

Robert Garrett, Tasmanian penal colony surgeon: alcoholism, medical misadventure and the penal colony of Sarah Island

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ABSTRACT Robert Garrett emigrated from Scotland to Van Diemen's Land (now Tasmania) in 1822. Within a few months of arrival he was posted to the barbaric penal colony in Macquarie Harbour, known as Sarah Island. His descent into alcoholism, medical misadventure and premature death were related to his largely unsupported professional environment and were, in many respects, typical of those subjected to this experience.

KEYWORDS Robert Garrett, Sarah Island, alcoholism, van Diemen's Land, convicts, penal colony

DECLARATION OF INTERESTS No conflict of interests declared.

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INTRODUCTION

Dr Robert Stocker Garrett was born in Galloway, Scotland in 1798 and resided in Greenock where he trained and worked as a surgeon prior to emigrating to Australia.¹ His qualifications are difficult to ascertain. He does not appear in the list of students matriculating at the University of Glasgow between 1808 and 1820 and he is not designated with a university doctorate.² His name is not in the list of diplomats or licentiates of the Royal College of Surgeons of Edinburgh nor of members of the Faculty of Physicians and Surgeons of Glasgow, suggesting that he qualified by apprenticeship.³ He was a competent doctor by reputation, but developed two character traits, almost certainly enhanced by service in the vile Sarah Island penal colony, a dependence on alcohol and an 'attitude' which antagonised his colleagues, superiors, patients and convicts. Robert Garrett experienced many personal and professional problems before his premature death in 1834.

TRANSPORTATION OF CRIMINALS AND THE VOYAGE TO AUSTRALIA

Following the American War of Independence, British convicts were no longer transported to America. Without this outlet, Britain's jails and prison hulks rapidly became overcrowded, with disease rampant and death common among inmates. Joseph Banks, the botanist who travelled with James Cook, suggested Australia as a suitable alternative location for penal colonies. In 1786 the British Government decided to establish a colony on the east coast of Australia.⁸

The First Fleet of small convict ships left England in May 1787, and after 258 days at sea arrived in what is now Sydney Harbour on January 26 1788, a date subsequently celebrated as Australia Day.⁹ About 160,000 convicts were transported to Australia over the next 80 years, to penal settlements in New South Wales, Queensland, Tasmania, Western Australia and Norfolk Island. Some 2,500 doctors accompanied these voyages, but health and survival were unpredictable. The mortality of those transported peaked in 1790 with nearly one third of the convicts dying during the Second Fleet voyage.⁹

EARLY NAVAL MEDICAL SERVICE

During the first few decades of British settlement in Australia, few ambitious or highly competent doctors were attracted by Royal Naval Medical Service careers. They faced the challenge of crowded ships, few comforts, poor pay, limited prospects, and an obligation to provide instruments and, until 1804, their own drugs. They were not commissioned as officers, their Navy Board warrant classing them with gunners and carpenters who were better paid and more highly regarded. In 1793 there were only four qualified physicians among over 550 enlisted fleet surgeons, many of whom had experienced previous career failure.^{9,10,11}

Surgeon William Redfern was originally a convict, but was pardoned by Governor Macquarie in 1803, two years after arriving in Australia. In 1808, he became Assistant-Surgeon in the Colonial Medical Service. He was the first surgeon in Australia to undergo an examination and be recognised as qualified. In 1815 he wrote that 'Most surgeons of convict ships were

incompetent and were either students from the lecture room or men who failed in their profession and had taken to drink.⁹

Redfern recommended the appointment of competent, well-trained surgeons with the authority to challenge ships' captains on health issues – 'Surgeon-Superintendents'. He advocated improved personal and general hygiene with better nutrition and daily exercise programmes in the fresh air. His report on convict mortality *Surry, General Hewitt and Three Bees* (1814) is one of the main contributions to public health in Australia.

His reforms rapidly reduced mortality from 11 to two per thousand travellers per month on the voyage to Australia,¹¹ despite the fact that many embarking convicts already suffered from diseases such as tuberculosis, syphilis and gonorrhoea. For example, only one of 130 convicts died on the *Regalia* voyage in 1825, and all 224 convicts survived the 112 day journey to Freemantle on the *Sultana* in 1858. The *Sultana's* doctor, Henry Richardson, a firm disciplinarian, wrote in his diary that 'his instructions were surely to allow themselves enough of air to carry them alive to Freemantle.'⁹

Before following Garrett's life in Van Diemen's Land (VDL), now Tasmania, it is important to set the background scene and describe the conditions in which he found himself working.

