

“Voluntariness of Exposure”: Life in a Convict Station

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Abstract

Convict Stations were commonplace during the 19th century. Despite the fact that thousands of prisoners of the British Empire served out their sentences under deplorable conditions, scant information exists on the health of these men. Using Gibraltar's Convict Station as a case study, a profile of life of the convicts is documented. An examination of the health profile of the prisoners for the period from 1860 to 1873 suggests that their overall health status was similar to that of the military, another transient group resident on the Rock. However, during the cholera epidemic of 1865, the health of the convicts was severely compromised with significantly higher attack and mortality rates. Factors responsible for the higher rates can be attributed to a cluster of vulnerabilities that were intrinsic to the convict way of life where exposure to a host of risk factors played out during a compressed period of time.

Keywords

Gibraltar, convicts, 1865 cholera epidemic

Two centuries ago in a time when individuals were handed out excessively harsh punishments for what today would seem petty acts,¹ prison conditions became abysmal and grossly overcrowded. To alleviate the problem of

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overcrowding, “The Transportation Act,” established in 1718 allowed the English government to export prisoners to British colonies for the duration of their sentences. Under orders from the Admiralty and the War department, prisoners from England, Ireland, and Scotland were sent to convict settlements² throughout the British Empire (e.g., United States of America,³ Australia, Bermuda). For the English, this new Act was economical and merciful, in that these prisoners worked for the good of the public and certain crimes once punishable by death now carried a punishment of transportation.

Although there is a body of historical information on the health status of convicts (see, e.g., Evans, 1976; Griffiths, 1875; Oldham, 1990; Shaw, 1966; U.S. Government, 1874), there is scant information on the health of inmates of Convict Stations.⁴ Using Gibraltar as a case study, this article provides much needed information on the life and health of prisoners held in a unique convict establishment. To contextualize the convict health experience in Gibraltar, direct comparisons will be made with the civilian and military residents of this garrison town during a period of what could be considered normal background conditions contrasted to a moment of crisis brought about by a severe epidemic. An epidemic offers the researcher a unique opportunity to examine the deep social structure of a population, its sanitary conditions, and medical system. Cholera is an ideal agent of crisis as this disease opportunistically exploits conditions of poor personal hygiene, undernutrition, and overcrowding to spread its misery.

The Beginning of Gibraltar’s Convict Establishment

In October 1842, the social fabric of Gibraltar changed with the arrival of 200 prisoners aboard the *Owen Glendower*, a 42-gun frigate, from Chatham. Their appearance followed from an Order in Council of April 1, 1841, which provided for the establishment of a Convict Station in Gibraltar. The reaction by the indigenous population to the establishment of a Convict Station was initially “barely tolerated; its existence was deemed a nuisance and the prisoners looked in the light of day little better than so many wild animals” (Baly, 1854, p. 3).

Initially, the convicts assisted in military and naval works and defense fortifications. Later, they contributed to improving the health of the troops by building tanks for water storage and clearing the gates of the sewer drains. To assist with the Imperial Government’s naval needs, the prisoners engaged in blasting, quarrying, loading, and placing large heaps of stone for the New Mole. At the completion of their initial task, the new break water, convicts were employed at other sites as gardeners, general laborers, carpenters, and cooks. The implementation of labor-skill training while in prison in areas

such as mining, masonry, and carpentry, would have to a degree lessen the sense of deprivation and ultimately may have aided in the transition to life after their prison term.

The prisoner's work day was typically 8 hours. As groups of hundreds of prisoners marched through the crowded garrison town, few inhabitants could escape the image of men in chains wearing their distinctive clothing. Badly behaved prisoners were further distinguished as they were made to wear two-colored outfits and were kept in handcuffs on their forced march (Colonial Office, 1866). Any form of unregulated communication with prisoners by the indigenous population was actively discouraged through fines and possible incarceration in the civilian prison. From a contemporary perspective, the Convict Station would be comparable with a medium security facility, at least in terms of periodic access to outside environment.

