Another group addressed William Rogers, the naval surgeon who had replaced Dr Browning. They had settled, they said, in the ‘land of the stranger’ and considered themselves indebted to him for their release, and were grateful for his ‘uniform kindness and urbanity’.

By November 1838, all patience had certainly deserted the Herald. The newspaper sarcastically declared that the Maitland—the third ship to be quarantined in as many months—had ‘brought us (as usual) another consignment of typhus fever, consisting of about forty cases of the worst description’. These were surgeon Smith’s ‘parochial paupers’ who, he suggested, had brought disease on to the ship. Ten days later, the Herald reiterated its disgust, reporting that typhus had indeed spread to ‘some of the poorer inhabitants of our crowded alleys and streets’. Ships such as the Lady Mac-Naghten, John Barry, Minerva and Maitland provoked condemnation of both British and colonial government and objections to immigrants. But those in quarantine also wrote passionate defences, medical disagreements and official addresses; all played out in the colony’s newspapers. The language of contagious fever tapped into broader discussions about honesty, eligibility, class and deceit that circulated in the colony.

Australian historians have disagreed about the extent to which Australian colonists rejected British models of relief in the 1830s. Whether they rejected the Poor Law itself or not, colonists certainly used its rhetoric. Anne O’Brien has argued that ‘the conceptual framework’ of the new Poor Law came to dominate the British world, and this included Australian colonial politics. Words, theories and arguments criss-crossed the seven miles from Sydney to the quarantine station; conceptions of fever, and a language of poverty, played a central role in mediating the immigrants’ reception in a volatile period. As Amy Fairchild has argued for a later American context, quarantine impressed upon immigrants the hierarchy of the polity to which they sought admittance and their ‘low place in it’.

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101 Gazette, 17 February 1838, p. 2.
102 Gazette, 24 and 27 February 1838.
103 Gazette, 30 October 1838.
104 Gazette, 10 March 1838, p. 2.
105 Gazette, 15 March 1838, p. 2.
106 Gazette, 29 March 1838, p. 2.
107 Herald, 7 November 1838, p. 2.
108 Gazette, 17 November 1838.
110 Hirst 1984; Dare 1992.
Conclusion

In 1999, Peter Baldwin sought to provide a more complex understanding of state responses to epidemic disease than a binary model of contagion/anti-contagion. In so doing, he posited the idea of a geo-epidemiological learning curve. Baldwin argued that ‘sheer distance from the source and pathways of epidemic advance gave nations thus blessed a sense of security and room to manoeuvre that those closer to the front lines found hard to emulate’. While Baldwin’s model suggested that distance favoured an anti-quarantinist stance, Krista Maglen asks why Australia diverged from the European trend, and continued to impose quarantine well into the twentieth century. She argues that distance ‘both placed [Australia] beyond the reach of disease, and also provided the ideal circumstances for the application of quarantine’. For Australia, quarantine created distance from individual cases of disease, rather than from disease founts.

This article has shown that when surgeons explained typhus, they did not refer to debates in Europe about plague, Mediterranean trade and steam shipping or epidemic typhus in Britain and Ireland. Instead, they focused on the voyage as a productive physical and temporal space, in which fevers continually evolved. The voyage was not simply a vector for disease. It was a potentially pathological assemblage of people’s life histories, prolonged maritime confinement and constantly changing disease environments. In fact, we might usefully conceive the voyage process as an environmental, social and medical ‘fever nest’. To deflect attention from their own regimes, however, surgeons also looked before and after the voyage for causes of disease; some surgeons indignantly suggested that quarantine processes created contagion where none had existed before; others argued that individual emigrants embarked in a sick state, and used the language of pauperism as both a medical and social diagnosis. For naval surgeons under threat of losing their payment, explaining when and why contagion developed was a serious professional question. In doing so, they articulated moral, political and environmental, but also temporal arguments about disease.

Baldwin’s notion of an ‘automatic quarantine imposed by the voyage’s duration’ relies on a current understanding of diseases as specific biomedical entities, unchanged by time and distance. It also under-determines the social aspects of quarantine, and of typhus. Colonists were concerned with typhus, but they objected as strongly to the people who suffered from it, readily seizing on the moral and political significance of typhus and contagious fever as a marker of poverty and less-eligibility. Quarantines allowed colonists to exploit unfortunate voyages to support their existing opinions about immigration and colonial politics, but immigrants could also respond and colonial newspapers provide a lens into the immigrants’ medical worldview. Typhus and quarantine debates in the 1830s enhance our understanding of the ways in which immigrant health interacted with the rhetoric of the British Poor Law in trans-colonial debates in the 1830s. They suggest that the time and distance of voyaging are crucial to our historical understanding of quarantine practices, but not always in the way that historians may have assumed.

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113 Baldwin 1999, pp.123, 211.
114 Maglen 2005, pp. 204, 212.
115 Booker 2007, pp. 481–90.
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