MEDICINE IN THE EARLY DAYS OF VAN DIEMEN'S LAND

The island initially experienced difficulties attracting competent doctors, which meant less competent doctors with influential patrons were appointed to important positions. Bolger states 'Surgeons proved a doubtful asset in the community, for with scarcely an exception they gained reputations of extreme dissoluteness and alcoholism.'¹³ Many of the inhabitants of the colony and its doctors developed a problem with alcoholism. Alcohol consumption was estimated at five gallons per year per inhabitant, young and old, male or female. This led to drunkenness and absenteeism, cirrhosis, gastritis and alcoholic dementia.¹⁴

Some of the first government-appointed surgeons were incompetent, ignorant, irritable and violent. One was suspended on half pay, another dismissed, saved from a court martial only by recent changes in the law. One was described as 'criminally inattentive to his patients, extremely Irritable and Violent in his Temper and Very Infirm from Dissipation'¹⁴ while another was 'exceedingly Ignorant as a medical man... almost destitute of common Understanding, and very low and Vulgar in his Manners'.¹³ Many of the doctors who raised the standard of medicine in Tasmania were trained in Scotland, some from impoverished rural Scottish families. By 1850,

doctors trained in Scotland or Ireland still composed 70% of Royal Naval surgeons.¹¹ The advent of two Scottish doctors, James Scott and Robert Officer, led to significant improvements.¹⁴

James Scott, from Banffshire, attained the diploma from the Royal College of Surgeons of Edinburgh, served with the Royal Navy, obtained his MD from the University of Edinburgh, and was appointed surgeon to Van Diemen's Land. He arrived in Hobart in 1820 and became Senior Colonial Surgeon with right of private practice in 1824.^{14,15,24} Scott improved public health, recognised the risk of hospital acquired infections, and advocated the maintenance of health rather than attempting a cure once illness developed. He recommended eye shields for stone workers and replaced open conduits with iron pipes for the water supply. Scott and colleagues such as Robert Officer and William Bedford introduced compulsory vaccination, quarantine facilities, sewage disposal and improved diets for colonial orphans.¹⁴ In 1834 Scott, assisted by William Seccombe and Edward Bedford and other local doctors, established a local British Medical Association. They proposed a Tasmanian medical board to validate doctors' qualifications, but the Government procrastinated, delaying credentialling for three years, while inadequately trained doctors continued unsupervised practice.¹⁴

Dr Robert Officer qualified at St Andrews University and emigrated to Van Diemen's Land in 1822. He rose rapidly from District Assistant-Surgeon to Assistant-Surgeon of the First Class and gained an excellent professional reputation. He led the development of medicine in the colony from its early failures to an ethical, competent practice.¹³

Hobart's reputation remained poor even after convict transportation ended. A British soldier with behavioural problems would be sent to Hobart as 'the sump of the British Empire'.¹³

SARAH ISLAND

Sarah Island, situated in Macquarie Harbour on the isolated and inaccessible west coast of Tasmania, at 42° 14' S longitude, 145° 10' E latitude, was the harshest of the Australian penal colonies.⁸ The island and its history have given rise to a macabre fascination and residual tragic aura, which has inspired historical novelists and historians over nearly two centuries. The career misadventures and character defects of the doctors employed on Sarah Island are intimately related both to the nature of the penal system, and to the remoteness of the island.

So long as Laws exist which create Hells in the midst of civilization, so long as Men are degraded, Women ruined and Children afraid.