The Prison Establishment

On their arrival, the convicts stationed at Gibraltar were confined on board floating hulks. By the early 1850s, a convict barrack was constructed on a piece of reclaimed land in the naval yard and ran roughly north–south. With one large building standing two stories high, the Convict Station stood approximately 2 feet above sea level and was reconstructed in 1859 to hold 900 men. Constructed out of wood and a tiled roof, this building was 250-feet long, 50-feet wide, and 33-feet high. Wood partitioning separated the building into wards, each of which contained 16 men, limiting the amount of space that each individual occupied to a meager 130 cubic feet. The greater portion of the reclaimed ground contained a kitchen, school room, steward's store, warden rooms, ablution wards, chapel, boat shed, carpenter's shed, and special accommodation for the chief warder and deputy overseer. There was no wash house on premise where the clothes could be cleaned. Similarly, potable or drinking water had to be brought in from the outside at great expense.

The medical needs of the inmates were met by a surgeon and his assistant. The hospital for the convicts was the vessel *Owen Glendower*, which was stationed a few kilometers out to sea. Though the ship itself could hold 110 men, it lacked proper medical facilities and only held 20 to 25 beds, hardly a sufficient number to accommodate the population of the convict population. Overseeing the Convict Station was the comptroller along with 40 guards and a number of trustee convicts. A chaplain, a clerk, and a steward assumed other necessary duties in the running of the Station.

Life within the prison was tightly controlled as convicts were not allowed to sing, dance, gamble, or make unnecessary noise. Failure to comply with

these regulations could result in the loss of grog (watered rum) or portions of their meal. In other cases, some men were sentenced to time in solitary confinement and given only bread and water. On their arrival, prisoners underwent a transition period for 4 months, wherein they were disciplined and punished for minor acts. This was done to break any bad habits the prisoners may have had and to deter the performance of more serious offences later on.

The Mark System

The Mark System signaled an important wider shift in English penal institutions, both at home and in the colonies. Invented by Alexander Maconochie for use in Australian penal colonies, the Mark System was based on the principle that sentences would consist of a fine of tasks (or “marks of condemnation”) to be carried out rather than time being served (Maconochie, 1846, 1855). In Gibraltar, during this time, a year’s imprisonment was equivalent to 2,190 marks. The marking scale was as follows: “8 marks per diem for steady hard labor, and the fully performance of their allotted task, 7 marks per diem for a less degree of industry, 6 marks per diem for a fair but moderate day’s work” (Colonial Office, 1866, p. 28). Prisoners being held in confinement or hospitalized were awarded 6 marks per diem, unless otherwise specified. The wearing of leg irons and the lashing of prisoners were to be replaced by specific tasks, such as time on the tread wheel, a labor calculated to reform the moral character of the offender, instilling industry, frugal living, and self-control (Barry, 1958, pp. 69-79). As the Station’s comptroller stated, “it is in the prisoner’s power to reduce his year to 313 or to 274 days . . . by his own exertions” (Colonial Office, 1866, p. 15).

As Foucault has famously noted, the shift from punishing the body of the condemned to a concern with reforming the moral character and soul of the prisoner was the hallmark of the 19th century reform. The relationship between police sciences, including the “medical police,” and the specific techniques to govern penal colonies and stations, was the cornerstone of continental police sciences (Foucault, 1982). The primary difference between this system and the previous was that under the old rule it was sometimes understood that prisoners could earn the right to early release by good conduct alone. This new system eliminated this confusion, clearly detailing that early release was dependent on one’s labor.

In accordance with this system, marks were lost for the display of bad behavior; the number lost varied with the severity of the offence. Consequently, this conduct could forfeit a shortened sentence that the convict may

have earned through his labor. For instance, idleness at school could result in the loss of marks. If unacceptable behavior occurred on a consistent basis, a prisoner could spend the past 6 months of their sentence in confinement.

Under the Mark System, there were different classes of prisoners. Stripes were worn on the prisoner's right arms to differentiate between the different classes. These stripes detailed the number of marks that the prisoners earned as well as the number lost due to bad behavior. This documentation of marks was kept by the infirmary warden (Colonial Office, 1865).

Initially, there was a probation class that lasted 1 year and during which a prisoner had to earn 720 marks on public work. At this stage, the prisoner was not allowed "gratuity, nor to receive visits, nor to receive nor write letters, except one letter on reception" (Colonial Office, 1865, p. 29). Pending the completion of the first stage, a prisoner could move into the third class, where he would have 1 year to earn 2,920 marks. At this stage a prisoner was granted "a gratuity of 12s; being at the rate of 1s per month for 12 months" and "to receive a visit of 30 minutes' duration once in six months . . ." (Colonial Office, 1865, p. 30). The prisoner could also "receive and write a letter once in six months, provided that his conduct in that class has been good for at least two previous consecutive months" (Colonial Office, 1865, p. 30). The higher the class the more liberties the prisoner was given. A prisoner in second class would have to complete 2,920 marks in a year and could expect "a visit of 30 minutes' duration and both receive and write a letter once in four months." As well he would "receive a gratuity of 18s" and "be allowed 20z. of additional bread" (Colonial Office, 1865, p. 30). After the successful completion of these three stages, a prisoner would be eligible for first class, where he would stay for the duration of his sentence unless he was promoted to special class or was demoted due to bad behavior. In first class, a prisoner could expect "a visit of 40 minutes duration, and both to receive and write a letter once in three months" and "to receive a gratuity of 30s., being at a rate of 2s. 6d. per month for 12 months, to be earned by marks until he has earned 31. altogether" (Colonial Office, 1865, p. 30). As well he would "be allowed 20z of additional bread, and baked instead of boiled meat on two days in the week" (Colonial Office, 1865, p. 30).

Daily Life in the Convict Station

Mr. Harry Blair, the Convict Station's Comptroller, outlined a prisoner's daily life thus,

[T]he men are made to rise very early in the morning—at half-past 4 o'clock. Every man has his own work allotted to him. He is made to

look after himself. There is no one to wait upon him nor to help him. He must make up his own bed, stow his own hammock, and assist to wash out the ward, to clean his own mess utensils, and after getting breakfast and attending prayers in chapel he is marched out to the works at 6 o'clock. After working continuously until 11 o'clock, a short period of 20 minutes is allowed for lunch, after which labour goes on again until 3 o'clock in the afternoon, by which time the prisoners are marched back to the prison. After dinner the prisoners are variously employed; those in the third and penal class are put to work on the pumps and on other duties of fatigue, while others wash their own clothes, fetch water for their own use in the wards, get their tea, clean mess utensils, attend evening prayer, and lastly, those whose turn it comes are assembled by divisions for instruction in school until half-past 8 o'clock, when all retire to bed. (Colonial Office, 1867, pp. 5-6)

The highly regimented lifestyle remained intact day after day with some variation in the colder winter months when daylight hours were shorter.

Dietary intake of the prisoners varied with the amount of effort exerted during the workday. Prisoners that worked diligently were afforded larger portions of food. Additionally, compensation was offered to those who worked in the water, usually in the form of extra grog and biscuits. Those prisoners undergoing punishment (i.e., for bad behavior) would be given bread and water for an allotted period of time. The diversity, quality, and quantity of food in Gibraltar's convict station were less than that of English prisons.⁵ Compared with the dietary intake of 1 lb of meat a day (Padiak, 2004), a prisoner's diet was predominantly rich in carbohydrates. The strict diet for a prisoner at hard work consisted of bread, 6 oz. of fresh meat/day, salt meat, potatoes, soup, cocoa, and tea (Table 1). The only indulgence these men were allowed was a pipe of tobacco daily and plum pudding and fruit at Christmas.