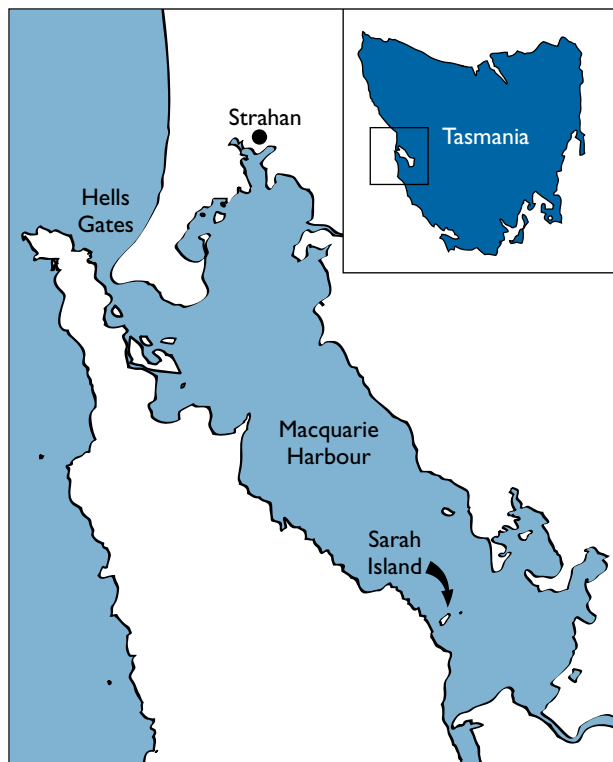


FIGURE 1 A map showing Tasmania, Macquarie Harbour and Sarah Island.

So long as there shall be Ignorance, Poverty and Wretchedness on this Earth, Stories such as this must be told.⁷

THE FIRST SETTLEMENT

The first party (under Lieutenant John Cuthbertson, Commandant and Magistrate, and James Lucas, harbour master and pilot) arrived on Sarah Island on January 3 1822 on board the *Sophia*. This group comprised 44 male convicts of reputed 'bad character and incorrigible behaviour', 11 male convicts with good character and trade skill, 11 male convicts with useful skills, eight female convicts, a military detachment of 17 soldiers accompanied by three wives and 11 children. They were led by the Commandant, Assistant-Surgeon James Spence and the superintendent of convicts.¹⁵

The surgeon's duties included taking church services and giving a sermon in the absence of a Christian minister and supervising the fitness of convicts to endure and survive up to 100 lashes with the Sarah Island cat o' nine tails. This weapon was made with doubled whip cord and studded with sharp metal fragments. Following a lashing, when the convict walked away with his boots squelching with flayed flesh, it was also the surgeon's duty to have the convict fit for work by the next day. An average of 6,744 lashes per year were administered to a convict population of between 100 and 370 convicts.¹⁷ When George Arthur succeeded Sorell as Lieutenant

Governor in 1824, over half the population were transported convicts. Sarah Island was the only penal settlement and, as a remote, rugged environment where convicts could harvest coal and Huon pine¹², it suited his severe concepts of rehabilitation.

Arthur mainly sent men from the lowest two grades of convict categories to Sarah Island – recidivist men sentenced to severe hard labour in penal settlements (class 6) and men obliged to wear chains all the time (class 7). He imposed rigid discipline, hard labour and deprivation of all comforts to the extent that prisoners often preferred death to a sentence on Sarah Island.¹⁶ Escape was extremely difficult and hazardous. Of 113 recorded escapes between January 3 1822 and May 16 1827, only some 25 convicts were heard of again. The vast majority were lost, drowned or murdered and cannibalised by fellow escapees.¹⁸

There was little evidence of humanitarianism in Hobart at the time and even less between convict and jailor at this remote site on Sarah Island. The only extant contemporary account written by a convict, the memorandum of the convict Davis¹, describes Cuthbertson as 'The most inhuman Tyrant the world has ever produced since the Reign of Nero'.¹⁹

FOOD AND SURVIVAL

Sarah Island's inhabitants faced frequent food shortages, especially when supply ships were overdue. The voyage from Hobart to Macquarie Harbour could take weeks. The harbour entrance (Hells Gates) was seventy-five yards wide, with ten knot currents, and millions of tons of water flowed through the gap every minute. Many ships, unwilling to wait for the appropriate wind and tide conditions, were wrecked, often with the loss of all lives. The annual rainfall of 78 inches meant 300 wet days annually. These conditions, combined with the poor quality of the soil, prevented the planting and growth of a self-sustaining food supply.