Prisoners' Health

By their very nature, penal institutions represent high-risk environments subjecting their populace to physical and emotional insults. Cumulatively, these stressors elevate the risk of poor health through violence, isolation, the loss of personal freedom, exposure to crowd diseases, and a risk-laden lifestyle. The pattern of normal or background health among the prisoners was gauged through an examination of hospital admissions and death records. The former is a proxy measure of sickness and the latter, a measure of source of mortality.

Table I. Convict Dietary Regime: Gibraltar's Convict Station 1865

Day of week	Bread (lbs)	Fresh Meat (oz)	Salt Meat (oz)	Potatoes (lbs)	Soup (pint)	Cocoa (pint)	Tea (pint)
Full diet for men at hard work							
Sunday	1¼	6	—	1	1	1	1
Monday	1¼	—	5	—	1	1	1
Tuesday	1¼	6	—	1	1	1	1
Wednesday	1¼	6	—	1	1	1	1
Thursday	1¼	6	—	1	1	1	1
Friday	1¼	—	5	—	1	1	1
Saturday	1¼	6	—	1	1	1	1
Total in the week	8¾	30	10	5	7	7	7
Ordinary diet for men not at hard work and for idlers							
Sunday	1	4	—	½	½	½	½
Monday	1	—	3	—	½	½	½
Tuesday	1	4	—	½	½	½	½
Wednesday	1	4	—	½	½	½	½
Thursday	1	4	—	½	½	½	½
Friday	1	—	3	—	½	½	½
Saturday	1	4	—	½	½	½	½
Total in the week	7	20	6	2½	3½	3½	3½
Punishment diet							
One pound of bread per diem, and a sufficient quantity of water							

To arrive at a better estimate of normal background conditions, cholera returns are not included in the statistics that immediately follow.

Based on 1,323 hospital admissions from 1862 to 1868, sources of illness included mainly boils (15.4%), abscess (8.1%), ophthalmic conditions⁶ (7.4%), slight surgical cases (6.9%), diarrhea (5.7%), consumption (5.3%), and ulcers (3.7%), and the remaining 47.4% were a diverse mix of problems. An examination of the 113 deaths recorded for the convicts from 1854 to 1873 reveals that in order of importance, the deaths attributed to pulmonary tuberculosis constituted 25.7%,⁷ fever 9.7%, diarrhea 9.7%, accidents, heart disease, pneumonia, and bronchitis 8.8%, suicide 0.9%, and the remaining causes 27.4%.

Given the contemporary interest in the effects of deprivation, overcrowding, and their interaction on the possible impact on prison suicide (see Huey & McNulty, 2005) special note was taken on the published and primary convict death registers. Only one convict death from suicide occurred from

1854 to 1873 (less than 1% of all deaths recorded or 0.127 per 1,000 living). Although there is the possibility that there was an inherent bias not to report such cases as suicides as such, the data taken at face value indicate that suicide deaths was a rare occurrence in the Convict Station. A statistical comparison between the military versus the convicts from 1860 to 1873 indicated a three-fold increase among soldiers.

Sources of Bias

Little information exists on life within the Convict Station other than what authorities permitted. Information published in reports was censored and represented a source of reporting bias. In addition to reporting bias, there was also inherent selection bias as discussed below. Thus, any assessment of the state of health must acknowledge the potential of biases.

In terms of selection bias, it is important to recognize that the inmate population in Gibraltar's Convict Station was in some ways comparable with what others have reported as the "Healthy Worker Effect," or HWE (Moual, Kauffmann, Eisen, & Kennedy, 2008). Prisoners deemed incapable of hard physical labor were sent home as "invalids." Consequently, those that remained were, in theory, a selective group of the healthiest men in the prime of their life. It should be noted that throughout the years 1863-1868, only 26 men of a possible 4,349 were sent home as invalids. This suggests that either these prisoners were of "good" health, or that the standards used to gauge well-being were lax or wanting. It is also worth noting that the inmates of the Convict Station demographically represent a group of individuals that can be viewed as "healthy," in part because they are devoid of most the fragile segments of a population: that is the very young and the very old. Convicts older than 50 years were discouraged from being sent to Gibraltar's Convict Stations, as they were deemed unfit to endure the physical labor and were susceptible to diseases (Colonial Office, 1865). Collectively, the convicts can be seen as exhibiting the HWE; on the other hand, the military can be seen as exhibiting a different selection bias, where individuals are selected for combat qualities. This effect is known as the "Healthy Warrior Effect" (Toomey, 2008). These selection biases may in part explain why the pattern of mortality among the convicts and military are fundamentally the same during nonepidemic times (see Figure 1).

Cholera Breaks Out in Gibraltar

On July 18, 1865, Gibraltarians learned that cholera had broken out at the North Front.⁸ On July 10th, the 2nd Battalion of the 22nd Regiment, in a

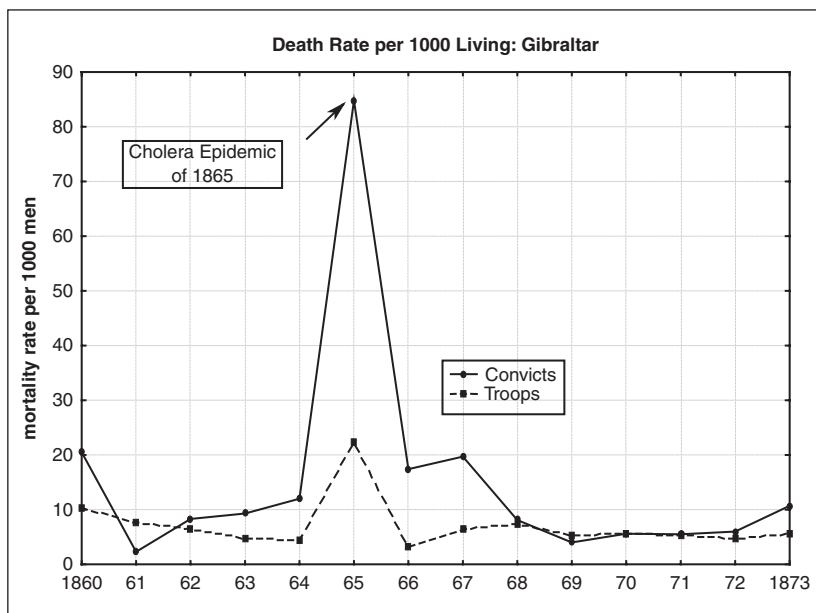


Figure 1. Death rate among the convicts and military

healthy state, arrived from Malta en route to the Mauritius, on the steam transport *Orontes*. A week after living under canvas on the North Front, cholera took hold of a private on July 17th. News of the soldier's death from cholera spread rapidly and panic gripped the people. The fear associated with cholera at this time cannot be underestimated, as there is evidence that health care delivery in poorer areas was compromised as it was observed, "the District Medical Officers for the poor are overworked. This arises more from the general alarm than actual cases of cholera . . ." (Codrington, 1865, p. 8).

Hundreds fled Gibraltar seeking temporary shelter outside the territory. Spain reacted immediately and imposed strict quarantine measures and the military also took prompt action by changing the site of the camp on the North Front. After a 10-day period of no further reported cases, Cadiz and Malaga lifted their quarantine. The news of an outbreak was met with great alarm by the civilians, not only because of the possible return of the epidemic, but also because of the economic fallout that could follow in the wake of a protracted state of quarantine against a society where trade was essential to its very existence. Within a few days, the sporadic cases of cholera

developed into a full blown epidemic. Medical authorities reluctantly admitted that they were entirely ignorant of the causes and nature of cholera.