In all, 1,152 convicts served time on Sarah Island with malnutrition and overcrowding common.²⁰ Dr Barnes noted that the convicts' meat was often two or three years old and that he personally had fresh meat to eat six times in eighteen months. Fish died in the peaty waters of the harbour, though the eels and crabs survived and were consumed.⁸

Two Quaker missionaries, James Backhouse and George Washington, visited Sarah Island in June 1832 and reported an annual convict death rate of 28.5 per 1,000 occupants. This compares with death rates of 144 per 1,000 at the Japanese prisoner of war camp at Niigata in World War II and 14 per 1,000 for British troops stationed at home in the 1830s.²⁰ It was however three times the death rate of the entire colony of Tasmania.¹¹

Smith²¹ expresses surprise at ‘...what ends men will go to regain their liberty’, though he recognises Macquarie Harbour as ‘...a blot on the history of convict occupation of Tasmania.’ Hughes⁸ describes it as a colonial benchmark, the nadir of punishment. Pink depicts Sarah Island as ‘The most wretched outpost in the British Empire, hated by convicts, military and civilian settlers alike’.²²

ROBERT GARRETT'S FIRST POSTING TO SARAH ISLAND

Robert Garrett arrived in Hobart, Tasmania in April 1822 via Bengal on the *Medway*⁴ and the next month settled in Pittwater as Second Assistant Colonial Surgeon.⁵ Reverend Robert Knopwood, chaplain to the colony, introduced Garrett to Martha Hayes Bowen and her two daughters Henrietta and Martha Charlotte. Dr Garrett married Martha Charlotte Bowen at St David's Church Hobart on 6 December 1823.⁶ Soon afterwards he was posted to Macquarie Harbour where he settled with his wife on a yearly salary of £43.13s.1d.⁵

Garrett arrived on Sarah Island at much the same time as Lt Samuel Wright, who was appointed second Commandant of Sarah Island in January 1824. Wright had been overlooked for promotion to Captain despite a predominantly successful career on the battlefield, which might have contributed to some personality problems.

The Wright family maintains a website containing information about this period in the history of Sarah Island. Much of the information below comes from this site.²³

Initially Garrett had good relationships with all of the senior staff of the settlement. He befriended Neil Douglas, the Commandant's clerk, and a fellow Scot from Wigtown, and they often wined and dined together. Garrett once defended Douglas against charges of insolence and drunkenness, and although the case was dismissed, it was to generate animosity later.²³

In June 1824, Garrett was captured by fourteen escaping convicts, some of whom wished to flog him as a reprisal against authority. They prepared a cat o' nine tails and removed the terrified doctor's coat, but Matthew Brady, the leader, (who had benefitted from Garrett's kindly treatment in hospital) prevented what would have been a horrendous ordeal. The settlement storeman, Lempriere, also captured, stated ‘It is easier to conceive than describe the delight which his escape caused the worthy doctor.’²³ (The episode highlights an unusual but cogent reason for being courteous to all patients.)

Garrett's initial harmonious relationships with the other island staff was short-lived. He became increasingly difficult in his relationships with other officers, particularly Wright, the Commandant. Caring for the worst class of convicts on the planet, the isolation in primitive housing

with malodorous drains in a harsh climate with incessant rain must all have contributed to the progressive deterioration in Garrett's character, and the resulting desertion of former friends such as Neil Douglas.

Wright wrote to an army colleague:

Months ago this redoubtable man (he calls himself ‘the Doctor!’) quarreled with the Detachment collectively and almost individually! He has quarreled with the storekeeper, his clerk, his own dispensers of medicine etc. etc. and has nearly a score of trials on hands since his arrival.²³

In January, after Garrett had wined and dined well, he turned on Wright, shouting repeatedly that he was no gentleman. Wright, whose diary described his colleague's manner as vulgar, abusive and offensive, was concerned that this ‘vulgar and disgraceful attack... made before soldiers, servants and prisoners’ would diminish his authority.

Wright, unsure if military discipline applied to civilians, wrote an order of arrest confining Garrett to his quarters ‘until the governor's pleasure should be notified to him’ apart from when performing medical duties. Unintimidated, Garrett deliberately attempted to undermine the Commandant's authority, complaining to Lieutenant Governor Arthur that he was being prevented from performing his duties, including taking meteorological observations and protecting the convicts. Wright's authority as an army officer and gentleman was being challenged and undermined in a penal colony. He ordered Garrett to return to Hobart on the next ship, with letters to the Lieutenant Governor detailing their dispute and Garrett's behaviour.

Garrett arrived back in Hobart on February 25 1825 and wrote to James Scott, then Senior Colonial Surgeon, requesting an appointment to the Hobart Hospital. Scott however was aware of Garrett's conflicts and behaviour on Sarah Island, and declined Garrett's request, but passed it on to Government House. Lieutenant Governor Arthur responded to Scott who informed Garrett that charges had been made against him by Lieutenant Wright. Garrett responded, requesting details of these charges.

I beg leave to observe that I am not sensible of deserving the imputations which have been attached to me, but being desirous of relieving my character from anything which may not duly belong to it.²³

Wright's report to Arthur commenced:

I regret to have to acquaint you with the highly disrespectful manner in which Colonial Assistant Surgeon Garrett has thought proper to treat my authority as Commandant of this Penal Station.²³ Garrett was equally indignant at the perceived insults to

his integrity. His reply to Arthur on 14 March strongly denied the charge that he had a problem with alcohol.

In regard to my being in an apparent state of intoxication I beg leave to state that this is so palpably erroneous that I have only to refer your Honour to any individual then at Macquarie Harbour, or at this place, as to my habits of temperance and sobriety.²³

While the dispute between Wright and Garrett continued, Wright's regiment received a posting to India. Wright was promoted to Captain, left Sarah Island and arrived in Hobart on 26 April. He wrote to Arthur after a frank discussion, '... I had strong suspicions that the justifications submitted by Col. Ass. Surgeon Garrett defence contains statements highly exaggerated – many of them false...' ²³

Arthur ordered an enquiry to be chaired by Major Marlay, of The Buffs (Royal East Kent) regiment. He was assisted by Dr Scott in his dual capacities as Justice of the Peace and Senior Colonial Surgeon, which allowed each side to obtain supporting witness accounts and present their case. Marlay asked Wright to comment specifically on Garrett's accusations, and Wright replied: 'The whole statement is most shamefully exaggerated. Many of the causes of irritation Mr. Garrett complains of I never knew of 'till I read them in his statement and must therefore presume they were totally unfounded.'

Witness accounts generally corroborated Wright's version of events. When asked about Wright's conduct to the doctor, Parsons (a storekeeper) stated: 'His conduct towards Mr. Garrett was at all times most kind, particularly so in every way – there can be no doubt of it' and when asked if he had ever seen Garrett in a state of intoxication at Macquarie Harbour, stated: 'I have, frequently so.'

Mr Kinghorn (Captain of the *Waterloo*, the vessel returning Wright to Hobart) was asked the same questions and replied: 'In my presence it [Wright's conduct towards Garrett] was always that of kindness indeed invariably so.' On Garrett's conduct he said 'I have frequently seen him in a state of intoxication.'

Garrett, perhaps surprisingly, declined to interrogate the witnesses stating 'that he had not had sufficient notice to prepare himself.' The outcome of the enquiry was unremarkable; Arthur merely reprimanded Garrett and warned him against excessive drinking. Wright left Tasmania with his character and reputation untarnished by the desperate lifestyle of the penal colony. He was commended as a 'capable officer'.²³

Misfortune however continued to stalk Garrett. He left the Colonial Medical Service and began in civilian medical practice in the town of Sorell, north-east of Hobart. Another enquiry questioned Garrett's professional competence at midwifery.²³ While the colony doctors

freely criticised each other, they closed ranks when facing public hostility. Garrett wrote to the *Hobart Town Courier* on May 17 1828, with his colleagues' written support.²⁵

Sir... I consider the shortest method of vindicating myself will be, to make the following extract from a document with which I have been furnished by six medical men, certainly of much professional respectability, after the minutest investigation of the case... we conceive that your prompt and decisive treatment merits our entire approbation, and reflects great credit on your professional skill and ability.

We are sir, etc
J. SCOTT, R.N. Colonial Surgeon,
H.J. BROCK M.D. (Edin), Surgeon R.N.
W. SECCOMBE, Colonial Assist Surgeon,
J. SPENCE, Colonial Assistant Surgeon,
J. GRIFFITHS, Surgeon

Dr William Crowther, another eminent local doctor, also wrote to the paper with his support.

I am enabled to certify, that the most judicious and proper treatment was exercised toward the patient with the most happy success and reflects great credit on the practitioner.²⁵

Controversy, inquests and hints of incompetence followed Garrett. *The Hobart Town Courier* reported a colonial inquest into the death of one of his patients after a relatively trivial leg injury, on 27 September 1828. The report stressed that no vital structures were hit, but failed to detail the inflammation or infection at the trauma site, and suggested secondary bacterial peritonitis.²⁶

Richmond Sept 27 1828. An inquest this day was held on the body of George Walton, who about four weeks since was wounded by the accidental discharge of a gun... The ball striking and wounding that gentleman's foot, bounded and passed through the man's thigh. Walton was attended by Surgeon Garrett, under whose skilful aid he was fast recovering, being not only able in a few days to sit up, but to walk with the assistance of a man who attended him. In a week or eight days, however, he was attacked by a disease which terminated his existence yesterday morning.