As cholera raged through the military and civilian communities, it became quickly apparent to the medical authorities that there was considerable variation among various subgroups in terms of attack and mortality proportions. Some parts of the town and south district escaped with no cholera deaths during the epidemic. The hardest hit areas were the poorer areas located in the upper part of Town. These areas equalled or exceeded death rates found in the Convict Station. This observation warrants attention as it suggests that even under the most trying times, the convict mortality was no worse than those found in the working class districts where elements of poverty were at its worst. Here, poverty is seen as a complex web of interconnected qualities that collectively affect the individual and the household, such as high unemployment rates, low wages, poor nutrition, poor personal and household hygiene, inadequate household living conditions, and poor education regarding health care and treatment of diseases in general.

Cholera Breaks Out Among the Convicts

Eight weeks after the initial attack on September 6, cholera struck the Convict Station. The lapse of time between the cases that occurred among the troops and those in the Convict Station reflects their isolation from the rest of the population. Although there was a lag in the appearance of cholera among the convicts, the epidemic manifested itself by a rapid and dramatic rise in mortality that exceeded that found in the other resident groups (see Figure 2).

The Convict Station represented not only a physical site of incarceration but also a place that forced inmates to coexist in a complex web of vulnerabilities. The penal landscape was a high-risk environment, both of an epidemiological nature (e.g., potential exposure to infectious diseases) and from a social perspective (e.g., depression and idleness). The enhanced state of vulnerability among the convicts during this epidemic can readily be seen by comparing the attack percentage for each of the resident groups where the attack proportion is the number of individuals who contracted cholera weighted by the population at risk. Using this proxy measure of vulnerability, the attack percentage indicated that the convicts were significantly more susceptible to cholera at 9.1%, than either the civilians at 5.3% and the military at 3.3%.

In this highly regulated environment, there was absolute control over the prisoner's life. Here, the prisoner had no role in defining "acceptable risk" as each man was compelled to participate in various activities that he knew was potentially harmful to his health. Powerless and devoid of any personal

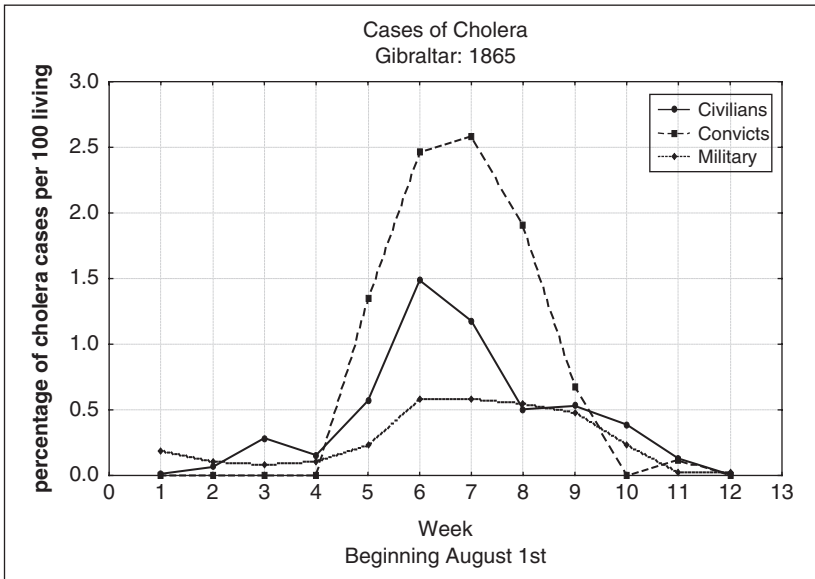


Figure 2. Cases of cholera among the civilians, military, and convicts

liberties, convicts stood on the bottom rung of the social ladder where their only function was to serve out their sentence as the unquestioning instrument of the British Empire. This longstanding experience of powerlessness eventually shaped the ethos of the prisoners into a distinctive “mentality” where men grudgingly accepted their risk-laden lifestyle, days of monotony and helplessness, and devoid of a traditional familial support system.