This extract is from the autopsy report performed by Dr Murdoch, with Surgeons Crowther and Garrett.

On opening the abdomen, intense inflammation presented itself, the stomach with the whole of the intestines having assumed a livid character, whilst the liver and spleen had by previous diseases been totally altered in their structure, both breaking down on the pressure of the fingers.



FIGURE 2 The ruins of the penitentiary on Sarah Island (image courtesy of Steve Johnson, Tasmania Parks and Wildlife Service).

The accident of the gun-shot wound did not therefore cause the death of George Walton, no vital parts having been injured, and the length of time elapsing from the injury until the commencement of the secondary fever, and which terminated by general erysipelatous inflammation, arising from a diseased liver and spleen.²⁶

They considered that the actual cause of George Walton's death was a diseased liver and intestines, from heavy alcohol consumption. The jury, after a long and strict investigation, and a pertinent charge from the Coroner, returned a verdict: 'Died by a visitation of God.'

SECOND POSTING TO SARAH ISLAND (1829–1831)

Although exonerated by the enquiry, Garrett decided to rejoin the Colonial Medical Service, perhaps because recent allegations damaged his private practice, but possibly to redeem his reputation. After his initial application to Hobart Hospital was refused, he requested a second posting to Sarah Island.²³

Here his continued drinking and a two-day absence from the hospital resulted in a reprimand from the then Commandant Captain James Briggs.²⁷

Garrett's wife Martha was unhappy with the second posting. She wrote to the Colonial Secretary making a formal request for transfer, complaining that her husband had been given a one-year appointment to the settlement starting on October 29 1829, yet still remained there in 1831.¹⁷ The Colonial Secretary perhaps thought Garrett was out of harms way.



FIGURE 3 *The fell tyrant, or, The suffering convict*: showing the horrid and dreadful suffering of the convicts of Norfolk Island and Moreton Bay, our two penal settlements in New South Wales: with the life of the author, William R--S. Image from the Mitchell Library, State Library of NSW. Digital order number a1644003.

LAUNCESTON 1831

In 1831, Garrett was transferred to Launceston where his medical career seemingly progressed well. He remained an alcoholic however and was exposed to public attention when, in 1831, Assistant-Surgeon James Spence, another career casualty from Sarah Island, was fired following an enquiry. Women at the hospital were engaged in prostitution, including one convict patient, Jane Torr, who spent nights with Spence.²⁸ Two other doctors sent to Sarah Island soon after arrival in Tasmania also experienced problems, one suspected of stealing from government stores, and one reduced to half pay after an enquiry into the death of a patient.²⁹

Lieutenant Governor Arthur had been aware of Garrett's drinking for 10 years and in 1834, when another Board of Enquiry found that he was frequently professionally incapable under the influence of alcohol, Arthur suspended him from duty.³⁰ Arthur considered 'his vice ruinous to any gentleman but more particularly so to an officer entrusted with the lives of his fellow creatures.'²³

Garrett died suddenly on 12 December 1834 of a ruptured aneurysm, before learning of his suspension. *The Courier* described his death as: '...the visitation of God. Some disagreeable, unexpected intelligence, acting on a sensitive mind, is assigned as the primary cause'.²³

SARAH ISLAND TODAY

Today the quiet overgrown ruins of the island buildings are only briefly visited by tourists. As Butler puts it:

There was a brooding silence, a sense of profound sadness, a feeling that the human misery that had been endured here has been absorbed in sweat and blood into the very soil.³¹

CONCLUSION

Medical history should have a contemporary message to achieve relevance. Robert Garrett's story demonstrates that some aspects of medicine show little improvement with the passage of time. Nearly 200 years ago, the colonial surgeon in Van Dieman's Land preferred healthy lifestyles to possible cures, and recognised nosocomial infections. Less competent and inadequately credentialled doctors staffed

remote medical centres. All trained overseas, they had limited orientation to their new country, no on-site supervision and no support. They experienced many medical misadventures working in a very violent and stressful environment, followed by professional and emotional disintegration in some cases. Dr Robert Garrett was, in many respects, typical of this experience.

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