Life in a confined space with sickness and death appearing daily created a melancholy environment, conducive to a fatalistic attitude on life itself. The Chaplain’s remarks provide some insight into the conditions that prevailed during the epidemic,

Between the 4th of September and the 22nd of October, the epidemic cholera, which at that time, under a most virulent form, spread its ravages amongst all classes in this city and garrison, fell heavily upon this establishment . . . In almost every one of these cases death followed the attack with awful suddenness, a very few hours only intervening between them, and as many as four or five of its victims were sometimes buried on the same day. Under these circumstances . . . there was

little time to administer to the sufferers individually, spiritual advice and consolation. (Colonial Office, 1866, p. 34)

A state of depression among the convicts crystallized during the epidemic. Dr. Gross observed that one of volunteer nurses succumbed to cholera as the result of a depression of spirits, caused by the death of another nurse who was his "great friend." A letter written by a prisoner to his mother speaks to the issue of the broken bond of friendship through cholera mortality,

There has been a very bad disease here, and has taken a great many of my poor companions away at a very short notice. Young men in health and strength have been taken away at few hours notice; but it has pleased the Lord to afford me the opportunity of thanking Him for bringing me through it with very slight symptoms of it . . . (Colonial Office, 1867, p. 38)

These comments are telling of belonging to an informal intimate social network that fostered communal support that dampened "pains of imprisonment" and provided to a degree a sense of control over the prison environment. For contemporary thoughts on this phenomenon, see Sykes (1958) and Huey and McNulty (2005).

One of the most difficult emotions that the prisoners must have felt was the loss of liberty to escape when cholera appeared. As Fox (1989) has observed, one of the universals of the epidemic experience is the desire for flight. The highly charged emotional state of the prisoners trapped within the prison walls would have been further exacerbated by those who had previously experienced cholera. Gossip, misinformation, and fear would have served as a powerful stressor affecting the psychosocial health of the prisoners. The men were trapped and powerless to protect themselves against a deadly disease that could strike at any moment.

Dr. Gross, himself, recognized that the prisoners' mental state could influence the course of the disease. He noted that many convicts had been away from home for some time, leaving them open to a depressive state that he believed to be a "greater pre-disposer to cholera than the premonitory diarrhoea" (Colonial Office, 1866, p. 45). Underlying this perception was the linkage of a lack of appetite to depression. Although malnourishment has not been associated with increased susceptibility to cholera per se, undernutrition can lead to a weakened immune system, which, in turn, can leave one more prone to choleric infection. In the 1866 medical report, it was noted that the more time spent in prison was related to a higher chance of dying if infected with cholera during the epidemic of 1865. Cases in men who were

incarcerated for 4 to 6 years had 50% cholera mortality, whereas cases for men that had been brought in with the last draft only had 25% mortality. As to the overall expression of mortality during the epidemic, a comparison of the deaths attributable to cholera serves to demonstrate how devastating the epidemic was, as the crude mortality rate among the convicts stood at 6.4%, as opposed to 2.7% and 2.0% for the civilians and military groups, respectively.

With only 130 square feet of personal space, the penal space was an ideal medium in which pathogens could spread among the prisoners through the air, shared water or food, and/or through physical contact. To further contribute to this high-risk environment, the men shared a common water and food source, including a communal wooden trough that served as the means by which prisoners washed. If by chance these sources were contaminated, the probability of exposure was highly magnified and the prisoners as a collective whole would suffer exposure to water- and food-borne pathogens. Of particular note is that owing to the overcrowded conditions, the epidemic once established would run its course in a compressed period of time. Consequently, the intensity of the epidemic would be greatly enhanced and would tax what little medical aid and comfort was available.

The lack of medical staff at a time when it was desperately needed could have contributed to the high fatality rate witnessed during the 1865 choleric outbreak. Authorities were aware of the need for additional medical help, but the assistant Surgeon, Mr. Chippendale, who was to aid Dr. Gross, remained in England during the course of the epidemic. It is noteworthy to add that even during the “good times” when civilian doctors were asked to assist with health issues of the prisoners, they all declined. With the number of cases rising daily, the limitations facing Dr. Gross were endless. To help alleviate the stress placed on him, some prisoners volunteered in the hospital and helped nurse their “peers” back to health. This level of compassion is not something one expects to find within a prison. However, what needs to be remembered is that these men were not hardened criminals. In many cases, they became “convicts” for performing minor acts, in some cases acting out of necessity to feed themselves or their families. Therefore, it should come as no surprise that they were among them compassionate individuals, willing to put their own health at risk in order to nurse their comrades back to health. As a reward to commemorate their brave efforts and selfless acts, these men were recommended for favorable consideration by the Right Honourable Secretary of State.

As the epidemic intensified, the convict hospital quickly ran out of space to accommodate the men who were falling ill. As a result, prisoners were left to lie on the floor of the makeshift hospital hulk. Whereas some men were able to overcome the disease in these conditions, others died within 5 to 7 hours.

Perhaps the single most important risk factor unique to convict population was their enforced exposure to contaminated water both for ablution and drinking. By 1865, it was well-known that cholera could be transmitted through the excrements of infected people. Despite this fact, prisoners were forced to bathe in water that was potentially contaminated with sewage, three times a week during the summer months. Some of these men also worked in close quarters in highly polluted sea waters. The 1866 medical report drew attention to the higher rate of infection for the men who worked closer to the sea than those who worked higher up on the shore, suggesting that this may have been one route through which cholera breached the prison walls. The Medical Officer noted that “no cases of cholera occurred amongst us until after the immediate neighbourhood had been some time infected, and the excreta of the patients had passed into these drains” (Colonial Office, 1866, p. 47). The report also stated that the civilian prison in Gibraltar, which was not subjected to the drainage of the sewer pipes, had no reported cases of cholera during this epidemic.

Conclusion

The 1865 cholera outbreak demonstrated that inmates in the Convict Station with their highly regulated and enforced lifestyle and unique set of vulnerabilities placed them in a setting that heightened their risk of infection. It is during this period that the convict population suffered significantly higher rates than either the collective military and civilian communities. The prisoners’ mortality rate during the epidemic was comparable with that of the very poorest working class areas that lacked the very barest of life’s necessities, such as, food, shelter, and drinking water.

These findings are not surprising given the inherent properties of a penal institution. The Convict Station would have been expected to present its inmates with a high-risk environment conducive to the spread of disease, violence, accidents, and suicides. Yet for the most part the prisoners’ health was not substantially different than their civilian and military counterparts in nonepidemic times. Under normal conditions, the greatest daily challenge facing the prisoner was that of loneliness, the lack of basic personal freedom and enforced high-density living.

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Notes

1. Some examples of petty crimes and their prison sentence include 5 years for housebreaking with the intent to steal, 6 years for embezzlement or shop breaking and stealing, 7 years for receiving stolen property, housebreaking and stealing or theft of money and clothing, and 14 years for stealing post letters, horses, or cattle (PCOM2/11. August 1852. Ledger on the inmates held in the Gibraltar Prison, National Archives, London).
2. It should be noted that a Convict Station, otherwise known as a Convict Establishment was erected in Gibraltar as land limitations prevented the formation of a Convict Settlement. The terms *station* and *establishment* are used interchangeably by Griffiths (1875).
3. Convicts were sent to the United States until the American Revolution, after which they were sent to Australia (Oldham, 1990).
4. There also exists literature on health status of contemporary prisoners (see Abramsky, 2002; Bonta, & Gendreau, 1990; Kushel, Hahn, Evans, Bangsberg, & Moss, 2005; McIntyre, Marquart, & Brewer, 1999).
5. The diet of Gibraltar convicts was based on the British model for convicts with modifications for climatic considerations and food availability (Colonial Office, 1865).
6. Ophthalmia was an infection of the conjunctiva of the eye and eventually, it could lead to blindness. (Padiak, 2004, p. 74).
7. Tuberculosis, formerly called *Pthisis Pulmonalis* or Consumption was one of the few diseases endemic to Gibraltar.
8. A review of cholera in Malta can be found in Cassar (1965).

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